

Oregon Health Authority
2023-25 Agency Request Budget
Table of Contents

Certification

Director's Message

Legislative Actions

Budget Reports
Emergency Board Minutes

Agency Summary

OHA Narrative
OHA Budget Summary
Program Prioritization
Reduction Options
Organizational Charts
ORBITS Report

Revenues

OHA Revenue Narrative
OHA Revenue by Fund Type
Fee, License or Assessment Revenues

Program Units

Infrastructure

Central Services, Shared Services, and
State Assessments & Enterprise-wide Costs

Health Systems Programs

Health Systems Division
Health Policy and Analytics
Public Employees' Benefit Board
Oregon Educators Benefit Board
Public Health
Oregon State Hospital

Policy Packages

POP Tracker
POP 070: HCMO Revenue Shortfall
POP 401: Eliminating Health Inequities
POP 402: OSH Specialized Treatment Services
& Supports Program
POP 403: REALD & SOGI Implementation:
Getting to Data Justice
POP 404: 988 & Behavioral Health Crisis
System: 988 Call Center and Crisis Stabilization
Centers
POP 203: Mainframe Migration /Provider & Client
Payments

Oregon Health Authority
2023-25 Agency Request Budget
Table of Contents

Policy Packages continued

POP 406: Public Health Modernization

POP 201: Medicaid Waiver Placeholder

POP 202: Redeterminations & Basic Health Program

POP 409: Healthier Together Oregon

POP 410: Regional Health Equity Coalition Program Expansion

POP 411: OSH Sustainable Staffing

POP 412: Fixing IT Security Risks & Vulnerabilities

POP 413: Complex Case Management Unit

POP 414: Early and Periodic Screening, Diagnostic, and Treatment

POP 416: Marketplace Transition from SBM-FP to SBM

POP 417: Environmental Justice Mapping

POP 418: Integrated Care Modeling – Project Nurture Expansion

POP 419: MMIS Infrastructure Replacement

POP 420: Pandemic Response Information System

POP 421: Fee For Service Transformation

POP 422: Regional Resource Hospitals for Disaster Response

POP 423: 100% FMAP Tribal Savings and Reinvestment Program

POP 424: Oral Health Workforce Dental Pilot Project Program

POP 425: Universally offered Home Visiting

POP 426: Child and Family Behavioral Health Continuum of Care

POP 427: Medicaid Enterprise System Modularity

POP 428: PPE & Medical Supply Management

POP 429: 988 & Behavioral Health Crisis System: Payer Parity for Behavioral Health Crisis Services

POP 430: Support for the Health Care Market Oversight Program

POP 431: Staffing for the System of Care Advisory Council (SOCAC)

POP 432: Domestic Well Safety Program

POP 433: MMIS Staffing Capacity for Compliance Changes

POP 434: Marketplace Outreach & Operations

Oregon Health Authority
2023-25 Agency Request Budget
Table of Contents

POP 435: PEBB OEBB Benefits Management System Replacement

POP 436: Alcohol and Drug Policy Commission - Oregon's Strategic Plan Implementation

POP 437: Newborn Bloodspot Screening Program Fee Ratification

POP 438: Affordable Care Act (ACA) Employer Reporting

POP 439: OSH Asset & Equipment Replacement

POP 440: Oregon Environmental Laboratory Accreditation Program

POP 441: Licensing of Temporary Staffing Agencies

POP 442: Children's Health Team

POP 443: Data Governance

POP 444: Regional Infection Prevention and Control

POP 445: Electronic Health Record Replacement Planning

POP 446: Youth and Adult Suicide Intervention & Prevention Plans

POP 447: Life Span Respite

POP 448: Behavioral Health Metrics Incentive Fund

POP 449: Oregon Psilocybin Services: Nation's First Regulatory Framework for Psilocybin

POP 450: Deferred Maintenance

POP 451: Family Care Settlement

Capital Budgeting

Capital Improvement

Overview Narrative

ORBITS Report

Major Construction / Acquisition

Overview Narrative

XI-Q Bond Financing Agreements

Junction City Single Unit Remodel

PLC System Replacement

Project Narratives

Junction City Single Unit Remodel

PLC System Replacement

Six-Year Plan

10-Year Plan

ORBITS report

Oregon Health Authority
2023-25 Agency Request Budget
Table of Contents

Facilities Maintenance

Overview Narrative

Facilities Maintenance Summary Report

Facilities Operations & Maintenance and Deferred
Maintenance Report

Special Reports

Affirmative Action Report (placeholder)

Racial Equity Impact Statements

Medicaid Dental

Workforce Incentives

Tobacco and Chronic Disease

Audit Response Report

Community Mental Health Treasury

Gender Equity Report

IT Prioritization Matrix

Performance Progress Report

ORBITS Reports

PICS Reports

CERTIFICATION

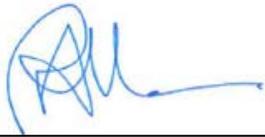
I hereby certify that the accompanying summary and detailed statements are true and correct to the best of my knowledge and belief and that the accuracy of all numerical information has been verified.

Oregon Health Authority

500 Summer Street NE
Salem, OR 97301

AGENCY NAME

AGENCY ADDRESS



Director

SIGNATURE

TITLE

Notice: Requests of agencies headed by a board or commission must be approved by official action of those bodies and signed by the board or commission chairperson. The requests of other agencies must be approved and signed by the agency director or administrator.

Agency Request

Governor's Budget

Legislatively Adopted

Letter from the Director:

For more than two years, the COVID-19 pandemic has disrupted the lives of Oregonians and placed unrelenting strains on our public health and health care systems. Yet, when the time came to confront a global pandemic, Oregon rose to the challenge, thanks to the actions of Oregon residents, health care providers, community-based organizations, local and state health officials, and the leadership of Governor Brown.

By nearly every measure, Oregon has outperformed almost all other states in its response.

- According to the Commonwealth Fund, Oregon ranked 5th among all states in the effectiveness of its COVID-19 response.
- Oregon has had the 2nd lowest case COVID-19 case rate in the nation since the start of the pandemic and the 7th lowest COVID-19 death rate.
- Oregon's rate of all residents who are fully vaccinated against COVID-19 ranks 18th in the nation.
- Oregon's COVID-19 response has saved nearly 6,000 lives (based on a comparison of Oregon's COVID-19 deaths per million residents to the national COVID-19 death rate per million people).

Yet while the COVID-19 pandemic is not over, Oregon faces an array of health challenges, including:

- Unacceptable and preventable health inequities across a wide range of health outcomes – from infant mortality to chronic disease – in which people in communities of color experience greater health burdens than white people, due to the unfair effects of systemic racism.
- A behavioral health system that is beginning to be transformed through new investments (after decades of underfunding) and the implementation of M 110, but has been swamped by substance use, an overwhelmed state hospital and staffing disruptions fueled by the pandemic.
- A health care system worn out by more than two years of responding to the COVID-19 pandemic but continues to face aftershocks from reduced staffing and pent-up demand for care among patients.
- Health care costs that continue to rise faster than the rate of inflation, making health care harder and harder to afford for families, businesses, and state taxpayers.

The Oregon Health Authority's 2023-2025 biennial budget request addresses these challenges through targeted investments to 1) eliminate health inequity, 2) improve access to behavioral health treatment for people in Oregon, 3) build on the lessons from the pandemic to strengthen Oregon's public health system and 4) continue to transform

our health care system to make health care more accessible and affordable for all Oregon residents.

To accomplish our mission and achieve our goal to eliminate health disparities over the next decade, OHA requests \$36.0 billion in total funds for the 2023-25 biennium (\$6.7 billion in state general funds).

Here are some of the major priorities in OHA's funding request:

- **Building Health Equity (\$48 million state general fund request/\$12 million in federal funds/\$69 million total):** This request would provide funding to strengthen OHA's efforts to eliminate health inequity in Oregon. It would expand staffing for specialized, culturally responsive treatment at the Oregon State Hospital; improve ADA and language accessibility across state health programs; expand training and workforce development to increase OHA's capacity to close the gaps on a range of strategic health outcomes. In addition, it would speed the implementation of equitable data collection – i.e., Sexual Orientation/Gender Identity (SOGI) and Race, Ethnicity, Language and Disability (REALD) – build capacity to give community members more opportunity to inform health policy and funding decisions and expand Regional Health Equity Coalitions.
- **Behavioral Health Transformation (\$318 million in state funds/\$75 million in federal funds/\$393 million total):** This funding request would expand behavioral health crisis services, including a 988 Call Center, crisis stabilization centers and suicide intervention and prevention plans. It also would address current service gaps for children and families experiencing behavioral health issues and expand the continuum of services to treat them.
- **State Hospital Health, Safety and Quality of Care (\$76 million in state funds):** This funding request would enhance staffing levels to ensure consistent, high-quality care and staff safety. Development and establish a Complex Case Management Unit.
- **Post-pandemic Public Health System (\$317 million state general fund):** This request would develop a pandemic response information system to better track data on health threats and provide funding for disaster response at Regional Resource Hospitals. It would advance public health modernization and the partner- and stakeholder-generated Healthier Together Oregon health improvement plan to develop capacity to achieve health equity and community-focused public health solutions, and centralized systems to support statewide collaboration.
- **Next Generation of Health Transformation in Medicaid (\$666 million state general fund/\$2.6 billion in federal funds):** This request would provide funding to implement the expected renewal of Oregon's Section 1115 Medicaid Waiver and expand health coverage. It also would expand the Tribal savings and reinvestment program and build an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program to expand health services to more children.

- **Medicaid and BH System Accountability State Funds (\$27 million in State funds/\$21 million in Federal Funds/\$57 million total):** This request would create an incentive program to produce better behavioral health outcomes for patients and accountability among providers based on a new system of metrics. In addition, it would transform the Medicaid Fee-for-Service (FFS) program by establishing a new statewide person-centered system of care to reduce health inequities.

From our innovative coordinated care system to our 95 percent rate of health coverage, Oregon continues to be a national leader in responding to the health needs of state residents. However, there's more work to do to eliminate health inequity and ensure that every person in Oregon can live a life of optimal health and well-being. OHA's budget request would provide the resources to help partners in our health care, behavioral health and public health systems transform our service delivery systems to meet the evolving challenges we all face.

Patrick Allen
Director

HB 2086 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Gelser

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

House Vote

Yeas: 10 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Sollman, Stark

Exc: 1 - Smith G

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 10,600,000	\$ 10,600,000	100.0%
Total	\$ -	\$ -	\$ 10,600,000	\$ 10,600,000	100.0%

Position Summary

Authorized Positions	0	0	0	0
Full-time Equivalent (FTE) positions	0.00	0.00	0.00	0.00

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 2086 appropriates \$10,600,000 General Fund to carry out the work of the bill.

Summary of Human Services Subcommittee Action

HB 2086 amends state law regarding behavioral health services. The measure’s key provisions require OHA to increase reimbursement rates for co-occurring disorder treatment, provide start-up funding for treatment programs that provide integrated co-occurring disorder treatment, establish programs ensuring access to culturally specific and responsive services, continually evaluate opportunities to reduce the burden of documentation requirements for providers seeking certificates of approval, study and report on Medicaid rates paid for behavioral health services, adopt rules requiring coordinated care organizations to provide housing navigation services and address social determinates of health, collect data from providers who offer intensive behavioral health treatment services, report on the demand and capacity of intensive behavioral health treatment for children, and support a new Behavioral Health Committee established by the Oregon Health Policy Board charged with developing quality metrics and incentives to improve behavioral health services.

HB 2086 appropriates \$10.6 million General Fund to the Oregon Health Authority (OHA) for purposes of the bill. Of this amount, \$10.2 million is dedicated to increase reimbursement rates for co-occurring disorder treatment and to provide start-up funding for treatment programs providing integrated co-occurring disorder treatment. The measure also appropriates \$400,000 General Fund for OHA to collect data from providers who offer intensive behavioral health treatment service. In addition to the investments in this bill, additional funding for these purposes may become available in the end of session budget reconciliation bill to bring the total investment to \$15.6 million General Fund. The additional funding will largely support OHA’s work on the new metrics and incentive requirements. Funding in House Bill 5024, OHA’s primary budget bill, aligns with this work and also supports the purposes of this bill.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
SCR 443-030-01 Health Systems Division									
Services and Supplies	\$ 400,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 400,000		
Special Payments	\$ 10,200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,200,000		
TOTAL ADJUSTMENTS	\$ 10,600,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,600,000	0	0.00
SUBCOMMITTEE RECOMMENDATION	\$ 10,600,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,600,000	0.00	0.00

HB 2359 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Frederick

Joint Committee On Ways and Means

Action Date: 06/11/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 670,664	\$ 670,664	100.0%
Other Funds Limited	\$ -	\$ -	\$ 66,812	\$ 66,812	100.0%
Federal Funds Limited	\$ -	\$ -	\$ 118,194	\$ 118,194	100.0%
Total	\$ -	\$ -	\$ 855,670	\$ 855,670	100.0%

Position Summary

Authorized Positions	0	0	2	2
Full-time Equivalent (FTE) positions	0.00	0.00	1.50	1.50

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Funding to support the activities of House Bill 2359 are split according to the Oregon Health Authority’s (OHA) cost allocation model for the Central Services Division at approximately 80% General Fund, 7% Other Funds, and 13% Federal Funds.

Summary of Human Services Subcommittee Action

House Bill 2359 requires health care providers to work with health care interpreters (HCI) from the HCI registry administered by OHA to ensure patients are served in languages other than English. OHA must adopt rules to ensure coordinated care organizations and other health care providers work with a certified or qualified HCI when interpretation is needed for patients covered under the state’s medical assistance programs, and reimbursement for these services occurs. The measure requires a study on the best model for an online platform for patients and health care providers to contract with health care interpreters and how to finance the platform, no later than July 1, 2022. OHA must provide affordable (or no cost) health care interpreter training and continuing education in accordance with standards adopted by the Oregon Council on Health Care Interpreters. OHA must maintain a record of all health care interpreters who have completed an approved training program, and establish and maintain a registry for all qualified or certified health care interpreters with a process for interpreters to update their information each biennium.

The Subcommittee recommended \$670,664 General Fund, \$66,812 Other Funds expenditure limitation, \$118,194 Federal Funds expenditure limitation and the establishment of two permanent, full-time positions (1.50 FTE) in OHA’s Office of Equity and Inclusion to carry out the

provisions of the bill. This includes one Operations and Policy Analyst 3 position and one Administrative Specialist 2 position for programmatic and operational support. Included with the positions is \$68,365 total funds in position-related services and supplies. Also included is \$200,952 total funds for information technology work related to the study of online platforms. This work will be undertaken by OHA's Office of Information Services (OIS) but direct charged to the Central Services Division budget; OHA may return in a rebalance with a net-zero request for position authority to manage the work at OIS. Finally, the bill adds an additional \$308,000 total funds in services and supplies, including \$108,000 total funds for the trainings required under the bill, \$150,000 total funds on a one-time basis for a consultant with expertise in online platforms to assist with the study required by the bill, and \$50,000 total funds for community outreach and engagement.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
Oregon Health Authority									
SCR 443-010-040 Central Services									
Personal Services	\$ 222,683	\$ -	\$ 19,484	\$ -	\$ 36,186	\$ -	278,353	2	1.50
Services and Supplies	\$ 447,981	\$ -	\$ 47,328	\$ -	\$ 82,008	\$ -	577,317		
TOTAL ADJUSTMENTS	\$ 670,664	\$ -	\$ 66,812	\$ -	\$ 118,194	\$ -	855,670	2	1.50
SUBCOMMITTEE RECOMMENDATION *	\$ 670,664	\$ -	\$ 66,812	\$ -	\$ 118,194	\$ -	855,670	\$ 2	1.50

HB 2417 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Gelser

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 11 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 1 - Thomsen

House Vote

Yeas: 7 - Bynum, Gomberg, McLain, Nosse, Rayfield, Sanchez, Sollman

Nays: 4 - Drazan, Leif, Smith G, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 15,000,000	\$ 15,000,000	100.0%
Total	\$ -	\$ -	\$ 15,000,000	\$ 15,000,000	100.0%

Position Summary

Authorized Positions	0	0	0	0	
Full-time Equivalent (FTE) positions	0.00	0.00	0.00	0.00	

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

HB 2417 appropriates \$15.0 million General Fund for the purposes of the bill.

Summary of Human Services Subcommittee Action

HB 2417 creates a statewide coordinated crisis system consistent with the framework of the National Suicide Hotline Act of 2020, which establishes 9-8-8 as the National Suicide Prevention Hotline. The crisis hotline center should be able to receive calls, texts, and chats from the 9-8-8 suicide prevention and behavioral health crisis hotline and provide intervention services and crisis care coordination. Local community mental health programs must provide crisis stabilization services to individuals contacting the 9-8-8 line and behavioral health crisis hotline by expanding the use of mobile crisis intervention teams to the extent funding is available. Crisis stabilization services provided to individuals accessing the 9-8-8 line are to be reimbursed by the Oregon Health Authority (OHA), coordinated care organizations, or commercial insurance. The 9-8-8 line must be available 24 hours a day, year-round. OHA is to report to the interim committees of the legislative assembly related to mental or behavioral health, no later than January 1, 2022, with recommendations on policies, legislative changes, and funding to implement the National Suicide Hotline Designation Act of 2020 and establish a statewide coordinated crisis services system.

HB 2417 appropriates \$15.0 million General Fund to OHA, with \$5.0 million to be used for the crisis hotline center and \$10.0 million to distribute to counties to establish and maintain mobile crisis intervention teams. Investments in additional crisis stabilization services described in HB 2417, including crisis stabilization services and crisis stabilization centers, short-term respite services, peer respite centers, behavioral health urgent care walk-in centers, and a crisis hotline center, as well as a plan for funding the crisis hotline center long-term, may be considered by the legislature in light of the report OHA is directed to present to the legislative assembly in 2022.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE	
			LIMITED	NONLIMITED	LIMITED	NONLIMITED				
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>										
SCR 443-030-01 Health Systems Division										
Special Payments	\$ 15,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	15,000,000		
TOTAL ADJUSTMENTS	\$ 15,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	15,000,000	0	0.00
SUBCOMMITTEE RECOMMENDATION	\$ 15,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	15,000,000	0	0.00

HB 2591 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Knopp

Joint Committee On Ways and Means

Action Date: 06/16/21

Action: Do pass the A-Eng bill.

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 2,555,000	\$ 2,555,000	100.0%
Total	\$ -	\$ -	\$ 2,555,000	\$ 2,555,000	100.0%

Position Summary

Authorized Positions	0	0	2	2
Full-time Equivalent (FTE) positions	0.00	0.00	1.17	1.17

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 2591 includes a \$2,555,000 General Fund appropriation in 2021-23 for the Oregon Health Authority to carry out the work of the bill.

Summary of Human Services Subcommittee Action

House Bill 2591 directs the Oregon Health Authority (OHA) to create three grant programs related to health care in schools, appropriates \$2,555,000 General Fund and authorizes the establishment of one permanent, full-time position and one permanent part-time position for the agency to carry out this work. The bill directs OHA to spend the appropriation as follows:

- **School-based Health Center Planning - \$995,000 General Fund** for planning grants to 10 school districts or education service districts to evaluate the need for school-based health centers (SBHCs) in their communities, and to develop a plan to address this need. OHA is directed to contract with a nonprofit organization to facilitate and oversee the planning process and to provide technical assistance to grantees. After the planning process is complete each grantee is to receive funding to operate a school-based health center or school nurse model.
- **Telehealth - \$975,000 General Fund** for grants to three school-based health centers to operate pilot projects to expand student access to health care services through telehealth. OHA is directed to coordinate with a statewide nonprofit organization with experience supporting school-based health centers and school nurses, in order to carry out this grant program.
- **Mobile SBHCs - \$285,000 General Fund** for grants for up to three school districts or education service districts to implement a mobile school-linked health center through a mobile medical van where children can receive primary care services near school grounds from

licensed or certified health care providers. These clinics are not subject to the school-based certification requirements or funding formulas for school-based health centers under ORS 413.225.

The remaining \$300,000 General Fund is set aside for OHA's costs to administer the grant programs. OHA will spend the funds for one permanent full-time Program Analyst 3 position (0.88 FTE) to develop grant criteria, collaborate with stakeholders, evaluate the pilot projects, and report to the Legislative Assembly; and one permanent part-time Research Analyst 3 position (0.29 FTE) to assist with data collection, evaluation, and reporting requirements and the associated costs for services and supplies to support the positions.

In 2023-25, OHA anticipates costs of \$1,572,148 General Fund. This includes continuation of the two positions listed above, as well as \$1.2 million General Fund for planning grant recipients to operate a school-based health center or school nurse model in each school district or education service district as directed by this measure.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
Oregon Health Authority									
SCR 443-030-050 Public Health									
Personal Services	\$ 229,277	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 229,277	2	1.17
Services and Supplies	\$ 70,723	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 70,723		
Special Payments	\$ 2,255,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,255,000		
TOTAL ADJUSTMENTS	\$ 2,555,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,555,000	2	1.17
SUBCOMMITTEE RECOMMENDATION	\$ 2,555,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,555,000	2	1.17

HB 2842 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 10,000,000	\$ 10,000,000	100.0%
Other Funds Limited	\$ -	\$ -	\$ 10,000,000	\$ 10,000,000	100.0%
Total	\$ -	\$ -	\$ 20,000,000	\$ 20,000,000	100.0%

Position Summary

Authorized Positions	0	0	4	4
Full-time Equivalent (FTE) positions	0.00	0.00	3.08	3.08

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

HB 2842 establishes the Healthy Homes Repair Fund in the State Treasury, separate and distinct from the General Fund. The fund is intended to fund grants to eligible entities under the Healthy Homes Program established by the bill and pay for the Oregon Health Authority’s administrative costs for the program. The fund is authorized to receive application grant fees for the program, as well as to receive grants, transfers from the federal government, or repayments of program funds. HB 2842 appropriates \$10 million General Fund to the Oregon Health Authority (OHA) for the purposes of the bill. These funds will be deposited into the Healthy Homes Repair Fund, from which it will be spent as Other Funds.

Summary of Human Services Subcommittee Action

HB 2842 establishes the Healthy Homes Program within OHA. The program will provide grants to repair and rehabilitate residences for low-income households and landlords with low-income tenants. Grants are to be disbursed by entities that serve certain communities or geographic areas with a focus on environmental justice and that have the capacity to administer grant funds. Grant program recipients must enter into an agreement with OHA that contains provisions, including the purpose of the grant, limitations of administrative and program delivery costs to less than 15% of grant funds, allowing for audits and reporting by the grant recipient, and repayment provisions. OHA is to establish grant criteria by rule and consult with the Governor’s Policy Advisor for Economic and Business Equity for grant monies to be used for work to be performed by disadvantaged business enterprises, minority-owned businesses, women-owned businesses, or businesses owned by service-disabled veterans. OHA also may develop or contract with nonprofits or public higher education institutions to develop performance measures, as well as ways to identify and reduce health hazards in housing.

Additionally, this measure establishes the Interagency Task Force on Healthy Homes. The Task Force is to report on the Healthy Homes Program to the interim committees of the Legislative Assembly related to housing, to the Governor, and to the Environmental Justice Task Force no later than September 15, 2022. OHA is to provide staff support for the Task Force.

The Subcommittee recommended \$10.0 million General Fund, \$10 million Other Funds expenditure limitation, and four positions (3.08 FTE) to establish the program. Grant funds will come from a one-time deposit of \$10 million General Fund into the Healthy Homes Repair Fund. After the cost of administration, OHA will have \$9,150,558 available to make grants under the program. To administer the grant program, OHA will hire one permanent part-time Principal Executive Manager D to manage the program and program staff (0.44 FTE); one permanent full-time Operations and Policy Analyst 3 (0.88 FTE) to design program elements and implement the program, coordinate the Task Force, and develop policies; one permanent full-time Program Analyst 2 (0.88 FTE) to work on program procedures and communication, and contract and program administration; and, one full-time Fiscal Analyst 2 (0.88 FTE) to provide financial tracking and reporting. The cost of administering the program will include \$138,993 in position-related services and supplies, \$40,000 for Attorney General Fees needed for rulemaking under the program, \$40,000 for a contract for meeting facilitation for the task force, and \$6,950 for hosting the task and reimbursing task force members.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
SCR 443-030-05 Public Health Division									
Personal Services		\$ -	\$ 623,479	\$ -	\$ -	\$ -	623,479	4	3.08
Services and Supplies		\$ -	\$ 225,943	\$ -	\$ -	\$ -	225,943		
Special Payments (6060 Intra Agcy Gen Fund Tsfr)	\$ 10,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	10,000,000		
Special Payments	\$ -	\$ -	\$ 9,150,578	\$ -	\$ -	\$ -	9,150,578		
TOTAL ADJUSTMENTS	\$ 10,000,000	\$ -	\$ 10,000,000	\$ -	\$ -	\$ -	20,000,000	4	3.08
SUBCOMMITTEE RECOMMENDATION *	\$ 10,000,000	\$ -	\$ 10,000,000	\$ -	\$ -	\$ -	20,000,000	4	3.08

HB 2910 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Knopp

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 10 - Frederick, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

Nays: 2 - Anderson, Girod

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
				\$ Change	% Change
Other Funds Limited	\$ -	\$ -	\$ 30,366,152	\$ 30,366,152	100.0%
Federal Funds Limited	\$ -	\$ -	\$ 45,366,152	\$ 45,366,152	100.0%
Total	\$ -	\$ -	\$ 75,732,304	\$ 75,732,304	100.0%

Position Summary

Authorized Positions	0	0	3	3
Full-time Equivalent (FTE) positions	0.00	0.00	3.00	3.00

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 2910 authorizes the Oregon Health Authority (OHA) to request approval from the Centers for Medicare and Medicaid Services (CMS) to administer an assessment and reimbursement program for nonfederal or nonpublic emergency medical service (EMS) providers. OHA is directed to assess a quality assurance fee related to each provider’s emergency and transportation services. The fee must be equal to 5% of the projected total gross receipts for an EMS provider for the following 12-month period, divided by the projected number of EMS transports in that period. The bill establishes the Emergency Medical Services Fund separate and distinct from the General Fund. The quality assurance fee revenue will be deposited into the new fund for grants to innovative ambulance programs, reimbursing medical assistance program expenses, including increasing EMS transport rates, and program administration. The fee revenues are projected to generate \$30.4 million Other Funds revenues, which are projected to draw down \$45.4 million Federal Funds revenue from Medicaid matching revenues, assuming a start date of January 1, 2022, for the reimbursement program. The cost of administering the program will be shared equally between Medicaid and the EMS provider assessment.

HB 2910 also includes changes to the fees paid by emergency medical service providers that support the regulatory responsibilities of OHA’s Public Health Division. The fee changes for ambulance services with a maximum of four full-time paid positions include an increase from \$75 to \$190 and the license fee per ambulance will increase from \$45 to \$115. The fee changes for ambulance services with five or more full-time paid positions include an increase from \$250 to \$625 and the license fee per ambulance will increase from \$80 to \$200. The fee changes also eliminate a \$10 replacement fee charged for ambulatory licenses. Fee revenues are expected to increase Other Funds revenue by \$269,175 in 2021-23.

Summary of Human Services Subcommittee Action

HB 2910 authorizes OHA to request approval from CMS to administer an assessment and reimbursement program for nonfederal or nonpublic EMS providers. OHA is required to establish the reimbursement paid to an EMS provider for an EMS transport. The Subcommittee recommended \$30.4 million in Other Funds expenditure limitation, \$45.4 million Federal Funds in Federal Funds expenditure limitation, and three permanent full-time positions (3.00 FTE) to implement the provisions of the bill. OHA will hire the following three positions: one permanent, full-time Fiscal Analyst 2 to complete the review of provider cost reports, determine the amount providers are eligible to be increased, and project future trends for multiple but an unknown number of emergency service providers; one permanent, full-time Fiscal Analyst 3 to monitor, project, and report actuals for all the Ground Emergency Medical Transportation programs and monitor budgets and CMS reporting; and one permanent, full-time Operations Policy Analyst 3 to work on the request that will be submitted to CMS, work with providers to answer questions and interpret policy. Also included in the Subcommittee's recommendation were \$125,380 in position-related services and supplies.

The budget also contains \$30 million Other Funds Special Payments and \$45 million Federal Funds Special Payments for payments to emergency medical providers under the reimbursement program. This program estimate is based on a start date of January 1, 2022 and assumes a similar pattern of claims to those of a similar program for non-profit EMS providers created in 2016. The amount of the reimbursement program is necessarily a high-level estimate given the difficulty projecting claims for a new program.

The bill does not have a fiscal impact on the Public Health Division, as increased fees for ambulance service licenses will support existing expenditures in order to address a projected revenue shortfall in the program.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
SCR 443-030-01 Health Systems Division									
Personal Services		\$ -	\$ 303,462	\$ -	\$ 303,462	\$ -	\$ 606,924	3	3.00
Services and Supplies		\$ -	\$ 62,690	\$ -	\$ 62,690	\$ -	\$ 125,380		
Special Payments	\$ -	\$ -	\$ 30,000,000	\$ -	\$ 45,000,000	\$ -	\$ 75,000,000		
TOTAL ADJUSTMENTS	\$ -	\$ -	\$ 30,366,152	\$ -	\$ 45,366,152	\$ -	\$ 75,732,304	3	3.00
SUBCOMMITTEE RECOMMENDATION	\$ -	\$ -	\$ 30,366,152	\$ -	\$ 45,366,152	\$ -	\$ 75,732,304	3	3.00

HB 2949 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 10 - Anderson, Frederick, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 2 - Girod, Thomsen

House Vote

Yeas: 8 - Bynum, Gomberg, McLain, Nosse, Rayfield, Sanchez, Sollman, Stark

Nays: 3 - Drazan, Leif, Smith G

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
Other Funds Limited	\$ -	\$ -	\$ 80,000,000	\$ 80,000,000	100.0%
Total	\$ -	\$ -	\$ 80,000,000	\$ 80,000,000	100.0%

Position Summary

Authorized Positions	0	0	14	14
Full-time Equivalent (FTE) positions	0.00	0.00	14.00	14.00

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

HB 2949 provides a total of \$80 million Other Funds expenditure limitation to the Oregon Health Authority (OHA) for two new behavioral health programs established by the measure. This expenditure limitation is supported by one-time revenue from the American Rescue Plan Act (ARPA) State Fiscal Recovery Funds received by the Oregon Department of Administrative Services (DAS) and transferred to OHA. Of the total, \$60 million shall be deposited into the newly established Behavioral Health Incentive Subaccount, within the Health Care Provider Incentive Fund. Funds within this subaccount, are continuously appropriated to OHA to carry out provisions of the measure, until fully expended. An additional \$20 million Other Funds expenditure limitation is provided to OHA for a new grant program incentivizing clinical experience and licensure in behavioral health fields.

Summary of Human Services Subcommittee Action

HB 2949 establishes incentive programs to increase the capacity and diversity of Oregon’s behavioral health workforce. The measure provides OHA with \$60 million Other Funds expenditure limitation, to provide incentives intended to increase the recruitment and retention of providers in the behavioral health care workforce. This includes providers with specified degrees or other credentials who are people of color, tribal members, or residents of rural areas who can provide culturally responsive behavioral health services. Additionally, \$20 million Other Funds expenditure limitation is provided to OHA, to establish a grant program providing specified behavioral health professionals awards to provide supervised clinical experience to individuals who have the necessary education but need supervised clinical experience to obtain a license. OHA is directed to distribute \$7 million to county mental health programs, \$7 million to private practitioners, and \$6 million as necessary to carry out the purposes of the bill including administrative and operational costs. OHA estimates the operational costs to be

\$3,314,025, supporting 14 permanent positions (14.00 FTE), including personal services and associated services and supplies. Permanent positions are recommended, as establishing and fully executing the programs is likely a multi-biennia endeavor.

The Subcommittee recommended \$80 million Other Funds expenditure limitation and 14 permanent positions (14.00 FTE) to support and staff the two new programs as follows:

Behavioral Health (BH) Provider Incentive Program:

- One Principal Executive Manager E position (1.00 FTE) to serve as the BH Incentive Program Manager to provide additional management oversight and support for the Primary Care Office.
- One Operations and Policy Analyst 4 position (1.00 FTE) to serve as the Equity Coordinator to liaison with OEI, Tribal Affairs, and other groups to ensure programs are operating with an equity lens and supporting evolving best practices within this work.
- Two Operations and Policy Analyst 3 positions (2.00 FTE) to serve as Workforce Pipeline Specialists to work with the Higher Education Coordinating Commission (HECC), Workforce Boards, the Oregon Education Department (OED), K-12, Area Health Education Centers (AHECs), and training schools to develop a robust pipeline from the K-12 system into training programs for a diverse student and young adult population.
- One Operations and Policy Analyst 3 position (1.00 FTE) to serve as the Student Support Coordinator to work with training programs and students to help ensure student success and completion of training.
- One Operations & Policy Analyst 3 position (1.00 FTE) to serve as the Clinical Practice Environment Coordinator to expand the number and ensure the quality of sites where clinicians of color are practicing is a supportive environment for the clinicians doing their best work.
- One Operations and Policy Analyst 3 position (1.00 FTE) to serve as the BH BIPOC Grant Program Coordinator to oversee mini-grants and incentives to support clinicians of color, and from tribal communities to be retained in areas with larger, more diverse populations.
- One Research Analyst 3 position (1.00 FTE) to serve as Data Support to provide analytic support, evaluation and consultation to the Clinical Supports Integrations, and Workforce (CSIW) Unit on the impact of the totality of effort, including mapping and reporting of data.
- Three Administrative Specialist 2 positions (3.00 FTE) to support the work defined above, including but not limited to assisting with contracts, support meetings and other administrative tasks that will support the new BH Subaccount.

Program to ensure clinical supervisory experiences for behavioral health professionals:

- One Operations and Policy Analyst 3 position (1.00 FTE) to serve as the Student Support Coordinator to work with public and private schools, training programs, and practice sites (including hospitals) to locate and provide incentives for adequate clinical supervision and oversee grant efforts to county programs and private providers.

In addition, these two programs will share an Administrative Specialist 2 position (1.00 FTE) to support the work defined above, and one Procurement and Contract Specialist 3 position (1.00 FTE) to manage the grants and contracts involving various entities.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
SCR 443-030-02 Health Policy and Analytics									
Personal Services	\$ -	\$ -	\$ 2,730,205	\$ -	\$ -	\$ -	\$ 2,730,205	14	14.00
Services and Supplies	\$ -	\$ -	\$ 583,820	\$ -	\$ -	\$ -	\$ 583,820		
Special payments: 6085 - Other Special Payments	\$ -	\$ -	\$ 76,685,975	\$ -	\$ -	\$ -	\$ 76,685,975		
TOTAL ADJUSTMENTS	\$ -	\$ -	\$ 80,000,000	\$ -	\$ -	\$ -	\$ 80,000,000	14	14.00
SUBCOMMITTEE RECOMMENDATION	\$ -	\$ -	\$ 80,000,000	\$ -	\$ -	\$ -	\$ 80,000,000	14	14.00

HB 2980 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 6,000,000	\$ 6,000,000	100.0%
Total	\$ -	\$ -	\$ 6,000,000	\$ 6,000,000	100.0%

Position Summary

Authorized Positions	0	0	0	0	
Full-time Equivalent (FTE) positions	0.00	0.00	0.00	0.00	

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

HB 2980 appropriates \$6 million General Fund to carry out the purposes of the bill.

Summary of Human Services Subcommittee Action

HB 2980 establishes a new program to provide funding to four peer respite centers in the Portland metropolitan area, the southern Oregon region, the central and eastern Oregon region, and the Oregon Coast to serve individuals experiencing a behavioral health crisis. Each peer respite center shall provide up to two weeks of continuous peer respite services to six or fewer individuals. At least one of the peer respite centers must participate in a pilot project designed specifically to provide culturally responsive services to a community of color, such as Black, African American, Latino, Asian, Asian American, or Pacific Islander communities, or to the nine federally recognized tribes in this state. The bill requires the Oregon Health Authority (OHA) to prescribe, by rule, the requirements for the peer respite centers receiving funding and reporting to enable OHA to monitor and evaluate the peer respite services.

The Subcommittee recommended \$6,000,000 General Fund to carry out the purposes of the bill, with \$750,000 going to each center during each year of the biennium. This funding will be distributed as special payments to organizations providing peer services. OHA will administer the program using existing staff.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
SCR 030-01 Health Systems Division									
Special Payments	\$ 6,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,000,000		
TOTAL ADJUSTMENTS	\$ 6,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,000,000	0	0.00
SUBCOMMITTEE RECOMMENDATION	\$ 6,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,000,000	0	0.00

HB 3000 C BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Morgan

Joint Committee On Ways and Means

Action Date: 06/16/21

Action: Do pass with amendments to the B-Eng bill. (Printed C-Eng.)

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Michelle Deister and Libby Chamberlain, Legislative Fiscal Office

Oregon Liquor Control Commission

2021-23

Oregon Health Authority

2021-23

Criminal Justice Commission

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
Oregon Liquor Control Commission					
Other Funds Limited	\$ -	\$ -	\$ 399,007	\$ 399,007	100.0%
Oregon Health Authority					
General Fund	\$ -	\$ -	\$ 730,917	\$ 730,917	100.0%
Criminal Justice Commission					
Other Funds Limited	\$ -	\$ -	\$ 3,000,000	\$ 3,000,000	100.0%
Total	\$ -	\$ -	\$ 4,129,924	\$ 4,129,924	100.0%

Position Summary

Oregon Liquor Control Commission

Authorized Positions	0	0	1	1
Full-time Equivalent (FTE) positions	0	0	0.75	0.75

Oregon Health Authority

Authorized Positions	0	0	3	3
Full-time Equivalent (FTE) positions	0.00	0.00	3.00	3.00

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 3000 contains a General Fund appropriation of \$730,917 for carrying out the purposes of the measure within the Oregon Health Authority (OHA). Other Funds revenues for the Oregon Liquor Control Commission (OLCC) and the Oregon Department of Agriculture (ODA) come from fee revenue on licensees deposited into the Marijuana Control and Regulation Fund and the Industrial Hemp Fund, respectively. HB 3000 permits ODA to charge a civil penalty of up to \$10,000 for an industrial hemp crop exceeding the statutory percentage of allowable tetrahydrocannabinol (THC) on a dry weight basis.

Other Funds revenue for the Criminal Justice Commission (CJC) come from Marijuana Tax revenues. HB 3000 increases the current Marijuana Tax distributions to CJC by \$375,000 per quarter from the effective date of the law until October 1, 2023. A corresponding reduction to Marijuana Tax transfers to the Drug Treatment and Recovery Services Fund (DTRSF) within OHA will also occur. For context, the Department of Administrative Services – Office of Economic Analysis estimates Marijuana Tax revenues to the DTRSF at \$249.4 million in 2021-23.

Summary of Transportation and Economic Development Subcommittee Action

HB 3000 authorizes OLCC to regulate the processing, transport, sale, and purchase of artificially derived cannabinoids. The measure directs OLCC to consult with OHA and ODA to adopt rules establishing a maximum concentration for artificially derived cannabinoids allowed in a cannabinoid product and the maximum concentration of tetrahydrocannabinol, or artificially derived cannabinoid, permitted in an industrial hemp product.

Oregon Liquor Control Commission

The Subcommittee recommended \$399,007 Other Funds expenditure limitation and one permanent full-time Administrative Specialist 2 (0.75 FTE) for OLCC to develop new rules around artificially derived cannabinoids, as well as labeling and testing requirements. OLCC will incur position-related costs of \$207,398 for personal services, and services and supplies of \$191,609, which include:

- Services and supplies costs related to the new position;
- \$84,000, for OLCC's Cannabis Tracking System fees, in 2021-23; and
- Mapping-related development costs.

Oregon Health Authority

The Subcommittee recommended \$730,917 General Fund and three positions (3.00 FTE) for OHA to implement the provisions of HB 3000, related to testing cannabinoid products and implementing methods and procedures for determining whether a cannabis plant is marijuana or hemp. This will require three new Compliance Specialist 3 positions (3.00 FTE), two of which will be permanent full-time and one of which will be limited duration, as well as \$125,373 in personal services related services and supplies. The Compliance Specialist 3 positions will develop and optimize the measurement of new cannabinoids, provide technical assistance to laboratories, and coordinate interagency work.

Criminal Justice Commission

The Subcommittee recommended an increase in Other Funds expenditure limitation of \$3,000,000 for CJC to increase funding for the Illegal Marijuana Market Enforcement Grant, which has been used to fund staff time for local law enforcement, as well as office and administrative equipment.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

**Oregon Liquor Control Commission, Oregon Health Authority, Criminal Justice Commission
Patrick Heath - 503-983-8670**

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
Oregon Liquor Control Commission									
SCR 004 Recreational Marijuana Program									
Personal Services	\$ -	\$ -	\$ 207,398	\$ -	\$ -	\$ -	\$ 207,398	1	0.75
Services and Supplies	\$ -	\$ -	\$ 191,609	\$ -	\$ -	\$ -	\$ 191,609		
Oregon Health Authority									
SCR 030-050 Public Health									
Personal Services	\$ 605,544	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 605,544	3	3.00
Services and Supplies	\$ 125,373	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 125,373		
Criminal Justice Commission									
SCR 001 Sentencing, Policy and Research									
Special Payments	\$ -	\$ -	\$ 3,000,000	\$ -	\$ -	\$ -	\$ 3,000,000		
TOTAL ADJUSTMENTS	\$ 730,917	\$ -	\$ 3,399,007	\$ -	\$ -	\$ -	\$ 4,129,924	4	3.75
SUBCOMMITTEE RECOMMENDATION	\$ 730,917	\$ -	\$ 3,399,007	\$ -	\$ -	\$ -	\$ 4,129,924	4	3.75

HB 3159 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 7 - Frederick, Golden, Gorsek, Johnson, Lieber, Steiner Hayward, Taylor

Nays: 5 - Anderson, Girod, Hansell, Knopp, Thomsen

House Vote

Yeas: 7 - Bynum, Gomberg, McLain, Nosse, Rayfield, Sanchez, Sollman

Nays: 4 - Drazan, Leif, Smith G, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Haylee Morse-Miller, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 9,768,195	\$ 9,768,195	100.0%
Other Funds Limited	\$ -	\$ -	\$ 5,624,767	\$ 5,624,767	100.0%
Federal Funds Limited	\$ -	\$ -	\$ 2,842,387	\$ 2,842,387	100.0%
Total	\$ -	\$ -	\$ 18,235,349	\$ 18,235,349	100.0%

Position Summary

Authorized Positions	0	0	43	43
Full-time Equivalent (FTE) positions	0.00	0.00	32.25	32.25

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

HB 3159 appropriates \$9.8 million General Fund to the Oregon Health Authority (OHA) for the purposes of the bill. Other Funds and Federal Funds revenues for the Central Services Division and the State Assessments and Enterprise-wide Costs divisions come via cost allocation models for those divisions. Other Funds for the Shared Services Division come from direct charges to General Fund and Federal Funds in other parts of OHA.

Summary of Human Services Subcommittee Action

HB 3159 requires coordinated care organizations, health care providers, and health insurers, to collect data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, and gender identity from the organization’s patients, clients, or members. These organizations must provide this data to OHA annually. OHA may provide incentives to entities impacted by this measure to assist with the costs of making changes to electronic health records systems to ensure this data is collected. OHA is directed to establish a system to collect the data required. OHA is also directed to develop and administer a grant program to provide funding to support data collection by community health organizations and community-based groups.

The Subcommittee recommended \$9.8 million General Fund, \$5.6 million Other Funds, and \$2.8 million Federal Funds and 43 positions (32.25 FTE in 2021-23). These costs largely reflect the fiscal impact of standing up this project; some divisions in OHA plan to submit Policy Option Packages to request additional funding and positions once project planning is complete, which means this funding is not necessarily fully inclusive of all costs in the 2023-25 biennium. These positions will ensure that data collection, storage, and reporting requirements are met;

work with health care providers and insurers on data collection; develop communications and training for stakeholders and staff; perform compliance monitoring; and support IT components related to this measure, among other work.

Central Services

The Subcommittee recommended \$9,447,798 General Fund, \$142,081 Other Funds and \$2,794,496 Federal Funds and 28 positions (21.00 FTE) for the Central Services Division to carry out the work of the bill. Of this amount, the Office of Equity and Inclusion (OEI) has an increase of \$11,337,306 total funds in 2021-23, which supports 23 positions (17.25 FTE). The 23 positions are all permanent, full-time positions and include one Principal Executive Manager G (0.75 FTE), two Principal Executive Manager Fs (1.50 FTE), seven Operations and Policy Analyst 4s (5.25 FTE), three Operations and Policy Analyst 3s (2.25 FTE), four Program Analyst 3s (3.00 FTE), three Research Analyst 3s (2.25 FTE), one Administrative Specialist 2 (0.75 FTE), one Fiscal Analyst 2 (0.75 FTE), and one Executive Support Specialist 2 (0.75 FTE). These positions will be responsible for ensuring that data collection, storage, and reporting requirements are met, working with health care providers and insurers on data collection, working with impacted communities to ensure implementation, developing communications and training for stakeholders and staff, monitoring compliance, and providing administrative support. In addition to the 23 new positions and position-related services and supplies, OEI also anticipates costs totaling \$1,280,020 total funds related to hiring outreach, development of an equity and antiracism training for staff, community partners, and stakeholders, contracting with consultants for learning collaboratives and technical assistance with data collection, and grants to community based organizations and tribes for training and technical assistance. Additionally, there are General Fund and Federal Funds expenditures of \$5,482,686 total funds in 2021-23, for Shared Services Division direct charges for IT work that OHA will need to accomplish under the bill, which is expended as Other Funds (see the Shared Services section below).

The Central Services Division also includes allocations for the Health Systems Division and Health Policy and Analytics Division. This funding may be moved to those divisions, during an interim rebalance. The bill provides funding to support four new permanent, full-time positions in 2021-23 to do this work in the Health Systems Division, including one Operations and Policy Analyst 4 (0.75 FTE) to oversee strategic use of data and program planning, one Operations and Policy Analyst 4 (0.75 FTE) to work with CCOs to align the exchange of data, one Operations and Policy Analyst 3 (0.75 FTE) to work with the OHA Office of Equity and Inclusion to align Health Systems Division systems with data collection requirements, and support data collection and reporting, and one Operations and Policy Analyst 3 (0.75 FTE) to identify and mitigate risks for the Medicaid Management Information System due to changes to the agency's ONE system. The bill also provides funding for the Health Policy and Analytics Division for one permanent, full-time Operations and Policy Analyst 4 position (0.75 FTE) to support external health care providers and insurers in data collection required by the bill.

Shared Services

The Subcommittee recommended \$5,482,686 in Other Funds expenditure limitation and 15 positions (11.25 FTE) for the Shared Services Division to carry out the work of the bill. The Shared Services Division will need to update, reconfigure, and create various data systems to include data related to race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, and gender identity. To accomplish this work, Shared Services – Office of Information Services will hire 15 permanent, full-time positions to begin project planning,

including one Principal Executive Manager F (0.75 FTE), five Information Systems Specialist 8s (3.75 FTE), six Information Systems Specialist 7s (4.50 FTE), two Operations and Policy Analyst 4s (1.50 FTE), and one Project Manager 2 (0.75 FTE). Services and Supplies associated with the effort include \$1.5 million in Professional Services for a data vendor to support project planning and business case development, \$300,000 in IT Professional Services costs, and \$420,000 for software licensing. The Shared Services Division notes that there will be additional costs in the 2023-25 biennium after program planning is complete, and that the agency will plan to submit a Policy Option Package as part of the 2023-25 budget development cycle to request additional positions and funding to implement this measure.

The Legislative Fiscal Office (LFO) notes that implementation of this measure includes an information technology component that will require OHA to comply with the state's IT investment oversight policies and processes. Therefore, the information technology pricing component serves as a preliminary approximation. To build out the data systems to implement this measure OHA will have to: (1) complete business requirements analysis; (2) develop a business case; (3) hire/assign or contract with qualified and experienced project management or other professional staff resources; (4) obtain, via contract, independent quality management services, (5) develop foundational project management plans to demonstrate the feasibility of the project and its scope, as well as refined cost and schedule estimates, and (6) ensure appropriate data security and privacy measures control project implementation, pursuant to protocols developed by the Office of the State Chief Information Officer and LFO within the Joint Stage Gate Review process.

Statewide Assessments and Enterprise-wide Costs

The Subcommittee recommended \$320,397 in General Fund and \$47,891 in Federal Funds for enterprise-wide costs associated with implementing the measure.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
SCR 010-40 Central Services									
Personal Services	\$ 2,819,667	\$ -	\$ 3,148,853	\$ -	\$ 1,711,400	\$ -	7,679,920	43	32.25
Services and Supplies	\$ 1,858,180	\$ -	\$ 2,475,914	\$ -	\$ 370,361	\$ -	4,704,455		
Special Payments	\$ 4,769,951	\$ -	\$ -	\$ -	\$ 712,735	\$ -	5,482,686		
SCR 010-50 State Assessments and Enterprise-wide Costs									
Special Payments	\$ 320,397	\$ -	\$ -	\$ -	\$ 47,891	\$ -	368,288		
TOTAL ADJUSTMENTS	\$ 9,768,195	\$ -	\$ 5,624,767	\$ -	\$ 2,842,387	\$ -	18,235,349	43	32.25
SUBCOMMITTEE RECOMMENDATION	\$ 9,768,195	\$ -	\$ 5,624,767	\$ -	\$ 2,842,387	\$ -	18,235,349	43	32.25

HB 3352 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Steiner Hayward

Joint Committee On Ways and Means

Action Date: 06/22/21

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 7 - Frederick, Golden, Gorsek, Johnson, Lieber, Steiner Hayward, Taylor

Nays: 4 - Anderson, Hansell, Knopp, Thomsen

Exc: 1 - Girod

House Vote

Yeas: 7 - Bynum, Gomberg, McLain, Nosse, Rayfield, Sanchez, Sollman

Nays: 4 - Drazan, Leif, Smith G, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 100,000,000	\$ 100,000,000	100.0%
Total	\$ -	\$ -	\$ 100,000,000	\$ 100,000,000	100.0%

Position Summary

Authorized Positions	0	0	0	0
Full-time Equivalent (FTE) positions	0.00	0.00	0.00	0.00

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

HB 3352 appropriates \$100,000,000 General Fund to carry out the work of the bill. The Oregon Health Authority (OHA) is directed to seek federal approval or waivers of federal requirements available to maximize federal financial participation for the provision of program coverage, but implementation of the program is not contingent on federal approval.

Summary of Capital Construction Subcommittee Action

HB 3352 expands health care coverage to adults who would be eligible for Medicaid except for their immigration status, beginning July 1, 2022. The bill appropriates \$100 million General Fund to OHA to implement this program, including for outreach and education. The bill authorizes OHA to restrict eligibility to certain categories or groups of adults eligible for the program, to remain within the capped funding amount if necessary. If the agency needs to restrict eligibility, decisions on which groups of adults to cover must be informed by a workgroup convened by OHA to ensure community feedback is included from a health equity perspective. Preliminary estimates from OHA assume an average monthly cost of coverage per member per month of \$540, an eligible population of 55,000 and eventual program update of 80 percent of eligible individuals. Given the immigration status of the eligible population, there is considerable uncertainty around all of these figures, as well as the trajectory of program enrollment and utilization. The Legislative Fiscal Office requests the Department of Administrative Services – Chief Financial Office unschedule \$90 million General Fund while OHA determines the extent to which available funds can maximize the enrollment of eligible individuals. OHA is directed to report, during the 2023 regular legislative session, on program implementation.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
SCR 443-030-01 Health Systems Division									
Special Payments	\$ 100,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000,000		
TOTAL ADJUSTMENTS	\$ 100,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000,000	0	0.00
SUBCOMMITTEE RECOMMENDATION	\$ 100,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000,000	0	0.00

HB 5006 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Rayfield

Joint Committee On Ways and Means

Action Date: 06/24/21

Action: Do pass with amendments. (Printed A-Eng.)

House Vote

Yeas: 10 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Sollman, Stark

Exc: 1 - Smith G

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

Prepared By: Julie Neburka, Legislative Fiscal Office

Reviewed By: Laurie Byerly and Theresa McHugh, Legislative Fiscal Office

Emergency Board

2021-23

Various Agencies

2021-23

Public Defense Services Commission

2019-21

Budget Summary*

	<u>2019-21 Legislatively Approved Budget</u>	<u>2021-23 Committee Recommendation</u>	<u>Committee Change</u>
<u>Emergency Board</u>			
General Fund - General Purpose		\$ 50,000,000	\$ 50,000,000
General Fund - Special Purpose Appropriations			
State Employee Compensation		\$ 198,000,000	\$ 198,000,000
Non-State Employee Compensation		\$ 20,000,000	\$ 20,000,000
Family Treatment Court Programs		\$ 10,000,000	\$ 10,000,000
Pre-trial Release (SB 48)		\$ 2,500,000	\$ 2,500,000
State Response to Natural Disasters		\$ 150,000,000	\$ 150,000,000
Transforming Justice Initiative		\$ 10,000,000	\$ 10,000,000
Department of Early Learning and Care		\$ 5,130,265	\$ 5,130,265
Dental Rates		\$ 19,000,000	\$ 19,000,000
OHA/DHS Caseload Costs		\$ 55,000,000	\$ 55,000,000
Essential Workforce Health Care Program		\$ 30,000,000	\$ 30,000,000
<u>ADMINISTRATION PROGRAM AREA</u>			
<u>Department of Administrative Services</u>			
General Fund		\$ 76,777,383	\$ 76,777,383
General Fund Debt Service		\$ (600,308)	\$ (600,308)
Lottery Funds Debt Service		\$ (4,316,625)	\$ (4,316,625)
Other Funds		\$ 180,076,580	\$ 180,076,580
Other Funds Debt Service		\$ 5,189,112	\$ 5,189,112
Federal Funds		\$ 2,378,604,743	\$ 2,378,604,743
<u>Advocacy Commissions Office</u>			
General Fund		\$ 212,032	\$ 212,032
<u>Employment Relations Board</u>			
General Fund		\$ (77,831)	\$ (77,831)
Other Funds		\$ (51,846)	\$ (51,846)
<u>Oregon Government Ethics Commission</u>			
Other Funds		\$ (92,004)	\$ (92,004)
<u>Office of the Governor</u>			
General Fund		\$ (476,684)	\$ (476,684)
Lottery Funds		\$ (72,430)	\$ (72,430)
Other Funds		\$ (92,512)	\$ (92,512)

Budget Summary*	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
<u>Oregon Liquor Control Commission</u>			
Other Funds		\$ 27,639,318	\$ 27,639,318
Other Funds Debt Service		\$ 7,547,093	\$ 7,547,093
<u>Public Employees Retirement System</u>			
Lottery Funds		\$ 16,792,238	\$ 16,792,238
Other Funds		\$ (3,588,447)	\$ (3,588,447)
<u>Racing Commission</u>			
Other Funds		\$ (40,195)	\$ (40,195)
<u>Department of Revenue</u>			
General Fund		\$ 22,566,168	\$ 22,566,168
General Fund Debt Service		\$ (116,730)	\$ (116,730)
Other Funds		\$ 3,758,567	\$ 3,758,567
Other Funds Debt Service		\$ 790,000	\$ 790,000
<u>Secretary of State</u>			
General Fund		\$ 2,283,134	\$ 2,283,134
Other Funds		\$ (552,483)	\$ (552,483)
Federal Funds		\$ (6,971)	\$ (6,971)
<u>State Library</u>			
General Fund		\$ (70,697)	\$ (70,697)
Other Funds		\$ (216,816)	\$ (216,816)
Federal Funds		\$ 2,924,165	\$ 2,924,165
<u>State Treasurer</u>			
Other Funds		\$ (621,233)	\$ (621,233)
<u>CONSUMER AND BUSINESS SERVICES PROGRAM AREA</u>			
<u>State Board of Accountancy</u>			
Other Funds		\$ (88,512)	\$ (88,512)
<u>Chiropractic Examiners Board</u>			
Other Funds		\$ (79,230)	\$ (79,230)

Budget Summary*

	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
<u>Consumer and Business Services</u>			
General Fund		\$ 10,678,004	\$ 10,678,004
Other Funds		\$ (16,962,773)	\$ (16,962,773)
Federal Funds		\$ (1,813,776)	\$ (1,813,776)
<u>Construction Contractors Board</u>			
Other Funds		\$ (186,817)	\$ (186,817)
<u>Board of Dentistry</u>			
Other Funds		\$ (23,039)	\$ (23,039)
<u>Health Related Licensing Boards</u>			
State Mortuary and Cemetery Board			
Other Funds		\$ (54,881)	\$ (54,881)
Board of Naturopathic Medicine			
Other Funds		\$ (31,572)	\$ (31,572)
Occupational Therapy Licensing Board			
Other Funds		\$ (14,198)	\$ (14,198)
Board of Medical Imaging			
Other Funds		\$ (30,351)	\$ (30,351)
State Board of Examiners for Speech-Language Pathology and Audiology			
Other Funds		\$ (26,641)	\$ (26,641)
Oregon State Veterinary Medical Examining Board			
Other Funds		\$ (31,762)	\$ (31,762)
<u>Bureau of Labor and Industries</u>			
General Fund		\$ 2,150,530	\$ 2,150,530
Other Funds		\$ (142,287)	\$ (142,287)
Federal Funds		\$ (14,786)	\$ (14,786)
<u>Licensed Social Workers, Board of</u>			
Other Funds		\$ (86,002)	\$ (86,002)
<u>Oregon Medical Board</u>			
Other Funds		\$ (84,573)	\$ (84,573)

Budget Summary*	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
<u>Mental Health Regulatory Agency</u>			
General Fund		\$ 300,000	\$ 300,000
Other Funds		\$ (145,731)	\$ (145,731)
<u>Board of Nursing</u>			
Other Funds		\$ (123,016)	\$ (123,016)
<u>Board of Pharmacy</u>			
Other Funds		\$ (65,797)	\$ (65,797)
<u>Public Utility Commission</u>			
Other Funds		\$ (383,286)	\$ (383,286)
<u>Real Estate Agency</u>			
Other Funds		\$ (66,208)	\$ (66,208)
<u>Board of Tax Practitioners</u>			
Other Funds		\$ (69,152)	\$ (69,152)
<u>ECONOMIC AND COMMUNITY DEVELOPMENT PROGRAM AREA</u>			
<u>Oregon Business Development Department</u>			
General Fund		\$ 84,378,762	\$ 84,378,762
General Fund Debt Service		\$ 3,868,512	\$ 3,868,512
Lottery Funds		\$ 13,325,399	\$ 13,325,399
Lottery Funds Debt Service		\$ (3,989,798)	\$ (3,989,798)
Other Funds		\$ 674,834,190	\$ 674,834,190
Other Funds Debt Service		\$ 5,800	\$ 5,800
Other Funds Nonlimited		\$ 90,000,000	\$ 90,000,000
Federal Funds		\$ (1,674)	\$ (1,674)
<u>Employment Department</u>			
General Fund		\$ (3,991)	\$ (3,991)
Other Funds		\$ (425,511)	\$ (425,511)
Federal Funds		\$ (1,444,089)	\$ (1,444,089)

Budget Summary*

	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
<u>Housing and Community Services Department</u>			
General Fund		\$ 272,205,984	\$ 272,205,984
General Fund Debt Service		\$ 19,081,360	\$ 19,081,360
Lottery Funds Debt Service		\$ (5,045,010)	\$ (5,045,010)
Other Funds		\$ 60,014,215	\$ 60,014,215
Other Funds Debt Service		\$ 33,240	\$ 33,240
Other Funds Nonlimited		\$ (7,709)	\$ (7,709)
Federal Funds		\$ (79,166)	\$ (79,166)
<u>Department of Veterans' Affairs</u>			
General Fund		\$ (80,837)	\$ (80,837)
Lottery Funds		\$ 123,226	\$ 123,226
Lottery Funds Debt Service		\$ (190,826)	\$ (190,826)
Other Funds		\$ 5,874,346	\$ 5,874,346
<u>EDUCATION PROGRAM AREA</u>			
<u>State School Fund</u>			
General Fund		\$ (27,849,006)	\$ (27,849,006)
Lottery Funds		\$ 219,059,876	\$ 219,059,876
Other Funds		\$ 8,789,130	\$ 8,789,130
<u>Department of Education</u>			
General Fund		\$ 519,250	\$ 519,250
General Fund Debt Service		\$ (1,290,011)	\$ (1,290,011)
Other Funds		\$ 143,325,528	\$ 143,325,528
Other Funds Debt Service		\$ 330	\$ 330
Federal Funds		\$ (367,455)	\$ (367,455)
<u>Higher Education Coordinating Commission</u>			
General Fund		\$ 15,011,738	\$ 15,011,738
General Fund Debt Service		\$ (8,497,705)	\$ (8,497,705)
Lottery Funds Debt Service		\$ (6,200,051)	\$ (6,200,051)
Other Funds		\$ 39,003,000	\$ 39,003,000
Other Funds Debt Service		\$ 2,470,060	\$ 2,470,060
Other Funds Debt Service Nonlimited		\$ (10,321,594)	\$ (10,321,594)
Federal Funds		\$ (59,193)	\$ (59,193)

Budget Summary*

	<u>2019-21 Legislatively Approved Budget</u>	<u>2021-23 Committee Recommendation</u>	<u>Committee Change</u>
<u>Teacher Standards and Practices Commission</u>			
Other Funds		\$ (242,855)	\$ (242,855)
<u>HUMAN SERVICES PROGRAM AREA</u>			
<u>Commission for the Blind</u>			
General Fund		\$ (33,596)	\$ (33,596)
Other Funds		\$ (11,532)	\$ (11,532)
Federal Funds		\$ (162,344)	\$ (162,344)
<u>Oregon Health Authority</u>			
General Fund		\$ (307,082,178)	\$ (307,082,178)
General Fund Debt Service		\$ 958,626	\$ 958,626
Lottery Funds		\$ (97)	\$ (97)
Other Funds		\$ 335,156,675	\$ 335,156,675
Federal Funds		\$ (3,708,714)	\$ (3,708,714)
<u>Department of Human Services</u>			
General Fund		\$ 65,114,746	\$ 65,114,746
General Fund Debt Service		\$ (1,406,985)	\$ (1,406,985)
Other Funds		\$ 108,991,448	\$ 108,991,448
Other Funds Debt Service		\$ 1,112,515	\$ 1,112,515
Federal Funds		\$ (8,501,838)	\$ (8,501,838)
<u>Long Term Care Ombudsman</u>			
General Fund		\$ (54,604)	\$ (54,604)
Other Funds		\$ (5,302)	\$ (5,302)
<u>Psychiatric Security Review Board</u>			
General Fund		\$ (53,732)	\$ (53,732)
<u>JUDICIAL BRANCH</u>			
<u>Judicial Department</u>			
General Fund		\$ 403,673	\$ 403,673
General Fund Debt Service		\$ (5,111,991)	\$ (5,111,991)
Other Funds		\$ 105,627,958	\$ 105,627,958

Budget Summary*	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
<u>Commission on Judicial Fitness and Disability</u>			
General Fund		\$ (16,357)	\$ (16,357)
<u>Public Defense Services Commission</u>			
General Fund		\$ (190,407)	\$ (190,407)
<u>LEGISLATIVE BRANCH</u>			
<u>Legislative Administration Committee</u>			
General Fund		\$ (204,324)	\$ (204,324)
General Fund Debt Service		\$ (2,644,700)	\$ (2,644,700)
Other Funds		\$ 4,310,000	\$ 4,310,000
Other Funds Debt Service		\$ 627,060	\$ 627,060
<u>Legislative Assembly</u>			
General Fund		\$ (262,700)	\$ (262,700)
<u>Legislative Commission on Indian Services</u>			
General Fund		\$ (28,888)	\$ (28,888)
<u>Legislative Counsel</u>			
General Fund		\$ (130,806)	\$ (130,806)
<u>Legislative Fiscal Office</u>			
General Fund		\$ (7,562)	\$ (7,562)
<u>Legislative Policy and Research Office</u>			
General Fund		\$ (35,929)	\$ (35,929)
<u>Legislative Revenue Office</u>			
General Fund		\$ (5,636)	\$ (5,636)
<u>NATURAL RESOURCES PROGRAM AREA</u>			
<u>Columbia River Gorge Commission</u>			
General Fund		\$ (1,251)	\$ (1,251)

Budget Summary*

	<u>2019-21 Legislatively Approved Budget</u>	<u>2021-23 Committee Recommendation</u>	<u>Committee Change</u>
<u>State Department of Agriculture</u>			
General Fund		\$ 2,302,669	\$ 2,302,669
Lottery Funds		\$ (75,930)	\$ (75,930)
Other Funds		\$ (577,029)	\$ (577,029)
Federal Funds		\$ (59,359)	\$ (59,359)
<u>State Department of Energy</u>			
General Fund		\$ 20,831,296	\$ 20,831,296
General Fund Debt Service		\$ 3,500,000	\$ 3,500,000
Other Funds		\$ 9,978,775	\$ 9,978,775
Federal Funds		\$ (561)	\$ (561)
<u>Department of Environmental Quality</u>			
General Fund		\$ 4,293,013	\$ 4,293,013
General Fund Debt Service		\$ 395,030	\$ 395,030
Lottery Funds		\$ (6,402)	\$ (6,402)
Other Funds		\$ 17,187,363	\$ 17,187,363
Other Funds Debt Service		\$ (300,000)	\$ (300,000)
Federal Funds		\$ (294,828)	\$ (294,828)
<u>State Department of Fish and Wildlife</u>			
General Fund		\$ 1,288,101	\$ 1,288,101
General Fund Debt Service		\$ 446,579	\$ 446,579
Lottery Funds		\$ (88)	\$ (88)
Other Funds		\$ 3,414,021	\$ 3,414,021
Federal Funds		\$ (1,964)	\$ (1,964)
<u>Department of Forestry</u>			
General Fund		\$ 5,468,079	\$ 5,468,079
General Fund Debt Service		\$ 363,596	\$ 363,596
Other Funds		\$ (1,242,680)	\$ (1,242,680)
Other Funds Debt Service		\$ 404,124	\$ 404,124
Other Funds Capital Improvements		\$ 4,820,772	\$ 4,820,772
Federal Funds		\$ (76,252)	\$ (76,252)

Budget Summary*

	<u>2019-21 Legislatively Approved Budget</u>	<u>2021-23 Committee Recommendation</u>	<u>Committee Change</u>
<u>Department of Geology and Mineral Industries</u>			
General Fund		\$ 352,558	\$ 352,558
Other Funds		\$ (180,158)	\$ (180,158)
Federal Funds		\$ (155,246)	\$ (155,246)
<u>Department of Land Conservation and Development</u>			
General Fund		\$ 3,341,733	\$ 3,341,733
Other Funds		\$ (2,493)	\$ (2,493)
Federal Funds		\$ (48,580)	\$ (48,580)
<u>Land Use Board of Appeals</u>			
General Fund		\$ 70,325	\$ 70,325
<u>Oregon Marine Board</u>			
Other Funds		\$ (90,157)	\$ (90,157)
<u>Department of Parks and Recreation</u>			
General Fund		\$ 316,480	\$ 316,480
General Fund Debt Service		\$ 2,232,560	\$ 2,232,560
Lottery Funds		\$ (1,056,882)	\$ (1,056,882)
Lottery Funds Debt Service		\$ (449,808)	\$ (449,808)
Other Funds		\$ 9,854,807	\$ 9,854,807
<u>Department of State Lands</u>			
Other Funds		\$ 278,542	\$ 278,542
<u>Water Resources Department</u>			
General Fund		\$ 4,708,023	\$ 4,708,023
Lottery Funds Debt Service		\$ (3,970,980)	\$ (3,970,980)
Other Funds		\$ 92,085,895	\$ 92,085,895
<u>Watershed Enhancement Board</u>			
General Fund		\$ 20,420,000	\$ 20,420,000
Lottery Funds		\$ (81,602)	\$ (81,602)

Budget Summary*

	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
<u>PUBLIC SAFETY PROGRAM AREA</u>			
<u>Oregon Criminal Justice Commission</u>			
General Fund		\$ 15,260,442	\$ 15,260,442
Other Funds		\$ 9,999,469	\$ 9,999,469
Federal Funds		\$ (133)	\$ (133)
<u>Department of Corrections</u>			
General Fund		\$ (850,587,024)	\$ (850,587,024)
General Fund Debt Service		\$ 9,041,899	\$ 9,041,899
Other Funds		\$ 871,784,778	\$ 871,784,778
Other Funds Debt Service		\$ 700,870	\$ 700,870
<u>District Attorneys and their Deputies</u>			
General Fund		\$ (223,358)	\$ (223,358)
<u>Department of Justice</u>			
General Fund		\$ 14,032,460	\$ 14,032,460
Other Funds		\$ (1,703,572)	\$ (1,703,572)
Federal Funds		\$ (887,121)	\$ (887,121)
<u>Oregon Military Department</u>			
General Fund		\$ 25,697,037	\$ 25,697,037
General Fund Debt Service		\$ 1,881,079	\$ 1,881,079
Other Funds		\$ 10,338,860	\$ 10,338,860
Federal Funds		\$ 5,993,566	\$ 5,993,566
<u>Oregon Board of Parole and Post-Prison Supervision</u>			
General Fund		\$ (133,859)	\$ (133,859)
<u>Oregon State Police</u>			
General Fund		\$ 192,065	\$ 192,065
General Fund Debt Service		\$ 2,674,818	\$ 2,674,818
Other Funds		\$ 3,255,070	\$ 3,255,070
Federal Funds		\$ (40,739)	\$ (40,739)

Budget Summary*

	<u>2019-21 Legislatively Approved Budget</u>	<u>2021-23 Committee Recommendation</u>	<u>Committee Change</u>
<u>Department of Public Safety Standards and Training</u>			
Other Funds		\$ 790,679	\$ 790,679
Federal Funds		\$ (2,797)	\$ (2,797)
<u>Oregon Youth Authority</u>			
General Fund		\$ (99,885,993)	\$ (99,885,993)
General Fund Debt Service		\$ (326,464)	\$ (326,464)
Other Funds		\$ 114,476,380	\$ 114,476,380
Other Funds Debt Service		\$ 1,137,980	\$ 1,137,980
Federal Funds		\$ (129,816)	\$ (129,816)
<u>TRANSPORTATION PROGRAM AREA</u>			
<u>Department of Aviation</u>			
Other Funds		\$ 4,571,958	\$ 4,571,958
<u>Department of Transportation</u>			
General Fund		\$ 3,250,000	\$ 3,250,000
General Fund Debt Service		\$ (547)	\$ (547)
Lottery Funds		\$ 650,000	\$ 650,000
Lottery Funds Debt Service		\$ (3,210,960)	\$ (3,210,960)
Other Funds		\$ 119,733,929	\$ 119,733,929
Other Funds Debt Service		\$ 550	\$ 550
Federal Funds		\$ (73,077)	\$ (73,077)
<u>2021-23 Budget Summary</u>			
General Fund Total	\$ -	\$ (63,441,300)	\$ (63,441,300)
General Fund Debt Service Total	\$ -	\$ 24,448,618	\$ 24,448,618
Lottery Funds Total	\$ -	\$ 248,657,308	\$ 248,657,308
Lottery Funds Debt Service Total	\$ -	\$ (27,374,058)	\$ (27,374,058)
Other Funds Total	\$ -	\$ 2,936,718,828	\$ 2,936,718,828
Other Funds Debt Service Total	\$ -	\$ 19,718,734	\$ 19,718,734
Other Funds Debt Service Nonlimited Total	\$ -	\$ (10,321,594)	\$ (10,321,594)
Other Funds Capital Improvements	\$ -	\$ 4,820,772	\$ 4,820,772
Other Funds Nonlimited	\$ -	\$ 89,992,291	\$ 89,992,291
Federal Funds Total	\$ -	\$ 2,369,591,995	\$ 2,369,591,995

Budget Summary*

Public Defense Services Commission

Other Funds

2019-21 Legislatively
Approved Budget

2019-21 Committee
Recommendation

Committee Change

\$ 92,721

\$ 92,721

Position Summary	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
ADMINISTRATION PROGRAM AREA			
<u>Department of Administrative Services</u>			
Authorized Positions		6	6
Full-time Equivalent (FTE) positions		6.00	6.00
<u>Oregon Advocacy Commissions</u>			
Authorized Positions		1	1
Full-time Equivalent (FTE) positions		1.00	1.00
<u>Oregon State Library</u>			
Authorized Positions		1	1
Full-time Equivalent (FTE) positions		1.00	1.00
<u>Department of Revenue</u>			
Authorized Positions		12	12
Full-time Equivalent (FTE) positions		7.76	7.76
<u>Secretary of State</u>			
Authorized Positions		1	1
Full-time Equivalent (FTE) positions		1.00	1.00
CONSUMER AND BUSINESS SERVICES PROGRAM AREA			
<u>Consumer and Business Services</u>			
Authorized Positions		(20)	(20)
Full-time Equivalent (FTE) positions		(21.00)	(21.00)
<u>Bureau of Labor and Industries</u>			
Authorized Positions		8	8.00
Full-time Equivalent (FTE) positions		8.00	8.00

Position Summary	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
ECONOMIC AND COMMUNITY DEVELOPMENT PROGRAM AREA			
<u>Oregon Business Development Department</u>			
Authorized Positions		15	15
Full-time Equivalent (FTE) positions		15.00	15.00
<u>Employment Department</u>			
Authorized Positions		10	10
Full-time Equivalent (FTE) positions		5.00	5.00
<u>Housing and Community Services</u>			
Authorized Positions		15	15
Full-time Equivalent (FTE) positions		13.77	13.77
EDUCATION PROGRAM AREA			
<u>Department of Education</u>			
Authorized Positions		14	14
Full-time Equivalent (FTE) positions		12.92	12.92
HUMAN SERVICES PROGRAM AREA			
<u>Oregon Health Authority</u>			
Authorized Positions		23	23
Full-time Equivalent (FTE) positions		21.84	21.84
<u>Department of Human Services</u>			
Authorized Positions		14	14
Full-time Equivalent (FTE) positions		12.00	12.00
JUDICIAL BRANCH			
<u>Judicial Department</u>			
Authorized Positions		16	16
Full-time Equivalent (FTE) positions		13.08	13.08

Position Summary	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
NATURAL RESOURCES PROGRAM AREA			
<u>State Department of Agriculture</u>			
Authorized Positions		3	3
Full-time Equivalent (FTE) positions		2.92	2.92
<u>Department of Energy</u>			
Authorized Positions		6	6
Full-time Equivalent (FTE) positions		5.50	5.50
<u>Department of Environmental Quality</u>			
Authorized Positions		2	2
Full-time Equivalent (FTE) positions		2.00	2.00
<u>Department of Fish and Wildlife</u>			
Authorized Positions		3	3
Full-time Equivalent (FTE) positions		3.00	3.00
<u>Department of Forestry</u>			
Authorized Positions		6	6
Full-time Equivalent (FTE) positions		5.25	5.25
<u>Department of Land Conservation and Development</u>			
Authorized Positions		2	2
Full-time Equivalent (FTE) positions		2.00	2.00
<u>Department of Parks and Recreation</u>			
Authorized Positions		1	1
Full-time Equivalent (FTE) positions		0.88	0.88
<u>Water Resources Department</u>			
Authorized Positions		3	3
Full-time Equivalent (FTE) positions		3.00	3.00

Position Summary	2019-21 Legislatively Approved Budget	2021-23 Committee Recommendation	Committee Change
<u>Watershed Enhancement Board</u>			
Authorized Positions		3	3
Full-time Equivalent (FTE) positions		3.00	3.00
PUBLIC SAFETY PROGRAM AREA			
<u>Department of Justice</u>			
Authorized Positions		8	8
Full-time Equivalent (FTE) positions		7.01	7.01
<u>Department of Corrections</u>			
Authorized Positions		1	1
Full-time Equivalent (FTE) positions		1.00	1.00
<u>Criminal Justice Commission</u>			
Authorized Positions		1	1
Full-time Equivalent (FTE) positions		1.00	1.00
TRANSPORTATION PROGRAM AREA			
<u>Department of Transportation</u>			
Authorized Positions		2	2
Full-time Equivalent (FTE) positions		1.00	1.00

Summary of Revenue Changes

The General Fund appropriations made in the bill are within resources available as projected in the May 2021 economic and revenue forecast by the Department of Administrative Services (DAS), Office of Economic Analysis, plus other actions to adjust state agency expenditures. Federal Funds revenues include American Rescue Plan Act (ARPA) Coronavirus State Fiscal Recovery and Capital Projects Funds allocations of \$2.6 billion and \$155.2 million, respectively, as well as other direct ongoing federal funding streams and allocations for specific purposes, some of which are also related to the effects of the pandemic.

Summary of Capital Construction Subcommittee Action

HB 5006 appropriates General Fund to the Emergency Board for general purpose and targeted special purpose appropriations and makes other adjustments to agency budgets and position authority as described in the subsequent narrative.

Emergency Board

The Emergency Board allocates General Fund from the Emergency Fund, along with providing Lottery Funds, Other Funds, and Federal Funds expenditure limitation to state agencies for unanticipated needs in approved agency budgets when the Legislature is not in session. The Subcommittee appropriated \$50 million General Fund to the Emergency Board for general purposes.

The Subcommittee established a reservation within the general purpose Emergency Fund of \$650,000 for the Secretary of State for potential voter's pamphlet costs in excess of funding provided in the agency's adopted budget. The Secretary of State may request allocation of the reservation from the Emergency Board if the actual costs of producing the voter's pamphlet are in excess of funding provided in the agency's 2021-23 legislatively adopted budget.

HB 5006 makes ten special purpose appropriations for the Emergency Board, totaling \$499.6 million General Fund. Agencies must make a request to the Emergency Board to access these funds. The ten special purpose appropriations are:

- \$198 million General Fund for state employee compensation changes.
- \$20 million General Fund for allocation to state agencies for compensation changes driven by collective bargaining for workers who are not state employees.
- \$2.5 million General Fund for allocation to the Oregon Judicial Department for the implementation of pretrial release modifications authorized under SB 48 (2021).
- \$150 million General Fund for allocation for the state's natural disaster prevention, preparedness, response, and recovery activities.

- \$10 million General Fund for allocation to the Criminal Justice Commission to support a Transforming Justice Initiative to advance promising practices for reshaping Oregon’s public safety system.
- \$5,130,265 General Fund for allocation to the Department of Education and the proposed Department of Early Learning and Care for the establishment of a new agency.
- \$19 million General Fund for allocation to the Oregon Health Authority for dental rates for medical assistance programs.
- \$55 million for allocation to the Oregon Health Authority or the Department of Human Services for caseload costs or other budget challenges that the agencies are unable to mitigate.
- \$30 million General Fund for allocation to the Oregon Health Authority for the Oregon Essential Workforce Health Care Program established by SB 800 (2021).
- \$10 million General Fund for allocation to state agencies for family treatment court programs.

Regarding family treatment courts, while related legislation was not passed during the 2021 legislative session, the Legislature would still like to see the development of a statewide coordinated program. In addition to approving the special purpose appropriation, the Subcommittee recommended the following budget note:

BUDGET NOTE

On or before February 1, 2022, the Oregon Judicial Department, Public Defense Services Commission, Department of Justice, Department of Human Services, Criminal Justice Commission, and the Housing and Community Services Department are requested to report jointly to the Legislature on the criteria and need for the establishment of a statewide Family Treatment Court program, and possible alternative programs to achieve the objectives of a Family Treatment Court Program. The report is to be submitted to the House and Senate Committees on Judiciary and the Joint Committee on Ways and Means.

The report is to include the following:

- (1) A proposed statewide, integrated structure and organizational principles for a Family Treatment Court program based on national best practices adapted for Oregon, including:
 - a. a delineation of the eligibility and exclusion criteria indicating which families can be served safely and effectively in the Family Treatment Court ensuring equity and inclusion;
 - b. a proposed method to encourage voluntary participation by families balanced with necessary monitoring of participant progress and compliance with the program; and
 - c. the array of services, treatment, programs, and providers necessary to address the complex challenges affecting families. Such services might include but are not limited to interdisciplinary legal representation

teams, and behavioral and mental health, substance abuse, domestic violence, housing, parenting, educational, and medical services.

- (2) A least-cost implementation model based on existing legislative funding for:
 - a. Family Treatment programs in circuit courts;
 - b. Child advocacy legal representation provided by the Department of Justice to the Department of Human Services;
 - c. Public defense for both juvenile representation as well as the Parent Child Representation Program;
 - d. The provision of services to families in child welfare cases by the Department of Human Services;
 - e. Behavioral, mental health, and substance use disorder treatment; and
 - f. Transitional and permanent housing services.
- (3) Identification of three least-cost implementation counties that could serve as pilot locations for a Family Treatment Court Program, including a cost estimate for the aforementioned types of services in the pilot counties.
- (4) An evidence-based method for monitoring progress and outcomes, and an evaluation of the program.

Receipt of the report is a precondition for the release of the special purpose appropriation established by HB 5006 for the expansion of Family Treatment Courts.

If these special purpose appropriations are not allocated by the Emergency Board before December 1, 2022, any remaining funds become available to the Emergency Board for general purposes.

Adjustments to Approved 2021-23 Agency Budgets

STATEWIDE ADJUSTMENTS

Statewide adjustments reflect budget changes in multiple agencies based on reductions in Department of Administrative Services' assessments and charges for services and Attorney General rates. Statewide adjustments also reflect net reductions to debt service realized through interest rate savings on bond sales, refundings, unissued lottery bonds, and Other Funds balances and interest earnings that can be applied to debt service. Total savings are \$98.2 million General Fund, \$47.4 million Lottery Funds, \$43.4 million Other Funds, and \$18.5 million Federal Funds.

Specific reductions include \$115.8 million total funds from lower Department of Administrative Services' assessments and service rates; \$14.2 million total funds from lower Attorney General rates; and \$77.5 million total funds from debt service interest rate savings and refunding of outstanding bonds.

Section 299 of the budget bill reflects the changes, as described above, for each agency. These adjustments are included in the table at the beginning of the budget report but are not addressed in the individual agency narratives. Additionally, new Other Funds debt service expenditure limitations for multiple agencies are established to accommodate the use of fund balances for debt repayment.

ADMINISTRATION

Department of Administrative Services

The Subcommittee approved \$2,779,673 General Fund to supplement the funding for the Court Appointed Special Advocate (CASA) Volunteer Program, and \$250,000 General Fund for the Department of Administrative Services to contract with a nongovernmental statewide coordinating entity to oversee the CASA Volunteer Program and its services. A one-time \$1.5 million General Fund increase to the on-going operating subsidy for the Oregon Historical Society was also approved.

The Subcommittee approved \$7,884,472 in additional Other Funds Debt Service to support repayment of Article XI-Q General Obligation bond proceeds approved in SB 5505(2021) that will be issued before the end of the biennium to support DAS projects, and an Other Funds expenditure limitation increase of \$1.8 million was included for the cost of issuance of the bonds. The Subcommittee also approved \$4,615,761 in additional Lottery Funds Debt Service to support repayment of lottery bonds that will be issued before the end of the biennium.

The Subcommittee also approved, on a one-time basis, \$3,765,271 General Fund and 6 positions (6.00 FTE) for a study to determine if inequities exist in public procurement and contracting that adversely affect businesses owned by minority, women, and/or service disabled veterans by looking at state contract data. A disparity study provides a factual, data-driven foundation that state enterprises can use to help improve procurement processes to achieve fair and equitable outcomes. The six limited duration positions being added are at the PEM-E level as the project manager, an Operations and Policy Analyst 4, an Operations and Policy Analyst 2, and three Research Analyst 4s.

The Subcommittee approved an increase of \$6,394,311 Other Funds expenditure limitation for special payments associated with the disbursement of proceeds from Lottery Bonds issued in previous biennia that have yet to be fully disbursed to grantees.

The Subcommittee approved various one-time General Fund appropriations to the Department of Administrative Services to make grants for the following purposes:

- \$2,500,000 for disbursement to Fair Housing Council of Oregon for a collaborative housing partnership
- \$1,000,000 for disbursement to Oregon Law Center for legal help related to housing issues
- \$1,500,000 for disbursement to Mid-Columbia Community Action Center for a navigation center

- \$500,000 for disbursement to Special Olympics Oregon for sports training and athletic competition
- \$250,000 for disbursement to Friends of Tryon Creek State Park for park improvements
- \$2,302,052 for disbursement to Multnomah County School District #7 for the Reynolds High School Health Center
- \$1,785,000 for disbursement to Umatilla County Jail for the Expansion/Mental Health Facility
- \$280,000 for disbursement to City of Spray for an EMS Complex
- \$630,000 for disbursement to Illinois Valley Wellness Resources for the Illinois Valley Shelter and Resource Center
- \$250,000 for disbursement to Council on Aging of Central Oregon for the Central Oregon Senior Services Center Renovation
- \$1,885,178 for disbursement to City of Depoe Bay for Restoration of Pilings and Docks
- \$1,000,000 for disbursement to City of John Day for the Ne Kam Wah Chung Interpretive Center
- \$1,546,000 for disbursement to Harney County for Communication Upgrades
- \$650,000 for disbursement to Grant County for Public Safety Network
- \$200,000 for disbursement to Project DOVE for Transitional Units Updates
- \$1,900,000 for disbursement to Sheridan School District for CTEC West
- \$500,000 for disbursement to High Desert Rangeland Fire Protection Association for Lake County Wildland Fire Needs
- \$150,000 for disbursement to Bowman Museum for an Exhibits Center
- \$600,000 for disbursement to Creating Housing Coalition for Hub City Village
- \$400,000 for disbursement to Vietnam War Memorial Fund for a Vietnam War Memorial on the Oregon State Capitol Grounds
- \$750,000 for disbursement to City of Mosier for the Mosier Center
- \$520,000 for disbursement to Oregon Humane Society for the New Road Ahead Animal Crimes Forensic Center
- \$1,800,000 for disbursement to McKenzie Valley Wellness for McKenzie Valley Health Clinic Replacement
- \$1,600,000 for disbursement to Bend-Redmond Habitat for Humanity for the Quince Town Home Project
- \$500,000 for disbursement to City of Turner for Ball Brothers Seismic Upgrade
- \$700,000 for disbursement to The Trust for Public Land for the Butte Falls Community Forest Project
- \$1,400,000 for disbursement to Blue River Community Library for the Rebuild Project
- \$903,520 for disbursement to McKenzie Fire & Rescue for a Disaster Relief Logistics Center
- \$200,000 for disbursement to United Way of Jackson County for Affordable Home Ownership
- \$1,400,000 for disbursement to Community Counseling Solutions for the Boardman Regional PRTS/Sub Acute Children's Facility
- \$1,800,000 for disbursement to City of Umatilla for a Minority Entrepreneurial Development & Business Center
- \$385,000 for disbursement to Molalla Rural Fire Protection District for Wildland Fire Protection
- \$2,100,000 for distribution to the Upper McKenzie Rural Fire Protection District for facility and equipment replacement

- \$800,000 for disbursement to the City of Salem for a Turnkey Project
- \$816,000 for disbursement to the City of Salem Police Body Cameras
- \$1,000,000 for disbursement to the City of Salem for a voucher program
- \$10,500,000 for disbursement to the City of Salem for shelters
- \$5,000,000 for disbursement to Multnomah County for the Arbor Lodge Shelter and Village
- \$5,928,184 for disbursement to Cherriots to offset expiring tax credits
- \$718,079 for disbursement to Yamhill County Transportation to offset expiring tax credits
- \$288,451 for disbursement to Columbia County Rider Transportation to offset expiring tax credits
- \$44,975 for disbursement to Lebanon Transportation to offset expiring tax credits
- \$2,000,000 for disbursement to the Jackson County Fire District for firefighter apprentices
- \$2,000,000 for disbursement to the Clackamas Fire District for firefighter apprentices
- \$2,000,000 for disbursement to the Eugene Springfield Fire Department for firefighter apprentices
- \$2,000,000 for disbursement to the Innovation Law Lab for Immigration Defense
- \$1,500,000 for disbursement to the Northwest Health Foundation II for public safety reform activities

The Subcommittee added \$173,499,294 Other Funds expenditure limitation for one-time costs of special payments associated with the disbursement of proceeds from 2021-23 Lottery Bond sales; projects are detailed below and approved in SB 5534 (2021). Cost of issuance for these Lottery Bonds totals \$2,913,324. A total of \$4,615,761 Lottery Funds Debt Service was provided to support repayment of lottery bond proceeds approved in SB 5534 that will be issued before the end of the biennium. Debt service payments on all the projects described below are estimated to be \$29,350,840 Lottery Funds for the 2023-25 biennium, the first full biennium of repayments, and \$292,995,727 over the life of the bonds. The approved projects and amounts are:

- \$7,500,000 Other Funds for disbursement to the Center for Hope and Safety for the Hope Plaza
- \$2,000,000 Other Funds for disbursement to City of Gresham for the Gradin Community Sports Park
- \$15,000,000 Other Funds for disbursement to Eugene Family YMCA Facility
- \$5,400,000 Other Funds for disbursement to Jefferson County - Jefferson County Health and Wellness Center
- \$5,000,000 Other Funds for disbursement to Oregon Coast Aquarium
- \$3,500,000 Other Funds for disbursement to Parrott Creek Child & Family Services for building renovation
- \$2,400,000 Other Funds for disbursement to Port of Cascade Locks - Business Park Expansion
- \$12,000,000 Other Funds for disbursement to Klamath County for Klamath Crimson Rose
- \$4,000,000 Other Funds for disbursement to the Latino Network for La Plaza Esperanza

- \$6,921,150 Other Funds for disbursement to Willamette ESD for the Willamette Career Academy
- \$5,000,000 Other Funds for disbursement to City of Eugene for Downtown Riverfront Park Development
- \$15,000,000 Other Funds for disbursement to Woodburn Community Center
- \$3,000,000 Other Funds for disbursement to Rogue River School District for the Rogue River Wimer Wellness Center
- \$4,000,000 Other Funds for disbursement to East Lincoln County Fire and Rescue for the Eddyville Fire Hall
- \$3,000,000 Other Funds for disbursement to Greater Toledo Aquatic and Community Center
- \$10,000,000 Other Funds for disbursement to Multnomah County for Behavioral Health Resource Center
- \$5,000,000 Other Funds for disbursement to City of North Plains for a Public Works/Emergency Operations Center
- \$2,000,000 Other Funds for disbursement to City of John Day for the Central Grant County Aquatics Center
- \$6,250,000 Other Funds for disbursement to Family Justice Center of Washington County for Family Peace Center
- \$5,000,000 Other Funds for disbursement to Corvallis Homeless Shelter Coalition for Project Turnkey Corvallis (PSH Housing Project)
- \$4,500,000 Other Funds for disbursement to Wasco County for the Columbia Gorge Resolution Center
- \$4,000,000 Other Funds for disbursement to Port of Portland for PDX Seismically Resilient Runway Engineering Design
- \$7,250,000 Other Funds for disbursement to Willamette Falls Locks and Canal
- \$13,600,000 Other Funds for disbursement to City of Phoenix for a Public Safety Building
- \$4,578,144 Other Funds for disbursement to Mid-Willamette Family YMCA for Multi-Purpose Sports Field Complex
- \$2,800,000 Other Funds for disbursement to Serendipity Center for Believe In Me Campus Expansion
- \$5,000,000 Other Funds for disbursement to OMSI District for New Water Avenue
- \$2,500,000 Other Funds for disbursement to City of Lincoln City for the D River Welcome Center
- \$4,300,000 Other Funds for disbursement to Port of Morrow for a Workforce Center
- \$3,000,000 Other Funds for disbursement to City of Redmond for a Public Safety/Mental Health Triage Center

The Subcommittee approved \$65,476,928 Federal Funds expenditure limitation for monies from the CARES Act Coronavirus Relief Fund. Of the total, \$16,303,591 is provided for carry-forward of monies provided for COVID-19 vaccination incentives, including monies provided for County Vaccination Incentive grants. The remaining \$49,173,337 of the total expenditure limitation increase represents the Coronavirus Relief Fund monies projected to be either uncommitted or unspent at the end of the 2019-21 biennium. This \$49,173,337 will be transferred to the Department of Corrections for expenditures and activities to respond to the COVID-19 public health emergency. Oregon received a total of almost \$1.39 billion in state support from the CARES Act Coronavirus Relief Fund during the 2019-21 biennium.

The Subcommittee also approved \$120 million Federal Funds expenditure limitation for monies from the American Rescue Plan Act (ARPA) Capital Projects Funds for the purpose of transferring to the Oregon Business Development Department for deposit in the Broadband Fund. The Oregon Business Development Department will use this funding for grants to increase broadband internet availability across the state.

Federal Funds expenditure limitation of \$3 million was added for monies from the ARPA State Fiscal Recovery Fund for a grant to the Pendleton Round Up Foundation to partner with Blue Mountain Community College on the second phase of the Facility for Agricultural Resource Management project. This regional training center will allow Blue Mountain Community College to expand its agriculture programs, create regional workforce training opportunities, and bolster the local economy through workshop, Career-Technical Education, and event opportunities utilizing the connections of its community partners.

The Subcommittee also approved \$1,950,127,815 Federal Funds expenditure limitation for monies from the ARPA State Fiscal Recovery Fund for the purpose of expenditures and activities to respond to the COVID-19 public health emergency and its economic impact, including replacing state revenues lost as a result of the COVID-19 public health emergency.

Department of Administrative Services - American Rescue Plan Act (ARPA)

As part of HB Bill 5006, \$240 million in federal ARPA funds were approved for the Department of Administrative Services (DAS) to distribute to each Senate and House district in the amounts of \$4 million per Senate district and \$2 million per House district, for projects identified in the following table, as long as the identified use is ARPA eligible. Should an item in the table be determined to be ineligible for ARPA funding, DAS will notify the Legislative Fiscal Office which will work with legislative leadership and the Senator or Representative of the affected district to ensure the funds are spent on ARPA eligible items.

District	Member	Project	Amount	Recipient
S-1	Heard	Southwestern Oregon Emergency Recovery, Revitalization, and Preparedness Project	1,940,000	Douglas County
		City of Powers Sewer/Drainage and lateral line repairs and upgrades	60,000	City of Powers
		Bandon Marina Redevelopment	1,500,000	Port of Bandon
		Rogue River-Siskiyou Regional Wildfire & Emergency Services Training Center	500,000	Curry County
S-2	Robinson	Grants Pass Pregnancy Care Center Expansion	4,000,000	Pregnancy Care Center of Grants Pass
S-3	Golden	Coordinated Care Facility Replacement	1,400,000	Family Nurturing Center
		Equity in Learning Facilities	1,300,000	Armadillo Technical Institute
		Houseless relocation from Bear Creek Greenway to urban campground property	1,000,000	City of Medford
		Habitat for Humanity ReStore	300,000	Habitat for Humanity- Rogue Valley
S-4	Prozanski	Lane County Investments	2,255,000	Lane County Organizations
		Western Lane County Fire Response	375,000	Lane County Fire Authority
		Douglas County Investments	1,370,000	Douglas County Organizations
S-5	Anderson	Lincoln City Cultural Center Plaza	900,000	Lincoln City Cultural Center
		Waldport Water Tank Seismic Retrofit & Recoating	600,000	City of Waldport
		Depoe Bay Restoration of Pilings and Docks	500,000	City of Depoe Bay
		Purchase of former Coos Bay GP Site	2,000,000	Oregon International Port of Coos Bay
S-6	Beyer	Lane County Emergency Shelter	2,250,000	Lane County
		Linn County Public Safety Improvements	1,000,000	Linn County
		Lane County Investments	750,000	Lane County
S-7	Manning Jr.	Lane County Latinx & Immigrant Family Wellness Hub Building Project	1,000,000	Centro Latino Americano
		Junction City Earmarked Projects	820,000	Junction City
		Eugene Earmarked Projects	574,839	Eugene Police Department, St. Mark CME
		Lane County Investments	1,605,161	Lane County
S-8	Gelser	Millersburg Rail Quiet Zone	700,000	Linn County
		Benton County -Wildfire Safety, First Responder, Food initiatives	1,150,000	Benton County
		Education Success for Students impacted by COVID-19	1,400,000	Linn County Lincoln ESD
		Nonviolent Crisis Intervention Training for Children's Residential Facilities staff	750,000	Oregon Department of Human Services

District	Member	Project	Amount	Recipient
S-9	Girod	Stayton Police Department -IT/Security Upgrades	100,000	Stayton Police Department
		Idanha-Detroit Fire Station	2,400,000	Idanha-Detroit Rural Fire Protection District
		Pedestrian Crosswalk Sweet Home - 22nd and Hwy 20	500,000	City of Sweet Home
		Expansion of Rural Broadband Services	1,000,000	Drakes Crossing Rural Fire Protection District
S-10	Patterson	Monmouth-Independence Trolley	1,000,000	City of Monmouth
		Small Business Support Monmouth/Independence Chamber	200,000	Monmouth/Independence Chamber of Commerce
		Non-Congregate Sheltering for Chronically Homeless in Salem	750,000	Mid-Willamette Valley Community Action Agency
		United Way	2,050,000	United Way
S-11	Courtney	YMCA Child Care	4,000,000	Salem YMCA
S-12	Boquist	Polk County Rural Broadband Enhancement Assistance	1,680,000	Polk County
		Yamhill County Rural Broadband Assistance	2,320,000	Yamhill County
S-13	Thatcher	SD13 Strong – Business & Community Recovery Coalition	3,335,000	Wilsonville Chamber in conjunction with 3 others (Chehalem Valley, Keizer, Sherwood)
		Sherwood/Wilsonville Broadband Infrastructure Expansion	665,000	City of Sherwood, an Oregon municipal corporation
S-14	Lieber	Beaverton YMCA Childhood Development Center	1,000,000	Beaverton YMCA
		Beaverton Homeless Shelter/Mental Health Court	2,244,000	City of Beaverton
		HomePlate Youth Services Drop-in Center	456,000	HomePlate Youth Services
		Forth Electric School Bus Pilot	300,000	Forth Mobility
S-15	Riley	North Plains Jessie May Community Park and Pedestrian Pathway Improvements	1,000,000	City of North Plains
		Hillsboro School District Electric Bus project	1,000,000	Hillsboro School District
		Habitat for Humanity	1,700,000	Habitat for Humanity
		Forest Grove senior center	300,000	Forest Grove Senior and Community Center
S-16	Johnson	Louisiana Avenue North/South Connection	400,000	City of Vernonia
		Scappoose Water & Wastewater Infrastructure	3,600,000	City of Scappoose

District	Member	Project	Amount	Recipient
S-17	Steiner Hayward	Oregon Jewish Museum & Center for Holocaust Education	400,000	Oregon Jewish Museum & Center for Holocaust Education
		Washington County Investments	2,155,000	PCC Rock Creek, Habitat for Humanity - Denney Gardens, Pat Reser Center for the Arts, and Tualatin Hills Parks and Rec. Dept.
		Reach Out and Read Program	195,000	Reach Out and Read
		Central City Respite Center & Recuperative Care	1,250,000	Central City Concern
S-18	Burdick	Downtown/Old Town Respite Center	1,000,000	Central City Concern
		Hopewell House	250,000	Friends of Hopewell House
		Just Compassion of East Washington County	2,000,000	Just Compassion of East Washington County
		Red Electric Trail Project	750,000	City of Portland Parks and Recreation
S-19	Wagner	South Metro Racial Justice and Equity Grant Program	600,000	MRG Foundation
		Hillsdale to Lake Oswego Trail	600,000	SW Trails, Portland Bureau of Transportation, Oregon Parks and Recreation Department
		Lake Oswego/ SW Portland Land for Affordable Housing	2,000,000	Habitat for Humanity Portland/Metro East
		SATF & OCADSV Violence Prevention Education Programs	800,000	Oregon Sexual Assault TF and the Oregon Coalition Against Domestic and Sexual Violence
S-20	Kennemer	Clackamas County Fairgrounds Livestock Barn and RV Park / Emergency Housing Center	3,040,800	Clackamas County Fair Improvement Foundation
		Business Recovery Centers of Clackamas County	700,000	Oregon City and Canby Area Chambers of Commerce and Business Recovery Centers
		Estacada Rural Fire District #69 - Wildland Fire and Emergency Medical Response Equip.	134,200	Estacada Rural Fire District
		Canby Fire District COVID Response Supplies	125,000	Canby Fire District
S-21	Taylor	Bowman Brea Park & Scott Park	1,250,000	City of Milwaukie
		Abandoned and Derelict Boats	1,000,000	Oregon State Marine Board
		Domestic Violence Support	500,000	Raphael House
		DVSA Housing Navigator	1,250,000	Department of Justice

District	Member	Project	Amount	Recipient
S-22	Frederick	NAYA/PCC Development, Head Start	1,500,000	Home Forward
		Airway Science for Kids Center for STEAM and CTE	1,000,000	Airway Science
		Modernize OJD electronic access to records	1,000,000	Oregon Judicial Department
		Kitchen and Culinary Academy Project	500,000	Portland Opportunities Industrialization
S-23	Dembrow	Multnomah County	2,320,000	Multnomah County
		PCC Cascade Campus Fire Science Program	330,000	Portland Community College
		Rahab's Sisters: Women's Center and Housing	350,000	Rahab's Sisters
		AYCO Dream	1,000,000	African Youth and Community Organization
S-24	Jama	Business Recovery Center's Technical Assistance, Support Services, and Grant Program	350,000	North Clackamas County Chamber of Commerce
		Rosewood Equitable Neighborhood Development	350,000	The Rosewood Initiative
		Sunflower Village	600,000	Hacienda Community Development Corp., Inc
		Economic Recovery, Affordable Housing Development and Community Resiliency Plan	2,700,000	MRG Foundation
S-25	Gorsek	East County Youth Support Project	2,220,000	Multnomah County
		Gresham Barlow District's School Based Health Center	500,000	Gresham Barlow School District
		Affordable Rents to College Students	280,000	College Housing Northwest
		IRetractable pool cover for MHCC pool and creation of Multicultural Diversity and Equity Center at MHCC	1,000,000	Mt. Hood Community College
S-26	Thomsen	Hood River County Fair Enhancement	538,100	Hood River County Fair
		Commercial Hangar at Ken Jernstedt Airfield /Anchor Way Multi-modal Street and Transit Improvement	500,000	Port of Hood River
		Business Recovery Center Enhancement	1,661,900	North Clackamas Chamber of Commerce
		Cascade Locks Business and Tourism Boost	1,300,000	Port of Cascade Locks
S-27	Knopp	Midtown Bicycle and Pedestrian Crossing	2,000,000	City of Bend
		Little Kits Early Learning	1,000,000	OSU-Cascades
		New well #9 City of Redmond	1,000,000	City of Redmond

District	Member	Project	Amount	Recipient
S-28	Linthicum	Crook County Infrastructure and Economic	1,500,000	Crook County Board of Commissioners
		Jackson County Infrastructure and Economic Dev.	300,000	Jackson County Board of Commissioners
		Klamath County Infrastructure & Economic	1,500,000	Klamath County Board of Commissioners
		Lake County Infrastructure and Economic	700,000	Lake County Board of County Commissioners
S-29	Hansell	East Umatilla Fire and Rescue, New Fire Station	3,900,000	East Umatilla Fire and Rescue (District)
		Wheat Research at the Columbia Basin Agricultural Research Center	100,000	Columbia Basin Agricultural Research Center of OSU's Agricultural Experiment Station
S-30	Findley	Vale Wastewater Treatment Facility	1,000,000	City of Vale
		John Day Wastewater Treatment Plant	1,500,000	City of John Day
		Jefferson Cty. Housing-Disadvantaged Community	750,000	The Jefferson County Faith Based Network
		Madras Industrial Grant Space	750,000	Jefferson County/City of Madras
H-1	Smith, DB	Lincoln School of Early Learning	100,000	Coquille School District
		Bandon Marina Redevelopment	1,300,000	Port of Bandon
		Central Curry Early Learning Center	250,000	Central Curry School District 1
		SAFTE - SW Achieves Fire Training Excellence, Charleston Trade School, OR Coast STEM Hub Career Connected Learning	350,000	SW Oregon Community College
H-2	Leif	Educational Technology for House Dist. 2 Schools	2,000,000	Douglas Education Service District (ESD)
H-3	Morgan	Rural Josephine County Library Building Projects	1,200,000	Josephine Community Library Foundation
		Josephine County Support Grants Project	600,000	Illinois Valley Community Development Organization (IVCDO)
		School WasteWater Treatment Facility	200,000	Three Rivers School District
H-4	Stark	Eagle Point Economic Revitalization Project	500,000	City of Eagle Point
		Southern Oregon Strong Business Success Grants	1,000,000	The Chamber of Medford & Jackson County
		City of Central Point - Urban Renewal/Economic Dev.	500,000	City of Central Point
H-5	Marsh	Talent Maker City Permanent Location	1,800,000	Talent Maker City (nonprofit)
		Applegate Valley Internet Accessibility	100,000	A Greater Applegate (nonprofit)
		Green Springs Fire Protection Engines	100,000	Greensprings Rural Fire District

District	Member	Project	Amount	Recipient
H-6	Wallan	MURA Liberty Park Sidewalk Construction	250,000	City of Medford
		Sidewalk Infill - Various near schools	1,000,000	City of Medford
		South Stage Road Overcrossing Phase 2	700,000	City of Medford
		United Way of Jackson County	50,000	United Way of Jackson County
H-7	Hayden	Special Districts Support Funds	800,000	Oregon Special Districts Association
		Lane County Support Funds	600,000	Lane County
		Douglas County Support Funds	400,000	Douglas County
		Umpqua Community College scholarships/support for students qualified for assistance in CDL training	200,000	Umpqua Community College
H-8	Holvey	Western Lane Emergency Response and Preparedness	375,000	Lane Fire Authority
		McKenzie River Finn Rock Restoration Project	325,000	Eugene Water and Electric Board (EWEB)
		Lane County Investments	1,300,000	Lane County
H-9	Wright	Port Purchase of former Coos Bay GP Site	2,000,000	Oregon International Port of Coos Bay
H-10	Gomberg	Lincoln City Cultural Center Plaza	900,000	Lincoln City Cultural Center
		Waldport Water Tank Seismic Retrofit & Recoating	600,000	City of Waldport
		Depoe Bay Restoration of Pilings and Docks	500,000	City of Depoe Bay
H-11	Wilde	Linn County Food Support - Sharing Hands	85,000	Sharing Hands, Inc.
		Creswell Broadband	80,000	City of Creswell
		Lane Community College Career & Technical Education	500,000	Lane Community College
		Lane County Investments	1,335,000	Lane County
H-12	Lively	Broadband Micro-Carrier Hotel Fiber Expansion	750,000	City of Springfield
		Springfield Essential Infrastructure Project	185,000	City of Springfield
		Long-Term Affordable Housing in Springfield	620,000	City of Springfield
		Manufactured Home Park Preservation	445,000	City of Springfield
H-13	Nathanson	Eugene Community Broadband Plan	150,000	City of Eugene
		Nonprofit Organization Support - Lane County	278,000	Lane County Dept. of Health & Human
		Looking Glass Homeless Youth Facility	310,000	Looking Glass Community Services
		Lane County Investments	1,262,000	Lane County

District	Member	Project	Amount	Recipient
H-14	Fahey	Nelson Place Townhomes	600,000	DevNW
		Public Health Equity and Resilience Grants Program	225,000	Lane County
		Lane County Investments	1,175,000	Lane County
H-15	Boshart Davis	Mid-Willamette Family YMCA	1,548,000	YMCA
		BGCA Capital Projects and Improvements	327,000	Albany Boys & Girls Club
		Waverly Satellite Site	125,000	Albany Boys & Girls Club
H-16	Rayfield	Benton County Crisis Respite Center	1,250,000	Benton County
		Affordable Housing Land Acquisitions	750,000	Linn-Benton Housing Authority
H-17	Cate	Santiam Canyon Wildfire Recovery and Public Safety	900,000	Marion County
		Community Improvements	235,000	City of Scio
		Cheadle Lake Trail System Expansion	325,000	City of Lebanon
		Linn County Public Safety Improvements	540,000	Linn County
H-18	Lewis	City of Silverton Police/City Hall Construction Project	500,000	City of Silverton
		City of Mt Angel Marquam SS Trunk Line Project	500,000	City of Mt Angel
		Molalla Forest Road Bike/Ped Path Project	500,000	City of Molalla
		Aurora City Well Project	500,000	City of Aurora
H-19	Moore-Green	City of Aumsville, Tower Well Project	300,000	City of Aumsville
		City of Turner, Burkland Pool	300,000	City of Turner
		Willamette Career Academy	150,000	Willamette Career Academy
		United Way of the Mid-Willamette Valley	1,250,000	United Way of the Mid-Willamette Valley
H-20	Evans	Mid-Willamette Valley Trolley	2,000,000	City of Monmouth
H-21	Clem	Salem Community Investment Fund	2,000,000	Marion County (Economic Development)
H-22	Alonso Leon	Legion Park Athletic Complex	1,004,300	City of Woodburn
		Salem Free Clinics - free clinic funding	172,000	Salem Free Clinics, 501(c)3
		Fire engine	323,700	Chemeketa Comm. Col. Brooks Training
		Community media and health care	500,000	Alianza Poder
H-23	Currently Unrepresented	8" Loop along Goucher Street	1,200,000	City of Amity
		Replace Existing 8" Transmission Pipeline	800,000	City of Amity

District	Member	Project	Amount	Recipient
H-24	Noble	CARES NW and the Family Justice Center	400,000	CARES NW
		A Family Place Child Abuse Prevention	250,000	A Family Place Relief Nursery Yamhill County
		Juliette's House Enhanced Services	600,000	Juliette's House Child Intervention Center
		Small Business Grant Program	750,000	City of McMinnville
H-25	Post	St. Paul Water System	696,000	City of St. Paul
		Butteville Landing	54,000	Friends of Historic Butteville Board
		City of Newberg	400,000	City of Newberg
		City of Keizer	850,000	City of Keizer
H-26	Neron	Just Compassion of East Washington County (Grayber-	500,000	Just Compassion of East Washington County
		Human Services Investments	400,000	Department of Administrative Services
		Municipal Grants- Broadband & Business Stabilization	1,000,000	City of Sherwood
		Public Health Outreach Van	100,000	Clackamas County Public Health
H-27	Schouten	Patricia Reser Center for the Arts	1,200,000	Beaverton Arts Foundation
		Beaverton YMCA Childhood Development Center	800,000	Beaverton YMCA
H-28	Campos	HomePlate Youth Services Drop-in Center	643,000	HomePlate Youth Services
		Beaverton Homeless Shelter	500,000	City of Beaverton
		Washington County Park Restroom Improvements	801,000	Washington County
		Children's Library at the Aloha Community Library	56,000	Aloha Community Library
H-29	McLain	Food Security for economically vulnerable immigrant families: Food access/infrastructure - Covid-19	160,000	Adelante Mujeres
		Centro Cultural Food Services Building	660,000	Centro Cultural
		Forest Grove Foundation Housing for Homeless	680,000	Forest Grove Foundation
		Bienestar Plaza Los Amigos	500,000	Bienestar, Inc.
H-30	Sollman	North Plains Jessie Mays Community Park and Pedestrian Pathway Improvements	800,000	City of North Plains
		Asian Pacific American Network of Oregon (APANO) Property Acquisition Fund	500,000	Asian Pacific American Network of Oregon (APANO)
		Family Promise Washington County House	500,000	Family Promise of Washington County
		Hillsboro Schools Foundation Bilingual Career Kits	200,000	Hillsboro Schools Foundation

District	Member	Project	Amount	Recipient
H-31	Witt	Fox Creek Culvert	100,000	City of Rainier
		Skyline Community Hall Retrofits	155,000	Skyline Grange #894
		Sauvie Island Fire District Improvements	930,000	Sauvie Island Fire District 30
		River Access Near NW 107th Ave/Community Center Earthquake Retrofit	815,000	Linnton Neighborhood Association
H-32	Weber	Anderson Creek Raw Water Transmission Main	400,000	City of Nehalem
		Well and Wastewater Treatment resiliency	820,000	City of Bay City
		Cannon Beach Resiliency Project	360,000	City of Cannon Beach
		Astoria Public Library Renovation	420,000	City of Astoria
H-33	Dexter	Asian Pacific American Network of Oregon (APANO) Property Acquisition Fund	450,000	APANO
		Beaverton Health Clinic & Support for Innovative Startups and Emerging Nonprofits	650,000	City of Beaverton
		Central City Concern Clinical Respite Center	700,000	Central City Concern
		Washington County Park Restroom Improvements	200,000	Washington County
H-34	Helm	Oregon Outdoor Recreation Stimulus	1,000,000	Oregon Department of Fish & Wildlife, Oregon Conservation and Recreation Fund
		Support for Innovative Startups and Emerging	200,000	City of Beaverton
		HomePlate Youth Services Drop-in Center	401,000	HomePlate Youth Services
		Washington County Park Restroom Improvements	399,000	Washington County
H-35	Grayber	Just Compassion of East Washington County	1,500,000	Just Compassion of East Washington County
		Broadway Rose Improvements	350,000	Broadway Rose Theatre Company
		Southwest Corridor Community Investment Trust Model Feasibility Study and Implementation	150,000	Southwest Corridor Equity Coalition
H-36	Reynolds	Street Roots Center	1,400,000	Street Roots
		Food Pantry - Emergency Food processing/distribution	100,000	Neighborhood House
		Open for Fall, Open for All	400,000	Portland State University
		Central City Concern Peer Respite Center	100,000	Central City Concern

District	Member	Project	Amount	Recipient
H-37	Prusak	Washington County Economic and Transit Support	500,000	Washington County
		Packed with Pride & Afterschool Homework & Social Support club	500,000	The Foundation for Tigard Tualatin Schools
		Tualatin Together	500,000	Tualatin Together
		West Linn and Lake Oswego Small Business Support	500,000	West Linn Small Business Recovery Center
H-38	Salinas	Hillsdale to Lake Oswego Trail	300,000	SW Trails, Portland Bureau of Transportation, Oregon Parks and Recreation Department
		Lake Oswego/ SW Portland Land for Affordable Housing	1,000,000	Habitat for Humanity Portland/Metro East
		South Metro Racial Justice and Equity Grant Program	400,000	MRG Foundation
		Partnership for Community Health Care and Education	300,000	Clackamas Volunteers in Medicine
H-39	Drazan	Wildland Fire & Emergency Medical Response	146,700	Estacada Rural Fire District #69
		Clackamas County Fairgrounds Livestock Barn Project	1,750,000	Clackamas Cty. Fair Improvement Foundation
		Canby Fire District COVID response supplies	103,300	Canby Fire District
H-40	Meek	Parrott Creek Child & Family Services	600,000	Parrott Creek Child & Family Services
		Gladstone and Oak Lodge Community Library	500,000	Clackamas County
		Partnership for Community Health Care and	300,000	Clackamas Volunteers in Medicine
		Business Recovery Centers of Clackamas County	600,000	Oregon City Chamber of Commerce and Business Recovery Center
H-41	Power	City of Milwaukie Neighborhood Park Development	1,000,000	City of Milwaukie
		Oak Grove Community Project	750,000	Clackamas County
		Sellwood Community House Capital Improvements	250,000	Sellwood Community House
H-42	Nosse	Regional Black Economic Prosperity Planning and Dashboard Development Process	100,000	National Association of Minority Contractors - Oregon
		Central City Concern Clinical Respite Center	950,000	Central City Concern
		Street Roots Center	950,000	Street Roots
H-43	Sanchez	Albina Head Start classrooms	300,000	Home Forward
		NAYA Family Center/Home Forward 42nd and Killingsworth Project	1,700,000	NAYA Family Center

District	Member	Project	Amount	Recipient
H-44	Kotek	Center for Black Excellence	250,000	Albina Vision Trust
		NAYA Capital Improvements	1,250,000	Native American Youth and Family Center (NAYA)
		Co-Located Early Childhood Classroom Space at N. Maryland Affordable Housing Development	500,000	Neighborhood House
H-45	Smith Warner	Central City Concern's Recuperative Care Program	800,000	Central City Concern
		NAYA Home Forward Workforce & Early Childhood Education Center	600,000	NAYA
		Mainspring	100,000	Mainspring
		Street Roots Renovation	500,000	Street Roots
H-46	Pham	APANO Property Acquisition Fund	1,600,000	APANO
		82nd Avenue Transportation Justice Advocacy Grants	225,000	Oregon Walks
		Community Safety Infrastructure Investments	100,000	Coalition of Communities of Color
		East Portland Community Placemaking Projects	75,000	City Repair Project
H-47	Valderrama	Asian Pacific American Network of Oregon (APANO) Property Acquisition Fund	350,000	APANO
		East Portland Community Prosperity Project: Small Business Development	500,000	Unite Oregon
		Rosewood Equitable Neighborhood Development	1,150,000	The Rosewood Initiative
H-48	Reardon	Leach Botanical Garden Historical Building Improvement	1,550,000	Leach Garden Friends
		Zenger Farms Capital Improvements	150,000	Friends of Zenger Farms
		MHCC Pool and Multi-Cultural Center	300,000	Mt. Hood Community College
H-49	Hudson	East County Food Pantry	10,000	East County Food Pantry
		Troutdale Terrace Food Assistance	6,000	Oregon Food Bank
		Aldercrest Apartments renovation	1,200,000	Human Solutions of Oregon
		Habitat for Humanity land purchase	784,000	Habitat for Humanity
H-50	Ruiz	Gresham-Barlow School Based Health Center Development	1,000,000	Gresham Barlow School District - Multnomah County School District
		City of Gresham Funding Project	700,000	City of Gresham
		MHCC Pool and Multi-Cultural Center	100,000	Mt. Hood Community College
		Youth Voice, Youth Vote: Youth Participatory	200,000	Participatory Budgeting Oregon

District	Member	Project	Amount	Recipient
H-51	Bynum	Friends of Baseball	100,000	Friends of Baseball
		Building United Futures Complex	800,000	The Black United Fund of Oregon
		Paramount Apartments	1,000,000	Albina Vision Trust
		Black Economic Prosperity Project/Regional Black Economic Prosperity Planning and Dashboard Development Process	100,000	National Association of Minority Contractors - Oregon
H-52	Williams	MHCC Pool and Multi-Cultural Center	1,000,000	Mt. Hood Community College
		Columbia Gorge Community College Child Care Center, Ag-Tech-Ed Study, and ECE Spanish GED Program	1,000,000	Columbia Gorge Community College
H-53	Zika	City of Redmond - Neighborhood Revitalization	1,000,000	City of Redmond
		REACH & Redmond Early Learning Center	200,000	REACH & Redmond Early Learning Center
		NeighborImpact	800,000	NeighborImpact
H-54	Kropf	City of Bend Low-Barrier Shelter	2,000,000	City of Bend
H-55	Breese-Iverson	Prineville N. Peters/N. Main Intersection Update	900,000	City of Prineville
		Lake County Rural Fire Protection	500,000	Lake County
		La Pine Highway 97 East Pedestrian Improvements	375,000	City of La Pine
		HD 55 Main Street Grants	225,000	Crook County Chamber of Commerce (HD 55)
H-56	Reschke	Klamath County Economic Development Association	1,000,000	Klamath County Economic Dev. Association
		South Central Oregon Economic Development District	1,000,000	S. Central Oregon Economic Dev. District
H-57	Smith, G	District 57 Community Development Fund	2,000,000	Port of Morrow
H-58	Levy	Union County Business Assistance Grant Program	500,000	Union County
		East Umatilla Fire and Rescue, New Fire Station	1,000,000	East Umatilla Fire and Rescue (District)
		Wallowa County Fairgrounds Project	500,000	Wallowa Cty. for the Wallowa County Fair
H-59	Bonham	Columbia Gorge Community College Child Care Center/ Family Child Care Program Renovation	1,000,000	Columbia Gorge Community College
		Smith Rock State Park Infrastructure Improvements & Terrebonne Road Interchange	1,000,000	Deschutes County

District	Member	Project	Amount	Recipient
H-60	Owens	Harney County Fairgrounds	1,000,000	Harney County
		Malheur County Fair Barn Replacement	455,000	Malheur County
		Unity Water Tower Replacement	500,000	Baker County
		Sumpter Valley Railroad upgrades	45,000	Sumpter Valley Railroad Restoration, Inc

Oregon Advocacy Commissions Office

The Subcommittee approved an appropriation of \$228,372 General Fund for the Oregon Advocacy Commissions Office to hire one permanent, full-time Public Affairs Specialist 2 to engage with constituent communities.

Oregon Liquor Control Commission

To finance construction of a new liquor distribution center and headquarters facility, the Subcommittee approved the cost of bond issuance and 2021-23 debt service for the Oregon Liquor Control Commission (OLCC) as follows:

- For purchase of land and warehouse construction, \$632,735 Other Funds expenditure limitation for cost of issuance and \$3.4 million Other Funds expenditure limitation for debt service.
- For information technology systems for licensing, enforcement, and distribution center sales and inventory management, \$390,000 Other Funds expenditure limitation for cost of issuance, and \$3.2 million Other Funds expenditure limitation for debt service.
- For an order fulfillment and conveyor system, \$175,000 Other Funds expenditure limitation for cost of issuance and \$896,730 Other Funds expenditure limitation for debt service.

The cost of the new facilities is estimated to total \$89.5 million. Bond authorization is provided in SB 5505 for the acquisition of property and construction of a new liquor distribution center and headquarters facility (\$52.5 million); a new distribution center sales and inventory management information technology system (\$27 million); and a conveyor and order fulfillment system for the new facility (\$10 million). Expenditure limitation for the land and construction and the conveyor system is included in SB 5506, the Capital Construction bill.

OLCC has been working with the Capitol Projects Advisory Board and the Department of Administrative Services on due diligence related to facility replacement and property acquisition. A market evaluation is scheduled to occur in the autumn of 2021, final site selection is projected to occur in April of 2022, and construction is anticipated to be completed in 2024.

The Subcommittee provided the following instruction to OLCC:

BUDGET NOTE

Prior to disposition of its existing properties adjacent to McLoughlin Boulevard in Milwaukie, the Oregon Liquor Control Commission is directed to report to the Joint Committee on Ways and Means on plans for the sale and disposition of its existing distribution center, office headquarters, and Milport Road warehouse. The report shall include information on the zoning of the properties, submitted offers, real estate fees and commissions paid to contractors and real estate professionals engaged, conditions of sale, and listing price of the properties. In addition, the OLCC shall report on the new warehouse and headquarters location, purchase price, construction and relocation schedule; its interim operations plan including new leases and estimated costs; an overview of measures the agency will take to minimize disruption to licensees, contract liquor agents, and other stakeholders; and a summary of efforts to secure financial systems and data during the transition.

Public Employees Retirement System

The Subcommittee approved \$16,792,238 Lottery Funds expenditure limitation for the Employer Incentive Fund to be used for a 25% state match program for employer side accounts, which are pre-paid employer contributions held in trust for the payment of employer contributions.

Department of Revenue

A General Fund appropriation of \$292,002 was approved for the Department of Revenue to support one full-time Operations and Policy Analyst 4 position (1.00 FTE) in the Administration Division. The position will lead initiatives to improve the efficiency and effectiveness in the management of resources, lead analyses of systems and processes, and work with agency management to develop business cases and policy option packages.

A one-time General Fund appropriation of \$23.2 million was approved for the Department to make grants to counties for the reimbursement of lost tax revenue related to the 2020 wildfires. Distribution of these funds will be limited to counties included in Executive Order 20-60 that were impacted by the 2020 wildfires and that can demonstrate losses due to the September 2020 wildfires in property tax years beginning on or after July 1, 2020. For 2020-21, the following estimated amounts of lost tax revenues will be provided to the following counties:

- Lincoln: \$208,178
- Marion: \$715,634
- Clackamas: \$116,831
- Lane: \$579,208
- Linn: \$72,226
- Douglas: \$65,060
- Jackson: \$2,829,073

- Klamath: \$228,162

Prior to disbursement of funds by the Department, each county must apply by December 1, 2021, and annually thereafter. Applications must include a copy of a county ordinance or resolution authorizing the request and a sworn statement that the amount represents estimated revenue lost in that property tax year due to the September 2020 wildfires. The Department will review applications and distribute funds as requested by December 31st and each year thereafter. The Department is authorized to establish rules for the purposes of these distributions.

Other Funds expenditure limitation was increased by \$4,245,000 for expenditure of Article XI-Q Bond proceeds on the Electronic Valuation Information System (ELVIS) project authorized in SB 5506. The objective of this project is to modernize the various outdated appraisal systems and associated manual processes used by the valuation section. One Information Systems Specialist 7 (0.88 FTE) and one Information Systems Specialist 8 (0.88 FTE) are provided to support the system. The Department's General Fund appropriation for debt service and related costs was increased by \$672,270 for debt service for the 2021-23 biennium. Debt service is estimated to be \$1,349,060 for the 2023-25 biennium.

To address the Department's cost of implementing SB 139 relating to taxation, \$161,387 General Fund was approved for one permanent, part-time Tax Auditor 2 position (0.50 FTE) to answer questions from businesses and personal income taxpayers and assist with written objections related to the tax rate changes.

To address the Department's cost of implementing SB 727 relating to taxation, \$438,569 General Fund was approved for three positions (2.00 FTE). One permanent, full-time Tax Auditor 2 (1.00 FTE) was approved to assist with the implementation of the Business Alternative Income Tax (BAIT) and to answer technical questions. One permanent, part-time Data Entry Operator (0.50) was approved to key additional schedules and fields on paper returns into Quick Modules for processing into GenTax. One permanent, part-time Operations and Policy Analyst 3 (0.50 FTE) was approved for GenTax testing and business entity analysis.

To address the Department's cost of implementing HB 2433 relating to taxation, \$397,011 General Fund was approved for five positions (2.50 FTE). One permanent Administrative Specialist 2 position (0.50 FTE) was approved to provide clerical support, and four permanent seasonal Public Service Representative 3 positions (2.00 FTE) were approved to process Individual Taxpayer Identification Number filers.

Secretary of State

The Subcommittee approved a total of \$2,474,287 General Fund and one limited duration Program Analyst 4 position (1.00 FTE) for the Elections Division. Of the total, \$2 million was added for grants to counties to address county elections offices equipment and technology needs. This includes, but is not limited to, updating voting machines, purchasing new processing equipment (ballot sorters, tabulator upgrades, postmark scanners, keyed locks, and equipment for implemented upgrades), video surveillance upgrades, ballot drop boxes, and software needed for implementation of risk limiting audits. In addition, \$120,000 General Fund was added for GIS interface updates needed to implement

a redistricting plan. The limited duration position is supported with \$354,287 General Fund and will assist with distributing resources to counties and addressing local county clerk redistricting needs.

Oregon State Library

An increase in Federal Funds expenditure limitation of \$2,924,165 was approved for the State Library for the expenditure of American Rescue Plan Act (ARPA) funds for five focal project areas. These areas include connectivity; digital equity and inclusion; equity, diversity, inclusion, and antiracism; needs arising from the pandemic; and workforce development. These focal areas apply to the State Library's direct spending as well as subgrants provided to museums, tribes, and other entities. One Administrative Specialist position (1.00 FTE), supported with Federal Funds, is provided to help with the disbursement of ARPA funds.

Oregon State Treasury

Nonlimited authority for the Trust Property programs was modified to include charges for investment-related transactions.

CONSUMER AND BUSINESS SERVICES

Bureau of Labor and Industries

A General Fund appropriation of \$2,310,459 was approved for the agency's role in the Fair Housing Enforcement Statewide Investment collaborative partnership between the Fair Housing Council of Oregon (FHCO), the Bureau of Labor and Industries (BOLI), the Department of Justice (DOJ), and other housing partners. This funding supports one Program Manager (1.00 FTE); Six Civil Rights Investigators (6.00 FTE) to support housing discrimination investigation in four priority regions; and one Training and Development Specialist (1.00 FTE) to provide statewide fair housing education and outreach.

Consumer and Business Services

The Subcommittee approved the transfer of the Senior Health Insurance Benefits Assistance (SHIBA) program from the Department of Consumer and Business Services (DCBS) to the Department of Human Services (DHS). The intent of this transfer is to consolidate all the SHIBA funding and programs in DHS since that agency already has two of the three SHIBA-related federal grants. This transfer requires a \$1,813,619 Federal Funds expenditure limitation reduction to DCBS' budget and a reduction of two Program Analyst 2 positions (2.00 FTE) and two Public Service Representative 4 positions (2.00 FTE).

A technical adjustment was approved to accurately reflect the number of positions needed to support the new behavioral health treatment oversight requirements established in HB 3046 (2021). This adjustment adds one position to the three that are already approved.

A General Fund appropriation of \$10,678,004 was approved as part of the Wildfire Recovery Initiative. This funding is for a new grant program to incentivize residential and commercial fire hardening for rebuilding and repairing dwellings and other structures that were destroyed or damaged in the 2020 wildfires. Administration for the new grant program is capped at \$678,004. One Principal Executive Manager E (1.00 FTE) is also approved for the program.

The Subcommittee approved the transfer of the Compact of Free Association (COFA) Premium Assistance Program and health insurance exchange from the DCBS to the Oregon Health Authority (OHA) as described in SB 65 (2021). This transfer requires DCBS to reduce its Other Funds expenditure limitation by \$14,870,281 and eliminate 18 positions (18.00 FTE).

Mental Health Regulatory Agency

The Mental Health Regulatory Agency provides administrative and regulatory oversight to two licensing boards that oversee mental health professions in the state, the Board of Psychology and the Board of Licensed Professional Counselors and Therapists. Due to legislative interest in gaining a better understanding of licensee demographics and increasing diversity of the mental health workforce, the Subcommittee approved \$300,000 General Fund and the following budget note:

BUDGET NOTE

The Mental Health Regulatory Agency shall engage a third party consultant to study the demographics of those individuals licensed by the boards and devise a plan to increase licensee diversity, including an examination of the boards' application processes, investigation of complaints and allegations related to application disclosures, and the boards' consideration of applicant character and fitness. A written report on the study and plan must be provided to the appropriate legislative policy committee(s) no later than December 31, 2022. The agency must also present this information to a subcommittee of the Joint Committee on Ways and Means during the 2023 legislative session.

ECONOMIC AND COMMUNITY DEVELOPMENT

Oregon Business Development Department

Anticipating the issuance of general obligation bonds for the seismic rehabilitation program at the Oregon Business Development Department (OBDD), the Subcommittee approved expenditure limitation of \$160 million Other Funds for program grants: \$110 million for public school

buildings and \$50 million for emergency services facilities. An increase in Other Funds expenditure limitation of \$2 million was approved for paying the cost of bond issuance.

The Subcommittee approved an increase of \$6,371,670 in the Department's General Fund appropriation for the payment of debt service on bonds issued for the seismic rehabilitation program.

A General Fund appropriation of \$4 million was approved for the Business Innovation and Trade Division to provide grants to local governments to aid in the short and long-term efforts to recover from the 2020 wildfire season. The total amount of funding represents the reestablishment of funding that was provided for this purpose by the Emergency Board in January 2020 but was unspent at the end of the 2019-21 biennium, plus an additional \$2 million due to anticipated program need. The funding is available for a variety of activities that include, but are not limited to, human resources, land use planning, infrastructure planning, FEMA recovery applications, building permit application processing, financial and administrative program support, and translation services.

The Subcommittee approved \$80,000 General Fund for the Infrastructure Division to distribute as a grant to Crawford Electric Company to reimburse the company for the cost of temporary power poles that the State of Oregon used immediately following the 2020 wildfires.

A total of \$4,238,074 General Fund was approved for the Department's Infrastructure Division to make grants to specific local governments for financial assistance for their building and planning departments' staffing needs. The individual recipients are:

- Lane County \$755,319
- Linn County \$275,000
- Lincoln County \$190,000
- Douglas County \$375,000
- Marion County \$975,000
- Jackson County \$710,000
- City of Talent \$280,000
- City of Phoenix \$677,755

The Subcommittee approved an appropriation of \$772,000 General Fund for making grants to the following entities for staffing and operational needs associated with the 2020 wildfire season:

- City of Gates \$251,000

- City of Detroit \$521,000

An allocation of \$275,722,721 American Rescue Plan Act State Fiscal Recovery Funds (Other Funds) was approved for the Department to make grants to local governments in the following amounts, for the critical drinking water, storm water, and sanitary sewer projects identified below:

- \$2,923,500 for the City of Mill City storm drainage improvements
- \$2,694,953 for Hood River waterfront stormwater line
- \$2,640,125 for the City of Elgin wastewater collection system
- \$14,700,000 for the City of Sandy wastewater treatment plant
- \$50,000,000 for Marion County North Santiam septic to sewer project
- \$3,000,000 for the City of Turner water pipe project
- \$100,000 for the City of Vale wastewater treatment facility headworks improvements
- \$2,790,000 for the City of Astoria 16th St distribution waterline replacement
- \$2,930,000 for the City of Astoria Pipeline Road waterline resilience
- \$10,000,000 for the City of Clatskanie - waste water treatment plant
- \$5,260,000 for the Lyons-Mehama Water District tank and pipeline project
- \$2,425,798 for the Port of Toledo sanitary sewer extension to Hwy 20
- \$974,850 for the City of Waldport water tank project
- \$2,000,000 for the Arch Cape Domestic Water Supply District Arch Cape Forest project
- \$4,860,000 for the City of Astoria wastewater treatment plant headworks improvement project
- \$5,530,000 for the City of Echo water system improvements
- \$1,500,000 for the City of Echo wastewater system improvements
- \$10,545,543 for the City of Aurora wastewater treatment plant facility
- \$4,284,203 for the City of Aurora water storage tank and pump station
- \$3,200,000 for the Crane Union School District 1J Crane community water and sewer system
- \$250,000 for the City of Arlington Columbia River municipal pump station
- \$65,000 for the City of Arlington wastewater facilities plan
- \$12,000,000 for the City of Tillamook water transmission line replacement
- \$1,140,000 for the Mapleton Water District water infrastructure projects
- \$14,628,685 for the City of Lakeside wastewater treatment plant replacement

- \$10,000,000 for the City of Scappoose water infrastructure projects
- \$2,500,000 for the City of Aumsville water system improvements
- \$12,000,000 for the City of Philomath water treatment plant and reservoir construction
- \$900,000 for the Wasco County Soil and Water Conservation District Mosier Million #2 well replacement project
- \$835,000 for the Crescent Sanitary District wastewater collection system
- \$5,800,000 for the City of Carlton wastewater treatment plant
- \$15,500,000 for Lane County McKenzie River Valley drinking water and wastewater system replacements
- \$1,800,000 for the Panther Creek Water District water reservoir replacement
- \$15,000,000 for Lincoln County Panther Creek septic and stormwater systems
- \$3,000,000 for the City of Detroit drinking water system
- \$3,000,000 for the City of Ashland for Talent, Ashland, and Phoenix intertie improvements
- \$500,000 for Lincoln County well repair
- \$25,000 for the City of Gates water meter replacement
- \$5,000,000 for the City of Phoenix Charlotte Ann Water District disbanding transition costs
- \$3,000,000 for the City of Powers sewer collection system and sewer plant
- \$1,570,064 for the City of Roseburg stormwater system improvements
- \$200,000 for Cave Junction water distribution center
- \$2,500,000 for the City of Mosier wastewater treatment plan update
- \$3,000,000 for the City of Nyssa water system expansion
- \$2,700,000 for the City of Medford SW Medford water and sewer infrastructure
- \$950,000 for the City of Redmond Skyline Village affordable housing sewer
- \$10,500,000 for the City of Corvallis Rock Creek transmission main
- \$15,000,000 for the Lakeview water treatment facility

The Subcommittee approved an increase of \$15 million Other Funds expenditure limitation for the Infrastructure Division to provide grants for levee projects from the net proceeds of Lottery Bonds authorized to be issued and deposited in the fund during the upcoming biennium.

Additionally, the Subcommittee approved adjustments to the agency's Nonlimited Other Funds budgeted expenditures that produced a net increase of \$90 million. Increases were made for net Lottery bond proceeds of \$50 million to be deposited in the Special Public Works Fund from authorized bond issues in the upcoming 2021-23 biennium. Another \$50 million General Fund was appropriated for deposit in the Special Public

Works Fund, and \$10 million of net proceeds of Lottery Bonds was approved for deposit in the Brownfields Redevelopment Fund. These increases are offset by a reduction of \$20 million Nonlimited Other Funds that had been provided in the agency's budget bill (HB 5023) in error.

The \$50 million General Fund deposited in the Special Public Works Fund provides loans and grants for publicly owned facilities that support economic and community development in Oregon. Funds are available to public entities for planning, designing, purchasing, improving, and constructing publicly-owned facilities.

An increase of \$20 million Other Funds expenditure limitation was approved for the Infrastructure Division to grant funding to the City of Salem for a drinking water system project. The expenditure is supported by bond proceeds.

Other Funds expenditure limitation was increased by \$50 million for the Business Innovation and Trade Division to provide grants to local independent movie theaters and entities in Oregon's live events industry to support their recovery from business closures due to the pandemic. Approximately \$5 million is intended for distribution to small and community movie theaters. Remaining funds are to be distributed to support the live events industry, including live event operators, music, cultural and community venues, and other entities supporting live events. Grants made to organizations for subsequent distribution to individual entities are eligible for administrative costs related to the distribution of funding. All qualifying entities are required to self-certify as to the need being directly related to the COVID-19 pandemic.

The Subcommittee approved \$25 million General Fund to support flexible grants to public and/or private entities for projects targeted at facilitating private investment in Oregon, with a focus on leading or emerging business sectors. The funding is intended to complement efforts under other OBDD programs or funds. Examples of potential uses include public infrastructure such as rail, road, docks, terminal, or airport improvements; power infrastructure; natural resources/wetland mitigation; and other projects enabling investment and long-term public return and benefit. Private sector projects might involve areas such as manufacturing, emerging energy, environmental, supply chain, and feedstock development.

The Department will need to set up the program and create rules prior to awarding grants. If statutory language or further legislative direction is needed to implement the program, OBDD will work with the Legislature to obtain these; depending on requirements, this may mean program initiation may be delayed until the latter half of the biennium.

The Subcommittee approved increases in Other Funds expenditure limitation totaling \$9,149,378 for the Department's Arts and Cultural Trust to distribute grants funded by the issuance of Lottery Bonds for cultural facilities as follows:

- \$750,000 for the Maxville Heritage Interpretive Center - Preservation of Maxville Townsite
- \$2,000,000 for the Artists Repertory Theatre
- \$600,000 for the Josephy Center for Arts and Culture

- \$295,000 for the Eastern Oregon Regional Theatre - Baker Orpheum Theatre Restoration
- \$1,250,000 for the Chehalem Cultural Center - Performing Arts Wing
- \$750,000 for the Siletz Tribal Arts and Heritage Society
- \$1,600,000 for the Jon G. Shedd Institute for the Arts
- \$600,000 for the Little Theatre on the Bay - Liberty Theatre Expansion
- \$304,378 for the Columbia River Maritime Museum - Lightship Columbia Preservation
- \$1,000,000 for the Portland Art Museum - Rothko Pavilion

The Subcommittee approved an increase in expenditure limitation of \$10 million Other Funds for the Infrastructure Division to make grants for county fair capital improvements.

Increases in Other Funds expenditure limitation of \$1,254,312 for the Infrastructure Division and \$361,350 for the Arts and Cultural Trust were approved by the Subcommittee for payment of costs associated with the issuance of Lottery Bonds. Also approved was an increase of \$6,905,674 Lottery Funds expenditure limitation for the Infrastructure Division to pay debt service on Lottery Bonds.

Other Funds expenditure limitation of \$120 million was established for the Department's Operations Division for expenditure of American Rescue Plan Act (ARPA) Capital Projects Funds received by the Oregon Department of Administrative Services and transferred to the Department for deposit in the Broadband Fund. Monies in the fund can be used to provide grants or loans through the Oregon Broadband Office and for the administrative costs of the office. Eligible uses of the grants and loans include projects for the planning and development of broadband service infrastructure, digital literacy, digital inclusion, and digital adoption.

The Subcommittee approved budget adjustments to allow the Department to expand staffing capacity. These adjustments include: Lottery Fund expenditure limitation increases of \$1,387,837 for the Operations Division and \$480,743 for the Business Innovation and Trade Division. General Fund is increased by \$85,845 for the Business Innovation and Trade Division and \$219,660 for the Infrastructure Division. Other Funds expenditure limitation is increased by \$272,000 for the Operations Division, \$461,286 for the Business Innovation and Trade Division, and \$219,660 for the Infrastructure Division. For the Operations Division, the establishment of 8 positions (8.00 FTE) are authorized including a human resources analyst, an accounting technician, two procurement and contract specialists, two information technology specialists, and two public affairs specialists. For the Business Innovation and Trade Division, the establishment of 5 positions (5.00 FTE) are authorized that include three regional project managers, a loan specialist, and a program analyst. The Subcommittee also authorized the establishment of a federal grant manager position (1.00 FTE) and an operations and policy analyst (1.00 FTE) in the Infrastructure program.

The Subcommittee approved an increase in Lottery Funds expenditure limitation for the Film and Video Office of \$112,500 for program enhancements. The Film and Video office will use \$60,000 of the funding for workforce development and paid placement programs; \$22,000 for

regional festival and event sponsorship support; \$3,500 for travel and accommodation costs; \$23,000 for special events, a residency program, and regional office support; and \$4,000 for business recruitment.

Increased Lottery Fund expenditure limitation of \$1.6 million was approved for the Infrastructure Division to provide a grant to the Port of Port Orford for the Seafood Hub Redevelopment Project. The project centers on the creation of a seawater system that would allow the Port to provide sustainable operational support to the fishing fleet, facilities for on-site marine research, and ocean-related recreational opportunities. Additional funding to support the total project cost of \$7,657,020 includes \$5,275,020 from the U.S. Economic Development Administration and \$800,000 in local funds.

Interest earnings on general obligation bond proceeds produced \$5,800 that is available to offset General Fund for debt service. The subcommittee approved the establishment of an Other Funds expenditure limitation of \$5,800 for the use of these interest earnings on debt repayment.

The Subcommittee approved an increase of \$500,000 Other Funds expenditure limitation for the Business Innovation and Trade Division to make grants from the Oregon Rural Capacity Fund established in HB 2345 (2021). The fund is for making grants to Economic Development Districts to assist rural jurisdictions in learning about, applying for, and managing grants and other funding opportunities that can be used to support workforce, infrastructure, economic development, and community development.

Expenditure limitation of \$10 million Other Funds was approved for the Business Innovation and Trade Division to make grants from the Disadvantaged and Emerging Small Business Loan Fund established in HB 2266 (2021), in conjunction with the establishment of a direct loan program for making loans to eligible business that have been certified by the Certification Office for Business Inclusion and Diversity and have been referred to the department by a technical assistance provider.

The Subcommittee approved an increase in expenditure limitation of \$10 million Lottery Funds for the Business Innovation and Trade Division to provide a grant to Oregon21, LLC for the direct costs of the World Track and Field Championship.

Employment Department

Other Funds expenditure limitation is increased by \$872,278 to accommodate administrative expenses of the Employment Department related to carrying out the provisions of SB 172 (2021) which limits the window in which non-fraudulent overpayments can be recovered from a claimant to five years and creates the ability for certain overpayments to be waived. Notification procedures and changes to automated systems require support for 10 limited duration Revenue Agent 1 positions (5.00 FTE) in the 2021-23 biennium associated with this work. Personal services costs are \$647,578 and services and supplies costs are \$180,000.

Housing and Community Services Department

The Subcommittee approved \$30 million General Fund on a one-time basis for the Housing and Community Services Department (HCSD) to compensate landlords for 100% of missed rental payments for applications submitted to the Landlord Compensation Fund for rent owed between April 1, 2020 and the date of the landlord's application through June 30, 2021, subject to availability of funds. These funds can also be used to complete compensation payments for applications approved prior to passage of SB 278. Any amount remaining unallocated upon closure of the application portal and disbursement of funds is not intended to be carried forward into future biennia.

An additional \$5 million General Fund is appropriated to the Department on a one-time basis for a grant to Home Forward to make distributions to landlords who delayed termination notices or eviction proceedings pursuant to section 9 of SB 278 (2021). Landlords can apply for this compensation if they can demonstrate that they waited at least 60 days to receive rent payments from a tenant who was denied rental assistance. Home Forward is responsible for primary program design, with HCSD providing application verification information. Up to 10% of the appropriation can be used by Home Forward for administrative costs or those of its subcontractors; separate accounting and reporting mechanisms are to be maintained for this program.

A one-time General Fund appropriation of \$2 million was approved for the Department to make a grant to SquareOne Villages for a shared equity affordable homeownership pilot project. Upon awarding the grant, the Oregon Housing Stability Council may request information from SquareOne Villages regarding description of the project, number of units, characteristics of housing built and populations served, other financing partners, and evaluation of outcomes.

Proceeds from the sale of \$410 million in Article XI-Q bonds will be used by the Department to develop affordable housing units and supportive housing units for Oregonians who have experienced chronic homelessness. The LIFT program produces approximately 750 units of affordable housing for every \$100 million in funding. Of the total amount of bond proceeds, \$60 million is intended to fund applications submitted in the 2019-21 biennium that would have been successful candidates for project funding but for the fact that available funding was insufficient to meet demand. An estimated \$50 million in bond proceeds will be directed toward construction of approximately 350 units of housing with supportive services for very low-income Oregonians who require tenancy services and rental assistance to remain stably housed. General Fund of \$1.6 million is included for supportive services and rental assistance payments associated with those units, based on the timing of bond issuance and units ready for occupancy in the 2021-23 biennium. Supportive services and rental assistance on these units is anticipated to cost \$15.5 million General Fund in the 2023-25 biennium; coupled with service and rent assistance for units constructed with bonds authorized in 2019-21 biennium, the total "service dollars" costs are expected to reach \$28.7 million in 2023-25. Expenditure limitation for cost of bond issuance in 2021-23 was approved in the amount of \$3,490,000 Other Funds, General Fund debt service was increased by \$21.4 million, and administrative costs to develop the units total \$2,037,700 Other Funds expenditure limitation. Eleven positions (10.25 FTE) are needed for accounting, compliance, underwriting, and reporting.

To capitalize revolving loans that can be used by developers of low-income housing to purchase land or naturally-occurring affordable housing, the Subcommittee approved \$30 million General Fund on a one-time basis. The Department will use this revolving loan fund to support the long-term affordable rental housing needs of Oregonians who have been historically rent-burdened or underrepresented in home ownership. A portion of these loan funds are intended to be awarded to applicants who have demonstrated experience or expertise in serving these communities.

To preserve an estimated 1,600 units of existing affordable housing, the Subcommittee approved \$100 million General Fund. This funding can be used for publicly supported affordable housing, properties with federal project-based rental assistance contracts, rent subsidies, manufactured dwelling parks, and properties undergoing recapitalization.

The Subcommittee approved \$3 million General Fund on a one-time basis to provide a grant to a not for profit organization to develop or improve infrastructure for a manufactured dwelling park in Springfield Oregon. The Department will require the organization receiving the grant to provide a report to the agency that includes information on accounting and the use of grant money, identification of other funding to support the project, and resources provided to park residents.

General Fund of \$225,953 was approved for the Department to study and make legislative recommendations on the incorporation of a Regional Housing Needs Analysis into state and local planning programs. The funds will support a position (1.00 FTE) to conduct stakeholder outreach and engagement and data improvement, with the goal of developing a legislative proposal for incorporation of a regional housing needs analysis into future state and local planning processes.

BUDGET NOTE

The Housing and Community Services Department is directed to work with the Department of Land Conservation and Development to provide an initial legislative report no later than February 1, 2022 and a final legislative report no later than December 31, 2022 on efforts to develop a legislative proposal for incorporation of a regional housing needs analysis into future state and local planning processes.

The Subcommittee approved Other Funds expenditure limitation of \$4.5 million for rental assistance payments associated with a long-term rental assistance program established in HB 2163 (2021). The program is for rental assistance payments to individuals age 25 and younger who are or have recently been homeless, in substitute care, incarcerated, or in a facility for mental health or dependency treatment. One Operations and Policy Analyst position (1.00 FTE) is authorized to develop and manage the program. General Fund to support the program was included in HB 2163 on a one-time basis.

For wildfire recovery efforts, the Subcommittee approved \$100.4 million General Fund for construction, rebuilding, and financing initiatives for wildfire survivors. Two positions (1.76 FTE) were authorized to support these initiatives. Other Funds expenditure limitation of \$50.8 million

(including \$780,071 for cost of bond issuance) will allow the Department to acquire land for rebuilding efforts, as well as to provide interim housing for those displaced by wildfires. Debt service on these bonds is \$2.2 million Lottery Funds for the 2021-23 biennium.

Department of Veterans' Affairs

Other Funds expenditure limitation of \$6,113,208 was established for distribution of Lottery bond proceeds for the veterans' affordable housing project, including \$113,208 for bond issuance costs. Lottery Funds debt service of \$499,184 was established for the 2021-23 biennium and is estimated to be \$993,687 in the 2023-25 biennium.

The Subcommittee approved \$175,000 Lottery Funds expenditure limitation on a one-time basis for the Veteran Educational Bridge Grant Program. These grants are designed to provide some support to student veterans that find themselves unable to complete their academic programs on time due to the unavailability of a required class.

EDUCATION

State School Fund

The Subcommittee approved a reduction of \$27,849,006 General Fund, an increase of \$219,059,876 Lottery Funds, and an increase of \$8,789,130 Other Funds from the Fund for Student Success for the State School Fund. This change reflects the final balance of use of available Lottery Funds across the entire state budget as well as the most recent forecast of the Fund for Student Success related revenues. This assumes no transfer of Education Stability Fund resources to the State School Fund and brings the total funds State School Fund amount to \$9.3 billion.

Oregon Department of Education

The Subcommittee approved \$125 million Other Funds expenditure limitation for the Oregon School Capital Improvement Matching program (OSCIM). The proceeds of the sale of Article XI-P general obligation bonds authorized in SB 5505 are used for grants to school districts which match the grant with proceeds of locally issued bonds for the construction and improvement of school district buildings and property.

The Subcommittee approved \$17.5 million Other Funds expenditure limitation for Lottery Bond proceeds authorized in SB 5534 for deposit into the Connecting Oregon School Fund (COSF) for expanding Internet connectivity in schools and maximizing the use of available federal resources. The agency will use COSF to provide state grants to districts that are successful in applying for federal E-rate funding from the Universal Service Administrative Company (USAC) for special construction projects. These projects will provide new or improved existing internet connectivity for schools in which the federal E-Rate funding would typically provide between 60-80% of project costs. ODE will provide state grants for up to 10% of project costs which will leverage an additional matching federal contribution, which may enable sufficient funding to pay for the entire cost of the project. Projects in which federal and state resources do not fully fund a project will be the responsibility of the district to provide through

other resources. State funding will be allocated through a formula that prioritizes schools based on income levels; rural and remote areas of the state; and the current type of internet connectivity and download speeds. ODE estimates these funds will leverage up to an additional \$70.8 million in resources for 40 to 60 projects that focus on improving both schools and district-wide area network connectivity.

Three capital projects were approved for the Oregon School for the Deaf to be financed with Article XI-Q bonds. There is a total of \$666,308 General Fund designated for debt service on these bonds during 2021-23. The projects are for remodeling restrooms to bring them to ADA standards, fire alarm system replacement, and upgrades of windows.

A total of \$1,459,142 Other Funds expenditure limitation was approved for the cost of issuance of general obligation (SB 5505) and Lottery bonds (SB 5534). These include the costs for bonds issued for the Oregon School Capital Improvement Matching program (Article XI-P bonds), projects for the Oregon School for the Deaf (Article XI-Q bonds) and for Broadband Connecting Oregon Schools grants (Lottery bonds). An Other Funds debt service expenditure limitation was established for \$330 to use Other Funds savings to offset the need for General Fund to pay for debt service on outstanding general obligation bonds.

A one-time \$500,000 General Fund appropriation was approved for a study of the impacts of State School Fund spending and to determine if this spending pattern results in disparities between students who are black, indigenous or people of color (BIPOC) and those who are not BIPOC students. The Oregon Department of Education will award a contract to an experienced researcher who has done research on exploring and modeling education finance policy and practice including research on the effects of fiscal policies and implications on resources at the school and classroom levels. The researcher awarded the contract should have completed at least one multi-year study of weighted student funding. The Department is to provide support and data for the researcher(s). The Department should also appoint an advisory committee with representatives from various educational advocacy and community groups with experience working with historically underserved students. This committee is to review variations in school level spending across multiple types of expenditures across 25 school districts, and to review the proportion of diverse teachers and students. The Department is to submit a report with the results and findings of the study and advisory committee by December 15, 2022.

Funding and Other Funds expenditure limitation was approved for the provisions of HB 3073 (2021), which establishes the new Department of Early Learning and Care (DELIC), eliminates the existing Early Learning Division of the Oregon Department of Education, transfers the Employment Related Day Care (ERDC) program to the new DELIC effective July 1, 2023, and makes policy and eligibility changes to the ERDC program. In this bill, there is \$3.5 million General Fund appropriated to the Oregon Department of Education for 14 positions (12.92 FTE) hired before March 1, 2020 necessary to establish the new agency and develop its payment systems, accounting structures, Information Technology systems, employee hiring processes, and other activities. The funding for these positions is for the full 2021-23 biennium. A special purpose appropriation to the Emergency Board of \$5.1 million General Fund is included for the costs of staff hired after March 1, 2020 and other costs of the new agency. Finally, an Other Funds expenditure limitation increase of \$95 million is provided to the Department of Human Services for

ERDC costs including a new co-pay policy. These Other Funds for the ERDC program are resources transferred from the Early Learning Division/DELDC and include American Rescue Plan Act funding specifically for early learning and child care related spending.

SB 5513 (2021), the budget bill for the Oregon Department of Education, includes \$9 million General Fund for preschool program spending during the 2021 Summer months. This funding is part of the \$250 million Summer Learning initiative passed in HB 5042 earlier in the 2021 legislative session. The budget report for HB 5042 included specific allocations of \$6 million for the Preschool Promise, Oregon Prekindergarten, and Early Learning Equity Fund programs. Based on the applications for this funding, the Early Learning Division has determined that the allocations in the HB 5042 budget report will result in not all of the funding for the Oregon Prekindergarten and the Early Learning Equity Fund being spent and insufficient funding for the Preschool Promise program to meet the volume of applications. Given this situation, the Subcommittee instructed the Early Learning Division to adjust the allocations among the three programs to maximize the amount of funding awarded to providers.

Higher Education Coordinating Commission

After the passage of SB 5528 (2021), the budget bill for the Higher Education Coordinating Commission (HECC), it was discovered that the appropriations for Public University Statewide Programs and Statewide Public Services programs were mistakenly switched in the amendment. This measure includes a \$103,420,570 General Fund decrease in the Public University Statewide Programs appropriation (section 1(8) of SB 5528) and a corresponding increase in the appropriation for the Statewide Public Services (section 1(9) of SB 5528) to correct the error.

Other Funds expenditure limitation of \$5 million was approved for the Financial Management Information System, or FAMIS, project which is financed with the proceeds from the sale of Article XI-Q Bonds. The FAMIS project will replace out-of-date existing systems supporting the student financial aid programs of the Commission. Better student access to assistance, security issues, and the need for a more web-based system are just a few of the factors driving the need for this project. The project has approval for an early bond sale requiring debt service for 2021-23; the Subcommittee approved \$867,805 General Fund to pay that expense.

An additional bond financed project received approval for an early bond sale requiring debt service for 2021-23. This is the Oregon Manufacturing Innovation Center's Research and Development Center for Additive Manufacturing Innovation Phase II project. This project requires \$773,239 General Fund for debt service in 2021-23.

The Subcommittee approved Other Funds expenditure limitation of \$7,003,106 for the cost of issuance for bonds authorized in SB 5505 (Article XI-G, XI-Q, XI-F bonds) and in SB 5534 (Lottery Bonds) for public universities, community colleges, and for HECC. Other Funds expenditure limitation of \$530,575 was approved for debt service on general obligation bonds issued on behalf of community colleges. These Other Fund resources will offset General Fund in the same amount for payment of the debt service. Nonlimited Other Funds debt service is reduced by

\$10.3 million for savings generated from the refunding of Article XI-F bonds issued for the benefit of public universities and the Oregon Health and Science University.

The Subcommittee approved \$5 million General Fund for distribution to five programs or organizations that assist college-going individuals or those considering post-secondary education. Each of these programs will receive \$1 million in one-time funding:

- ASPIRE, which is a mentoring based program, will use the funds to expand the number of ASPIRE sites across the state and increase the size of the participation grants to expand their college and career preparation resources, transition activities, career training resources, and staff/volunteer training.
- College Possible is a program designed to reduce barriers to students in accessing post-secondary education, especially students from underserved backgrounds. This \$1 million grant will assist the organization to serve the 1,150 students currently in the program and will increase the number of students served by 25%. Several school districts have expressed interest in partnering with College Possible for programming and this will increase the ability to meet those requests.
- The Oregon TRIO Association (TRIO) promotes educational equity, access, and opportunity for underrepresented students. This funding will be used for three initiatives: (1) a study abroad/exchange scholarship program for low-income students; (2) a “Last Mile” scholarship fund targeted to post-secondary students who are at risk of having to drop out in their last year before graduation; and (3) to provide grant-writing training to organizations to increase the number of TRIO programs in targeted areas.
- Advancement via Individual Determination (AVID) is a program to prepare middle and high school students for success in four-year post-secondary institutions. Funding will be used for professional development for over 400 educators to assist their students, and to expand the AVID College Readiness System to an additional two to three rural school districts.
- Build EXITO, the National Institutes of Health’s Building Infrastructure leading to Diversity (BUILD) initiative in Oregon, is an undergraduate research training program for students. This funding will increase the organization’s recruitment efforts with partner community colleges in the metro area, provide sophomore research preparation for 400 students, and recruit professional research mentors at the Oregon Health & Science University and Portland State University.

SB 551 (2021) appropriated \$12.9 million General Fund for the costs of providing health care insurance for part-time faculty at community colleges and public universities. The General Fund appropriation was for deposit in the Part-Time Faculty Insurance Fund created in the measure. After review of SB 551, it was determined that Other Funds expenditure limitation was required to actually spend money out of this new fund; the Subcommittee approved an Other Funds expenditure limitation increase of \$12.9 million for HECC for this purpose.

SB 762 (2021) appropriated \$10 million General Fund to provide resources for the Oregon Conservation Corps program. The program is established to reduce the risk of wildfires, assist in the creation of fire-adapted communities, and engage youth and young adults in workforce training. The General Fund appropriation was to the Oregon Conservation Corps Fund created in SB 762. After review of that bill, it was

determined that Other Funds expenditure limitation is required to spend money out of this new fund. The Subcommittee approved an Other Funds expenditure limitation increase of \$10 million for the Higher Education Coordinating Commission for this purpose.

The Commission recently changed the Student Success and Completion funding model which is used to distribute the Public University Support Fund to the state's seven public universities. One outcome of that change was to remove two programs at Oregon State University (OSU) from the formula, the Veterinary Diagnostic Laboratory and the Facilities Maintenance resources for facilities at OSU that are used by the Experiment Station, the Extension Service, and the Forest Research Laboratory. When this action was taken, the amounts used in the 2021-23 budget were not adjusted for inflation. The Subcommittee recognized this need and increased the Public University Statewide Program budget by \$162,753 General Fund for the Veterinary Diagnostic Laboratory and the appropriation for Statewide Public Services by \$236,922 General Fund for the OSU facilities maintenance.

Two projects were approved for funding from the American Rescue Plan Act State Fiscal Recovery Funds. These funds will be transferred from the Department of Administrative Services to the agency to be spent as Other Funds and be distributed to the appropriate institution. The two projects are:

- A one-time grant of \$3.5 million to Southern Oregon University (SOU) to demolish Cascades Hall, a former dormitory that is currently being used primarily for storage and flex space. The Cascades Hall building is estimated to have a deferred maintenance backlog totaling \$12 million and demolition is more cost effective than renovation. SOU anticipates the removal of the facility will result in operations and maintenance savings due to the reduction in utility costs.
- A one-time grant of \$636,812 for Umpqua Community College (UCC) for land movement reparation for a large and dangerous slide and sink hole. Since UCC's property insurance does not cover land movement, the reparation would have left a large deficit in the college's finances. UCC will start the project as soon as funds become available.

The Subcommittee approved a number of projects that are part of the Public University Statewide Programs budget unit. These projects are:

- A total of \$5.5 million General Fund for a one-time distribution to Oregon Institute of Technology (OIT) for the Center of Excellence in Applied Computing and for expanding health-related clinical and laboratory facilities. OIT will use \$3 million to establish the new Center of Excellence and support the hardware, software, and related resources for the Center. Students will be trained in the new Center through targeted certificate and degree programming. The remaining \$2.5 million is for rural health initiatives starting in Southern Oregon. Programming will be in the areas of dental hygiene, applied behavior analysis, applied psychology, and the new doctoral program in physical therapy. Funds will be used for clinical and laboratory facilities.

- One-time funding of \$1 million General Fund is approved for distribution to Portland State University (PSU) for the Center for Women’s Leadership. This funding is to support the New Leadership Oregon Program and will be used for student scholarships and activities to formalize a sustainable and expanded long-term future for the Center.
- In the 2019-21 budget for Public University Statewide Programs, the funding for the Dispute Resolution program was reduced. A \$349,000 General Fund increase will restore this reduction, bringing the total funding for the Dispute Resolution program to \$2,921,696 General Fund.
- One-time funding of \$427,083 General Fund was approved for distribution to Oregon State University (OSU) for a study to: (a) identify practical techniques for painting wind energy facilities that are scientifically shown to increase the visibility of the facilities to birds and prevent avian deaths; (b) evaluate the suitability of the techniques identified for use at wind energy facilities in the state; and (c) evaluate the feasibility of implementing the techniques in a manner that complies with any applicable requirements of the Federal Aviation Administration. OSU should consult with the Oregon Department of Energy in undertaking this study. The study must also discuss the potential effects that the practical techniques identified may have on wildlife in this state other than birds. OSU shall report the study’s findings to the interim committees of the Legislative Assembly related to agriculture and natural resources.

The Subcommittee approved projects that are part of the Statewide Public Services budget unit. These projects are:

- A one-time grant of \$150,000 General Fund for the Berry Research Initiative program located at the North Willamette Regional Extension Center. This program does research on cost-effective agricultural planting, growing, and harvesting. The funding will enable the program to assist strawberry growers with focus on invigorating the fresh-market industry for sustainability-minded growers. The funding will also enable four students to be mentored and contribute to research projects under the program.
- General Fund in the amount of \$2,680,000 for a one-time distribution to Oregon State University Wine Research Institute to increase its capacity to test more wine grapes, fruits, and other agricultural products that have been subject to smoke from wildfires. This testing provides growers with information on how severely their grapes or fruits have been impacted by wildfire smoke and whether they should be harvested and processed into wine. A portion of these funds will be used to enable research on wildfire smoke damage on agricultural products, and a portion will be used to remodel space for an analytical smoke research laboratory and for testing equipment, laboratory technicians, and support staff.

HUMAN SERVICES

Oregon Health Authority

The Subcommittee approved a General Fund appropriation of \$145,714 for the Oregon Health Authority (OHA) for one-time costs associated with pharmacist training and related activities by the Oregon State University College of Pharmacy. These costs result from the university's implementation of chapter 95, Oregon Laws 2019, which authorizes pharmacists to prescribe and dispense emergency "bridge" refills of insulin and related devices.

The budget includes \$300,000 General Fund and one position (1.00 FTE) for OHA to study behavioral health services provided by other state agencies. The subcommittee approved the following instruction related to this investment.

BUDGET NOTE

The Oregon Health Authority (OHA) shall study the behavioral health structures for services provided through state agencies and whether the structure adequately meets the current needs of the state as identified by the Alcohol and Drug Policy Commission strategic plan and the State Health Improvement Plan. OHA shall analyze the cost required to meet projected unmet needs, current revenue sources, and additional revenue options, including, but not limited to, taxes related to alcohol, income, and telecommunications. OHA shall report its findings to an interim committee of the Legislative Assembly related to behavioral health no later than February 1, 2022.

The budget includes \$958,626 General Fund and \$117,250 Other Funds expenditure limitation for debt service and cost of issuance of general obligation bonds for capital projects approved for the Oregon State Hospital (OSH). The approved projects include a new well water treatment facility and replacement of automated dispensing cabinets for prescription drugs. For cash-funded capital projects at OSH, the budget includes \$2.3 million, which is available from the federal American Rescue Plan Act, for deferred maintenance in Salem and Pendleton and equipment replacement in Salem and Junction City.

The budget includes the following adjustments to support OHA's cost of implementing policy bills passed late in the legislative session:

- \$14.9 million Other Funds expenditure limitation and 18 positions (18.00 FTE) for the transfer of the Health Insurance Marketplace from the Department of Consumer and Business Services to OHA (SB 65);
- \$5 million General Fund for developing behavioral health quality incentive metrics and other behavioral health system improvements (HB 2086);
- \$20.3 million Other Funds expenditure limitation for the Behavioral Health Housing Incentive Fund (HB 2316); and

- \$780,457 General Fund and four positions (2.84 FTE) for the review of health care mergers, acquisitions, and affiliation transactions (HB 2362).

The Subcommittee approved a budget-neutral reduction of \$300 million General fund and an increase in Other Funds expenditure limitation in the same amount in order to use federal American Rescue Plan Act State Fiscal Recovery Funds received by the Department of Administrative Services and transferred to the Oregon Health Authority for maintaining health-related services at the Oregon State Hospital.

Department of Human Services

The Subcommittee approved an increase in Federal Funds expenditure limitation of \$1.8 million for the Department of Human Services (DHS) and authorized four positions (4.00 FTE) to administer the Senior Health insurance Benefits Assistance Program (SHIBA), which is being transferred to DHS from the Department of Consumer and Business Services.

For administering shelter and feeding services for wildfire survivors, the Subcommittee approved \$76,488,018 General Fund on a one-time basis and authorized nine limited-duration positions (7.50 FTE). Of this amount, \$75 million is for programmatic expenditures and \$1,488,018 supports the limited-duration positions.

The Subcommittee approved a total of \$5.8 million General Fund for nutrition and anti-hunger programs, including \$4 million for Double-up Food Bucks, \$150,000 for the Oregon Hunger Task Force, and \$1.7 million for the Oregon Hunger Response Fund. Additionally, \$14 million Other Funds expenditure limitation was approved to allow the agency to use one-time federal American Rescue Plan Act State Fiscal Recovery funds received by the Department of Administrative Services and transferred to DHS for emergency food supply stabilization.

This measure includes an increase of \$99,503 Other Funds expenditure limitation for the DHS Aging and People with Disabilities program to allow the Department to hire one new permanent, full-time Administrative Specialist 3 position (0.50 FTE) to assist with the Senior Emergency Medical Services Innovation Program established by HB 2397 (2021). Position costs are funded through the DHS Quality Care Fund.

SB 5529, the primary 2021-23 budget bill for the Department of Human Services, includes a total of \$131 million total funds (\$44.3 million General Fund) for implementation of new rate models for Intellectual and Developmental Disabilities services. Effective July 1, 2021, a portion of the funds will be used to provide an across-the-board 3.2% rate increase. Effective July 1, 2022, the balance of the funds will be used to implement the new rate models at 80% of cost. The intent of the following budget note is to direct DHS to fully fund the new rate models at 100% of cost, which has an estimated additional 2021-23 cost of \$55.3 million total funds (\$28.5 million General Fund).

BUDGET NOTE

The Department of Human Services' Office of Developmental Disabilities Services (ODDS) is directed to fully fund the new rate models that go into effect on July 1, 2022. As this action is intended to strengthen and enhance Home and Community Based Services, the ODDS shall use funds made available through the temporary 10% FMAP increase to cover the 2021-23 costs required for implementation, unless the U.S. Centers for Medicare and Medicaid Services determines this to be an ineligible use of those funds, in which case the Department is directed to submit a request to the Emergency Board for the required funding. It is the Legislature's intent to fully fund provider rates for adult and children's group home services, day support services, employment services, attendant care, supported living, and non-medical transportation.

SB 749 (2021) appropriated \$467,993 General Fund, along with \$253,709 Federal Funds expenditure limitation and \$10,660 Other Funds expenditure limitation, to the DHS for the implementation of a new program to register providers of residential care referrals (referral agents). Because of how the agency accounts for shared services, funding authorization should also include a corresponding Other Funds expenditure limitation in DHS Shared Services. After review of SB 749, it was determined that this Other Funds expenditure limitation was inadvertently omitted from SB 749. The Subcommittee approved an Other Funds expenditure limitation increase of \$628,913 for DHS to correct this omission.

Other Funds expenditure limitation of \$95 million was approved for Employment-Related Day Care (ERDC) costs, including a new co-pay policy. The source of Other Funds for the ERDC program is funding transferred from the Department of Education's Early Learning Division and includes American Rescue Plan Act funds specifically for early learning and child care related spending.

JUDICIAL BRANCH

Oregon Judicial Department

The Subcommittee approved \$721,500 General Fund for two new statutory circuit court judgeships (1.50 FTE) in the eleventh Judicial District and Deschutes County, for a total of nine circuit court judges for the district. The judgeships are statutorily-established in HB 3011 (2021). The judgeships would begin on January 1, 2022. County government will assume facility (courtroom and office space) and associated costs for the judgeships and staff. Additionally, the Subcommittee approved \$867,280 General Fund for six permanent full-time positions, including one Judicial Assistant, one Courtroom Clerk, and one back-office Clerk for each newly established judgeship (5.00 FTE). Judicial staff would begin on November 1, 2021.

The Subcommittee approved \$1.2 million General Fund on a one-time basis and authorized eight limited duration positions (6.58 FTE) for the expungement of criminal records for marijuana infractions.

For the non-bondable costs of capital construction projects, the Subcommittee approved, on a one-time basis:

- \$5 million Other Funds expenditure limitation for the Supreme Court Building. The revenue source is the American Rescue Plan Act State Fiscal Recovery Funds received by the Department of Administrative Services and transferred to the Judicial Department.
- \$250,000 of Other Funds expenditure limitation for the cost of issuing general obligation bonds for the Supreme Court Building Renovation. The revenue source is from the bond proceeds.
- \$3.5 million Other Funds expenditure limitation for planning and costs associated with replacement of the Curry County Courthouse. The revenue source is the American Rescue Plan Act State Fiscal Recovery Funds received by the Department of Administrative Services and transferred to the Judicial Department.
- \$169,827 Other Funds expenditure limitation for planning and costs associated with replacement of the Crook County Courthouse. The revenue source is the American Rescue Plan Act State Fiscal Recovery Funds received by the Department of Administrative Services and transferred to the Judicial Department.

The Subcommittee approved the following Other Funds expenditure limitations for the Oregon Courthouse Capital Construction and Improvement Fund and both state and local matching funds, with the difference between the state and local match related to the cost of bond issuance that is paid as part of the state match:

Courthouse Project	State Match	Local Match	Total
Benton County	\$20,730,000	\$20,383,129	\$41,113,129
Linn County	\$16,110,000	\$15,900,000	\$32,010,000
Crook County	\$11,885,000	\$11,700,000	\$23,585,000
Clackamas	\$1	\$1	\$2

The revenue to support state matching funds is General Obligation bonds (Article XI-G) authorized in SB 5505 (2021). The timing of the issuance of the bonds will occur late in the 2021-23 biennium and, therefore, there is no associated General Fund debt service related to the issuance for the 2021-23 biennium.

The Subcommittee provided the following instruction to the Judicial Department about the Clackamas County Courthouse project.

BUDGET NOTE

The Oregon Judicial Department (OJD), in coordination with Clackamas County, is requested to submit a report to the Joint Committee on Ways and Means, prior to the legislative session in 2022, on the design, build, finance, operation, and maintenance public-private partnership (P3) agreement(s) for the Clackamas County Courthouse, as well as the funding agreement between OJD and Clackamas County, related to constitutional and statutory requirements for state support and local matching funds for the Oregon Courthouse Capital Construction and Improvement Fund (OCCCF). The report is to include, but not be limited to:

- the legal sufficiency of the Clackamas County public-private partnership agreement(s), from the state’s perspective, pertaining to funding agreement requirements;
- estimated total cost of ownership to construct, occupy, and maintain the Clackamas County Courthouse;
- affirmation of county ownership of the Clackamas County Courthouse building and property;
- a final master funding agreement; and
- a long-term flow-of-funds for state and local matching deposits into, and withdrawals from, the OCCCIF.

The report may also include recommendations for statutory changes related to public-private partnership agreement(s) and the OCCCIF. The submission of this report is a prerequisite for the consideration of supplemental Other Funds expenditure limitation for the Clackamas County Courthouse project.

LEGISLATIVE BRANCH

Legislative Administration Committee

Funding is provided to the Legislative Administration Committee (LAC) for the Document Publishing and Management System (DPMS) project, including Other Funds expenditure limitation in the amount of \$4,310,000 for the cost of issuing general obligation bonds and for project costs. In addition, \$663,587 General Fund is provided to LAC for debt service on bonds issued during the 2021-23 biennium for the DPMS project.

NATURAL RESOURCES

Department of Agriculture

The Subcommittee approved several General Fund increases for the Department of Agriculture (ODA), totaling \$2,501,685. First, \$200,000 General Fund was added for the predator control program, which provides pass-through money to the U.S. Department of Agriculture Wildlife Services for predator control services in partnership with the Department of Fish and Wildlife and Oregon counties. This funding is provided on a one-time basis. Next, \$450,000 of one-time General Fund was provided for additional funding for the Department’s Noxious Weed Control Program. Additionally, \$468,311 General Fund and the establishment of two permanent full-time positions (2.00 FTE) was approved for the Native Plant Conservation Program. The two Natural Resources Specialist positions will function as a Lead Botanist and a Conservation Biologist for the program and will allow for more focus on the administrative needs of the program and the development of State projects.

Finally, the Subcommittee approved two General Fund increases as part of a statewide investment in water-related priorities. First, \$883,374 General Fund and a permanent full-time Natural Resource Specialist 3 (0.92 FTE) was added to support water quality work in small watersheds. Part of this work includes land condition assessments for compliance with agricultural water quality rules. Of the amount provided, \$650,000

will be used to contract with local partners, like Soil and Water Conservation Districts or watershed councils, to provide technical support to local landowners. Secondly, \$500,000 of one-time General Fund was approved to continue work related to the State's groundwater management areas (GWMA). The Department will use \$250,000 of this amount to contract with a facilitator to coordinate a task force around the Lower Umatilla Basin GWMA with state agencies and local partners. The other \$250,000 of one-time funds will be used to complement existing research the Department is doing related to fertilizers and nitrate levels that are impacting groundwater.

Department of Energy

The Subcommittee approved funding for two new grant programs to be operated by the Department of Energy in 2021-23. First, a one-time General Fund appropriation of \$10 million was provided for the solar rebate program established in HB 2618 (2019). The \$10 million will be deposited into the Rooftop Solar Incentive Fund for the issuance of rebates and to pay for implementation and administration of the solar rebate program. Of the \$10 million, almost \$9.2 million is available for rebates through Special Payments with \$803,822 estimated for administration. The Department will hire three limited duration positions, a half-time Program Manager 3 and two Office Specialist 2 positions (2.50 FTE). Personal Services costs are anticipated to be \$364,182, with \$439,640 for services and supplies that include IT upgrade and indirect costs. This program was previously provided \$2 million of one-time General Fund in 2019-21.

Second, the Subcommittee approved \$10,831,296 General Fund for the Department to establish a new grant program designed to incentivize residential and commercial energy efficiency for 2020 wildfire survivors who are rebuilding and repairing dwellings and other structures that were destroyed or damaged in the 2020 wildfires. Of the total, \$10 million is provided for grants and \$831,296 General Fund is for administration of the program. The Department will hire three full-time limited duration positions, an Accounting Tech 3 and two Program Analysts, along with utilizing existing personnel to assist with program establishment, implementation and oversight.

The Subcommittee approved \$247,974 Other Funds expenditure limitation for the Department to conduct the study on small scale renewable energy projects that is outlined in HB 2021 (2021). The position authority for this study, an Economist 4, was provided in the budget report for HB 2021, however the Other Funds limitation provided in that measure is solely related to the Community Renewable Energy Project grant program established in the bill. The Economist position tasked with doing this study should not be paid from administrative grant funds but with Other Funds from the Department's Energy Supplier Assessment revenue.

The Subcommittee approved \$3.5 million for General Fund debt service to cover bond payments due in April 2022 and 2023 for the Small-Scale Energy Loan Program (SELP) Fund. This debt service is due to losses sustained from loans dating back to 2007. The total projected overall cash flow shortfall in the SELP Fund is currently around \$5 million but is dynamic and may be reduced further based on revenue received.

Department of Environmental Quality

The Subcommittee approved several General Fund appropriations totaling \$4,339,481 to the Department of Environmental Quality (DEQ). First, as part of an overall statewide investment in water-related priorities, \$350,000 General Fund was provided to begin initial scoping and design of a database framework of water and infrastructure data. While this is provided as a one-time appropriation, this is likely to become a significant information technology project, which will need to be reviewed by the Legislative Fiscal Office and the State Chief Information Office as part of the Stage Gate process. DEQ will need to develop a funding request for further development of this database framework.

Also included is \$420,099 General Fund to backfill the costs of positions within DEQ's Section 401 Hydropower Program. This program, named after Section 401 of the federal Clean Water Act, issues certifications for hydroelectric projects as part of a licensing process in conjunction with the Water Resources Department for hydroelectric water rights. Fee revenue for this program was insufficient to maintain operations, so a fee increase had been proposed in HB 2143 (2021). However, the increase to the annual fees in that measure were amended to not take effect until the 2023-25 biennium, resulting in a revenue shortfall for DEQ. This one-time General Fund has been provided in order to maintain operations through the 2021-23 biennium until the fee increase becomes effective.

Additionally, \$569,382 General Fund was approved on a one-time basis to cover the administrative costs of a new financial assistance program that will provide funding to public agencies or qualified institutions for the repair, replacement, upgrade, or evaluation of residential or other on-site septic systems. The Department will hire two full-time limited duration positions, a Program Analyst 2 (1.00 FTE) and a Natural Resource Specialist 4 (1.00 FTE), to provide funding coordination, oversight, outreach, and assistance to local entities. DEQ will need to determine the most efficient and effective method of distribution for this financial assistance program, intended to assist wildfire impacted communities, including the possibility of providing low-interest loans, forgivable loans, or, potentially, grants. The funding for this financial assistance program will come from the Department of Administrative Services through a revenue transfer of federal American Rescue Plan Act State Fiscal Recovery Fund monies. The Subcommittee approved \$15 million of Other Funds expenditure limitation for this program. Because federal ARPA funding can be spent through 2026, it is anticipated that DEQ will need to request General Fund and position authority to continue administering the program for the 2023-25 biennium and beyond if necessary.

Finally, \$3 million of one-time General Fund was provided for DEQ's cost share with the Federal Emergency Management Agency for the hazardous waste and structural debris clean up related to the 2020 wildfires.

The Subcommittee approved \$4.3 million Other Funds expenditure limitation to expend a portion of the proceeds from \$10 million in Article XI-H general obligation bonds requested in SB 5505 (2021). The bond proceeds will replenish the Orphan Site Account which is used to fund investigations and cleanup at sites where parties who are responsible for the pollution are unknown, unable or unwilling to perform cleanup-related work. The Orphan Site Account is also used to meet Oregon's obligations at federally funded Superfund sites. Oregon must contribute 10% of the Environmental Protection Agency's cleanup costs and pay 100% of long-term maintenance costs at federally funded Superfund sites. DEQ typically spends the proceeds over two consecutive biennia before making another request for additional Orphan Site bonds. Of the

limitation provided, \$300,000 is for costs of issuing the bonds. Also approved is \$395,030 General Fund for the debt service associated with the bonds, which are scheduled to be sold in May 2022 and March 2023.

Finally, the Subcommittee approved the reduction of \$300,000 Other Funds intended for the cost of bond issuance that was mistakenly included in SB 5516 (2021), the Department's budget bill, under the Debt Service section. The limitation for the cost of issuance is appropriately included above, along with the \$4 million in bond proceeds, within the Land Quality program where it will be expended.

Department of Fish and Wildlife

The Subcommittee approved several General Fund appropriations for the Department of Fish and Wildlife totaling \$1,776,635. First, one-time General Fund of \$545,000 was provided for deposit into the Conservation and Recreation Fund established by HB 2829 (2019) in order to match expected donations, from sources other than a government entity that are received into the fund in the 2019-21 biennium. This estimate is based on anticipated donations expected to be received by June 30, 2021. If the amount of donations falls short of this appropriation, the difference can be applied to the General Fund that is being set aside by the Emergency Board through HB 2171 (2021) to match, up to \$1 million, donations received in 2021-23. A corresponding increase in Other Funds expenditure limitation of \$1,090,000 was also approved to allow the Department to spend the monies that have been deposited into the fund. Next, \$200,000 General Fund was approved for the predator control program, which provides pass-through money to the U.S. Department of Agriculture Wildlife Services for predator control services in partnership with the Department of Agriculture and Oregon counties. This appropriation is considered one-time only, with a similar one-time appropriation provided to the Department of Agriculture.

Additionally, the Subcommittee approved \$585,056 General Fund and position authority for three permanent full-time Natural Resource Specialist 2 positions (3.00 FTE) for the Western Oregon Streams Restoration program. The positions and funding will restore the program's capacity to provide technical support for the implementation of habitat restoration projects in western Oregon. The program was reduced in 2017 due to General Fund shortfalls. Included in the total is \$80,970 in services and supplies. Finally, \$446,579 General Fund was added on a one-time basis for the payment of debt service associated with Article XI-Q General Obligation bonds to finance \$5 million of capital improvement projects on non-hatchery related facilities. The Subcommittee also approved \$105,000 Other Funds expenditure limitation for the cost of issuance related to the bonds. The \$5 million Other Funds expenditure limitation is provided in the Capital Construction bill (SB 5506). Finally, the Subcommittee approved \$5 million of Other Funds expenditure limitation in order to expend federal American Rescue Plan Act Coronavirus State Fiscal Recovery Fund monies, that will be received by the Department of Administrative Services and transferred to the Department for funding of fish screens and fish passage projects.

Oregon Department of Forestry

General Obligation bonds that are authorized to be issued in the 2021-23 biennium are anticipated to produce \$4,820,722 in net proceeds to address maintenance needs of facilities owned by the Department of Forestry. This amount represents 2% of the replacement value of these facilities. The Subcommittee approved an increase of \$4,820,722 Other Funds Capital Improvement expenditure limitation for the Capital Improvement program for the expenditure of the bond proceeds. An increase in the Other Funds expenditure limitation for the Agency Administration program of \$64,229 was approved for the cost of bond issuance. For the Debt Service program, the General Fund appropriation is increased by \$260,395 and Other Funds expenditure limitation is increased by \$255,807 for the payment of debt service related to the bonds.

The Subcommittee approved the establishment of a \$5 million General Fund appropriation to the Department's Private Forests Division to provide grants to plant nurseries to develop tree seedling capacity in order to increase the supply of tree seedlings for replanting needs due to the 2020 wildfire season.

Also approved was an increase of \$49,196 Other Funds expenditure limitation for the Department's Agency Administration Division, to pay issuance costs for bonds that will be issued to replace the agency's facility in Toledo, Oregon. General Fund for the Debt Service program was increased by \$105,260 and Other Funds expenditure limitation is increased by \$146,257 for debt service.

To support rangeland protection associations, the Subcommittee approved \$666,937 General Fund in the Fire Protection Division and authorized the establishment of three positions (2.25 FTE). Senate Bill 590 (2021) expands the definition of rangelands to include those lands that are used primarily for cultivating crops. Including these lands will allow for additional associations to be formed, providing access to assistance programs from the State Forester with organizing, training, acquisition of equipment, and insurance obligations.

The Subcommittee approved increases of \$686,300 General Fund and \$457,530 Other Funds expenditure limitation, and authorized establishment of three permanent full-time positions (3.00 FTE) for the Department's Private Forests Division. The three positions, a riparian and aquatic monitoring specialist, a forest roads specialist, and a geotechnical specialist, will support the administration of the Forest Practices Act and provide technical assistance to forest landowners to ensure sound forest management and ecological protection.

Department of Geology and Mineral Industries

The Subcommittee approved \$328,710 General Fund for the Department of Geology and Mineral Industries to align the budget and actual expenditures with the appropriate source of funding for payment of State Government Service Charges. The Department's budget had assumed that these charges would be paid with a mix of General Fund, Other Funds, and Federal Funds. However, the Other Funds and Federal Funds that the Department receives are related to specific projects or grants and, therefore, are not eligible to be used for payment of these central-service charges. With the additional General Fund, there is a corresponding reduction to Other Funds expenditure limitation of \$173,464 and to Federal Funds expenditure limitation of \$155,246.

Department of Land Conservation and Development

The Subcommittee approved \$2,205,418 General Fund on a one-time basis and authorized one permanent position (1.00 FTE) for the Department of Land Conservation and Development (DLCD) to provide assistance and grants to local governments for planning and capacity-building related to the assessment of housing need, increasing housing supply and choice (particularly middle housing), including studies of infrastructure constraints, and support of local housing coordinators.

Additionally, the Subcommittee approved \$1,306,912 General Fund on a one-time basis for DLCD to study and make legislative recommendations, in consultation with the Housing and Community Services Department, on the incorporation of a Regional Housing Needs Analysis (RHNA) into state and local planning programs. The Subcommittee authorized one limited duration position to support this work. The approved funding includes \$1,146,100 for studies and stakeholder outreach to examine the following areas: (1) data needed, including but not limited to race/ethnicity, to improve estimations of housing need; (2) definition of “regions” in the state; (3) how a RHNA can be used to address equity, discrimination, and segregation in housing supply; (4) incorporation of a RHNA into the projection of local housing need as well as those actions and policies adopted to address housing shortages; and (5) any other issues appropriate to the implementation of the RHNA.

BUDGET NOTE

The Department of Land Conservation and Development, in consultation with Oregon Housing and Community Services, shall provide an initial legislative report no later than February 1, 2022 and a final legislative report no later than December 31, 2022 on efforts to develop a legislative proposal for incorporation of a regional housing needs analysis into future state and local planning processes.

Land Use Board of Appeals

The Subcommittee approved a one-time General Fund appropriation of \$50,000 for the Agency to begin the business systems analysis, requirements gathering, and business case development work needed to develop and implement an electronic filing and case management system.

Oregon Parks and Recreation Department

For the Oregon Main Street Program, the Subcommittee approved \$10,214,553 Other Funds expenditure limitation in the Department’s Community Support and Grants program. The Division will spend \$10 million in net proceeds from Lottery bonds on the program and \$214,553 on cost of bond issuance. Lottery Funds expenditure limitation is increased by \$414,812 for the payment of debt service.

The Subcommittee approved an increase of \$750,000 Other Funds expenditure limitation in the Department's Central Services Division, for the cost of bond issuance of General Obligation bonds for State Parks capital improvement and renewal projects. The bonds will be used to finance improvements to facilities in multiple Oregon state parks. The projects include improvements or replacements to facilities and related infrastructure such as buildings, water systems, septic and sewer systems, electrical systems, restroom and shower facilities, as well as modernizing and expanding campgrounds. The Subcommittee also established a \$2,232,560 General Fund appropriation for payment of debt service associated with the bonds.

General Fund of \$316,480 and the authorization of one limited-duration Operations and Policy Analyst position (0.88 FTE) for the Department's Director's Office was approved by the Subcommittee. The funding supports the position and provides for contracted consulting services to enable the agency to establish statewide standards for the design of recreation projects as directed by House Bill 2171 (2021). A portion of the funding supports travel and other expenses of the Outdoor Recreation Advisory Committee.

Department of State Lands

The Subcommittee approved \$1.1 million Other Funds expenditure limitation for the Department of State Lands to make grants from the Oregon Ocean Science Trust Fund established by ORS 196.567. This grant program provides competitive grants in consultation with the Oregon Coordinating Council on Ocean Acidification and Hypoxia as described in House Bill 3114 (2021).

Oregon Watershed Enhancement Board

The Subcommittee approved a total of \$19,750,000 General Fund for three grant categories to address wildfire recovery and restoration activities in affected areas of the state on a one-time basis. An additional \$670,000 General Fund and three limited duration positions (3.00 FTE) was provided to the agency to pay the operational and administrative costs of overseeing the grants. The three positions are an Operations and Policy Analyst 4, Natural Resource Specialist 4, and an Accountant 1. The three grant categories are detailed below.

- \$10 million General Fund was approved for OWEB to make grants for riparian and upland restoration, protection of water quality. Grants in this category will focus on restoring riparian and upland areas via broadly applied restoration approaches such as replanting. OWEB will leverage its granting infrastructure to develop a focused restoration grant offering, with an emphasis on upland and riparian plantings and associated treatments, during the 2021-23 biennium for areas impacted by the 2020 wildfires. These grants will support work by eligible local partners to restore riparian and upland areas in locations that will pose substantial threats to water quality due to post-fire erosion if not restored. The grant-making process will prioritize areas where water quality impacts could negatively affect drinking water supplies and/or important aquatic habitat. Process steps will include project solicitation using a tailored grant application, evaluation by an interagency team of experts,

grant award, project implementation, and post-project reporting about outputs and outcomes related to the project's success at addressing post-fire natural resources concerns and community benefits associated with the project.

- \$5 million General Fund was authorized for OWEB to make grants for floodplain restoration and reconnection. Grants in this category will focus on more complex projects that restore and reconnect rivers to floodplain areas, re-establishing hydrologic and ecological functions in ways that help reduce post-fire impacts. OWEB would leverage its granting infrastructure to develop a focused restoration grant offering, with a focus on restoring and reconnecting floodplain areas, during the 2021-23 biennium for areas impacted by the 2020 wildfires.
- \$4 million General Fund was approved for OWEB to pass-through to the Eugene Water and Electric Board (EWEB) for restoration and targeted acquisition of high-priority McKenzie riparian/floodplain properties. This funding will support work by EWEB, in coordination with its local partners, to restore and/or acquire riparian and floodplain areas to reduce risks from post-fire impacts.

Water Resources Department

The subcommittee approved a \$250,000 General Fund appropriation to the Water Resources Department (WRD) for distribution as a grant to the Nesika Beach Ophir Water District. The District currently serves approximately 560 connections which includes mostly residential homes and some businesses. The funds will be used to extend a water pipeline to a new firehouse near Ophir.

The Subcommittee approved an increase of \$40,598,860 in Other Funds expenditure limitation established in the Department's Technical Services Division to make grants and loans and to pay the cost of bond issuance of Lottery Bonds. Bond proceeds will be deposited into the Water Supply Development Fund established under section 3, chapter 784, Oregon Laws 2013. Of the total, \$30 million Other Funds expenditure limitation is for Water Supply Development grants and loans to evaluate, plan, and develop in-stream and out-of-stream water development projects that repair or replace infrastructure to increase the efficiency of water use; provide new or expanded water storage; improve or alter operations of existing water storage facilities in connection with newly developed water; create new, expanded, improved, or altered water distribution, conveyance, or delivery systems in connection with newly developed water; allocate federally stored water; promote water reuse or conservation; provide streamflow protection or restoration; provide for water management or measurement in connection with newly developed water; and, determine seasonally varying flows in connection with newly developed water. Other Funds expenditure limitation in the amount of \$10 million is for bond proceeds allocated to the fund for the Deschutes Basin Board of Control Piping Project. The funding will be combined with additional state, local, and federal funds to allow the Board of Control to pipe currently open canals. The remaining \$521,689 is for the payment of bond issuance costs.

Additionally, an increase of \$28,443,481 Other Funds expenditure limitation was established for the Department's Technical Services Division to make grants and loans and to pay the cost of bond issuance of Lottery Bonds. Bond proceeds will be deposited into the Water Supply Fund established by section 10, chapter 906, Oregon Laws 2009. Of the total increase, \$443,481 is for the cost of bond issuance and \$14 million is for a grant to the Wallowa Lake Irrigation District for the rehabilitation of the Wallowa Lake Dam. The remaining \$14 million is for a grant to the City of Newport for remediation of the Big Creek Dams, including design, environmental permitting, and construction of a seismically sound replacement dam.

The Subcommittee approved an increase of \$3,514,230 Lottery Funds expenditure limitation for the Department to pay debt service on Lottery bonds anticipated to be issued during the 2021-23 biennium.

The Subcommittee approved \$500,000 General Fund on a one-time basis for the Department's Technical Services Division to make grants for the qualifying costs of planning studies performed to evaluate the feasibility of developing water conservation, reuse, or storage projects as described in chapter 13, Oregon Laws 2008.

The Subcommittee approved \$500,000 General Fund on a one-time basis for distribution as a grant to Umatilla County for the purpose of implementing agreements of the Columbia River - Umatilla Solutions Task Force. The Task Force objectives include the identification of options to increase the utilization of Columbia River water for in-stream and out-of-stream uses in the Umatilla Basin without negatively impacting instream flow need for fish species, that are technically, economically, legally, and politically feasible and that provide both economic and environmental benefits that support other water-related planning efforts.

The Subcommittee approved \$500,000 General Fund on a one-time basis to engage Oregon Consensus to convene a process to develop a framework and path for state-supported water planning and management at the water region/basin level. Funds will provide facilitation support and may include funding for regional convenings and for other entities and organizations to participate in the process as appropriate.

BUDGET NOTE

Oregon Water Resources Department is directed to use provided funding to contract with Oregon Consensus to convene a workgroup comprised of a balanced membership including, but not limited to, conservation groups, agricultural water users, municipal water users, environmental justice organizations, tribal interests, and state agencies including Water Resources Department and the Oregon Department of Fish and Wildlife to consider regional water management opportunities that build on the 100 Year Water Vision and further the goals of the Integrated Water Resources Strategy.

The General Fund appropriation made to the Director's Office is increased on a one-time basis by \$200,000 to support the establishment of a limited-duration position (1.00 FTE) and associated costs for the coordination and administration of Oregon Consensus work with regional water planning and associated convenings. An additional \$450,000 General Fund was approved on a one-time basis and one limited-duration position

(1.00 FTE) was authorized to provide facilitation, document development, and staff support for the 2022 update of the Integrated Water Resource Strategy. Finally, \$350,000 General Fund was approved on a one-time basis to allow the agency to contract with a third party for a business case assessment that examines the economic value that the use of water provides in Oregon, the impacts of not investing in Oregon's natural and built water infrastructure, and the associated need for continued infrastructure investments. The intended audience for the report would include elected officials, local and state government, and the general public. The report should show the impact of investment, or underinvestment, in water and its impact on economies.

The Subcommittee approved \$200,000 General Fund to support current participating entities in the Place-Based Planning program. These include the Harney County Watershed Council in the Malheur Lake Basin, Union County in the Upper Grande Ronde Sub-Basin, Gilliam Soil and Water Conservation District in the Lower John Day Sub-Basin, and the Seal Rock Water District in the Mid-Coast Basin. Place-based planning is voluntary, locally led, and tailored to specific water resource needs and challenges of the location in which planning efforts take place. Participating communities are required to build a collaborative and inclusive process; gather information to understand water resources and identify knowledge gaps; examine current and future water needs for people, place, and nature; identify and prioritize strategic, integrated solutions to address water needs; and develop a place-based integrated water resources plan. Funding is provided for the 2021-2023 biennium only.

Other Funds expenditure limitation is increased by \$500,000 to allow the Department to make expenditures from the Domestic Well Remediation Fund established by HB 3092 (2021). The funding will be used to enter into contracts, intergovernmental agreements, or other arrangements with public or private entities to collaboratively award grants for costs or services related to replacing, repairing, or deepening domestic personal use wells affected by declining ground water levels resulting from overallocation of ground water within the Greater Harney Valley Groundwater Area of Concern.

The Water Resources Department currently has a significant backlog in the processing of contested cases related to water rights decisions. To address this issue, the Subcommittee approved a one-time increase of \$2.2 million General Fund and authorized one limited-duration position (1.00 FTE) to facilitate the referral and completion of administrative hearings or other procedures to alleviate the backlog.

Several activities were approved for funding from American Rescue Plan Act State Fiscal Recovery Fund funds received by the Department of Administrative Services and transferred to WRD. Other Funds expenditure limitation for the department is established or increased for the expenditure of these funds as follows:

- \$6 million for a grant to Umatilla County for the Ordnance Project. The Ordnance Project is the third and final regional Columbia River Project of those initially proposed in 2015. This project provides water supplies to industrial, domestic, and food production uses in the central project region. The other 2 projects (East Project and West Project) were completed in 2020. The Ordnance project includes

enough water to restore 20,000 acres of farmland and stabilize and restore the Ordnance Alluvial and Ordnance Basalt Critical Groundwater Area aquifers to ensure drought and climate change resiliency in the mid-Columbia region of Oregon.

- \$1 million to expand support and development of place-based planning efforts of communities for specific water resource needs and challenges of the location in which planning efforts take place to build a collaborative and inclusive process; gather information to understand water resources and identify knowledge gaps; examine current and future water needs for people, place, and nature; identify and prioritize strategic, integrated solutions to address water needs; and develop a place-based integrated water resources plan.
- \$2 million for deposit into the newly created Water Well Abandonment, Repair and Replacement Fund established by House Bill 2145 (2021). The fund is used to support a program at the Department to provide financial assistance to permanently abandon, repair, and replace water wells used for household purposes when deficiencies in well construction might result in water waste, cause contamination, or provide a detriment to public health or safety. In conjunction with this, an Other Funds limitation of \$2.1 million is provided to the agency for the expenditure of monies deposited in the fund from the American Rescue Plan Act and other sources.
- \$500,000 to create a program to work with local governments to find and assist with funding to meet fish passage requirements for dam upgrade projects.
- \$3 million for the Department to support fee-based programs during the 2021-23 biennium and to provide facilitation for stakeholder engagement as the Department works with stakeholders to develop more sustainable, long-term funding mechanisms to support these programs.
- \$4 million for the Department to contract for professional engineering services to perform flood methodology and inundation assessments for dams and engineering analyses on dams.
- \$3 million for the Department to support surface water and ground water data collection field equipment utilized to inform water management and planning that includes, but is not limited to, upgrades to gaging stations, adding observation wells in priority basins and updating aging hydrographic equipment.

To make expenditures from the Domestic Well Remediation Fund established by HB 3092 (2021), \$500,000 Other Funds expenditure limitation was approved. This fund is used to reimburse owners of domestic water wells in the Greater Harney Valley Groundwater Area of Concern for certain costs of replacing, repairing, or deepening domestic water wells affected by declining ground water levels.

PUBLIC SAFETY

Department of Corrections

The Subcommittee approved an increase in Other Funds expenditure limitation of \$1,034,567 for the cost of issuance of \$88,205,000 in Article XI-Q bonds for the Department of Corrections' deferred maintenance program, for the electronic health records system, and for off-net telephone infrastructure. Bonds will be issued in October 2021 and in May 2022. New debt service totaling \$10,386,522 General Fund and \$700,870 Other Funds expenditure limitation was approved for the Department's planned 2021-23 bond issues.

The Subcommittee approved two-year Other Funds expenditure limitation for \$13,400,000 of Article XI-Q bond proceeds to implement an electronic health records system for the Department of Corrections. To support the implementation of a voice over internet protocol (VoIP) telephone system in ten of the agency's prisons, the Subcommittee approved \$262,227 Other Funds expenditure limitation and one position (1.00 FTE). The Other Funds revenue for this expenditure is from the proceeds of Article XI-Q bonds issued for the project.

The Subcommittee approved the expenditure of \$8,658,704 Other Funds from the American Rescue Plan Act (ARPA) State Fiscal Recovery Funds to implement or complete the following projects in the 2021-23 biennium:

- Modernize and expand the adult in custody (AIC) computing platform, \$1,262,204
- Purchase new vehicles and equipment in Distribution Services, \$1,325,000
- Purchase body scanners for opioid detection, \$1,071,500
- For the non-bondable costs of the electronic health records project, \$5,000,000

A technical adjustment was approved in the Department's Operations and Health Services programs to increase Other Funds expenditure limitation by \$49,173,337 and reduce General Fund in the same amount. This adjustment allows the Department of Corrections to offset COVID-19 pandemic-related expenses incurred during the first six months of the 2021-23 biennium using federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding received by the Department of Administrative Services and transferred to the Department of Corrections. Quarterly allotment plans may need adjustment during the 2021-23 biennium depending on receipt of federal reimbursement from FEMA. Additionally, a net-zero technical adjustment was approved to correct a reference to ARPA in sections 216-217 of the bill.

The Subcommittee approved a budget-neutral reduction of \$800,000,000 General Fund and an increase in Other Funds expenditure limitation in the same amount in order to use American Rescue Plan Act State Fiscal Recovery Funds received by the Department of Administrative Services and passed through to the Department of Corrections for maintaining public safety services.

To provide funding to county-operated parole and probation programs that will lose fee revenues upon passage of SB 620 (2021), the Subcommittee approved the appropriation of \$10 million General Fund to the Department's Community Corrections program for distribution to counties. This funding will be allocated to counties based on the grant-in-aid formula currently in place for the 2021-23 biennium.

The following budget note providing direction to the Department of Corrections was approved.

BUDGET NOTE

The Department of Corrections is directed to return to the Public Safety Subcommittee of the Joint Committee on Ways and Means during the 2022 legislative session with a written report on the Office of the Inspector General (OIG). This report is to provide a broad overview of the OIG’s role and responsibilities within the Department, and detail the missions, activities, and outcomes achieved in each of the OIG’s operating programs: the Special Investigations Unit, the Security Threat Management Unit, the Central Intelligence Unit, the Hearings Unit, the Special Programs Unit, and the Research Unit. Additionally, the Department is directed to revise its Key Performance Measures #4 and #7 to include statistics on the number of complaints brought by adults in custody against DOC staff, the outcomes of those complaints, and any disciplinary actions required. The revised Key Performance Measures are to be developed and established for consideration by the Public Safety Subcommittee during the 2023 legislative session.

Criminal Justice Commission

The Subcommittee approved \$650,000 General Fund for the Family Preservation Project operating at the Coffee Creek Correctional Facility. The Criminal Justice Commission will administer payments for this program, which is provided by the YWCA of Greater Portland. The Subcommittee provided the following direction to the Commission.

BUDGET NOTE

The Family Preservation Project strengthens family ties by providing services and supports to incarcerated parents and their minor children. The program operates at the Coffee Creek Correctional Facility in Wilsonville and is provided by the YWCA of Greater Portland. The Criminal Justice Commission (CJC) is directed to work with the Department of Corrections (DOC) and the YWCA of Greater Portland to track the program’s outcomes for incarcerated adults and their minor children, its effect on successful parent re-entry into society upon release from prison, its effect on reducing recidivism, and any other pro-social program outcomes as determined by DOC, CJC, and the YWCA of Greater Portland. CJC shall report to the Legislature on Family Preservation Program outcomes at least annually during a legislative session.

SB 973 (2019) created the Improving Peoples’ Access to Community-based Treatment, Supports and Services (IMPACTS) Account for making grants to counties and federally-recognized Indian tribes for community supports and services for individuals with mental health or substance abuse disorders leading to their involvement with the criminal justice system. The Subcommittee approved \$10 million General Fund on a one-time basis to recapitalize the account and provided the Criminal Justice Commission with \$10 million of Other Funds expenditure limitation for making grant awards.

To continue the legal services pilot program established by HB 2631 (2019) operating at the Coffee Creek Correctional Facility through its sunset date of December 2021, the Subcommittee approved \$500,000 General Fund on a one-time basis. The Criminal Justice Commission will administer payments for this program, which is operated by the Oregon Justice Resource Center.

The Subcommittee approved \$4 million General Fund on a one time basis, provided an additional \$228,395 General Fund on an ongoing basis, and established one permanent, ongoing position (1.00 FTE) for the Criminal Justice Commission (CJC) to establish a new restorative justice grant program. The goal for this program is to develop new restorative justice services and to strengthen existing non-profit organizations that are leaders in restorative justice practices.

Department of Justice

The Subcommittee approved \$6 million General Fund on a one-time basis for the Crime Victims and Survivor Services Division and for Child Abuse Intervention Centers, which conduct forensic interviews, medical examinations, treatment, mental health treatment, and referral and/or coordination of other related services. The Department of Justice's Advisory Council on Child Abuse Assessment is to review and approve supplemental funding requests by Child Abuse Intervention Centers based upon the specific needs of each individual Center. Additionally, the Subcommittee approved \$5 million General Fund on a one-time basis for the Crime Victims and Survivor Services Division to assist victims of domestic violence and sexual assault with housing needs.

For bias crimes response by the Civil Rights Unit, the Subcommittee approved \$2 million General Fund and authorized six permanent full-time positions (5.25 FTE). The package includes \$995,269 of associated services and supplies.

The Subcommittee approved \$1.7 million General Fund in services and supplies for the Defense of Criminal Convictions for forecasted caseload changes. The Department of Administrative Services is requested to unschedule the entire amount pending the agency providing the Legislative Fiscal Office with a completed methodology for forecasting and budgeting the Defense of Criminal Convictions caseload.

The Subcommittee approved \$1.3 million General Fund on a one-time basis for the Crime Victims and Survivor Services Division to provide supplemental pass-through support to the Oregon Crime Victims Law Center.

To support the Fair Housing Enforcement initiative, the Subcommittee approved \$447,784 Other Funds expenditure limitation and authorized one position (0.88 FTE) in the General Counsel Division. The revenue source is from legal service billings to the Bureau of Labor and Industries.

The Subcommittee approved \$214,439 General Fund for the Criminal Justice Division to backfill the loss of a federal grant from the U.S. Office of Juvenile Justice and Delinquency Prevention for the Internet Crimes Against Children program. The funding will allow for the continued investigation and prosecution of internet crimes against children.

Finally, the Subcommittee approved \$218,003 General Fund and authorized one permanent full-time Program Analyst 2 position (0.88 FTE) for the Crime Victims and Survivor Services Division to establish an Appellate Advocate position. This position will assist victims of crime with the appellate process and, in particular, the *Ramos v. Louisiana* decision on non-unanimous jury trials.

Oregon Military Department

The Subcommittee approved an increase in Other Funds expenditure limitation totaling \$484,160 for the cost of issuance of \$25,475,000 in Article XI-Q bonds for the Oregon Military Department. Bond proceeds in the amount of \$10 million will re-capitalize the State Preparedness and Incident Response Equipment (SPIRE) grant program. Bond proceeds in the amount of \$14,990,840 will fund armory service life extension projects in Ashland and Corvallis, and construction of a new readiness center in Washington County. Bonds will be issued in May 2022 and in March 2023. New debt service totaling \$2,151,329 General Fund was approved for the Department's planned 2021-23 bond issues.

The Subcommittee approved Other Funds expenditure limitation of \$10 million for the State Preparedness and Incident Response Equipment (SPIRE) grant program. The Other Funds revenue for this expenditure is from the proceeds of Article XI-Q bonds issued for re-capitalizing the grant fund.

For deferred maintenance projects at the Military Department's 37 armories, the Subcommittee approved \$6,720,919 General Fund and provided \$6,720,919 Federal Funds expenditure limitation for expenditure of federal matching dollars. Projects include boiler, roof, and HVAC repairs and replacements; fire protection alarm panel, ventilation system, and door control repairs and replacements; and maintenance of parking lots, siding, windows, and sewer systems.

BUDGET NOTE

The Oregon Military Department is directed to report to the Joint Committee on Ways and Means on its ten-year capital construction plan prior to the February 2022 legislative session. The report shall describe the process by which the annual Installation Status Report required by the U.S. Army is prepared, its relationship to the ten-year capital plan, the permissible uses of Federal Military Construction Funds and the process for securing use of those funds, and the factors that inform the prioritization of recommended armory service life extension projects. This report should also include analysis and recommendations for inclusion of labor standards related to work performed by women, minority individuals, and veterans and apprenticeship utilization in construction contracts.

To provide matching funds for the Federal Emergency Management Agency's (FEMA) Hazard Mitigation Program, the Subcommittee approved \$20 million General Fund on a one-time basis for the Office of Emergency Management.

Oregon State Police

The Subcommittee approved Other Funds expenditure limitation of \$1,429,311 for the cost of issuance of \$111,635,000 in Article XI-Q bonds for three major Oregon State Police constructions projects: expansion of the Central Point Office, construction of a new forensic laboratory and medical examiner's office, and a Patrol area command office in Springfield. Bonds will be issued in October 2021, May 2022, and March 2023. New debt service totaling \$2,674,818 General Fund was approved for the Department's planned 2021-23 bond issues.

The Subcommittee approved the expenditure of \$2,739,772 Other Funds from the American Rescue Plan Act (ARPA) to implement or complete the following Oregon State Police projects in the 2021-23 biennium:

- For the non-bondable costs of the Central Point Office expansion, the Springfield Forensic Lab and Medical Examiner office construction project, and the Springfield Patrol Area Command construction project, \$1,051,296
- For capital renewal and deferred maintenance at the Ontario and Albany Patrol Offices, \$580,476
- For safety improvements at various Patrol offices statewide, \$1,108,000.

A net-zero technical adjustment was approved to correct a reference to ARPA in sections 218-223 of the bill.

To complete the Law Enforcement Data System modernization project (LEDS 20/20), the Subcommittee approved \$2,789,991 General Fund to add the agency's Sex Offender Registry database to the LEDS system.

To enable the Drakes Crossing Rural Fire Protection District (RFPD) to draw down federal funding from FEMA, the Subcommittee provided \$5,000 General Fund to the Office of the State Fire Marshal on a one-time basis. This funding will be passed through to the Drakes Crossing RFPD for its FEMA matching payment.

Department of Public Safety Standards and Training

The Subcommittee approved the expenditure of \$1,201,239 Other Funds from the American Rescue Plan Act (ARPA) for deferred maintenance projects at the Department of Public Safety Standards and Training's Public Safety Campus.

Oregon Youth Authority

The Subcommittee approved an increase in Other Funds expenditure limitation of \$1,271,961 for the cost of issuance of \$68,725,000 in Article XI-Q bonds for the Oregon Youth Authority. Bond proceeds will support continued renovation of living spaces and other facilities at the MacLaren, Rogue Valley, Tillamook, and Oak Creek youth correctional facilities, and will fund the Juvenile Justice Information System

modernization project. Bonds will be issued in October 2021, May 2022, and March of 2023. New debt service totaling \$4,482,262 General Fund was approved for the Department's planned 2021-23 bond issues.

To support the Juvenile Justice Information System (JJIS) modernization project, the Subcommittee approved \$7,756,531 Other Funds expenditure limitation. The Other Funds revenue for this expenditure is from the proceeds of Article XI-Q bonds issued for the project.

The Subcommittee approved the expenditure of \$5,448,068 Other Funds from the American Rescue Plan Act (ARPA) to implement or complete the following Oregon Youth Authority projects in the 2021-23 biennium:

- For the non-bondable costs of the Juvenile Justice Information System modernization project, \$1,600,000.
- For replacement of the emergency generator at the MacLaren youth correctional facility, \$1,750,000.
- For removal and replacement of the parole and probation office building on the campus of the Oak Creek youth correctional facility, \$1,609,780.
- For the non-bondable costs of capital improvement projects at various OYA facilities statewide, \$488,288.

The Subcommittee approved \$574,510 General Fund on a one-time basis for the Oregon Youth Authority to supplement the payments to behavior rehabilitation service providers that provide sex offense treatment using Sex Offense Treatment Board (SOTB) certified providers. This funding is a stop-gap measure and will only be available during the 2021-23 biennium until Medicaid coverage for this service is established.

To reimburse counties for the cost of performing expunctions of juvenile records as required by SB 575 (2021), the Subcommittee approved \$1,841,868 General Fund. This amount is an estimate based on a statewide average cost of \$208.95 per expunction for an estimated 8,815 expunctions to be performed in the 2021-23 biennium. The ongoing costs related to expunction of juvenile records should be re-evaluated during current service level budget development for the 2023-25 biennium as data on the performance of this new requirement is made available.

The Subcommittee approved \$801,378 General Fund for the Oregon Youth Authority to pay the cost of care for youth that was formerly paid for with juvenile justice system fees.

The Subcommittee approved a reduction of \$100 million General fund and an increase in Other Funds expenditure limitation in the same amount in order to use American Rescue Plan Act State Fiscal Recovery Funds received by the Department of Administrative Services and passed through to the Oregon Youth Authority for maintaining public safety services.

TRANSPORTATION

Department of Aviation

House Bill 2434 increases the aircraft fuel tax (AvGas tax) from 9 cents to 11 cents a gallon and increases the aircraft fuel tax for aircraft operated by turbine engines (jet fuel tax) from 1 cent to 3 cents per gallon. The increases fund the Department of Aviation's Aviation System Action Fund which funds two aviation infrastructure investment programs. The Critical Oregon Airport Relief (COAR) program receives 75% of these funds and the State-Owned Airport Reserve (SOAR) program receives 25%. The Subcommittee approved an increase in Other Funds expenditure limitation of \$4,603,625 for the Department to spend the increased revenue.

Department of Transportation

The Oregon Department of Transportation (ODOT) administers grants on behalf of the Oregon Department of Veterans' Affairs (ODVA) related to transportation services for veterans, primarily related to their health care appointments. The amount approved in ODVA's 2021-23 budget for this purpose and transferred to ODOT is \$650,000 Lottery Funds. This is in addition to \$300,000 in funding that was carried forward from authorized amounts for the 2019-21 biennium.

General Fund of \$2 million is appropriated to ODOT on a one-time basis for graffiti and litter removal along state highways and interstates. The funding will be used in Region 1 (the Portland metro area), allowing ODOT to expand an existing contract and solicit additional service providers to remove graffiti on sound walls and traffic signs, as well as remove accumulated roadside litter and trash.

Additionally, \$1.25 million General Fund was approved on a one-time basis for ODOT to support cultural resource assessments in areas where the agency is conducting wildfire-related tree and debris removal. The funding enables ODOT to coordinate with tribes, the State Historic Preservation Office, and others on surveys and assessments of cultural resources in the fire damaged areas.

Other Funds expenditure limitation is increased by \$4,057,570 million to spend \$4 million of Lottery bond proceeds on construction of a pedestrian bridge in the City of Sherwood, and \$57,570 on the cost of bond issuance. Lottery Funds expenditure limitation was increased by \$328,752 for debt service.

Improvements to the Fanno Creek Trail by Tualatin Hills Park and Recreation District will be supported by Lottery bond proceeds totaling \$2 million Other Funds; cost of issuance related to the project is \$145,358 Other Funds. These bonds will not be issued until the spring of 2023, so no debt service is associated with the project in this biennium.

The Subcommittee approved \$298,451 Other Funds expenditure limitation for operational expenses of the State Towing Board established by SB 300 (2021). Two permanent positions are approved for this purpose, including an Operations and Policy Analyst 2 (0.50 FTE) and a Compliance

Specialist 2 (0.50 FTE); both of these positions will be budgeted for a full 24 months in the 2023-25 biennium. The Towing Board will be supported by fee revenue, and the Department may need to return to the Joint Committee on Ways and Means or the Emergency Board for additional expenditure limitation related to implementation of SB 300.

The Department of Administrative Services will transfer \$124,349,960 of federal American Rescue Plan Act funds to ODOT to augment highway fund revenues negatively impacted by the COVID-19 pandemic. The funds are designated for the following projects:

- \$80 million for safety improvements to Oregon 213/82nd Avenue
- \$32 million for Phase II costs related to the Newberg Dundee Bypass (OR-219 section)
- \$5 million for the Hood River-White Salmon Interstate Bridge
- \$3,349,960 for rehabilitation of the Lake County Railroad
- \$4 million for the Clackamas County Sunrise Gateway Corridor Community Visioning Concept

Adjustments to 2019-21 Budgets

Public Defense Services Commission

For the 2019-21 biennium, the Subcommittee approved \$92,721 Other Funds expenditure limitation for services and supplies for public defense costs due to the impact of the COVID-19 pandemic. The revenue source is from the Coronavirus Relief Fund received by the Oregon Department of Administrative Services and transferred to the Public Defense Service Commission.

HB 5024 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 06/21/21

Action: Do pass the A-Eng bill.

Senate Vote

Yeas: 10 - Anderson, Frederick, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 2 - Girod, Thomsen

House Vote

Yeas: 9 - Bynum, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman

Nays: 2 - Drazan, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Emergency Board

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Leg. Approved	
				\$ Change	% Change
Oregon Health Authority					
General Fund	\$ 2,578,141,819	\$ 3,519,995,084	\$ 3,568,443,573	\$ 990,301,754	38.4%
General Fund Capital Improvements	\$ 753,070	\$ 785,452	\$ 785,452	\$ 32,382	4.3%
General Fund Debt Service	\$ 60,024,589	\$ 59,443,640	\$ 59,443,640	\$ (580,949)	(1.0%)
Lottery Funds	\$ 17,999,344	\$ 17,338,086	\$ 18,642,083	\$ 642,739	3.6%
Other Funds Limited	\$ 8,012,542,177	\$ 8,169,330,876	\$ 9,088,571,658	\$ 1,076,029,481	13.4%
Other Funds Capital Improvements	\$ 753,070	\$ 785,452	\$ 785,452	\$ 32,382	4.3%
Other Funds Debt Service Limited	\$ 224,985	\$ -	\$ -	\$ (224,985)	(100.0%)
Other Funds Nonlimited	\$ 42,805,127	\$ 40,000,000	\$ 40,000,000	\$ (2,805,127)	(6.6%)
Other Funds Debt Service Nonlimited	\$ 232,064,776	\$ -	\$ -	\$ (232,064,776)	(100.0%)
Federal Funds Limited	\$ 14,091,471,331	\$ 14,614,326,326	\$ 16,900,316,449	\$ 2,808,845,118	19.9%
Federal Funds Nonlimited	\$ 102,729,051	\$ 102,729,051	\$ 102,729,051	\$ -	0.0%
Federal Funds Debt Service Nonlimited	\$ 3,467,210	\$ -	\$ -	\$ -	0.0%
Totals:	\$ 25,142,976,549	\$ 26,524,733,967	\$ 29,779,717,358	\$ 4,636,740,809	18.4%
Emergency Board					
General Fund	\$ -	\$ -	\$ 69,000,000	\$ 69,000,000	100.0%
Totals:	\$ -	\$ -	\$ 69,000,000	\$ 69,000,000	100.0%

Position Summary

Oregon Health Authority					
Authorized Positions	4,381	4,277	4,658	277	
Full-time Equivalent (FTE) positions	4,316.87	4,263.81	4,625.63	308.76	

⁽¹⁾ Includes adjustments through June 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

The Oregon Health Authority (OHA) is funded with a mix of General Fund, Lottery Funds, Other Funds, and Federal Funds revenues. Most of the General Fund in OHA's budget is used as a match for the state's Medicaid programs and to provide Non-Medicaid behavioral health services. Lottery Funds finance gambling addiction prevention and treatment services, as well as behavioral health services for veterans. Other Funds revenue comes from various sources, including Medicaid provider assessments, tobacco taxes, Tobacco Master Settlement Agreement funding, recreational marijuana taxes, beer and wine taxes, licensing fees, grants, estate collections, health care premiums, third party recoveries, pharmaceutical rebates, and charges for services. In addition to Medicaid, Federal Funds support a variety of grant programs across the Department.

Ballot measures significantly increased Other Funds revenues available to OHA in 2021-23. Ballot Measure 108 increased the Cigarette, Vaping, and Tobacco Product taxes, bringing in an additional net \$414.0 million for Medicaid (of which \$102 million was carried over from 2019-21) and an additional \$49.6 million for tobacco cessation and prevention (of which \$10 million was carried over from 2019-21). Ballot Measure 110 decriminalized most drug offenses and diverted marijuana tax revenues from their prior statutory purposes, including amounts currently dedicated to fund behavioral health and addiction and substance use treatment by OHA, to begin a new service model to connect substance users with treatment and recovery services. The measure resulted in an additional \$302.2 million for the new behavioral health resource networks in 2021-23 (of which \$52.8 million was carried over from 2019-21). The measure resulted in a \$70.2 million loss in Other Funds to OHA's existing behavioral health services, which was backfilled with General Fund.

Additional Other Funds revenue changes include an increase in the Type A and B rural hospital provider assessment from 5.5% to 6.0%, generating \$23.0 million Other Funds and saving \$16.8 million General Fund and an increase in the forecast for Insurer taxes by \$82.0 million, leading to General Fund savings of \$74.0 million.

OHA's 2021-23 budget includes an additional \$240.0 million Federal Funds revenue associated with an enhanced federal match rate (FMAP) associated with the US Department of Health and Human Service's COVID-19 public health emergency declaration. Based on guidance from the federal government, the 2021-23 budget assumes an additional 6.2% rate per quarter will be in place through March of 2022, generating approximately \$80 million per quarter in General Fund savings for the Medicaid program. While Oregon's federal reimbursement Medicaid rate is temporarily enhanced, due to the COVID-19 public health emergency, the baseline reimbursement rate declined slightly due to the final step down in the statutory rate for the Affordable Care Act population and Oregon's strong relative economic performance compared to the nation as a whole.

OHA's 2021-23 budget relies on significant new federal grant revenues related to legislation passed in response to the COVID-19 pandemic. This includes investments of \$65 million in American Rescue Plan Act State Fiscal Relief Funds in behavioral health system investments for regional development and innovation, \$32.4 million in enhanced Mental Health Block Grant and Substance Abuse Block Grant funding, \$33.9 million in Centers for Disease Prevention and Control (CDC) grants for enhancing health equity in the state's COVID-19 response, and \$56.8 million for a

CDC Epidemiology and Lab Capacity grant to pay for ongoing COVID-19 pandemic response for contact tracing, testing, laboratory work, and data reporting.

In addition to grant revenues, OHA's 2021-23 budget relies on revenue from legislation that increases fees, including HB 2072 for home health agency fees, HB 2074 for prescription drug monitoring program fees, and HB 2075 for radiation protection services fees.

Finally, the budget reflects the collection of an estimated \$4.2 billion by the Public Employees Benefit Board and the Oregon Educators Benefit Board from state agencies and educational entities to pay premiums and provide health insurance for members.

Summary of Human Services Subcommittee Action

The Oregon Health Authority (OHA) was created in the 2009 Legislative Session to bring most health-related programs into a single agency, maximize its purchasing power, and contain rising health care costs statewide. OHA is overseen by the Oregon Health Policy Board. OHA's mission is to help all people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care. OHA works to achieve its triple-aim goals of improved health, higher quality care, and lower cost through its role administering publicly funded health benefits and through contracts for services with insurers, coordinated care organizations (CCOs), medical providers, local governments, Tribes, and community based organizations.

In total, OHA administered health benefits for approximately 1.3 million Oregonians in 2019-21. OHA also administers the state's public health system, work which touches the lives of every Oregonian. The Public Health Division coordinates with local public health authorities to monitor and respond to public health emergencies and disease outbreaks, regulates businesses causing environmental health hazards, and supports population-level initiatives around maternal and child health, reproductive health, and food security, among other programs.

The Subcommittee recommended a budget for OHA of \$3,628,672,665 General Fund, \$18,642,083 Lottery Funds, \$9,089,357,110 Other Funds expenditure limitation, \$16,900,316,449 Federal Funds expenditure limitation, \$40,000,000 Other Funds Nonlimited, and \$102,729,051 Federal Funds Nonlimited for a total funds budget of \$29,779,717,358 and 4,658 positions (4,625.63 FTE). The budget represents an increase of 47.1% General Fund and a total funds increase of 16.2%, compared to the 2019-21 legislatively approved budget as of June 2021, reflecting OHA's growing medical assistance caseload, as well as investments in promoting health equity, providing behavioral health services, and modernizing Oregon's public health system. OHA recently adopted a 10-year goal to eliminate health disparities in Oregon by 2031-33, and this budget makes investments towards meeting that goal. The budget funds the significant OHP caseload increase without reducing benefits, member eligibility or payments to providers. The budget uses various Other Funds revenues to replace General Fund and incorporates savings resulting from program changes.

The Subcommittee incorporated the agency’s repricing (“reshoot”) adjustments for caseload, federal match rates, revenues, and other changes since the current service level budget was developed. Also included are the Emergency Board actions taken in the 2019-21 biennium, impacting the agency’s 2021-23 budget. The changes made by the Subcommittee are described for each program area in more detail below.

The Subcommittee also recommended a total appropriation of \$69,000,000 General Fund to the Emergency Board for two separate special purpose appropriations; \$49,000,000 to be allocated to OHA for behavior health system transformation and realignment activities and \$20,000,000 to be allocated to OHA for maintaining appropriate staffing levels at the Oregon State Hospital.

Health Systems Division

The Health Systems Division (HSD) is a statewide system of integrated physical, behavioral, and oral health care supporting the triple aim of better health, better care, and lower costs by increasing access to preventative, coordinated care for Oregon’s medical assistance program members and behavioral health consumers. The HSD budget is comprised of the following budget units: 1) Medicaid; 2) Non-Medicaid; and 3) Program Support and Administration. HSD Medicaid delivers health services to over one million people, primarily through OHP, which includes Medicaid, the Children’s Health Insurance Program, and Oregon’s Cover All Kids medical coverage. The Non-Medicaid unit includes funds for community mental health and addictions programs for low-income people who do not qualify for Medicaid or to provide services to OHP members not covered by Medicaid. These programs provide a system of comprehensive health services to qualifying low-income Oregonians and their families to improve their health status and promote independence. The Program Support and Administration unit provides the support needed to ensure HSD has the administrative, operational, and information technology resources necessary to fulfill the Division’s mission.

The Subcommittee recommended a total funds budget of \$23,155,433,934, including \$2,461,495,239 General Fund, \$18,096,643 Lottery Funds, \$4,314,696,862 Other Funds expenditure limitation, \$16,361,145,190 Federal Funds expenditure limitation, and 430 positions (417.75 FTE). The total funds budget is a 23.2% increase from the 2019-21 legislatively approved budget, as of June 2021, largely the result of growth in OHA’s medical assistance caseload. The General Fund budget is an increase of \$999,639,415 since the 2019-21 biennium, or 68.4%. In summary, the table below outlines the recommended General Fund adjustments from the Division’s 2021-23 current service level:

Recommended General Fund Adjustments from CSL	General Fund Change
Measure 108 Cigarette Tax Revenues	(\$414.0)
Enhanced Federal FMAP	(\$240.0)
Other Revenue Adjustments, Net	(\$11.7)
Caseload Increase	\$462.7
Behavioral Health Investments	\$131.6
Other Investments	\$62.1

Technical / All Other Changes	(\$38.1)
General Fund Change from CSL	(\$68.8)
\$ in millions	

The Subcommittee recommended the following packages:

Package 081 – April 2020 Emergency Board. This package increases General Fund by \$1,199,536 and \$1,847,109 Federal Funds expenditure limitation as the rollup in 2021-23 of reimbursement increases for Mental Health Adult Foster Homes bargained during the 2019-21 biennium.

Package 087 – August 2020 Special Session Rollup. This package decreases total funds by \$90,321,493 and increases 32 positions (31.05 FTE) to recognize the decisions of the August 2020 special session. The largest impact is a reduction of \$42.1 million General Fund and \$114.3 million Federal Funds to recognize the impact of the reduction in OHA’s 2020 and 2021 CCO rates in OHA’s 2021-23 budget. The package also includes an increase of \$22.5 million Other Funds expenditure limitation, \$33.7 million Federal Funds expenditure limitation, and two positions (2.00 FTE) for the inclusion of reimbursement for ground emergency medical transportation providers within Medicaid. The package also includes \$2.5 million Federal Funds expenditure limitation for a Substance Abuse and Mental Health Services Administration grant; \$7.6 million total funds and 30 positions (29.05 FTE) for the transfer of the member services unit from the Department of Human Services to OHA; and a reduction of \$233,993 total funds to recognize the transfer of positions and funding to other divisions within OHA.

Package 095 – December 2020 Rebalance. This package reduces total funds expenditures by \$265,359 and adds one position (1.00 FTE). This includes the transfer of postage and handling to the State Assessments and Enterprise-wide Costs (SAEC) budget, funds a position for the Opioid grant, transfers funding in from the Public Health Division, related to joint work on reproductive health, and does technical cleanup actions, which net to zero program-wide.

Package 206 – Integrated Eligibility. This package increases \$165,738 General Fund and \$497,214 Federal Fund expenditure limitation for the Health Systems Division to support the Integrated Eligibility system.

Package 403 – Indian Managed Care. This package increases \$1,441,980 General Fund and \$13,517,450 Federal Funds expenditure limitation to support the creation of Indian Managed Care Entities, which will provide care coordination services to American Indian and Alaska Natives enrolled in the Oregon Health Plan.

Package 406 – CAWEM Outpatient Dialysis Coverage. This package increases \$1,143,012 General Fund and \$1,757,251 Federal Fund expenditure limitation to cover the cost of dialysis and the cost of antirejection medication for individuals who have received a kidney transplant under the Citizen / Alien Waived Emergency Medical coverage. These services are currently only covered on an emergency basis for this population.

Package 407 – Fee-for-Service Capacity. This package increases \$12,057,223 General Fund and \$20,137,313 million Federal Funds and nine positions (6.75 FTE) to hire additional staff to improve care coordination for fee for service members to reimburse behavioral rehabilitation service providers for in-home services, to add transition services to the 1915i State Plan, and to change the payment model for interpreter services in which OHP pays the interpreters directly. The package also increases fee for service rates for Applied Behavior Analysis, which includes \$3.3 million General Fund and \$6.5 million Federal Funds, and for Enteral / Parenteral Nutrition, which includes \$1.2 million General Fund and \$1.8 million Federal Funds.

Package 412 – Contract Capacity. This package increases \$237,898 General Fund, \$10,476 Other Funds expenditure limitation, \$248,382 Federal Funds expenditure limitation, and two positions (1.50 FTE) to increase the Health System Division’s capacity to issue and amend contracts, partly in response to investments in community based services in HSD’s budget.

Package 414 – Behavioral Health Information System. This package includes \$2,320,585 General Fund and \$5,407,953 Federal Funds expenditure limitation to continue modernization work on the Compass portfolio of projects, started during the 2019-21 biennium. The Compass projects will improve behavioral health data available to OHA and include projects to establish a behavioral health data warehouse, a longitudinal assessment tool, and replacement costs for a behavioral health reporting system. This includes funding for staff at OHA’s Office of Information Services to directly charge the program for their work in implementing these new systems.

Package 419 – CCO 2.0 Quality Assurance. This package includes \$870,172 General Fund, \$1,152,584 Federal Funds expenditure limitation, and four positions (4.00 FTE) to improve OHA’s ability to meet its oversight and quality assurance responsibilities that came with the implementation of the CCO 2.0 model, during the 2019-21 biennium. This investment is in addition to nine new positions related to CCO 2.0, approved in the 2019 legislative session.

The Subcommittee approved the following budget note:

Budget Note

The Oregon Health Authority shall report to the Legislature on its plans for the next round of coordinated care organization contracting. The report shall include: 1) anticipated milestones and deadline dates; 2) an outline of how the process will provide public transparency and communication; and 3) the anticipated resources the agency will need to perform the next round of CCO contracting. The report shall be delivered to the Joint Committee on Ways and Means by January 1, 2023.

Package 431 – Substance Use Disorder Waiver. This package includes \$19,298,207 General Fund, \$110,217,871 Federal Fund expenditure limitation, and one position (1.00 FTE) to increase provider rates for substance use disorder residential treatment providers to increase the number of Oregonians served by these providers and expand recovery support services to include pre- and post-treatment. The Federal Funds

revenues come from a recently approved SUD 1115 demonstration waiver, which requires an external evaluation to determine whether it was effective in expanding treatment of substance use disorders.

Package 801 - LFO Analyst Adjustments. The package reduces General Fund by \$199,829,451, adds \$1,303,997 Lottery Funds, \$462,101,449 Other Funds expenditure limitation, \$1,986,577,309 Federal Funds expenditure limitation, and three positions (2.50) to enhance services provided by the HSD, update revenues for the latest revenue forecasts, update caseloads for the latest caseload forecast, and makes other adjustments. The package includes the following adjustments for revenue forecasts and policy changes that affect OHA's federal Medicaid reimbursement:

- **Ballot Measure 108 Revenues:** \$424,959,000 Other Funds expenditure limitation increase and a like reduction of General Fund to update the Cigarette and Tobacco Product Tax forecasts to reflect the passage of Ballot Measure 108, in November 2020. This includes \$102 million Other Funds in one-time Cigarette and Tobacco Product Tax revenues, which is carried forward from 2019-21. The tax changes increased the tax on a pack of cigarettes by \$2 per pack of 20, taxed little cigars like cigarettes, increased the tax cap on cigars from \$0.50 to \$1.00, established a floor tax on the purchase of cigarette tax stamps, and made vaping products subject to the Tobacco Product Tax, with proceeds going to support OHP and behavioral health.
- \$11,039,000 General Fund increase and a like reduction in Other Funds expenditure limitation for the impact of Ballot Measure 108 on the pre-existing statutory recipients under the old tax due to the expected decline in the number of packs sold.
- **Enhanced COVID-19 FMAP:** \$240,000,000 Federal Fund expenditure limitation increase and a like reduction in General Fund to reflect the anticipated extension of the COVID-19 public health emergency until January 2022 in alignment with guidance from the US Department of Health and Human Services. Congress passed an enhanced 6.2% Medicaid match rate and 4.34% Children's Health Insurance Program match rate for each quarter that the COVID-19 public health emergency declaration is in place, providing an additional \$80 million per quarter, during the state of emergency.
- **Base FMAP Reduction:** \$19,873,874 General Fund increase, \$542,949 Other Funds expenditure limitation increase, and \$20,416,826 Federal Funds expenditure limitation reduction to reflect anticipated reductions in Oregon's non-enhanced federal Medicaid match rate. Oregon's rate is expected to decline, due to improvements in the state's relatively strong economic performance compared with other states nationally, leading to reduced federal participation in Medicaid.

- **Insurer Tax Forecast:** \$82 million Other Funds expenditure limitation increase, \$74 million General Fund decrease, and \$24 million Federal Funds expenditure limitation increase to reflect an anticipated increase in CCO tax revenues, due to increases in the CCO's caseload, as well as increased transfers from the Health Systems Fund insurance tax revenues.
- **Marijuana Tax Backfill:** \$70,208,000 Other Funds expenditure limitation decrease and a like General Fund increase to backfill community mental health service funding reduced by the passage of Ballot Measure 110 (2020), which decriminalized possession of most drugs and reprioritized Marijuana Tax revenues to create a new service model to connect substance users with treatment and recovery services. The increase in Other Funds revenues related to Ballot Measure 110, is reflected in Package 802, Behavioral Health System Investments.
- **Type A / B Hospital Tax Rate Increase:** \$23 million Other Funds expenditure limitation increase, \$16,790,000 General Fund decrease, and a \$16,790,000 Federal Funds increase, due to the increase in the provider tax rate on Type A and B rural hospitals from 5.5% to 6.0%.
- **Tobacco Master Settlement Agreement:** \$12,846,500 Other Fund expenditure limitation increase and a \$12,846,500 General Fund decrease to reflect an increase in the transfer from the Tobacco Master Settlement Agreement account.
- **Lottery Forecast:** \$1,303,997 Lottery Funds increase to reflect the May 2021 Lottery forecast.

The package also includes \$462,678,040 General Fund and \$1,722,538,403 Federal Funds expenditure limitation to reflect the Spring 2021 Medicaid caseload forecast. There are two main factors driving the growth in caseload costs over the prior caseload forecast. First, due to the extension of the COVID-19 public health emergency and as a condition of receiving the enhanced federal match rate, OHA has stopped most activity to re-determine whether clients on the caseload remain eligible for the Oregon Health Plan. As a result, OHA's caseload has grown by approximately 15,000 cases per month, since the beginning of the pandemic. This growth is projected to taper off but the caseload is not projected to peak until July 2022. OHA estimates it will take up to six months to complete redeterminations after the public health emergency ends. The conversion of data from OHA's legacy system to the new ONE / Integrated Eligibility system also affected OHA's caseload in 2021-23, after it was found that data conversions and the application of the new system's eligibility rules have led to the transfer of clients across eligibility groups. This affects the pricing of the caseload forecast because, while the transfers have not resulted in additional cases, more clients transferring from less expensive eligibility to more expensive eligibility groups, resulting in a net fiscal impact from the transfers. Significant risks to the forecast include the assumption about the length of the public health emergency, how long it takes to revert the changes to the ONE / Integrated Eligibility System at the end of the public health emergency, the rate at which new Medicaid members continue to enroll, and the trajectory of the economic and employment recovery from the recession.

The package includes the following program enhancements:

- **Reproductive Health Rate:** \$6,679,460 General Fund to increase reimbursement rates for reproductive health,

- **Neonatal Rate:** \$750,000 General Fund and \$1,174,000 Federal Funds expenditure limitation to increase neonatal and pediatric intensive care provide reimbursement rates, which are targeted at the following reimbursement codes: 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, and 99480,
- **System of Care Advisory Council:** \$4,918,175 General Fund and three positions (2.50 FTE) to increase the System of Care Advisory Council's ability to make grants of \$200,000 per grantee and to provide staffing for the council,
- **Mobile Crisis Response:** \$6,500,000 General Fund for mobile response and stabilization to expand a service for children and adolescents experiencing behavioral health crises in order to reduce more costly interventions involving the medical system, criminal justice system or child welfare system,
- **Interdisciplinary Assessment Teams:** \$5,700,000 General Fund Interdisciplinary Assessment Teams recommended as part of the System of Care work in 2019, and
- **SAMHSA Grants:** \$491,729 Federal Funds expenditure limitation to reflect the award of a Substance Abuse and Mental Health Services Administration (SAMHSA) grant for outreach and intervention with youth and young adults at clinical high risk of psychosis and \$2,000,000 Federal Funds expenditure limitation to reflect the award of a SAMHSA grant targeted to youth and young adults in Douglas and Lane counties for the Oregon Healthy Transitions project.

Additionally, the package reduces \$1 million General Fund to recognize the transition of individuals on 1915i plans out of residential care. The package also reduces \$18,580,500 General Fund to reflect the transfer of the OHA's rental support and wraparound service budget to the Oregon Housing and Community Services (HCSD) department. The rental support budget was previously passed through OHA's budget to HCSD.

Package 802 – Behavioral Health System Investments. This package adds \$131,569,665 General Fund, \$367,195,327 Other Funds expenditure limitation, \$132,550,359 Federal Funds expenditure limitation and 42 positions (41.00 FTE) for the following significant investments in Oregon's community-based behavioral health and substance abuse treatment systems:

- **Regional Development and Innovation:** The budget includes \$65 million in one-time funds available under the American Rescue Plan Act and \$65 million General Fund for capital, start-up, and operational costs related to increasing statewide capacity of licensed residential facilities and housing serving people with behavioral health conditions. The Subcommittee approved this investment with the understanding the Department of Administrative Services (DAS) will unschedule all but \$7 million until projects are identified and OHA demonstrates in a report to the Joint Ways and Means Subcommittee on Human Services by March 1, 2022 the additional residential and housing capacity that will be created. The Subcommittee also included the following instruction:

Budget Note

The Oregon Health Authority (OHA) shall award up to \$5 million to community mental health programs, tribes, Regional Health Equity Coalitions, and other community grantees by September 1, 2021 for identifying community needs, assessing the feasibility and sustainability of potential projects, and other planning activities necessary to increase residential facility and housing capacity with a focus on reducing health inequities. OHA, in consultation with Oregon Housing and Community Services and OHA's advisory councils, including, but not limited to, the Oversight and Accountability Council, the Oregon Consumer Advisory Council and the System of Care Advisory Council, shall issue a Request for Proposals by December 31, 2021 and a recommendation for how to invest available funds for increasing culturally and linguistically appropriate residential treatment and housing capacity to the legislature by March 1, 2022.

- **Transformation and System Alignment:** \$1 million General Fund and two positions (2.00 FTE) for contract planning efforts to transform Oregon's behavioral health system. In addition to the \$1 million General Fund for OHA for this effort, HB 5024 creates a \$49 million Special Purpose Appropriation to the Emergency Board to be allocated to OHA to transform Oregon's behavioral health system into one that aligns outcomes, roles, responsibilities, risk and incentives. To further address this issue, the Legislative Policy and Research Office will convene a workgroup to address health inequities. The workgroup will make recommendations to equitably distribute non-Medicaid funding for behavioral health services to align contract provisions with the goals of preventing hospitalizations, criminalization and homelessness, while also eliminating health inequities. The Subcommittee approved the following budget note:

Budget Note

The Oregon Health Authority (OHA) shall contract with a third-party evaluator to evaluate current behavioral health programs with respect to budget, staffing, data and metrics analysis and tracking, and contracts. The evaluator shall submit a roadmap to increasing financial transparency, accountability and ongoing reporting on Oregon's behavioral health needs and outcomes. As part of this work, County Financial Assistance Agreements should align with coordinated care organization contracts by addressing roles and responsibilities, and ensuring Oregon is maximizing federal funding. The contract shall also recommend risk alignment addressing liability concerns, administrative support, and oversight required of community mental health programs in monitoring treatment services, safety and compliance, and abuse and neglect investigations, as well as overseeing corrective plans, site reviews, crisis services, civil commitment process, and discharge transitions. OHA may request funding to operationalize these recommendations.

- **Ballot Measure 110 Implementation:** \$302,193,109 Other Funds expenditure limitation and 12 positions (12.00 FTE) for expenditures from the Drug Treatment and Recovery Services Fund. Funding will be used to continue a call center to address people seeking substance use disorder treatment, to establish behavioral health resource networks statewide in order to provide a full array of substance use disorder treatment services and to provide grants to community-based services such as peer support organizations, housing providers,

and other wraparound services. This amount includes \$52.8 million in one-time carry-over funds estimated to be remaining from the 2019-21 biennium, as well as \$7.8 million in one-time funds from settlements with opioid manufacturers deposited into the fund.

- **Certified Community Behavioral Health Centers:** \$24,873,949 General Fund, \$96,520,781 Federal Funds expenditure limitation and six positions (5.00 FTE) to continue Oregon’s CCBHC demonstration project to improve quality and access to behavioral health services. CCBHCs receive enhanced Medicaid reimbursements for providing a defined array of comprehensive services for adults and children with complex behavioral health needs. Oregon’s CCBHC model has been funded through reimbursement agreements. This funding continues an investment made in the 2019-21 biennium by the January 2021 Emergency Board; prior to that CCBHCs were funded using a reimbursement agreement with county mental health programs after projected savings to operate the program failed to materialize. Enhanced federal funding for the program was recently extended in December 2020 by a federal COVID-19 relief package. The Subcommittee approved the following budget note related to CCBHCs:

Budget Note

The Oregon Health Authority (OHA) shall administer the certified community behavioral health clinic (CCBHC) demonstration program and evaluate whether CCBHCs: 1) increase access to behavioral health treatment for residents of this state; 2) provide integrated physical and behavioral health care; 3) offer services that result in improved health outcomes, lower overall health care costs and improved overall community health; and 4) reduce the cost of care for coordinated care organization members. No later than February 1, 2023, OHA shall report its findings to the interim committees and subcommittees of the Legislative Assembly related to health and mental health and to the interim subcommittee of the Joint Committee on Ways and Means with authority over human services agencies’ budgets.

- **Aid and Assist – Community Services:** \$18,652,326 General Fund and \$2,336,352 Federal Funds expenditure limitation for counties to provide community-based restoration services for individuals unable to aid and assist in their own defense at trial (Aid and Assist patients). This funding continues a \$2.25 million General Fund investment made by the legislature during 2019-21. The goal of funding community-based restoration services is to serve individuals at the least restrictive, lowest level of care wherever possible in order to avoid more costly care in more restrictive settings such as the Oregon State Hospital. The Subcommittee approved the following budget note related to community-based Aid and Assist services:

Budget Note

The Oregon Health Authority shall report to the Department of Administrative Services Chief Financial Office and Legislative Fiscal Office on February 1, 2022 and February 1, 2023 on the number of aid and assist clients served at the Oregon State Hospital and through community restoration, amount of funding awarded to communities and providers, and actual expenditures by community mental health program or direct contracts from the funding available in the agency’s budget for community

restoration services, case rate payments, and housing and wraparound services. The reported dollar amounts shall be detailed according to specific service. For amounts expended or obligated on housing and rental assistance, the report shall identify the number of individuals placed in housing as a result of the investments.

- **Aid and Assist - Evaluation Services:** \$500,000 General Fund for OHA to contract with Program Design and Evaluation Services to conduct a root-cause analysis of the increase in the Aid and Assist population in Oregon to help guide program design and potential additional policy changes or investments to address the crisis.
- **Intensive Services Unit:** \$1,818,390 General Fund, \$2,218 Other Funds expenditure limitation, \$297,787 Federal Funds expenditure limitation and 10 positions (10.00 FTE) to provide oversight and coordination of community-based services of individuals under Aid and Assist orders from a court. This continues an investment the legislature made in the 2019-21 biennium to address the Aid and Assist crisis.
- **Psychiatric Residential Treatment Services Capacity:** \$7.5 million General Fund to add an additional 47 new PRTS beds in 2021-23 to address a capacity shortage in this service. The beds would serve approximately 200 children with complex behavioral health needs per year with an average length of stay of 10-12 weeks.
- **Young Adults in Transition:** \$9.2 million General Fund to add four 5-bed Residential Treatment Homes and one 10-bed Secure Residential Treatment Facility to serve Oregon's young adult population (17 to 25) transitioning between the children's system of care and the adult system of care. The funding will also expand provider reimbursement for these services.
- **Tribal-Based Practices:** \$500,000 General Fund and \$1 million Federal Funds expenditure limitation to reimburse the newly created Tribal Traditional Health Worker providers for tribal-based behavioral health practices
- **Mental Health Block Grants:** \$32,395,439 Federal Funds expenditure limitation to account for increases in federal Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant revenues passed as part of the American Rescue Plan Act.
- **OHA Operations:** \$2.5 million General Fund and 12 positions (12.00 FTE) to provide staffing and contractual support for the Health Systems Division to support the behavioral health investments made in this package.

Health Policy and Analytics

Health Policy and Analytics (HPA) includes offices providing policy support, technical assistance, and access to health information statistics and tools to all organizations and providers participating in Oregon's health system transformation, including programs within OHA. Together these

offices provide services focused on achieving the triple aim of better health, better care, and lower costs. Programs included within HPA include the Office of Health Policy, Office of Health Analytics, the Office of Clinical Improvement Services, and Office of Health Information Technology. HPA is supported by General Fund matched with federal Medicaid dollars. The office also receives Federal Funds through the Integrated Care for Kids grant, the Health Resources and Services Administration Primary Care grant, and Health Information Technology Electronic Health Records funds.

The Subcommittee recommended a total funds budget of \$133,394,918, which includes \$54,081,664 General Fund, \$25,983 Lottery Funds, \$32,555,860 Other Funds expenditure limitation, \$46,731,411 Federal Funds expenditure limitation, and 156 positions (153.98 FTE). The recommended total funds budget is 17.1% lower than the 2019-21 legislatively approved budget as of June 2021, largely as the result of the anticipated expiration of enhanced Medicaid match received through a federal grant for health information technology, in September 2021. The recommended budget includes the following packages:

Package 070 – Revenue Shortfall. This package reduces Federal Funds by \$18,276,922 and nine positions (9.00 FTE) to recognize a decline in the federal match rate for healthcare information technology projects from 90-10 to either 75-25 or 50-50. This decline will eliminate state support for the Oregon Provider Directory and the Clinical Quality Metrics Registry and for Medicaid PreManage, which notifies health plans, CCOs, and providers of client emergency department and inpatient hospital usage.

Package 095 – December 2020 Rebalance. This package reduces total funds expenditures by \$1,828 to account for the centralization of postage and handling charges within the State Assessment and Enterprise-wide Costs budget.

Package 424 – Health IT – Backfill Federal Match Decrease. This package adds \$2,047,367 General Fund, \$2,643,726 Federal Funds expenditure limitation and six positions (6.00 FTE) to backfill a Federal Funds shortfall and maintain state support for Medicaid Pre-Manage, which notifies health plans, CCOs, and providers of client emergency department and inpatient hospital usage.

Package 801 – LFO Analyst Adjustments. This package adds \$70,000 Other Funds expenditure limitation to enhanced funding for the Oregon Prescription Drug Program contract based on higher projected fee revenues that are rebated to the program when members use their discount card. The package also increases FTE on an existing position by 0.17 FTE related to the division's federal grants.

Public Employees' Benefit Board

The Public Employees' Benefit Board (PEBB) designs, contracts for and administers health plans, group insurance policies, and flexible spending accounts for state employees and their dependents, representing approximately 140,000 Oregonians. PEBB is entirely funded with Other Funds through premiums collected for all insured individuals. Premiums are collected from agencies, universities, and self-pay members to directly cover the costs of the plans. Although PEBB's budget is reflected entirely as Other Funds, the agency receives its revenue from public employee health care premium payments; the state's share of these payments is approximately 46% General Fund.

The Subcommittee recommended an Other Funds budget of \$2,311,395,282 and 20 positions (19.50 FTE). The budget represents a 6.1% funding increase over the 2019-21 legislatively approved budget. The Subcommittee recommended the following packages:

Package 095 – December 2020 Rebalance. This package reduces Other Funds expenditure limitation by \$5,930 to account for the centralization of postage and handling charges within the State Assessment and Enterprise-wide Costs budget.

Package 426 – Benefit Management System. This package adds \$4,173,923 Other Funds expenditure limitation to continue work on replacing PEBB and OEGB's benefit management systems with a single system, which began during the 2019-21 biennium. The subcommittee approved this increase with the understanding DAS will unschedule all of it until the agency demonstrates to the DAS Chief Financial Office and Legislative Fiscal Office the readiness of the project to proceed into its next stage.

Oregon Educators Benefit Board

The Oregon Educators Benefit Board (OEGB) administers medical, dental, vision, and other benefits for Oregon's school districts, community colleges, and education service districts for more than 150,000 employees, retirees and their families. Cities, counties, and special districts are also eligible to join the OEGB benefits program. OEGB designs and maintains a full range of benefit plans for eligible and participating entities to offer their employees and early retirees. OEGB is entirely funded with Other Funds revenue from premium payments, which OEGB then expends to purchase insurance plans.

The Subcommittee recommended a budget of \$1,874,912,819 Other Funds expenditure limitation and 20 positions (20.00 FTE). The budget represents a 3.9% increase compared to the 2019-21 legislatively approved budget. The recommended budget includes the following packages:

Package 095 – December 2020 Rebalance. This package reduces Other Funds expenditure limitation by \$5,929 to account for the centralization of postage and handling charges within the State Assessment and Enterprise-wide Costs budget.

Package 426 – Benefit Management System. This package adds \$4,009,635 Other Funds expenditure limitation to continue work on replacing PEBB and OEGB's benefit management systems with a single system, work which began during the 2019-21 biennium. The subcommittee approved this increase with the understanding DAS will unschedule all of it until the agency demonstrates to the DAS Chief Financial Office and Legislative Fiscal Office the readiness of the project to proceed into its next stage.

Public Health

The Public Health Division administers statewide programs that protect the public health by working to prevent the leading causes of death, disease and injury. Public Health's programs complement OHA's health care programs by focusing on prevention and helping reduce the need for more costly services. Oregon's public health system includes federal, state, county and local agencies, private organizations, and numerous

other partners. Public Health operates some programs directly, and funds and coordinates other programs through local public health authorities across the state.

The Subcommittee recommended a budget for Public Health of \$970,582,802 total funds, which includes \$155,917,852 General Fund, \$277,366,127 Other Funds expenditure limitation, \$40,000,000 Other Funds Nonlimited, \$394,569,772 Federal Funds expenditure limitation, \$102,729,051 Federal Funds Nonlimited, and 850 positions (834.86 FTE). The budget represents a total funds decrease of 16.6% (largely the result of expiring grants related to the COVID-19 public health emergency) and a General Fund increase of 66.8% compared to the 2019-21 legislatively approved budget, as of June 2021. The change in General Fund is largely due to increased support for Public Health Modernization and additional funding for a voluntary universal home visiting program. The recommended budget includes the following packages:

Package 070 – Revenue Shortfalls. This package decreases Other Funds expenditure limitation by \$5,208,300, to recognize revenue shortfalls in Cigarette and Tobacco Product Taxes, as well as shortfalls in the following fee programs: ambulance licenses, radiation protection service fees, ORELAP fees, Health Licensing Office – respiratory therapists and polysomnographic technologists fees, Prescription Drug Monitoring Program licensing fees, Health Licensing Office - Board of Cosmetology fees, and home health agencies licensing fees.

Package 087 – August 2020 Special Session Rollup. This package increases total fund expenditures by \$60,408,847 and 15 positions (15.00). The package reduces Other Funds expenditure limitation by \$1,495,538 and increases General Fund by a like amount to recognize the shortfall in the Oregon Medical Marijuana Program revenues used in prior biennia to support other areas of Public Health’s budget, \$3,308,559 in total funds and 14 positions (14.00 FTE) to establish positions related to federal grants and to recognize increased fee revenue received in Public Health, and \$56,812,879 Federal Funds limitation for federal grants to increase Public Health’s capacity to respond to the COVID-19 public health emergency through additional testing, contact tracing, laboratory work, and data reporting. The package reduces total funds expenditure limitation by \$287,409 and adds one position related to fully funded positions transferring to Public Health from Multnomah County and a position transferring from Public Health to the Shared Services division.

Package 095 – December 2020 Rebalance. This package increases total funds by \$1,699,429 and two positions (2.00 FTE). This includes \$1.2 million Federal Funds limitation and one position (1.00 FTE) for a SAMHSA Zero Suicide grant, \$0.9 million Federal Funds and one position (1.00 FTE) for a CDC grant to strengthen environmental health capacity, \$0.3 million Federal Funds for a grant to do firearm surveillance, a reduction of \$0.1 million total funds for the transfer of postage and handling to the State Assessment and Enterprise-wide Charges budget, a reduction of \$232,286 Federal Funds related to an expiring grant funding the Domestic Well program, and a reduction of \$312,889 General Fund which is transferred to the Health Systems Division for joint work on reproductive health.

Package 417 – Public Health Modernization. This package adds \$45.0 million General Fund, reduces \$0.5 million Other Funds expenditure limitation, reduces \$0.8 million Federal Funds expenditure limitation, and adds 24 positions (24.00 FTE). This investment will improve the state’s

core public health capacity to deal with emerging public health challenges and address health inequities. The legislature invested \$5 million General Fund in 2017, and \$10 million in 2019 in this multi-biennia effort to modernize Oregon’s public health system.

Package 418 – Universally Offered Home Visiting. This package adds \$4,607,350 General Fund, \$3,196,819 Federal Funds expenditure limitation and four positions (3.50 FTE), to continue the rollout of the Universally Offered Home Visiting program established by Senate Bill 526 (2019), making this service available to an additional 2-4 communities during the 2021-23 biennium. Planning for this program has been ongoing in the 2019-21 biennium, although service rollout was delayed due to the COVID-19 pandemic.

Package 448 – Radiation Protection Fees. This package adds \$1,408,249 Other Funds expenditure limitation and three positions (2.25 FTE) to maintain current operations and to address a backlog of inspections. Radiation Protection Services protects Oregonians from unnecessary exposure to radiation. The package supports increases in most fees the program charges between 33%-60%. This program’s fees are in statute; the Subcommittee recommended HB 2075 to enact this change.

Package 451 – Home Health Agency Fees. This package adds \$51,265 Other Funds expenditure limitation to continue operating the Home Health Agency licensing program at its current level and to repay funds it is borrowing internally to continue operations. The program licenses home health agencies to protect the public. The package supports increases in the fees the agency charges by 250%, increasing a renewal license from \$850 per year to \$2,125 per year. This program’s fees are in statute; the Subcommittee recommended HB 2072 to enact this change.

Package 453 – Prescription Drug Monitoring Program License Fees. This package adds \$657,936 Other Funds expenditure limitation to continue operating the Prescription Drug Monitoring Licensing program at its current level of funding. The program licenses healthcare providers, pharmacists and their staff to ensure the appropriate use of prescription drugs. The package supports the increase in the main licensing fee from \$25 to \$35 per year. This program’s fees are in statute; the Subcommittee recommended HB 2074 to enact this change.

Package 801 – LFO Analyst Adjustments. The package adds \$5,708,769 General Fund, \$49,594,000 Other Funds expenditure limitation, \$35,263,085 Federal Funds expenditure limitation, and 44 positions (33.27) to enhance Public Health’s programs, recognize increased federal grant revenues, and update revenues for the latest revenue forecasts.

The package includes the following program enhancements:

- **Nurse Staffing:** \$1,383,589 General Fund and 6 positions (3.75 FTE) to provide additional staffing for Public Health to support the ongoing implementation of Oregon’s nurse staffing law.
- **Ballot Measure 109 Implementation:** \$2,217,107 General Fund and 14 positions (5.52 FTE) for Ballot Measure 109 (2020) implementation. The measure legalized the medicinal use of psilocybin and requires OHA to establish a regulatory program which will

eventually be funded with a tax on the drug. This package includes General Fund to support the implementation of the measure but does not include the Other Funds expenditure limitation associated with the tax given the number of unknowns about the potential size of the market, the timing of implementation and the need for regulatory oversight. OHA should return to the February 2022 session with more information to request funding to continue implementation of the program.

- **Drinking Water Testing:** \$375,000 General Fund for drinking water testing in wildfire-affected areas. This funding, first approved by the October 2020 Emergency Board in the wake of devastating wildfires, included \$600,000 for testing domestic wells and \$150,000 for testing small water systems. Domestic well funding was not fully spent in the 2019-21 biennium due to delays in debris cleanup. The package provides \$150,000 General Fund for domestic wells to maintain the funding originally awarded in 2019-21. The package appropriates an additional \$225,000 for testing of small water systems, including an additional 850 samples and follow up on the original samples due to the contamination of service lines.
- **Spinal Muscular Atrophy:** \$440,770 General Fund and one position (1.00 FTE) for testing newborns for spinal muscular atrophy.
- **Senior / WIC Nutrition:** \$1,200,000 General Fund and one position (1.00 FTE) for Senior / WIC nutrition enhancements.
- **Position Increases:** \$92,303 General Fund and four positions (4.00 FTE) for administrative and finance positions needed in Public Health, including a Finance Manager, a Local-Tribal Public Health Manager, an Office Manager, and a policy lead in the Office of the Public Health Director. The remainder of these positions is funded with Federal Funds; the division is assumed to have sufficient Federal Funds expenditure limitation to pay for these positions.

The package includes \$45,594,000 Other Funds expenditure limitation for the May 2021 Cigarette and Tobacco Product Tax forecasts, which reflect the passage of Ballot Measure 108 (2020). The measure increased funding tobacco prevention and cessation activities in Public Health. The updated funding includes the carryforward of a \$10 million Other Funds beginning balance which was unspent in 2019-21, as well as an increase in ongoing funding, due to the passage of the measure.

The package also includes \$35,263,085 Federal Funds expenditure limitation to reflect several grants received by Public Health since the development of its budget, including the following:

- **CDC Health Equity:** \$33,925,082 from the Centers for Disease Prevention and Control (CDC) for a non-competitive grant to advance health equity in Oregon's COVID-19 response. OHA will use the grant funds to establish 17 health equity positions to ensure Public Health is able to attract and retain a diverse workforce, provide training and technical assistance in order to expand culturally responsive contact tracing, wraparound services and recovery supports, and provide technical assistance and training for Local Public Health Authorities on the implementation of local Health Equity plans to support the communities most affected by COVID-19. The grant

includes funding for community-based organizations (CBOs) and tribes of \$14.1 million and \$10.7 million based on amounts allocated for similar purposes through the CARES Act of 2020. The CBOs and tribes will provide culturally and linguistically responsive contact tracing, wraparound services and recovery supports through community based organizations and tribes. Funding will also go to facilitate community leadership opportunities, develop an IT application to collect COVID-19 testing data including data on race, ethnicity, language and disability (REALD), and engage with community partners to address social and structural determinants of health. OHA expects to use future grants from the American Rescue Plan Act passed through the CDC to maintain funding for these services and positions during the 2021-23 biennium.

- **Other Grants:** \$1,183,003 and 1 position (1.00 FTE) for a grant from the Substance Abuse and Mental Health Services Administration for implementing a suicide prevention strategy, as well as a \$155,000 for a grant from the CDC for strengthening environmental public health capacity.

Oregon State Hospital

The Oregon State Hospital (OSH) provides psychiatric care for adults from all 36 counties at OSH's Salem and Junction City campuses. The hospital's primary goal is to help people recover from their mental illness and return to life in their communities. OSH's two primary campuses are budgeted at current service level to serve up to 704 individuals, with 588 beds in Salem, 100 beds in Junction City, and 16 beds at a Secure Residential Treatment Facility operated by OSH in Pendleton. OSH's role is to provide services and treatment to individuals in a way to prepare them to return to the community as soon as they are ready. Services include 24-hour on-site nursing, psychiatric and other credentialed professional staff, treatment planning, pharmacy, laboratory, food, and nutritional services, and vocational and educational services.

The vast majority of OSH is funded with General Fund. Other Funds revenue come from Medicare, Medicaid, third-party insurance, and the operation of a café and other enterprise-type activities. Reimbursements from insurance are limited; many patients are uninsured at the time of their admission to OSH, and Aid and Assist patients are less likely to be insured than other groups. In addition, federal law precludes institutions of mental disease, like OSH, from billing Medicaid for most services provided, and Medicare has a lifetime limit of 180 days per patient for inpatient psychiatric treatment. Federal Funds come from Disproportionate Share Hospital payments, which are capped at approximately \$5.0 million times Oregon's traditional FMAP rate per quarter.

The budget recommended by the Subcommittee is \$725,679,620 total funds, which includes \$658,138,400 General Fund, \$39,148,279 Other Funds expenditure limitation, \$28,392,941 Federal Funds expenditure limitation, and 2,425 positions (2,424.82 FTE). The recommended total funds budget is 5.8% higher than the 2019-21 Legislatively Approved Budget as of June 2021. The General Fund budget increased 8% over the 2019-21 legislatively approved budget. The recommended budget includes the following packages:

Package 087 – August 2020 Special Session Roll-up. This package increases total funds by \$27,626,812, and reduces 16 positions to account for a number of program changes. The package increases General Fund by \$25,013,844 to account for higher than budgeted expenditures for staffing

overtime, temporary and contract employees that are needed as a result of the increase in high-acuity patients who require additional staff to manage and increased staff call-outs. The package increases General Fund by \$8,344,215 and five positions (5.00 FTE) to recognize OHA's decision to open two cottages (the Rivers Run program) at Junction City, in July of 2019, to create the capacity in other parts of the hospital needed to manage patients unable to aid and assist in their own defense at trial and to establish a team within OSH to improve the care of Aid and Assist patients. The package reduces total funds by \$5,731,247 and 21 positions (21.00 FTE) to recognize reductions to OSH's utilization management department, hospital systems analysis and management program, LEAN and risk management program, facility operations, and legal services, as well as the elimination of the REACH patient incentive program and one program executive team.

Package 095 – December 2020 Rebalance. This package adds \$1,782,893 General Fund to recognize the transfer of the budget for electronic health records backups from the State Assessment and Enterprise-wide Cost budget to OSH's budget for a net-zero adjustment agency-wide.

Package 416 – Position Conversions. This package establishes 22 permanent, full-time positions (22.00 FTE) to transition staff who are currently contracted to full-time OSH staff; this package is funded by a like reduction in contracted dollars resulting in a net zero change to expenditures.

Package 801 – LFO Analyst Adjustments. This package reduces General Fund by \$6,607,551 to recognize savings from closing the Rivers Run program at the OSH. The 16-bed Rivers Run Residential Treatment Facility opened in July 2019 to provide capacity to treat Aid and Assist patients. The hospital used the additional 16 beds to transition civilly committed patients into a lower level of care, freeing up bed space for Aid and Assist patients on the Salem campus for patients who needed a hospital level of care. Due to an ongoing decline in the population of patients who are civilly committed at the state hospital there are no longer enough patients to keep the program open. In April 2021, the Oregon State Hospital discharged its last four patients from Rivers Run into the community and closed the facility, leading to the savings in the 2021-23 budget. The 5-member team established to improve care for Aid and Assist patients established in Package 087 remain part of OSH's 2021-23 budget.

Package 802 – Open two Junction City units. This package adds \$30,992,454 General Fund and 110 positions (110.00 FTE) to open the 48 remaining hospital level of care beds at the Oregon State Hospital – Junction City campus which were unbudgeted at current service level. The opening of these additional units will enable the Salem campus to make more bed space available to admit additional Aid and Assist patients, which the state is required to serve within seven days of a court determining them unable to aid and assist in their own defense at trial. The COVID-19 pandemic has slowed admissions to OSH due to the need to quarantine patients on admission, and has limited options for discharge due to closures of community-based services. As of June of 2021 OSH is at 94.6% capacity and has a total of 64 patients waiting for admission in a community setting. The funding for opening the units was approved with the understanding DAS will unschedule funding for one of the units until the hospital has hired the needed staff and is ready to open the first one.

In addition to establishing the 2021-23 for OHA, House Bill 5024 creates a \$20 million Special Purpose Appropriation to the Emergency Board, to be allocated to the Oregon Health Authority for maintaining appropriate staffing levels at the Oregon State Hospital pending work with staff and other stakeholders to establish a sustainable plan per the budget note approved by the Subcommittee:

Budget Note

The Oregon Health Authority (OHA) shall consult with relevant stakeholders to resolve staffing shortfalls at the Oregon State Hospital. The relevant stakeholders OHA shall consult with include, but are not limited to, managerial and direct care staff employed by the Oregon State Hospital; community mental health programs; and hospital and other health care providers. No later than November 1, 2021, OHA shall submit a financially and programmatically sustainable plan to the Emergency Board or Interim Joint Committee on Ways and Means that provides solutions for maintaining appropriate daily staffing levels to ensure the safety of both patients and staff.

Central Services, Shared Services, and State Assessments and Enterprise-wide Costs

Core administrative functions for OHA are divided into Central Services, Shared Services, and State Assessments and Enterprise-Wide Costs (SAEC). Central Services provides leadership and business support for the agency’s mission, including the director’s office, external relations, agency operations, the fiscal division, and the Office of Equity and Inclusion. The Shared Services program crosses both OHA and the Oregon Department of Human Services, supporting the business functions of both departments under a joint governance agreement. OHA Shared Services contains the Office of Information Services and the Information Security and Privacy Office. SAEC is the budget structure for payments to Department of Administrative Services (DAS) and third parties for goods and services that serve the whole agency, such as rent, state data center charges, DAS risk assessment, DAS government services charges, unemployment assessments, mass transit taxes, computer replacement, and debt service. SAEC is funded based on cost allocation models which determine the distribution of expenditures for OHA and DHS Shared Services and the revenue distribution by fund type.

The Subcommittee’s recommended budget for these administrative functions is \$608,317,983 total funds, which includes \$299,039,510 General Fund, \$519,457 Lottery Funds, \$239,281,881 Other Funds expenditure limitation, \$69,477,135 Federal Funds expenditure limitation, and 757 positions (754.72 FTE). The budget represents a total funds decrease of 27% (largely the result of one-time expenses related to debt refinancing) and General Fund increase of 15.8 % compared to the 2019-21 legislatively approved budget, as of June 2021. The recommended budget includes the following packages:

Package 087 – August 2020 Special Session Roll-up. This package increases total funds expenditures by \$1,500,454 and 10 positions (10.00 FTE) to recognize the disbanding of shared human resources and the transfer of human resources staff from the Department of Human Services to the Oregon Health Authority, as well as the transfer of a position from Central Services to the Health Systems Division, as approved by the legislature in the August 2020 special session. The package also recognizes a transfer of a position from Public Health and from the Department of Human Services – Child Welfare division to OHA Shared Services, as approved in the August 2020 special session. The package adjusts for the transfer of positions in SAEC shared funding.

Package 095 – December 2020 Rebalance. This package reduces total funds expenditures by \$823,360, to account for the centralization of postage and handling charges with the State Assessment and Enterprise-wide costs budget and through the transfer of electronic health record backup charges to the Oregon State Hospital budget to reflect OSH as the sole user of this service.

Package 099 – Microsoft 365 Consolidation. This package reduces General Fund by \$2,007,874, Other Funds expenditure limitation by \$504,835, and Federal Funds expenditure limitation by \$513,457, to account for the consolidation of Microsoft 365 within the Office of the State Information Officer at the E5 level of service. This cost is built into the State Government Service Charge for every agency as a cost increase for the 2021-23 biennium. This package makes a corresponding reduction to the agency base budget in an amount equivalent to what agencies should be paying in the 2019-21 biennium for Microsoft 365 at the E3 level of service.

Package 206 – Integrated Eligibility. This package adds \$11,654,231 total funds and 39 positions (39.00 FTE) to support ongoing work to maintain and enhance the Integrated Eligibility system after the system has gone live. This request is in addition to 25 permanent positions in OHA shared services that the legislature established in the 2019 legislative session to support the implementation of the system.

Package 207 – Provider Time Capture. This package adds \$901,075 total funds and three positions (3.00 FTE) for OHA’s Office of Information Services to provide maintenance and support for the Provider Time Capture system that ODHS is planning to operationalize in the 2021-23 biennium.

Package 402 – Health Equity Implementation. This package adds \$5,825,829 General Fund, \$509,764 Other Funds expenditure limitation, \$946,685 Federal Funds expenditure limitation and 17 positions (15.08 FTE) to expand OHA’s Office of Equity and Inclusion to help the agency meet its 10-year goal of eliminating health inequities in Oregon by 2031-33. The request also reclassifies three positions upwards, including the division manager from a Principle Executive Manager G to a Principle Executive Manager H, and reclassify the managers of the Health Equity and Diversity, Inclusion, Training and Civil Rights sections from PEM Es to PEM Fs.

Package 404 – Tribal Traditional Health Worker. This package adds \$384,855 total funds and one position (0.75 FTE) for a position to assist with the creation of a sixth Traditional Health Worker category for Indian Health Care Providers. This allows for the creation of training and certification processes for the individuals, which allows them to receive Medicaid reimbursement for tribal based practices and other culturally specific services.

Package 414 – Behavioral Health IT System. This package adds \$1,669,288 Other Funds expenditure limitation and six positions (6.00 FTE) to continue modernization work on the Compass portfolio of projects, started during the 2019-21 biennium, which will improve behavioral health data available to OHA. This includes projects to establish a behavioral health data warehouse, a longitudinal assessment tool, and replacement costs for a behavioral health reporting system.

Package 801 – LFO Analyst Adjustments. This package adds \$1,098,286 General Fund, \$25,834 Other Funds expenditure limitation, \$288,584 Federal Funds expenditure limitation, and six positions (6.00 FTE) to account for a series of adjustments in OHA’s Central Services division. This includes the creation of one permanent full-time Operations and Policy Analyst 4 for the OHA budget team to focus on revenue reporting, monitoring and cash flow forecasting. This position is needed due to the growth over time and increasing complexity of OHA’s Other Funds revenues, which play an increasingly important role in the services OHA provides. The package also includes the creation of two permanent, full-time Fiscal Analyst 3 positions in OHA’s budget team, one to focus on budgeting and financial reporting related to the new behavioral health resource networks created by Ballot Measure 110 (2020) and SB 755 (2021), and one to focus on budgeting and financial reporting related to legislative investments in other community-based behavioral health services. Finally, the package includes three permanent full-time positions to assist OHA clients with navigating the healthcare system and utilizing their benefits.

The Subcommittee approved the following budget note:

Budget Note

The Oregon Health Authority shall work with the Department of Administrative Services Chief Financial Office and Legislative Fiscal Office to establish a more detailed agency appropriation structure for its primary biennial budget bill. At a minimum, this structure shall detail the amount of funding budgeted for Medicaid, non-Medicaid behavioral health, the Public Health Division, Health Policy and Analytics Division, Oregon State Hospital, the Public Employees’ Benefit Board, Oregon Educators Benefit Board, and central administrative functions. This new budget structure shall be recommended and prepared prior to the 2023 legislative session.

Summary of Performance Measure Action

See attached “Legislatively Approved 2021-2023 Key Performance Measures.”

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority and Emergency Board
Patrick Health - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2019-21 Legislatively Approved Budget at Jan. 2021*	\$ 2,638,919,478	\$ 17,999,344	\$ 8,013,520,232	\$ 274,869,903	\$ 14,091,471,331	\$ 106,196,261	\$ 25,142,976,549	4,381	4,316.87
2021-23 Current Service Level (CSL)*	\$ 3,580,224,176	\$ 17,338,086	\$ 8,170,116,328	\$ 40,000,000	\$ 14,614,326,326	\$ 102,729,051	\$ 26,524,733,967	4,277	4,263.81
SUBCOMMITTEE ADJUSTMENTS (from CSL)									
Oregon Health Authority									
SCR 030-01 Health Systems Division									
Package 081: April 2020 Emergency Board	\$ 1,199,536	\$ -	\$ -	\$ -	\$ 1,847,109	\$ -	\$ 3,046,645	0	0.00
Package 087: August 2020 Special Session Rollup	\$ (39,195,814)	\$ (260,750)	\$ 22,502,189	\$ -	\$ (73,367,118)	\$ -	\$ (90,321,493)	32	31.05
Package 095: December 2020 Rebalance	\$ (105,890)	\$ -	\$ -	\$ -	\$ (159,469)	\$ -	\$ (265,359)	1	1.00
Package 206: Integrated Eligibility	\$ 165,738	\$ -	\$ -	\$ -	\$ 497,214	\$ -	\$ 662,952	0	0.00
Package 403: Indian Managed Care	\$ 1,441,980	\$ -	\$ -	\$ -	\$ 13,517,450	\$ -	\$ 14,959,430	0	0.00
Package 405: CAWEM Outpatient Dialysis Coverage	\$ 1,143,012	\$ -	\$ -	\$ -	\$ 1,757,251	\$ -	\$ 2,900,263	0	0.00
Package 407: Fee-for-Service Capacity	\$ 12,057,223	\$ -	\$ -	\$ -	\$ 20,137,313	\$ -	\$ 32,194,536	9	6.75
Package 412: Contract Capacity	\$ 237,898	\$ -	\$ 10,476	\$ -	\$ 248,382	\$ -	\$ 496,756	2	1.50
Package 414: Behavioral Health Information System	\$ 2,320,585	\$ -	\$ -	\$ -	\$ 5,407,953	\$ -	\$ 7,728,538	0	0.00
Package 419: CCO 2.0 Quality Assurance	\$ 870,172	\$ -	\$ -	\$ -	\$ 1,152,584	\$ -	\$ 2,022,756	4	4.00
Package 431: Substance Use Disorder Waiver	\$ 19,298,207	\$ -	\$ -	\$ -	\$ 110,217,871	\$ -	\$ 129,516,078	1	1.00
Package 801: LFO Analyst Adjustments									
OHP Caseload - Spring 2021 Forecast	\$ 462,678,040	\$ -	\$ -	\$ -	\$ 1,722,538,403	\$ -	\$ 2,185,216,443	0	0.00
110	\$ 70,208,000	\$ -	\$ (70,208,000)	\$ -	\$ -	\$ -	\$ -	0	0.00
Insurer Assessment Revenue	\$ (74,000,000)	\$ -	\$ 82,000,000	\$ -	\$ 24,000,000	\$ -	\$ 32,000,000	0	0.00
Rural A/B hospital assessment from 5.5% to 6.0%	\$ (16,790,000)	\$ -	\$ 23,000,000	\$ -	\$ 16,790,000	\$ -	\$ 23,000,000	0	0.00
1915i residential services caseload	\$ (1,000,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,000,000)	0	0.00
Reproductive health reimbursement	\$ 6,679,460	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,679,460	0	0.00
Neonatal reimbursement rates	\$ 750,000	\$ -	\$ -	\$ -	\$ 1,174,000	\$ -	\$ 1,924,000	0	0.00
Transfer to OHCS: rental and wraparound for permanent supportive housing	\$ (18,580,500)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (18,580,500)	0	0.00
Tobacco Tax - Adjust to May 2021 forecast for OHP	\$ (424,959,000)	\$ -	\$ 424,959,000	\$ -	\$ -	\$ -	\$ -	0	0.00
Tobacco Tax - Adjustment to May 2021 forecast for Mental Health	\$ 11,039,000	\$ -	\$ (11,039,000)	\$ -	\$ -	\$ -	\$ -	0	0.00
Tobacco Master Settlement revenue	\$ (12,846,500)	\$ -	\$ 12,846,500	\$ -	\$ -	\$ -	\$ -	0	0.00
Enhanced FMAP savings	\$ (240,000,000)	\$ -	\$ -	\$ -	\$ 240,000,000	\$ -	\$ -	0	0.00
Base FMAP Change	\$ 19,873,874	\$ -	\$ 542,949	\$ -	\$ (20,416,823)	\$ -	\$ -	0	0.00
Lottery Funds - Adjust to May 2021 forecast	\$ -	\$ 1,303,997	\$ -	\$ -	\$ -	\$ -	\$ 1,303,997	0	0.00
Federal Grant limitation (2019)	\$ -	\$ -	\$ -	\$ -	\$ 2,491,729	\$ -	\$ 2,491,729	0	0.00
Mobile Response and Stabilization - SB 1 (2019)	\$ 4,918,175	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,918,175	3	2.50
Interdisciplinary Assessment Teams - SB 1 (2019)	\$ 6,500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,500,000	0	0.00
Interdisciplinary Assessment Teams - SB 1 (2019)	\$ 5,700,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,700,000	0	0.00

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE	
			LIMITED	NONLIMITED	LIMITED	NONLIMITED				
Package 802: Behavioral Health System Investments										
Regional Development and Innovation	\$ 65,000,000	\$ -	\$ 65,000,000	\$ -	\$ -	\$ -	130,000,000	0	0.00	
Transformation and System Alignment	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	1,000,000	2	2.00	
OHA Operations	\$ 2,500,000	\$ -	\$ -	\$ -	\$ -	\$ -	2,500,000	12	12.00	
Certified Community Behavioral Health Clinics	\$ 24,873,949	\$ -	\$ -	\$ -	\$ 96,520,781	\$ -	121,394,730	6	5.00	
Aid and Assist - Community Services	\$ 18,652,326	\$ -	\$ -	\$ -	\$ 2,336,352	\$ -	20,988,678	0	0.00	
Aid and Assist - Evaluation Services	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	500,000	0	0.00	
Intensive Services Unit	\$ 1,818,390	\$ -	\$ 2,218	\$ -	\$ 297,787	\$ -	2,118,395	10	10.00	
Psychiatric Residential Treatment Service capacity	\$ 7,525,000	\$ -	\$ -	\$ -	\$ -	\$ -	7,525,000	0	0.00	
Young Adults in Transition	\$ 9,200,000	\$ -	\$ -	\$ -	\$ -	\$ -	9,200,000	0	0.00	
Tribal Based Practices	\$ 500,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ -	1,500,000	0	0.00	
Drug Treatment and Recovery Services	\$ -	\$ -	\$ 302,193,109	\$ -	\$ -	\$ -	302,193,109	12	12.00	
Mental Health / Substance Abuse Block Grants	\$ -	\$ -	\$ -	\$ -	\$ 32,395,439	\$ -	32,395,439	0	0.00	
SCR 030-02 Health Policy and Analytics										
Package 070: Revenue Shortfall	\$ -	\$ -	\$ -	\$ -	\$ (18,276,922)	\$ -	(18,276,922)	(9)	(9.00)	
Package 095: December 2020 Rebalance	\$ (914)	\$ -	\$ -	\$ -	\$ (914)	\$ -	(1,828)	0	0.00	
Package 424: Health IT - Backfill Federal Match decrease	\$ 2,047,367	\$ -	\$ -	\$ -	\$ 2,643,726	\$ -	4,691,093	6	6.00	
Package 801: LFO Analyst Adjustments										
Prescription Drug Monitoring Program contract	\$ -	\$ -	\$ 70,000	\$ -	\$ -	\$ -	70,000	0	0.00	
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	0	0.17	
SCR 030-03 Public Employees' Benefit Board										
Package 095: December 2020 Rebalance	\$ -	\$ -	\$ (5,930)	\$ -	\$ -	\$ -	(5,930)	0	0.00	
Package 426: Benefit Management System	\$ -	\$ -	\$ 4,173,293	\$ -	\$ -	\$ -	4,173,293	0	0.00	
SCR 030-04 Oregon Educators Benefit Board										
Package 095: December 2020 Rebalance	\$ -	\$ -	\$ (5,929)	\$ -	\$ -	\$ -	(5,929)	0	0.00	
Package 426: Benefit Management System	\$ -	\$ -	\$ 4,009,635	\$ -	\$ -	\$ -	4,009,635	0	0.00	
SCR 030-05 Public Health										
Package 070: Revenue Shortfalls	\$ -	\$ -	\$ (5,208,300)	\$ -	\$ -	\$ -	(5,208,300)	0	0.00	
Package 087: August 2020 Special Session Roll-up	\$ 1,257,426	\$ -	\$ (724,935)	\$ -	\$ 59,876,356	\$ -	60,408,847	15	15.00	
Package 095: December 2020 Rebalance	\$ (386,617)	\$ -	\$ 30,466	\$ -	\$ 2,055,580	\$ -	1,699,429	2	2.00	
Package 417: Public Health Modernization	\$ 45,000,000	\$ -	\$ (465,178)	\$ -	\$ (752,016)	\$ -	43,782,806	24	24.00	
Package 418: Universally Offered Home Visiting	\$ 4,607,350	\$ -	\$ -	\$ -	\$ 3,196,819	\$ -	7,804,169	4	3.50	
Package 448: Radiation Protection Fees	\$ -	\$ -	\$ 1,408,249	\$ -	\$ -	\$ -	1,408,249	3	2.25	
Package 451: Home Health Agency Fees	\$ -	\$ -	\$ 51,265	\$ -	\$ -	\$ -	51,265	0	0.00	
Package 453: Prescription Drug Monitoring Program License Fees	\$ -	\$ -	\$ 657,936	\$ -	\$ -	\$ -	657,936	0	0.00	

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE	
			LIMITED	NONLIMITED	LIMITED	NONLIMITED				
Package 801: LFO Analyst Adjustments										
Support nurse staffing law	\$ 1,383,589	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,383,589	6	3.75	
Ballot Measure 109 Implementation (psilocybin)	\$ 2,217,107	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,217,107	14	5.52	
Drinking Water Testing for Wildfire-affected areas	\$ 375,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 375,000	0	0.00	
Newborn testing for spinal muscular atrophy	\$ 440,770	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 440,770	1	1.00	
CDC Health Equity Grant	\$ -	\$ -	\$ -	\$ -	\$ 33,925,082	\$ -	\$ 33,925,082	17	17.00	
Senior / WIC Nutrition	\$ 1,200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200,000	1	1.00	
Tobacco Tax - May 2021 Forecast update	\$ -	\$ -	\$ 49,594,000	\$ -	\$ -	\$ -	\$ 49,594,000	0	0.00	
Position increases	\$ 92,303	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 92,303	4	4.00	
Federal grant adjustments	\$ -	\$ -	\$ -	\$ -	\$ 1,338,003	\$ -	\$ 1,338,003	1	1.00	
SCR 030-06 Oregon State Hospital										
Package 087: August 2020 Special Session Roll-up	\$ 28,229,021	\$ -	\$ (141,401)	\$ -	\$ (460,808)	\$ -	\$ 27,626,812	(16)	(16.00)	
Package 095: December 2020 Rebalance	\$ 1,782,893	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,782,893	0	0.00	
Package 416: Position Conversions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	22	22.00	
Package 801: LFO Analyst Adjustments										
City	\$ (6,607,551)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (6,607,551)	0	0.00	
Package 802: Open two Junction City units	\$ 30,992,454	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,992,454	110	110.00	
SCR 010-040, 010-045, 010-050 Central Svcs, Shared Svcs, SAEC										
Package 087: August 2020 Special Session Roll-up	\$ 306,605	\$ 260,750	\$ 324,184	\$ -	\$ 608,915	\$ -	\$ 1,500,454	10	10.00	
Package 095: December 2020 Rebalance	\$ (1,297,139)	\$ -	\$ 41,355	\$ -	\$ 432,424	\$ -	\$ (823,360)	0	0.00	
Package 099: Microsoft 365 Consolidation	\$ (2,007,874)	\$ -	\$ (504,835)	\$ -	\$ (513,457)	\$ -	\$ (3,026,166)	0	0.00	
Package 206: Integrated Eligibility	\$ 352,609	\$ -	\$ 11,072,142	\$ -	\$ 229,480	\$ -	\$ 11,654,231	39	39.00	
Package 207: Provider Time Capture	\$ 58,615	\$ -	\$ 824,214	\$ -	\$ 18,246	\$ -	\$ 901,075	3	3.00	
Package 402: Health Equity Implementation	\$ 5,825,829	\$ -	\$ 509,764	\$ -	\$ 946,685	\$ -	\$ 7,282,278	17	15.08	
Package 404: Tribal Traditional Health Worker	\$ 308,499	\$ -	\$ 26,224	\$ -	\$ 50,132	\$ -	\$ 384,855	1	0.75	
Package 414: Behavioral Health IT System	\$ -	\$ -	\$ 1,669,288	\$ -	\$ -	\$ -	\$ 1,669,288	6	6.00	
Package 801: LFO Analyst Adjustments										
Behavioral Health Finance / Budget Positions	\$ 285,187	\$ -	\$ 4,305	\$ -	\$ 248,604	\$ -	\$ 538,096	2	2.00	
Medicaid Revenue Position	\$ 246,042	\$ -	\$ 21,529	\$ -	\$ 39,980	\$ -	\$ 307,551	1	1.00	
Health Care Navigators	\$ 567,057	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 567,057	3	3.00	
Emergency Board										
Package 801: LFO Analyst Adjustments										
Oregon State Hospital Staffing SPA	\$ 20,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000,000	0	0.00	
Package 802: Behavioral Health System Investments										
Transformation and Alignment SPA	\$ 49,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49,000,000	0	0.00	
TOTAL ADJUSTMENTS	\$ 117,448,489	\$ 1,303,997	\$ 919,240,782	\$ -	\$ 2,285,990,123	\$ -	\$ 3,323,983,391	381	361.82	
SUBCOMMITTEE RECOMMENDATION *	\$ 3,697,672,665	\$ 18,642,083	\$ 9,089,357,110	\$ 40,000,000	\$ 16,900,316,449	\$ 102,729,051	\$ 29,848,717,358	4,658	4,625.63	
% Change from 2019-21 Leg Approved Budget	40.1%	3.6%	13.4%	(85.4%)	19.9%	(3.3%)	18.7%	6.3%	7.2%	
% Change from 2021-23 Current Service Level	3.3%	7.5%	11.3%	0.0%	15.6%	0.0%	12.5%	8.9%	8.5%	

*Excludes Capital Construction Expenditures

Legislatively Approved 2021 - 2023 Key Performance Measures

Published: 6/21/2021 11:40:24 AM

Agency: Oregon Health Authority

Mission Statement:

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

Legislatively Approved KPMs	Metrics	Agency Request	Last Reported Result	Target 2022	Target 2023
1. INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.		Approved	37.80%	40.20%	40.20%
2. ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.		Approved	12.10%	11%	11%
3. FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.		Approved	75.10%	72%	72%
4. MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).		Approved	87.80%	90%	90%
5. FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (INITIATION) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed		Approved	64%	54%	54%
6. FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (CONTINUATION AND MAINTENANCE) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed		Approved	73.60%	65%	65%
8. 30 DAY ALCOHOL USE AMONG 6TH GRADERS - Percentage of 6th graders who have used alcohol in the past 30 days.		Approved	0%	3.50%	3.50%
9. 30 DAY ILLICIT DRUG USE AMONG 8TH GRADERS - Percentage of 8th graders who have used illicit drugs in the past 30 days.		Approved	0%	6%	6%
10. 30 DAY ALCOHOL USE AMONG 8TH GRADERS - Percentage of 8th graders who have used alcohol in the past 30 days.		Approved	0%	13%	13%
11. 30 DAY ILLICIT DRUG USE AMONG 11TH GRADERS - Percentage of 11th graders who have used illicit drugs in the past 30 days.		Approved	0%	16.50%	16.50%
12. 30 DAY ALCOHOL USE AMONG 11TH GRADERS - Percentage of 11th graders who have used alcohol in the past 30 days.		Approved	0%	26%	26%
13. PRENATAL CARE (POPULATION) - Percentage of women who initiated prenatal care in the first 3 months of pregnancy.		Approved	81.60%	91%	91%

Legislatively Approved KPMS	Metrics	Agency Request	Last Reported Result	Target 2022	Target 2023
14. PRENATAL CARE (MEDICAID) - Percentage of women who initiated prenatal care within 42 days of enrollment.		Approved	80.60%	91%	91%
15. PATIENT CENTERED PRIMARY CARE HOME (PCPCH) ENROLLMENT - Number of members enrolled in patient-centered primary care homes by tier.		Approved	79%	68%	68%
16. PQI 01: Diabetes Short-Term Complication Admission Rate		Approved	212.90	138	138
17. PQI 05: COPD or Asthma in Older Adults Admission Rate		Approved	439.30	404	404
18. PQI 08: Congestive Heart Failure Admission Rate		Approved	395.90	230	230
19. PQI 15: Asthma in Younger Adults Admission Rate		Approved	42.40	47.50	47.50
20. ACCESS TO CARE - Percentage of members who responded "always" or "usually" too getting care quickly.	a) Adults	Approved	81.70%	88%	88%
	b) Children		89.10%	88%	88%
21. MEMBER EXPERIENCE OF CARE - Composite measurement: how well doctors communicate; health plan information and customer service (Medicaid population).	a) Adult	Approved	88.80%	90%	90%
	b) Children		89.40%	90%	90%
22. MEMBER HEALTH STATUS - Percentage of CAHPS survey respondents with a positive self-reported rating of overall health (excellent, very good, or good).	a) Adult	Approved	66.10%	68.90%	68.90%
	b) Children		95.20%	68.90%	68.90%
23. RATE OF TOBACCO USE (POPULATION) - Rate of tobacco use among adults.		Approved	19.65%	15%	15%
24. RATE OF TOBACCO USE (MEDICAID) - Percentage of CCO enrollees who currently smoke cigarettes or use tobacco every day or some days.		Approved	29.80%	25%	25%
25. RATE OF OBESITY (POPULATION) - Percentage of adults who are obese among Oregonians.		Approved	29.50%	27%	27%
26. EFFECTIVE CONTRACEPTIVE USE (POPULATION) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.		Approved	68.10%	70%	70%
27. EFFECTIVE CONTRACEPTIVE USE (MEDICAID) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.		Approved	52.30%	58.20%	58.20%
28. FLU SHOTS (POPULATION) - Percentage of adults ages 50-64 who receive a flu vaccine.		Approved	53.10%	70%	70%
29. CHILD IMMUNIZATION RATES (POPULATION) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).		Approved	71.20%	80%	80%
30. CHILD IMMUNIZATION RATES (MEDICAID) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).		Approved	75.50%	82%	82%
31. PLAN ALL CAUSE READMISSIONS - Percentage of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission for members 18 years and older.		Approved	10.50%	10.50%	10.50%
32. ELIGIBILITY PROCESSING TIME - Median number of days processing time from date of request to eligibility determination.		Approved	2	31	31
33. OHP MEMBERS IN CCOs - Percent of Oregon Health Plan members enrolled in Coordinated Care Organizations.		Approved	88%	88%	88%

Legislatively Approved KPMs	Metrics	Agency Request	Last Reported Result	Target 2022	Target 2023
34. CUSTOMER SERVICE - Percentage of OHA customers rating their satisfaction with the agency's customer service as "good" or "excellent" overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Overall	Approved	86%	95%	95%
	Accuracy		86%	95%	95%
	Availability of Information		82%	95%	95%
	Expertise		86%	95%	95%
	Helpfulness		86%	95%	95%
	Timeliness		86%	95%	95%
7. 30 DAY ILLICIT DRUG USE AMONG 6TH GRADERS - Percentage of 6th graders who have used illicit drugs in the past 30 days.		Legislatively Deleted	1.80%	1.30%	

LFO Recommendation:

Approve Key Performance Measures and targets for 2022 and 2023 as proposed.

Direct the Oregon Health Authority to conduct a review of existing measures, data, and targets and report back to the Legislature by 2022 with proposed changes. The proposed changes shall include the addition of new measures and targets addressing health equity.

SubCommittee Action:

Approve the Legislative Fiscal Office recommendation.

HB 5042 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Rayfield

Joint Committee On Ways and Means

Action Date: 03/19/21

Action: Do pass with amendments. (Printed A-Eng.)

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Senate Vote

Yeas: 10 - Anderson, Frederick, Girod, Golden, Gorsek, Johnson, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 1 - Thomsen

Exc: 1 - Hansell

Prepared By: Julie Neburka, Legislative Fiscal Office

Reviewed By: Theresa McHugh, Laurie Byerly, Amanda Beitel, Legislative Fiscal Office

Various Agencies

2019-21

Budget Summary*

	2019-21 Legislatively Approved Budget	2021 Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
			\$ Change	% Change
<u>Emergency Board</u>				
General Fund - General Purpose	\$ 88,458,571	\$ -	\$ (88,458,571)	-100.0%
General Fund - Special Purpose Appropriations				
Secretary of State - SB 861 Implementation	\$ 1,146,094	\$ -	\$ (1,146,094)	-100.0%
ODF - Fire Protection Expenses	\$ 2,000,000	\$ -	\$ (2,000,000)	-100.0%
Various - COVID-19 Public Health Emergency	\$ 208,867,888	\$ -	\$ (208,867,888)	-100.0%
Various - Wildfire Recovery & Prevention	\$ 7,072,256	\$ -	\$ (7,072,256)	-100.0%
 <u>ADMINISTRATION PROGRAM AREA</u>				
<u>Department of Administrative Services</u>				
General Fund	\$ 189,019,780	\$ 212,673,561	\$ 23,653,781	12.5%
Other Funds	\$ 697,732,495	\$ 761,121,565	\$ 63,389,070	9.1%
<u>Oregon Liquor Control Commission</u>				
Other Funds	\$ 258,548,499	\$ 262,994,195	\$ 4,445,696	1.7%
<u>Department of Revenue</u>				
General Fund	\$ 193,109,647	\$ 193,001,249	\$ (108,398)	-0.1%
Other Funds	\$ 140,177,244	\$ 140,285,642	\$ 108,398	0.1%
 <u>CONSUMER AND BUSINESS SERVICES PROGRAM AREA</u>				
<u>Consumer and Business Services</u>				
Other Funds	\$ 396,722,792	\$ 401,722,792	\$ 5,000,000	1.3%
<u>Real Estate Agency</u>				
Other Funds	\$ 9,706,611	\$ 10,336,185	\$ 629,574	6.5%
 <u>ECONOMIC AND COMMUNITY DEVELOPMENT PROGRAM AREA</u>				
<u>Oregon Business Development Department</u>				
Other Funds	\$ 694,269,597	\$ 695,769,597	\$ 1,500,000	0.2%
Federal Funds	\$ 72,536,941	\$ 80,899,888	\$ 8,362,947	11.5%

Budget Summary*

	2019-21 Legislatively Approved Budget	2021 Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
			\$ Change	% Change
<u>Employment Department</u>				
Other Funds	\$ 199,742,735	\$ 229,742,735	\$ 30,000,000	15.0%
Federal Funds	\$ 289,627,887	\$ 259,627,887	\$ (30,000,000)	-10.4%
<u>Housing and Community Services Department</u>				
Federal Funds	\$ 316,568,848	\$ 317,095,799	\$ 526,951	0.2%
<u>Department of Veterans' Affairs</u>				
Federal Funds	\$ 3,267,259	\$ 4,227,341	\$ 960,082	29.4%
<u>EDUCATION PROGRAM AREA</u>				
<u>Department of Education</u>				
General Fund	\$ 857,416,440	\$ 1,097,913,300	\$ 240,496,860	28.0%
Other Funds	\$ 1,266,825,515	\$ 1,333,337,752	\$ 66,512,237	5.3%
Federal Funds	\$ 1,598,229,442	\$ 1,629,758,433	\$ 31,528,991	2.0%
<u>Higher Education Coordinating Commission</u>				
General Fund	\$ 38,064,384	\$ 43,044,384	\$ 4,980,000	13.1%
<u>State Support for Community Colleges</u>				
General Fund	\$ 682,473,923	\$ 683,015,956	\$ 542,033	0.1%
<u>HUMAN SERVICES PROGRAM AREA</u>				
<u>Oregon Health Authority</u>				
General Fund	\$ 2,578,141,819	\$ 2,583,367,815	\$ 5,225,996	0.2%
Other Funds	\$ 8,012,542,177	\$ 8,627,991,761	\$ 615,449,584	7.7%
Federal Funds	\$ 14,091,471,331	\$ 13,966,815,920	\$ (124,655,411)	-0.9%
<u>Department of Human Services</u>				
General Fund	\$ 3,718,265,808	\$ 3,721,165,808	\$ 2,900,000	0.1%
Other Funds	\$ 839,002,062	\$ 909,689,899	\$ 70,687,837	8.4%
Federal Funds	\$ 6,401,990,453	\$ 6,478,009,025	\$ 76,018,572	1.2%
<u>Long Term Care Ombudsman</u>				
Other Funds	\$ 1,111,464	\$ 1,117,464	\$ 6,000	0.5%

Budget Summary*

	2019-21 Legislatively Approved Budget	2021 Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
			\$ Change	% Change
<u>JUDICIAL BRANCH</u>				
<u>Public Defense Services Commission</u>				
General Fund	\$ 342,078,348	\$ 349,617,570	\$ 7,539,222	2.2%
<u>NATURAL RESOURCES PROGRAM AREA</u>				
<u>State Department of Energy</u>				
General Fund Debt Service	\$ 4,334,048	\$ -	\$ (4,334,048)	-100.0%
<u>Department of Environmental Quality</u>				
General Fund	\$ 50,110,873	\$ 50,205,208	\$ 94,335	0.2%
<u>Department of Forestry</u>				
General Fund	\$ 146,388,076	\$ 147,888,076	\$ 1,500,000	1.0%
Other Funds	\$ 375,087,994	\$ 389,281,557	\$ 14,193,563	3.8%
<u>Department of Land Conservation and Development</u>				
General Fund	\$ 17,819,643	\$ 17,919,643	\$ 100,000	0.0%
Other Funds	\$ 1,535,051	\$ 1,685,952	\$ 150,901	0.0%
<u>Department of State Lands</u>				
Other Funds	\$ 61,261,239	\$ 61,461,239	\$ 200,000	0.3%
Federal Funds	\$ 3,065,168	\$ 2,865,168	\$ (200,000)	-6.5%
<u>PUBLIC SAFETY PROGRAM AREA</u>				
<u>Department of Corrections</u>				
Other Funds	\$ 70,594,699	\$ 91,594,699	\$ 21,000,000	29.7%
<u>District Attorneys and their Deputies</u>				
General Fund	\$ 13,757,414	\$ 14,332,414	\$ 575,000	4.2%
<u>Department of Justice</u>				
General Fund	\$ 101,589,748	\$ 102,139,748	\$ 550,000	0.5%

Budget Summary*

	2019-21 Legislatively Approved Budget	2021 Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
			\$ Change	% Change
<u>Oregon Military Department</u>				
General Fund	\$ 26,479,602	\$ 27,318,666	\$ 839,064	3.2%
Other Funds	\$ 128,984,838	\$ 132,361,364	\$ 3,376,526	2.6%
Federal Funds	\$ 558,102,466	\$ 1,163,402,466	\$ 605,300,000	108.5%
<u>Oregon State Police</u>				
General Fund	\$ 286,303,088	\$ 287,803,088	\$ 1,500,000	0.5%
<u>Department of Public Safety Standards and Training</u>				
Other Funds	\$ 50,897,418	\$ 52,400,938	\$ 1,503,520	3.0%
<hr/>				
2019-21 Budget Summary				
General Fund Total	\$ 9,548,563,402	\$ 9,531,406,486	\$ (17,156,916)	-0.2%
General Fund Debt Service Total	\$ 4,334,048	\$ -	\$ (4,334,048)	-100.0%
Other Funds Total	\$ 13,204,742,430	\$ 14,102,895,336	\$ 898,152,906	6.8%
Federal Funds Total	\$ 23,334,859,795	\$ 23,902,701,927	\$ 567,842,132	2.4%

* Excludes Capital Construction

Position Summary

	2019-21 Legislatively Approved Budget	2021 Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
			Change	% Change
ECONOMIC AND COMMUNITY DEVELOPMENT PROGRAM AREA				
<u>Housing and Community Services</u>				
Authorized Positions	229	252	23	10.0%
Full-time Equivalent (FTE) positions	217.07	220.06	2.99	1.4%
EDUCATION PROGRAM AREA				
<u>Department of Education</u>				
Authorized Positions	695	697	2	0.3%
Full-time Equivalent (FTE) positions	650.48	650.90	0.42	0.1%
HUMAN SERVICES PROGRAM AREA				
<u>Oregon Health Authority</u>				
Authorized Positions	4,381	4,401	20	0.5%
Full-time Equivalent (FTE) positions	4,316.87	4,320.22	3.35	0.1%
NATURAL RESOURCES PROGRAM AREA				
<u>Department of Environmental Quality</u>				
Authorized Positions	789	791	2	0.3%
Full-time Equivalent (FTE) positions	765.49	765.66	0.17	0.0%

Summary of Revenue Changes

The General Fund appropriations made in HB 5042 are within resources available as projected in the March 2021 economic and revenue forecast by the Department of Administrative Services Office of Economic Analysis.

Summary of Capital Construction Subcommittee Action

The Subcommittee approved a series of actions in this omnibus budget reconciliation bill (HB 5042) needed to rebalance spending authority, address technical adjustments, modify appropriations, and adjust expenditure limitations in some 2019-21 agency budgets.

Emergency Board

HB 5042 disappropriates \$307,544,809 General Fund from the Emergency Board. This represents the balances of general purpose and special purpose appropriations in the Emergency Fund for the 2019-21 biennium. The largest of these is \$208.9 million left unspent from the \$400 million special purpose appropriation for the state's response to the COVID-19 pandemic public health emergency approved in December 2020 as part of SB 5731 (2020 Third Special Session).

ADMINISTRATION

Department of Administrative Services

The Subcommittee approved an increase in Other Funds expenditure limitation of \$54,465,305 to accept funds from the Federal Emergency Management Agency (FEMA) to reimburse the Department of Administrative Services (DAS) for emergency response efforts and activities related to both the COVID-19 pandemic (\$53,925,305) and the 2020 wildfire season in Oregon (\$540,000). An additional \$8,923,765 Other Funds expenditure limitation increase was approved for expenditure of Coronavirus Relief Funds to reimburse the Department for its costs associated with appropriate response efforts related to addressing the COVID-19 pandemic.

The Subcommittee recommended seven one-time General Fund appropriations to DAS totaling \$20,000,000 to award grants to specified nonprofit organizations and local governments to establish and/or operate navigation centers to assist individuals and families with access to health services, permanent housing, and public benefits. The grants are to be awarded as follows:

- \$1,500,000 to the City of McMinnville for a navigation center;
- \$1,500,000 to the City of Roseburg for a navigation center;
- \$2,000,000 to Bybee Lakes Hope Center for a navigation center;

- \$2,500,000 to the City of Bend for a navigation center;
- \$2,500,000 to the City of Medford for a navigation center;
- \$5,000,000 to the City of Salem for a navigation center; and
- \$5,000,000 to Lane County for a navigation center within the City of Eugene.

The Subcommittee also approved one-time General Fund appropriations to DAS to award grants to local governments and other local entities impacted by the 2020 Labor Day wildfires. Funding is provided to mitigate financial hardships; replace fire trucks; redevelop and reopen parks; pay permitting expenses; relocate critical infrastructure; repair water and septic systems; cover professional services such as engineering, legal and planning; provide manufactured housing navigation services; and reimburse public safety costs. These wildfire grants are to be awarded as follows:

- \$98,495 to the City of Gates;
- \$200,000 to the Jackson County Housing Authority;
- \$210,000 to the City of Talent;
- \$220,000 to the City of Estacada;
- \$250,000 to the City of Phoenix;
- \$272,329 to the City of Detroit;
- \$350,000 to the Idanha-Detroit Rural Fire Protection District;
- \$426,957 to Marion County;
- \$450,000 to Douglas County;
- \$451,000 to Lane County; and
- \$725,000 to Lincoln County.

Oregon Liquor Control Commission

Based on sales trends, the Oregon Liquor Control Commission (OLCC) expects to receive \$52 million more than previously forecast for sales of distilled spirits in the 2019-21 biennium. This projected increase drives higher costs for commissions on sales paid to liquor store and distillery agents and for fees related to the use of bank cards in OLCC stores. Additional Other Funds expenditure limitation for OLCC totaling \$4.4 million Other Funds was approved by the Subcommittee, as follows: \$1,531,400 for payment of bank card fees; \$2,255,296 for store agents' compensation; and \$659,000 for distillery agents' compensation.

Department of Revenue

The Subcommittee approved a technical adjustment (fund shift) disappropriating \$108,398 General Fund approved by the Emergency Board in December 2021 (Item #44) for the Department of Revenue's Corporate Division and increasing the Division's Other Funds expenditure limitation by \$108,398, supported by the Corporate Activities Tax.

CONSUMER AND BUSINESS SERVICES

Department of Consumer and Business Services

The Subcommittee approved an increase of \$5 million Other Funds expenditure limitation for the Quarantine Time Loss program, funded with Coronavirus Relief Funds (CRF) received by the Department of Administrative Services and transferred to the Department of Consumer and Business Services. This program provides direct financial assistance for sick leave to certain workers who were not extended sick leave benefits under the Families First Coronavirus Relief Act. This action will add to the \$30 million CRF funds provided by the Emergency Board in July 2020, bringing total funding for the program to \$35 million.

Real Estate Agency

The Subcommittee increased Other Funds expenditure limitation for the Real Estate Agency by \$629,574 to cover costs due to a higher number of examination retakes than anticipated. The additional revenue is from examination fees.

ECONOMIC AND COMMUNITY DEVELOPMENT PROGRAM AREA

Housing and Community Services Department

The Housing and Community Services Department (HCSD) has received supplemental federal awards for rental assistance, energy assistance, the Community Services Block Grant, and homeless assistance programs. These supplemental funds are intended to address economic hardships stemming from the coronavirus pandemic. The Subcommittee approved the addition of three limited duration and ten permanent positions (1.69 FTE), and \$526,951 Federal Funds expenditure limitation to administer these federal awards in the 2019-21 biennium. The 2021-23 costs associated with these positions are estimated at \$2,592,636 and will be supported by administrative allowances from federal funds. The 2021-23 budget for HCSD will need to include expenditure limitation and ongoing position authority for the ten continuing positions.

To administer distributions to landlords for unpaid rent as described in HB 4401 (2020 Third Special Session), the Subcommittee approved the addition of ten limited duration positions (1.30 FTE) at a cost of \$546,135 in the 2019-21 biennium. A portion of the \$150 million General Fund for these landlord distributions approved in SB 5731 (2020 Third Special Session) supports the cost of the new positions, so no additional funding is required in the 2019-21 biennium. HCSD anticipates that six of the positions will need to be continued for a period of one month in

the 2021-23 biennium to close out any outstanding information and customer service requests, while four compliance specialist positions will be needed for between 2 and 18 months into 2021-23 to close out audit and accounting responsibilities associated with the program.

Oregon Employment Department

The Subcommittee approved a shift of \$30 million Federal Funds expenditure limitation to Other Funds expenditure limitation in order to allow the Oregon Employment Department (OED) to pay the administrative expenses of unemployment insurance programs funded by the Coronavirus Aid, Relief, and Economic Security (CARES) Act and subsequent relief packages. These administrative expenses were originally budgeted to be reimbursed at 100% through the U.S. Department of Labor. Subsequently, it was learned that federal funds are not available to support 100% of this expense. OED will use Special Administrative funds, derived from payments of penalties and interest on delinquent employer taxes, to cover these costs.

Oregon Business Development Department

An increase in Federal Funds expenditure limitation of \$7,923,907 for the Oregon Business Development Department (OBDD) was approved to accommodate the third-round of Community Development Block Grant funding made available through the federal CARES Act. The funding will be distributed as grants to support three assistance programs:

- Grants and technical assistance to small business and micro-enterprise entities, designed to prevent job loss, particularly for jobs held by low and moderate-income persons;
- Special community economic development, local program support to assist low- and middle-income families, and public services related to the COVID-19 pandemic; and
- Emergency rental assistance.

Up to 7% of the total funding is available to the agency for program administration.

To accommodate operational changes in the Department due to the coronavirus pandemic, the Subcommittee approved an increase of \$1.5 million in Other Funds expenditure limitation, supported by Coronavirus Relief Funds transferred to OBDD from the Department of Administrative Services.

A federal grant award was made to OBDD by the U.S. Economic Development Administration for the creation of an economic recovery plan and business adaptation strategies to assist Oregon businesses disrupted by COVID-19. The Subcommittee approved an increase of \$439,040 Federal Funds expenditure limitation to accommodate the grant award.

The Subcommittee approved the rebalance between and establishment of new Other Funds expenditure limitations for OBDD's legislatively approved 2019-21 budget in order to implement in the agency's accounting system the intent of actions taken by the Emergency Board in January 2021. The changes include:

- A reduction of \$15.2 million Other Funds expenditure limitation for operational grants to rural type A and type B hospitals;
- An increase of \$2 million Other Funds expenditure limitation for technical assistance for underrepresented businesses;
- An increase of \$4 million Other Funds expenditure limitation for business personal protective equipment; and
- The establishment of \$9.2 million Other Funds expenditure limitation for commercial rent relief.

Funding for these actions is from Coronavirus Relief Funds transferred to OBDD by the Department of Administrative Services.

Oregon Department of Veterans Affairs

Federal Funds expenditure limitation was increased by \$849,918 for CARES Act Provider Relief Fund payments from the U.S. Department of Health and Human Services for the Oregon Veterans' Homes program to prevent, prepare for, and respond to the coronavirus pandemic. The Oregon Department of Veterans Affairs (ODVA) received a targeted distribution of \$799,918 from the allocation for Skilled Nursing Facilities that will be used to reimburse health care related expenses and lost revenues attributable to the coronavirus pandemic. ODVA may also receive up to an additional \$50,000 in targeted incentive distribution payments prior to June 30, 2021.

Federal Funds expenditure limitation was increased by \$110,164 for the State Approving Agency (SAA) program, which is contracted through the U.S. Department of Veterans Affairs. ODVA was designated as Oregon's SAA beginning October 1, 2019. SAAs are responsible for the review, evaluation, approval, and oversight of schools and training facilities to ensure state and federal quality criteria are met for veterans using their G.I. Bill funds.

EDUCATION

Department of Education

The Consolidated Response and Relief Supplemental Act passed in late December 2020 provided another \$41.8 million in federal Governors' Emergency Education Relief (GEER) funds for Oregon. The federal legislation requires that \$27.6 million of this amount be used for the Emergency Assistance for Non-Public Schools (EANS) provisions of the Act. The assistance must be for secular, neutral, and non-ideological services and assistance including Personal Protective Equipment, COVID-19 testing, education technology, and internet connectivity. These funds cannot be used for vouchers, grants, education savings accounts, or scholarships. Those students who have been most impacted by the pandemic and low income students are to be prioritized. Two limited duration positions (0.42 FTE) were approved to develop the framework for

the assistance and to oversee its implementation. Federal Funds expenditure limitation of \$4,109,313 for 2019-21 assistance costs and \$117,872 for the positions and other related costs were also approved.

The Consolidated Response and Relief Supplemental Act also included an estimated \$103.8 million in additional Child Care Development Block Grant (CCDBG) resources to assist providers and to support other eligible uses allowed under the Block Grant related to COVID-19. The Oregon Department of Education's Early Learning Division requested, and the Subcommittee approved, \$22 million in Federal Funds expenditure limitation to use a portion of the additional CCDBG resources. The first \$10 million provides grants and technical assistance to child care providers to continue to operate and maintain their licenses. Another \$10 million is for grants and technical assistance to those licensed providers who are committed to reopen by September 2021. Finally, \$2 million in Federal Funds expenditure limitation was approved to continue the Employment Related Day Care (ERDC) program's zero-copay policy through June 30, 2021. The zero-copay policy, including this three month extension, will generate the need for approximately \$9.3 million Federal Funds expenditure limitation in 2021-23 for re-certification costs for the ERDC program.

For the Supporting Accelerated Learning Opportunities program, the Subcommittee approved \$172,246 General Fund. This program assists students, especially students with lower incomes, with the cost of tests for the Advance Placement (AP) and International Baccalaureate (IB) programs.

The Subcommittee approved a plan to spend \$250 million General Fund and \$21.2 million Federal Funds on one-time initiatives to provide academic learning and enrichment for school-aged students and preschoolers during the summer of 2021. Spending will occur in both 2019-21 and 2021-23, with \$240.3 million General Fund appropriated to a new Summer Learning Program Account in 2019-21.

Grant funding totaling \$195.6 million General Fund and \$10 million Federal Funds will be made available to participating school districts for academic summer school to support high school students facing academic credit loss, summer enrichment programs, and wrap-around child care, as follows:

- Summer Academic Support grants are available for programs that enable high school students to make up academic credits lost during the last two school years. A total of \$71.9 million General Fund is available to provide 75% of the costs of such programs; participating districts provide the other 25% of the cost of eligible programs. Each district's maximum allocation of funds for this grant will be based on a participation rate of 50% of the district's high school students.
- Summer Enrichment/Academic Program grants are directed to kindergarten through eighth grade students for extracurricular classes and activities, ranging from advanced academic instruction to non-academic enrichment activities, including social-emotional and mental health services. A total of \$93.7 million General Fund is available for the state's share (75%) of the program, with participating school districts providing 25% of the cost of eligible programs. Each district's maximum allocation of funds for this grant will be based on the methodology used for the school revenue formula, with average daily membership weighted for poverty at 1.0 instead of 0.25. Almost

70,000 students could be served through these programs, based on a cost of \$1,800 per child and including the increased cost of COVID-19 related precautions.

- Wrap-around Child Care grants are directed to low-income kindergarten through fifth grade students who participate in the Summer Enrichment/Academic Program above. A total of \$30 million General Fund and \$10 million in federal Child Care Development Block Grant (CCDBG) funds is available for part-time child care services provided directly by the district or in partnership with experienced child care providers in the community. These grants would not require a district match. It is estimated that this amount of funding would serve over 25,000 children with wrap-around child care.

The grants to school districts described above will be administered from the new Summer Learning Program Account established in SB 846 (2021) and are anticipated to be spent during the summer of 2021, which spans two biennia. The entire amount of General Fund for these three grants (\$195.6 million) will be appropriated to the Account in 2019-21. Other Funds expenditure limitation for the Oregon Department of Education (ODE) is increased by \$66.5 million to account for spending from the Summer Learning Program Account that is anticipated to occur during the remaining months of the 2019-21 biennium. Other Funds expenditure limitation for spending on summer learning grant programs occurring after June 30th will be included in the agency's budget bill for 2021-23. Any unspent funds remaining in the Summer Learning Account on January 1, 2022 will be returned to the General Fund.

Additionally, the Subcommittee approved a plan to spend \$12 million General Fund and \$11.2 million Federal Funds on one-time increases in funding for existing preschool and other early learning programs during the summer of 2021. As with the grant programs described above, a portion of the total amount (\$3 million General Fund and \$5.3 million Federal Funds expenditure limitation) is approved in HB 5042 for the remainder of the 2019-21 biennium, with spending anticipated after June 30th to be included in the agency's budget bill for 2021-23. The plan for summer preschool and early learning support is described below.

- An estimated additional 2,900 children will be served during the summer by expansion of the Preschool Promise program (\$3.6 million General Fund), Oregon Prekindergarten program (\$2 million General Fund), and the Early Childhood Equity Fund (\$2.4 million General Fund). A total of \$2 million is appropriated for these programs in 2019-21 with the remainder to be included in the agency's 2021-23 budget bill.
- Another \$4 million General Fund (\$1 million for 2019-21) will be directed to the Kindergarten Readiness Partnership and Innovation Program contracts with Early Learning Hubs for expanded kindergarten transition programming during the summer.
- New federal CCDBG funding of \$8.2 million from the Coronavirus Response and Relief Supplemental Appropriations Act will be transferred to the Employment Related Day Care (ERDC) program administered by the Department of Human Services (DHS). Federal Funds in the amount of \$7.9 million will expand services, increase the number of providers, and enhance programs serving children with

disabilities, and \$300,000 Federal funds will support associated administrative costs. The Subcommittee approved \$2.8 million Federal Funds expenditure limitation for 2019-21, with the remaining amount to be included in the agency's 2021-23 budget bill. Additionally, the Early Learning Division will make available \$3 million in CCDBG funding in 2019-21 and 2021-23 for Emergency Child Care grants to the new ERDC providers to cover increased costs due to COVID-19.

A one-time grant of \$41.2 million General Fund was approved for the Oregon Community Foundation (OCF). The first \$40 million is for Summer Activities Grants to public and non-profit community organizations such as YMCAs and Boys and Girls Clubs for indoor and outdoor activities for school-aged children that encourage engagement and participation with peers. An estimated 20,000 children could participate in grant-funded programs. Another \$1.2 million General Fund was approved for Parent Child Support Grants to provide multi-week parent-child summer programming to bolster social emotional development and healthy attachment in families with children under the age of five. Priority would be given to children with disabilities and their families, those that have experienced trauma, or those who are at risk of child welfare system involvement. An estimated 600 children and their families could be served through these grant-funded programs. Any funds granted to OCF remaining unspent on November 1, 2021 would be returned to the General Fund.

The Subcommittee approved \$500,386 General Fund for 2019-21 for agency staff and operational costs to develop and administer the new school-based grants, the grant to the Oregon Community Foundation, expanded early learning programs, and for contracts with regional organizations to recruit families for the early learning programs and to recruit ERDC providers. Administrative costs total \$825,772 General Fund over the two biennia. Administrative responsibilities include developing guidelines and rules, formalizing funding models and application processes, providing technical assistance to school districts and community-based organizations, and grant administration and oversight. The early learning related contracts total \$350,000 over the two biennia. The remaining \$675,386 necessary for 2021-23 will be included in the agency's 2021-23 budget bill.

Budget Note: The Oregon Department of Education will report to the Education Subcommittee of the Joint Committee on Ways and Means by May 15, 2021 on the development of the Summer Learning and Child Care program and the anticipated participation by school districts and other entities in the program. The Department will also report to the appropriate legislative committee by November 1, 2021 on the program and its outcomes.

The Department of Administrative Services is requested to unschedule all appropriations and related expenditure limitations except for the \$41.2 million General Fund designated for the Oregon Community Foundation and the \$500,386 General Fund for agency operations costs. The unscheduled appropriations and expenditure limitations could be rescheduled after the report required above by May 15, 2021 is presented.

Higher Education Coordinating Commission

The Subcommittee approved \$5 million General Fund to balance the Higher Education Coordinating Commission's (HECC) Operations budget between fund types. When the 2019-21 budget was developed, the agency lacked a federally-approved indirect cost allocation plan, and overly

generous assumptions were made about the amount of Other and Federal Funds that could be used to pay for many of HECC's staff and operational costs. The indirect cost allocation plan was not approved until the Fall of 2020, and the rate that was approved was much lower than what had been assumed during the development of the budget. Other factors contributing to the agency's shortfall include less Other Funds revenue than expected, reductions made during the August 2020 special session, and an unfunded strategic capital development plan.

Early in 2021, the Department of Corrections (DOC) changed its contractual relationship with the community colleges that provide adult basic education (ABE) to adults in custody in DOC facilities. In addition to revising its requirements for ABE services, DOC ended its independent contractual relationships with individual community colleges and established a single interagency agreement with HECC for ABE services. All participating community colleges, except for Blue Mountain Community College (BMCC), saw little change in their costs. Because of the nature of the staffing and services provided by BMCC, there was a significant reduction in the amount received for its services. The Subcommittee approved \$542,033 General Fund on a one-time basis to assist BMCC for the remainder of the 2019-21 biennium to adjust to the new requirements.

HUMAN SERVICES

Department of Human Services

Budget adjustments approved by the Subcommittee for the Department of Human Services (DHS) primarily help the agency address costs associated with providing shelter, food, and wraparound services to Oregonians impacted by wildfires. These augment budget changes approved by the Emergency Board on January 8, 2021 (Item #10) and are associated with a report on wildfire costs DHS made to the Emergency Board on December 11, 2020 (Item #6). As discussed in that report, under the state's Emergency Operations Plan guiding disaster response, DHS is the lead agency responsible for mass care, which includes congregate sheltering, feeding, distribution of emergency supplies, reunification of family members, emergency assistance, temporary housing, and other disaster assistance programs. Since the Labor Day 2020 wildfires, DHS has worked with various partners, including the Federal Emergency Management Agency (FEMA), community-based organizations, local governments, and the American Red Cross, to help perform these functions.

Approved budget changes include repurposing \$70.3 million General Fund to help cover wildfire-related costs estimated to be as much as \$180.1 million total funds over the last nine months of the biennium; along with funding allocated by the Emergency Board in January 2021, a total of \$93.2 million General Fund is available for these costs. The funds are moved to and budgeted within the Central Services program to isolate the expenditures for tracking and reporting ease. As a reminder, the agency's budget does not typically have any emergency support function expenditures built into it; these are extraordinary costs falling outside of normal agency operations, programs, or caseloads. The agency will continue to provide information on actual costs and will provide updated information on FEMA financial participation during the 2021 session. An increase of \$68.7 million Other Funds expenditure limitation is also built in to cover FEMA reimbursements.

The General Fund comes from a shift between fund types (from General Fund to Federal Funds) in other programs. In March 2020, a 6.2% increase in the Federal Medical Assistance Percentage (FMAP) was authorized as part of the Families First Coronavirus Response Act. The FMAP is primarily used for Medicaid services provided under the Aging and People with Disabilities (APD) and Intellectual and Developmental Disabilities (IDD) programs, but also drives some federal match for Child Welfare. The higher FMAP rate is expected to be available through the end of 2021, which means approximately \$50.2 million in additional federal funding is expected to be received by DHS in a calendar quarter, which can free up General Fund to help address budget issues. Funding for calendar year 2020 and the first quarter of 2021 was built into state or agency budgets previously. The current action taps the funding projected to be received in the second quarter of 2021.

In addition to wildfire-related budget adjustments, a Federal Funds expenditure limitation increase of \$25.8 million supports rate increases for APD and IDD providers approved by the Emergency Board in January 2021. While the General Fund portion was covered in that earlier action, the associated federal matching funds were not included. The approved budget plan also assumes DHS will continue to reimburse long term care providers for COVID-19 testing costs; this is estimated to cost \$3.5 million General Fund through the end of the biennium. While vaccine efforts are underway and COVID-19 cases are declining, regular testing is mandatory for all staff in licensed nursing, assisted living, and residential care facilities. Actual costs will be accounted for in the agency's next 2019-21 rebalance action.

In addition, the Subcommittee approved an Other Funds expenditure limitation increase of \$2 million to extend zero copays in the employment-related day care program through the end of the current biennium. The zero-copay policy was adopted to provide additional assistance to low income families negatively impacted by the COVID-19 economy and is funded by a transfer from the Oregon Department of Education. The Self Sufficiency program also received \$2.9 million General Fund for distribution to the Oregon Food Bank for emergency food purchases.

Oregon Health Authority

HB 5042 appropriates \$5.2 million General Fund, adjusts expenditure limitations, and establishes 20 positions (3.35 FTE) to rebalance the Oregon Health Authority's (OHA's) 2019-21 budget; repay the federal government for overclaimed Medicaid match; make targeted investments to support the state's "aid and assist" behavioral health caseload; and begin implementation of Ballot Measures 109 and 110, which were adopted during the November 2020 general election. The following table provides a high-level summary of the changes.

Oregon Health Authority	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds	Positions	FTE
1. Rebalance							
a) Fall 2020 Medicaid caseload forecast	(32,859,700)	-	-	(96,041,178)	(128,900,878)	-	-
b) Insurer premium assessment revenue	(21,708,716)	-	28,206,953	20,425,970	26,924,207	-	-
c) Tobacco tax forecast - community mental health	3,021,000	-	(3,021,000)	-	-	-	-
d) Treasury loan	1,500,000	-	500,000,000	-	501,500,000	-	-
e) Expenditure limitation / position adjustments	-	-	63,631	(49,088,034)	(49,024,403)	5	1.00
f) FEMA Reimbursement	-	-	70,000,000	-	70,000,000	-	-
2. Federal Medicaid repayment	50,000,000	-	-	-	50,000,000	-	-
3. Aid and Assist Investments	5,214,510	-	-	47,831	5,262,341	5	0.65
4. Ballot Measure 109 (psilocybin services)	58,902	-	-	-	58,902	1	0.17
5. Ballot Measure 110 (drug addiction and recovery)	-	-	20,200,000	-	20,200,000	9	1.53
Total Changes	5,225,996	-	615,449,584	(124,655,411)	496,020,169	20	3.35

Health Systems Division

Most of the recommended budget rebalance adjustments are in the Health Systems Division (HSD) and were identified in a report submitted to the December 11, 2020 meeting of the Emergency Board. Savings of \$32.9 million General Fund and \$96 million Federal Funds are included to recognize changes in forecasted Medicaid caseloads. These changes represent the difference between the fall 2020 caseload forecast and the budget adjustments based on preliminary caseload estimates during the August 2020 special session, which was the last time OHA's budget was adjusted for caseload changes. OHA's overall Medicaid caseload has continued to grow since the start of the pandemic, but by less than the amount funded in the agency's legislatively approved budget. Another caseload adjustment will be necessary later in the 2019-21 biennium upon completion of the spring 2021 caseload forecast.

A savings of \$21.7 million General Fund is also available, based on an increase in insurer assessment revenue used to support the Oregon Health Plan. Nearly all of this amount is attributable to the assessment paid by coordinated care organizations due to increased caseloads. This change also results in expenditure limitation increases of \$28.2 million Other Funds to recognize the increased assessment revenue and \$20.4 million Federal Funds for the related Medicaid match.

The March 2021 state revenue forecast shows that cigarette tax revenue dedicated for community mental health services is forecasted to be \$3 million lower than the current budgeted amount, which is based on the June 2020 revenue forecast. To maintain mental health service levels, \$3 million General Fund is included to backfill the decreased tax revenue. The Subcommittee made no budget adjustments related to the net

additional revenue dedicated for medical assistance programs (primarily the Oregon Health Plan) and tobacco use reduction programs pursuant to the tobacco tax increases now in effect due to the passage of Ballot Measure 108. If the net additional revenue collected for these programs in 2019-21 continues to not be included in OHA's 2019-21 budget, the unexpended amounts will be available in 2021-23 on a one-time basis.

During the last six months of each biennium, OHA typically borrows from the Oregon State Treasury to mitigate Oregon Health Plan cash imbalances that occur due to the timing of Other Funds revenue collections, such as hospital assessments. The amounts borrowed are then repaid once the Other Funds revenues are collected. For 2019-21, OHA's rebalance recognizes a \$500 million Other Funds increase in HSD to support repayment of this short-term borrowing and \$1.5 million General Fund in Central Services for interest costs.

The Subcommittee authorized the establishment of two limited-duration positions (0.17 FTE) in HSD to support the certified community behavioral health clinic (CCBHC) service model. In January 2021, the Emergency Board allocated General Fund to maintain CCBHC services through the remainder of the biennium; however, OHA's existing staffing resources have been challenged to manage and oversee the program. Given the few remaining months in the biennium, OHA will support the minimal cost of the two positions with existing HSD administrative resources. If the CCBHC service model is funded in 2021-23, OHA will request funding and permanent position authority to support these staffing costs on an on-going basis. Federal Funds expenditure limitation of \$71,505 and one limited-duration position (0.33 FTE) are also included in HSD for OHA's renewal of a non-competitive federal State Opioid Response grant. OHA previously received approval to apply for this grant, which supports increased access to medication-assisted treatment for opioid use disorder.

The Subcommittee approved one-time funding of \$50 million General Fund for OHA to repay the federal government for Medicaid match incorrectly claimed from July 2013 through June 2019 for payments to substance use disorder treatment facilities. This obligation was identified during the January 2020 meeting of the Joint Interim Committee on Ways and Means. The Centers for Medicare and Medicaid Services (CMS) has rejected requests by OHA to forgive or reduce the amount owed. Federal Funds expenditure limitation is reduced by \$50 million as a corresponding budget rebalancing adjustment.

The budget includes \$5.2 million General Fund in HSD to build community capacity for individuals under "aid and assist" court orders. This funding supports the following:

- \$0.2 million and five positions (0.65 FTE) to establish the Intensive Services Unit for oversight of community services for adults who enter the behavioral health system through court actions and \$0.5 million for contractual expenses to evaluate the root cause of recent trends in the number of these individuals.
- \$2.25 million for community restoration services for aid and assist clients placed in community settings.
- \$2.3 million for one-time costs to expand the number of treatment beds in community settings. Of this amount, \$1 million is immediately available to establish an estimated 24 community beds. The remaining \$1.3 million is prioritized to further expand community capacity with the understanding the Department of Administrative Services (DAS) will unschedule this amount until a spending plan is approved by the DAS Chief Financial Office and the Legislative Fiscal Office.

Because the budget for the next biennium is still being developed, the funding levels for community restoration services (\$2.25 million) and community residential capacity (\$2.3 million) are approved without having a predetermined impact on the level of funding available in 2021-23. OHA is responsible for ensuring these investments are managed within this parameter. Also, the Subcommittee included the following instructions:

BUDGET NOTE: The Oregon Health Authority shall report to the DAS Chief Financial Office and Legislative Fiscal Office by June 30, 2021 on the number of aid and assist clients served and funding expended or obligated in each county from the community restoration services investment supported by this measure. The reported dollar amounts shall be detailed according to specific service, such as legal skills training, case coordination, community consultations, local data collection, county administrative expenses, housing and rental assistance, wraparound services, and any other service. For amounts expended or obligated on housing and rental assistance, the report shall identify the number of individuals placed in housing as a result of this investment.

BUDGET NOTE: The Oregon Health Authority shall report to the DAS Chief Financial Office and Legislative Fiscal Office by June 30, 2021 regarding the residential treatment beds established through the funding approved in this measure. At a minimum, the report shall include the number of beds established and funds expended or obligated according to facility name, provider name, and location, as well as the anticipated occupancy date of the established beds and a description of the remodeling, construction, and other one-time costs necessary to establish the beds in each facility. The report shall also include an estimate of the average monthly funded community service capacity (e.g. residential beds) in 2021-23 by location and a point-in-time accounting of the community census by commitment type, planned admissions and discharges, and Oregon State Hospital census according to commitment type in comparison to the total number of funded beds, including in cottages, according to campus and treatment level.

The adoption of Ballot Measure 110 (2020) decriminalized certain drug possession offenses, created the Oversight and Accountability Council, and established the framework for new community addiction recovery centers and grants for treatment and recovery services. To fund these activities, the measure redistributes a significant portion of marijuana tax revenue dedicated to schools, the State Police, behavioral health programs, and local government.

Although the measure's operational structure will take more time to develop, a critical need currently exists to increase access to treatment and recovery services, including for individuals who will no longer be convicted of possession of controlled substances. To address this challenge while the ongoing program structure is designed, the Subcommittee approved an investment of \$20.2 million in marijuana tax revenue available in the new Drug Treatment and Recovery Services Fund. Of this amount, \$18.2 million supports targeted treatment and recovery services, including peer support and mentoring; screening; supportive housing and rental assistance; indigent care; detox and residential treatment; medication assisted treatment; harm reduction; supported employment; provider technical assistance; and data collection system support.

The remaining \$2 million includes \$1.8 million for program implementation and administration, including nine new positions (1.53 FTE) in OHA, and \$200,000 for a statewide inventory of treatment and recovery services. The statewide inventory will provide the roadmap necessary for ongoing investments to target the right services in the right places to maximize the success for those in treatment and recovery. The funding approved for the inventory is for OHA to distribute to the Oregon Health and Science University to complete this work by August 1, 2021. The Subcommittee approved the following budget note to establish the inventory's criteria:

Budget Note: The Oregon Health and Science University shall conduct an inventory of the resources available in the state to support the prevention of, treatment and maintenance for, and recovery from substance use disorders (SUD). At a minimum, the inventory must identify the following: the number and type (inpatient, outpatient, voluntary, mandated, etc.) of SUD prevention, recovery, treatment, and maintenance supports available in the state; the capacity of supports to scale up or expand operations; the ability of supports to serve co-occurring disorders; and the available recovery supports and services designed for individuals who are at risk of relapsing and for those who experience adverse health, social, or legal consequences related to their substance use.

Additionally, to ensure the \$20.2 million investment provides the needed impact as quickly as possible, the funding is approved with the understanding OHA will directly administer it, including the approval and awarding of grants and contracts for treatment and recovery services, during the 2019-21 biennium instead of through the process outlined in the ballot measure. A statutory change enabling OHA to do this in 2019-21 is included in SB 846.

Public Health Division

An increase of \$990,695 in Federal Funds expenditure limitation and two positions (0.50 FTE) are included in the Public Health Division to support the awarding of Zero Suicide Initiative, Firearm Injury Surveillance, and Strengthening Environmental Health Program Capacity federal grants. Additionally, the Subcommittee reduced Federal Funds expenditure limitation by \$86,603 to recognize the expiration of a federal grant supporting domestic well drinking water program activities. OHA first received this funding in 2013 for program activities broader than those required in state law. The federal funding supported portions of five different positions who enter domestic well drinking water testing data into a database, conduct hazard assessments based on the data, develop public health messaging, and engage with partners and stakeholders in outreach and education activities. The Subcommittee does not support the agency's request to backfill the federal grant with General Fund in 2019-21. The cost of the backfill over a 24-month period totals \$233,000, which is being reviewed as part of OHA's 2021-23 budget proposal.

Ballot Measure 109 directs OHA to develop a program regulating the administration of psilocybin in supervised settings. The measure establishes a two-year program implementation timeline beginning January 2021. Although licensing fee revenue will eventually support the agency's costs for administering the program, General Fund is necessary to support initial implementation costs. The Subcommittee approved OHA's request for \$58,902 General Fund for one position (0.17 FTE) to support startup costs in 2019-21. This position will help establish the other roles and responsibilities for future program staffing, begin planning for program licensure and compliance, and support the new Psilocybin Advisory Board. In 2021-23, OHA estimates the need for 22 total positions (13.75 FTE) supported by \$2.5 million General Fund and \$760,000 Other Funds, which will be from licensing fee revenue collected in the last several months of the biennium.

The Subcommittee approved \$70 million in Other Funds expenditure limitation for reimbursement from the Federal Emergency Management Administration (FEMA) for COVID-19 vaccine distribution and administration costs. This amount represents a high-level estimate of anticipated reimbursement through the end of the biennium, but the longer-term costs are expected to be higher and could necessitate additional expenditure limitation later in the 2019-21 biennium if spending and reimbursement occurs faster than expected.

In addition to the adjustments described above, the Subcommittee approved a series of net-zero fund shifts and technical adjustments across programs, as well as transfers between appropriations to properly align savings approved during the August 2020 special session with appropriate budget structures in the Health Policy and Analytics Division.

Long Term Care Ombudsman

The Oregon Public Guardian and Conservator Program (OPGC) serves as a court-appointed, surrogate decision maker for adults incapable of making some or most of the decisions necessary for their basic care and safety. The OPGC has received \$6,000 in donations from the Oregon Health Council. The Subcommittee approved an Other Funds expenditure limitation increase of \$6,000 to allow the OPGC program to use these funds to pay for legal services to establish guardianships for vulnerable Oregonians.

LEGISLATIVE BRANCH

Legislative Assembly

The Subcommittee approved a net-zero rebalance within the Legislative Assembly budget. General Fund appropriated for the biennial offices is decreased by \$1.5 million and appropriations for the 80th Legislative Assembly and 81st Legislative Assembly are increased by \$100,000 and \$1.4 million, respectively, for costs related to a branch-wide classification study, subsequent changes in position classifications, and pay equity remedies.

JUDICIAL BRANCH

Public Defense Services Commission

The Subcommittee approved a \$7.6 million General Fund budget increase for the Public Defense Service Commission (PDSC). These resources will support the following:

- PDSC's new attorney contract model (\$3.6 million);
- A forecasted caseload increase for habeas corpus cases based on Covid-19 (\$1.5 million);
- Appellate Division transcription/deposition costs (\$1 million);
- A deficit in Multnomah County's implementation of the Parent Child Representation Program (\$623,170);
- Caseload changes anticipated from the U.S. Supreme Court ruling in *Ramos v. Louisiana* (\$409,920); and
- Multnomah County Courthouse office furnishings (\$353,854).

In late 2018, the Sixth Amendment Center released the findings of its review of Oregon's indigent public defense system. This review found the state's method of contracting for public defense services, a fixed fee per case model, did not meet constitutional standards. In September 2020, PDSC approved a new contracting model effective January 1, 2021. New contracts are based on the number of attorneys and support staff required to handle the projected caseload. The agency will pay a single statewide rate for each full-time equivalent attorney and each support staff (or fraction thereof), and a regionally-adjusted rate for administrative costs. There are capped limits on the number of cases an attorney can be assigned.

PDSC has not yet developed a plan to implement the Sixth Amendment Center report findings or conducted a financial analysis of the cost of adopting the report's recommendations. While the Commission directed the Office of Public Defense Services to implement the new contracting model in a budget neutral manner, the new contract model is anticipated to exceed PDSC's 2019-21 legislatively approved budget authority by \$3.6 million General Fund, although the amount remains uncertain as PDSC has had difficulty quantifying the financial impact of the agency's procurement activities. Because of the importance of the new contract model to the state's public defense system, the Subcommittee approved PDSC's supplemental request for \$3.6 million General Fund.

For the 2021-23 biennium, the recently-estimated contractual difference exceeds the 2021-23 current service level by over \$35.1 million General Fund. This amount is likely to change as the actual cost of the new contract model becomes better known. Most of the projected deficit(s) are attributable to the Parent Child Representation Program (PCRP) contracts, with which funding for trial-level services must compete. Currently, PDSC is unable to provide a comprehensive financial report on the Professional Services Account budget, which comprises over \$309 million General Fund (or 90%) of the agency's legislatively approved budget. This makes it difficult to determine a more precise estimate of the amount of funding needed for the remainder of the current biennium as well as for the 2021-23 budget. Additional adjustments may be needed as more information becomes available.

The COVID-19 pandemic has resulted in an increase in the filing of state habeas petitions. Habeas corpus is a legal remedy available under state and federal constitutions to adults in custody to challenge the conditions of their confinement due to either the failure of a jail or prison to provide adequate care for a serious medical condition or sentencing errors that keep persons incarcerated past a sentence date. Typically, an adult in custody must first exhaust all available administrative processes prior to filing a habeas corpus case in state court unless the risk of harm is so great that a court's immediate action is necessary before all administrative options have been pursued or completed. If an adult in custody prevails in a habeas corpus petition, the court will order the jail or prison to provide the needed care, if a medical case, or, in rare cases, order the release of the adult in custody.

PDSC handles both cases arising from adults in custody in the state prison system and cases associated with inmates held in local county or city jails. A state habeas corpus case is a civil rather than a criminal case and is heard in the circuit court where the correctional facility is located. The Oregon Rules of Civil Procedure require the state to file a response to the initial petition within 30 days. Circuit courts do not grant extensions for the state to file a response given an adult in custody's civil liberty interests. The Subcommittee approved PDSC's request for \$1.5 million General Fund for a contract with an attorney, hourly attorneys, investigators, interpreters, medical experts, and ancillary expenses for approximately 315 adults in custody who have challenged their conditions of incarceration. PDSC typically sees fewer than 24 such cases per year.

SB 5723 (2020 Second Special Session) disappropriated \$1 million General Fund in the Appellate Division to capture what appeared to be cost savings for transcriptions and depositions. Subsequently, PDSC identified miscoded expenditures and determined that a restoration of the reduction was needed to cover actual costs. The Subcommittee approved \$1 million General Fund to restore the funding.

During the 2019 legislative session, the Legislature provided \$3.5 million General Fund to PDSC to expand PCRCP to Multnomah County. This appropriation included funding for one permanent full-time Deputy General Counsel position (1.00 FTE) unrelated to the Multnomah County PCRCP expansion, leaving \$3.2 million to fund the program's expansion. PDSC implemented the expansion on July 1, 2020 and reports that the cost for the expansion on a one-year annualized basis, and based on the prior contract model, totals \$6.7 million General Fund. The Subcommittee approved funding of \$623,170 General Fund, which represents the difference between the agency's six month contract cost estimate of \$3.8 million and the original \$3.2 million budget. The remainder of the unbudgeted cost of the expansion will be absorbed by the agency. PDSC estimates the 2021-23 biennial cost of the expansion at \$13.5 million General Fund.

Additionally, the Subcommittee approved two technical adjustments for the PCRCP. The first moved \$283,715 in professional services to personal services in order to fund a previously authorized program manager position and the second moved \$150,000 General Fund in training funds from the Professional Services to the Contract and Business Services Division.

The U.S. Supreme Court ruled in *Ramos v. Louisiana* that the Sixth Amendment to the U.S. Constitution (rights related to criminal prosecutions) requires that guilty verdicts for criminal jury trials be unanimous. The decision affects not only those persons currently in custody, but persons who have served their sentence and post-prison supervision but have a felony conviction from some time in the past. All those persons would

currently be able to bring a post-conviction relief case challenging their conviction. The key issue for these cases is whether the *Ramos* rule should be made retroactive, which will ultimately be decided by the Oregon Supreme Court and the U.S. Supreme Court. The Oregon Supreme Court has just recently begun issuing decisions related to *Ramos* cases. Hundreds of criminal convictions have been pending appeal before Oregon's appellate courts awaiting the *Ramos* decision and it is anticipated that thousands of cases could be filed over the next biennium seeking relief. The Subcommittee approved \$490,920 General Fund to supplement an existing contract with the Criminal Justice Reform Clinic at Lewis and Clark Law School to provide legal navigation services and case review. *Ramos* related costs are expected to increase significantly in the 2021-23 biennium.

The recently-constructed Multnomah County Courthouse was opened in the fall of 2019. PDSC is a tenant in the new county courthouse and co-locates office space in the building. Housed within this office space is a "Public Defense Resource Center," which exists to provide meeting space for Portland public defenders as well as offices for state Appellate Division staff and managing trial-level attorneys. PDSC will not be assessed rental fees by Multnomah County during the 50-year lease; however, the agency has spent \$353,854 General Fund on furniture, fixtures, and equipment; audio-visual equipment and information technology; network, phone, and other monthly reoccurring costs; and has hired, administratively, one limited duration Office Manager position (1.00 FTE). The Subcommittee approved \$353,854 General Fund to pay for these unbudgeted expenses.

NATURAL RESOURCES

Department of Agriculture

The Subcommittee approved a shift in Federal Funds expenditure limitation between two programs within the Department of Agriculture. The shift totals \$32,630, moving expenditure limitation from the Market Access Policy Area, where the expenditure limitation was not needed, to the Administration Policy Area, where it will be used for distribution of additional Wolf Compensation Grants.

Department of Energy

The Department of Energy's Small Scale Local Energy Loan Program (SELP) anticipated a cash flow deficit in 2019-2021 and was provided \$4,334,048 General Fund in SB 5545 (2019) to cover an anticipated debt service payment due April 2021. However, reduced costs to the program, refunding of SELP bonds, and a prepayment from one of the larger SELP borrowers has allowed the Department to cover its debt payment without the need for this General Fund in 2019-21; the Subcommittee approved a corresponding budget reduction. The Department now anticipates a General Fund debt service need for the SELP program of approximately \$3.5 million in 2021-23 for payments due in April 2022 and 2023.

Department of Environmental Quality

The Subcommittee approved an increase of \$94,335 General Fund for the Department of Environmental Quality (DEQ) and established two permanent full-time positions (0.17 FTE) for sampling and lab testing of cyanotoxins in waterbodies. The positions include a Chemist 2 position to conduct lab testing and a Natural Resource Specialist 1 position to collect samples. These positions are expected to be filled expeditiously as cyanotoxins, caused by harmful algal bloom, typically happen between May and September and there is concern that recent destruction of foliage caused by wildfires will increase the likelihood of cyanotoxins in waterbodies. Included in the General Fund appropriation is funding for the purchase of a cyanotoxin autoanalyzer and associated services and supplies costs for the personnel and the autoanalyzer. Because the positions are permanent, but the cyanotoxin work is generally seasonal, it is assumed these positions can transition to other laboratory testing-related work at other times. The anticipated roll-up cost for the 2021-23 biennium is \$675,007 General Fund. This includes the two permanent positions at \$332,237, associated services and supplies of \$292,770, and the purchase of a nutrient analyzer (\$50,000) which will assist in determining what might be causing the cyanotoxins.

Department of Forestry

Each fire season, the Oregon Department of Forestry (ODF) pays for fire costs that are incurred by partner entities, pending federal reimbursement for a substantial portion of these costs. The final resolution of and reimbursement for fire season costs can take several years to complete. The Subcommittee approved an increased Other Funds expenditure limitation of \$14,193,565 to allow the agency to process prior fire season cost settlements.

The Subcommittee approved \$1.5 million General Fund for ODF to establish a grant program to provide funding to local governments to repair or replace emergency communications infrastructure. ODF does not currently have a grant program in place to distribute the funds but intends to mirror the process it used to distribute funding provided by the Emergency Board in January 2021 for federal forest restoration projects and fuel reduction projects on non-industrial private forestlands.

Department of Land Conservation and Development

The Subcommittee approved an increase of \$150,901 Other Funds expenditure limitation for the Department of Land Conservation and Development for reimbursements of collaborative projects with state and national partners.

The Subcommittee also approved a one-time \$100,000 General Fund increase to assist wildfire-impacted communities with land use planning and permitting.

Department of State Lands

A change in funding was approved for the Department of State Lands, South Slough National Estuarian Research Reserve due to a shortfall in anticipated federal revenues for the program. The change reduces budgeted expenditures from Federal Funds by \$200,000 and provides a matching increase in Other Funds budgeted expenditures from Common School Fund revenues.

PUBLIC SAFETY

Department of Corrections

To balance the receipt of federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding, management cost saving actions taken this biennium, and the financial impacts of operational changes made during the COVID-19 pandemic, the Subcommittee approved a net-zero rebalance moving \$10.6 million General Fund between four Department of Corrections appropriations.

The Subcommittee approved an increase in Other Funds expenditure limitation of \$19.5 million to allow the Department of Corrections to receive and spend reimbursements from the Federal Emergency Management Agency (FEMA) related to the COVID-19 pandemic. An additional \$1.5 million Other Funds expenditure limitation was approved for receipt of FEMA reimbursements related to the 2020 wildfires.

Department of Justice

The Subcommittee approved a \$550,000 General Fund budget increase for the Department of Justice (DOJ) and the Defense of Criminal Convictions (DCC), with the understanding that the Department of Administrative Services will unschedule the entire amount pending the agency providing the Legislative Fiscal Office with a completed (revised) methodology for forecasting and budgeting the DCC. The program funds the cost of defending the state in cases in which sentenced offenders challenge their convictions or sentences and has a 2019-21 legislatively approved budget of \$27.2 million General Fund, which increases to \$27.8 million with this request.

DOJ moved mid-biennium to a new DCC forecasting model, as noted by the Emergency Board in December of 2020 (Item #10). The Emergency Board suggested that DOJ undertake a more concerted effort to re-evaluate and document how the agency forecasts and budgets the DCC caseload. This undertaking has been initiated by the agency but has yet to be completed. Of note, under the prior DCC forecast methodology, the 2019 close-of-session forecast has increased by \$928,406 (or 3.5%).

District Attorneys and Their Deputies

The Subcommittee approved a supplemental \$575,000 General Fund increase to the Department of Justice for payment of expenses for District Attorneys (DAs) and their Deputies. DAs are state employees, and, by statute, the state is responsible for funding their salaries. There is an estimated \$554,604 General Fund deficit being projected for the 2019-21 biennium for the DA budget. Of this amount, \$243,799 is attributable to a 12 month selective salary increase of 4.5% that was administratively approved by the Department of Administrative Services (DAS) and

includes associated Other Payroll Expenses (OPE); however, no provision for this selective salary increase was included in the supplemental compensation plan funding approved by the Emergency Board in December of 2020 (Item #44). The remaining request of \$310,805 General Fund is attributable to the final reconciliation of personal service costs, net of \$85,539 in vacancy savings, which occurs each odd numbered year session as part of the early session omnibus measure. This reconciliation accounts for any unfunded portion of salary and wages and updated cost estimates from what was originally budgeted for Other Payroll Expenses. The prior such adjustment for the 2017-19 biennium was \$350,000 General Fund.

Department of Public Safety Standards and Training

To address demand for training for newly-hired police and corrections officers across the state, the Subcommittee approved \$1,503,520 Other Funds expenditure limitation for the Department of Public Safety Standards and Training to add two Basic Police and one Basic Corrections class to its 2019-21 training calendar.

Department of State Police

The Subcommittee approved \$1.5 million General Fund to increase the number of grant awards that can be made by the Office of the State Fire Marshal to local fire agencies through the Wildland Urban Interface Assistance Grant program. This program provides funding to support fire prevention programs and activities and community fire preparedness in communities throughout the state.

Oregon Military Department

To pay for Oregon National Guard State Active Duty expenses incurred during Oregon's 2020 wildfire season and during security missions to support the City of Portland and the Oregon State Police, the Subcommittee approved \$229,608 General Fund. An additional \$25,000 General Fund was approved for interest expense incurred on the Military Department's line of credit, used to cover State Active Duty payroll costs associated with these missions.

The Subcommittee also approved increases in Other Funds expenditure limitation totaling \$3,376,526: \$136,489 for wildfire costs billed to the Federal Emergency Management Agency (FEMA); \$2,740,151 for State Active Duty costs incurred during the 2020 wildfire season and reimbursed by the Oregon Department of Forestry through an interagency agreement; and \$499,886 for a State Active Duty mission to assist the Oregon Employment Department, reimbursed by the Oregon Employment Department.

To provide the required 25% state match for expenses incurred through FEMA's Other Needs Assistance Program, the Subcommittee approved \$584,456 General Fund.

To enable the Office of Emergency Management to fulfill its obligation as administrator of the FEMA Public Assistance Program in Oregon, the Subcommittee approved an increase in Federal Funds expenditure limitation of \$605.3 million to allow the agency to receive and pass FEMA reimbursements through to state, local, and tribal government agencies and public and private non-profit entities for costs incurred during Presidentially-declared disasters.

HB 5043 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Nosse

Joint Committee On Ways and Means

Action Date: 06/04/21

Action: Do pass with amendments. (Printed A-Eng.)

House Vote

Yeas: 11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

Prepared By: Patrick Heath and Ali Webb, Department of Administrative Services

Reviewed By: Tom MacDonald and Gregory Jolivette, Legislative Fiscal Office

Department of Human Services

2019-21

Oregon Health Authority

2019-21

Budget Summary*

	2019-21	2019-21	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
			\$ Change	% Change
Oregon Department of Human Services				
General Fund	\$ 3,718,265,808	\$ 3,697,274,612	\$ (20,991,196)	-0.6%
General Fund Debt Service	\$ 21,294,053	\$ -	\$ -	0.0%
Other Funds Limited	\$ 839,002,062	\$ 833,690,344	\$ (5,311,718)	-0.6%
Federal Funds Limited	\$ 6,401,990,453	\$ 6,387,220,758	\$ (14,769,695)	-0.2%
Federal Funds Nonlimited	\$ 2,889,345,331	\$ -	\$ -	0.0%
Total	\$ 13,869,897,707	\$ 13,869,897,707	\$ (41,072,609)	-1.4%
Oregon Health Authority				
General Fund	\$ 2,578,141,819	\$ 2,402,627,556	\$ (175,514,263)	-6.8%
General Fund Cap Improve	\$ 753,070	\$ -	\$ -	0.0%
General Fund Debt Service	\$ 60,024,589	\$ 58,090,324	\$ (1,934,265)	-3.2%
Lottery Funds Ltd	\$ 17,999,344	\$ -	\$ -	0.0%
Other Funds Cap Improve	\$ 753,070	\$ -	\$ -	0.0%
Other Funds Non-Ltd	\$ 42,805,127	\$ -	\$ -	0.0%
Other Funds Debt Svc Non-Ltd	\$ 232,064,776	\$ -	\$ -	0.0%
Other Funds Limited	\$ 8,012,542,177	\$ 8,006,734,768	\$ (5,807,409)	-0.1%
Other Funds Debt Svc Ltd	\$ 224,985	\$ -	\$ -	0.0%
Federal Funds Non-Ltd	\$ 102,729,051	\$ -	\$ -	0.0%
Federal Funds Debt Svc NL	\$ 3,467,210	\$ -	\$ -	0.0%
Federal Funds Limited	\$ 14,091,471,331	\$ 14,258,792,689	\$ 167,321,358	1.2%
Total	\$ 25,142,976,549	\$ 24,726,245,337	\$ (15,934,579)	-8.9%

Position Summary

Oregon Department of Human Services				
Authorized Positions	9,574	9,574	0	0.0%
Full-time Equivalent (FTE) positions	9,365.74	9,365.74	0.00	0.0%
Oregon Health Authority				
Authorized Positions	4,381	4,380	(1.00)	0.0%
Full-time Equivalent (FTE) positions	4,316.87	4,316.62	(0.25)	0.0%

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 5043 rebalances the 2019-21 budgets for the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA). OHA programs are funded with a mix of General Fund, Lottery Funds, Other Funds and Federal Funds. ODHS programs are funded with a combination of General Fund, Other Funds and Federal Funds.

The approved rebalance includes increases to OHA's Federal Funds revenues, which support the Oregon Health Plan, specifically through the extension of the COVID-19 public health emergency by the federal government and the corresponding 6.2% enhanced federal match rate the state receives on Medicaid expenditures. The approved rebalance also includes changes to federal reimbursement for COVID-19 vaccine administration approved as part of the American Rescue Plan Act.

Summary of Human Services Subcommittee Action

The Human Services Subcommittee recommended a budget rebalance that supports ODHS and OHA programs and operations for the remainder of the 2019-21 biennium. The rebalance reflects program cost increases and savings, revenue changes, and technical adjustments needed to ensure ODHS' and OHA's budgets remains in balance. Across both agencies, the recommended rebalance reduces General Fund by \$198,439,724, reduces Other Funds expenditure limitation by \$11,119,127, and increases Federal Funds expenditure by \$152,551,663.

Oregon Department of Human Services

The Human Services Subcommittee recommended rebalance for ODHS decreases General Fund by \$20,991,196, decreases Other Funds expenditure limitation by \$5,311,718 and decreases Federal Funds expenditure limitation by \$14,769,695.

Self Sufficiency Programs

The rebalance recommended by the Subcommittee includes a savings within the Self Sufficiency Programs (SSP) of \$5.2 million General Fund, \$1.0 million Other Funds and \$15.1 million Federal Funds due to caseload savings, primarily within the Temporary Assistance for Needy Families (TANF) caseloads.

The savings in SSP are generated by decreases in projected caseloads, which reflects the change between the Fall 2020 and the Spring 2021 caseload forecasts. The primary driver of the General Fund savings is a projected 11% decrease in the TANF UN (two-parent household) caseload, as well as a 4% decrease in the Pre-Supplemental Security Income caseload. The drivers for the Other Funds and Federal Funds savings are an 8% decrease in the TANF Basic program caseload. The TANF UN program is almost entirely funded with General Fund, while other caseloads have a mix of Other Funds and Federal Funds, in addition to General Fund.

Child Welfare

The rebalance recommended by the Subcommittee includes a savings within Child Welfare Programs of \$36.5 million General Fund, \$5.8 million Other Funds and \$23.0 million Federal Funds due to expected caseload decreases, underutilization of residential treatment beds, and an updated cost estimate for educational supports, among others.

Caseload decreases in the Wellbeing and Permanency programs generated a savings of \$5.6 million General Fund, \$0.2 million Other Funds and \$2.0 million Federal Funds. Within the Wellbeing caseload, the Residential Treatment and the Focused Opportunities for Children Utilizing Services (FOCUS) populations are projected to decrease by 3% and 23%, respectively, compared to the Fall 2020 caseload.

A one-time savings of approximately \$6.7 million General Fund is projected due to lower expected costs for 1:1 Educational Supports for distance learning in the Residential Treatment program. The January 2021 Emergency Board appropriated \$7.5 million General Fund for educational supports; however, the actual costs are expected to be significantly lower due to a correction in the projected cost estimate.

The Residential Treatment program has projected a one-time savings of \$7.8 million General Fund, \$5.2 million Other Funds and \$16.8 million Federal Funds due to the underutilization of residential treatment beds. The number of vacant beds is currently estimated at approximately 121 beds.

The Enhanced Therapeutic Foster Care program projects a one-time savings of \$2.4 million General Fund, \$0.4 million Other Funds and \$4.2 million Federal Funds. SB 1 (2019) provided \$3.5 million General Fund (\$8.5 million total funds) for the program, however the service contract associated with the funding was not finalized until late in the 2019-21 biennium. The contract will be in place for the full 2021-23 biennium.

The Wellbeing program projects one-time savings of \$5.1 million General Fund due to lower actual expenditures versus budgeted expenditures in the Transportation, Independent Living Services, Other Medical, Family of Origin and Interstate Compact programs. The savings is primarily related to the Other Medical expenses category and includes medical expenses not covered by the Oregon Health Plan, but are necessary to ensure the safety of children, such as parental hair follicle testing to determine the presence of prohibited substances. Actual expenditures have been lower than budgeted expenditures due to the COVID-19 pandemic and its impacts on demand for services.

The Safety program expects one-time savings of \$6.7 million General Fund due to lower actual expenditures versus budgeted expenditures in the Family Support Teams, Recovering Family Mutual Homes, In-Home Safety and Reunification Services (ISRS), and Strengthening, Preserving and Reunifying Families (SPRF) programs. The majority of savings is due to higher than expected unspent Title IV-E Waiver federal funds in the SPRF program, which offsets the General Fund. In the other programs, actual expenditures have been lower than budgeted expenditures due to the COVID-19 pandemic and its impacts on demand for services.

The Permanency program anticipates one-time savings of \$2.2 million General Fund due to lower actual expenditures versus budgeted expenditures in the Contracted Adoption Services, Post Adoption and Private Adoption Services programs. Actual expenditures have been lower than budgeted expenditures due to the COVID-19 pandemic and its impacts on demand for services.

Aging and People with Disabilities

The rebalance recommended by the Subcommittee includes a savings within the Aging and People with Disabilities program of \$1.9 million General Fund and \$3.7 million in Federal Funds expenditure limitation to reflect caseload changes between the Fall 2020 and Spring 2021 caseload forecasts.

The Community-Based Care total caseload is projected to have a slight decrease of 0.5% on a net basis and represents the bulk of the caseload savings. The Adult Foster Care caseload is the only caseload projected to increase, by about 1%, and the most significant caseload decrease was in the Program for All-Inclusive Care for the Elderly (PACE) program at 2%. The Nursing Facilities and In-Home Care caseloads have slight percentage decreases and approximately net to zero on a dollar value basis.

Intellectual and Developmental Disabilities

The Subcommittee recommended an increase of \$12.7 million General Fund and \$25.0 million in Federal Funds expenditure limitation for projected increases in caseload and cost per case, as well as increased nursing services costs, in the Intellectual and Developmental Disabilities programs. The caseload impact is due to changes between the Fall 2020 and Spring 2021 caseload forecasts.

Increased costs associated with caseload changes result in an increase of \$9.7 million General Fund and an increase of \$19.1 million in Federal Funds expenditure limitation. The primary cost driver is related to a 2.5% increase in the Adult In-Home Supports caseload, resulting in additional costs of \$6.1 million General Fund and \$12.4 million Federal Funds. A secondary cost driver is a 4.6% increase in the Children's In-Home Supports caseload, which results in additional costs of \$2.5 million General Fund and \$5.1 million Federal Funds. Other cost increases are due to increases in the Adult In-Home Supports, Adult Supported Living Services, Day Support Activities and Employment Services caseloads. The remaining caseloads are projected to slightly decrease and result in caseload savings.

In addition to caseload changes, the rebalance plan includes cost per case changes resulting in a net increase of \$1.7 million General Fund and \$3.3 million Federal Funds. The cost per case for most programs has decreased; however, a significant increase is projected in the Children's In-Home Supports and Children's Intensive In-Home Supports cost per case due to people preferring to receive services from agencies, instead of Personal Support Workers, as well as overtime costs.

Additional Nursing Services costs of \$1.3 million General Fund and \$2.6 million Federal Funds are expected due to rate increases for Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Licensed Vocational Nurses (LVNs). In January 2020, RNs received a 3.8% rate increase and

LPNs/LVNs received a 10% rate increase. In addition, demand for RN services increased by 8.25% over the amount provided in the 2017-19 biennium and demand for LPN/LVN services decreased by 2.8% over the same time period.

Central Services, Shared Services, State Assessments and Enterprise-Wide Costs (SAEC)

The Subcommittee recommended one-time increases in General Fund of \$9.9 million, an increase of Other Funds expenditure limitation of \$1.5 million and an increase of Federal Funds expenditure limitation of approximately \$2 million in the Central Services, Shared Services and SAEC programs for additional expenses in the 2019-21 biennium related to wildfire, computer and scanner costs.

The recommended rebalance plan includes a one-time increase of \$6.8 million General Fund in the Central Services unit to support victims of the September 2020 wildfires with sheltering, feeding, wraparound and disaster case management services. The Department estimates the total wildfire costs for the 2019-21 biennium will be approximately \$100 million General Fund. This estimate assumes potential federal funding from the Federal Emergency Management Agency (FEMA) will not be received in the 2019-21 biennium. The Legislature previously appropriated \$93.2 million General Fund for wildfire response costs through HB 5042 (2021) and the meeting of the January 8, 2021 Emergency Board, resulting in a projected shortfall of \$6.8 million General Fund.

A one-time increase of \$2.2 million General Fund and an increase of \$1.5 million Federal Funds expenditure limitation is recommended in the SAEC program to purchase 2,000 laptops and 1,000 docking stations to resume the Department's lifecycle replacement plan. The purchases will provide flexibility to enable staff to work remotely. The Department estimates over 5,700 desktop computers and 700 laptops are near their end of life.

The recommended rebalance also includes a one-time increase of \$1.5 million Other Funds expenditure limitation in the Imaging and Records Management Services (IRMS) program within the Shared Services unit for the replacement of scanners. The scanners are nearing their end of life. This investment will allow the Department to purchase four high-production scanners, four high-end desktop scanners and two warehouse desktop scanners (10 in total). The replacement of scanners will enable the Department to better comply with record retention laws. A corresponding one-time increase of \$0.9 million General Fund and an increase of \$0.6 million Federal Funds expenditure limitation was recommended in the SAEC division related to the Shared Services Funding component for the scanner replacement purchases.

Oregon Health Authority

The Human Services Subcommittee recommended rebalance for OHA includes a net \$177,448,528 General Fund reduction, a decrease in Other Funds expenditure limitation of \$5,807,409, an increase in Federal Funds expenditure limitation of \$167,321,358, and the elimination of one position (0.25 FTE) to update OHA's budget for actual expenditures through March 2021 and projected expenditures through the remainder of the 2019-21 biennium.

Health Systems Division

The Health Systems Division projects a \$53,057,663 General Fund need and \$237,173,245 in General Fund savings for a net of \$184,115,582 in General Fund savings.

Oregon Health Plan Caseload Forecast –The Spring 2021 Caseload forecast results in additional costs of \$53,057,663 General Fund and \$161,497,392 Federal Funds in 2019-21. There are two main factors driving the growth in caseload costs over the prior caseload forecast. First, due to the extension of the COVID-19 public health emergency, and as a condition of receiving the enhanced federal match rate, OHA has stopped most activity to redetermine whether clients on the caseload remain eligible for the Oregon Health Plan. As a result, OHA’s caseload has grown by approximately 15,000 cases per month since the beginning of the pandemic. This growth is projected to taper off but the caseload is not projected to peak until July 2022, also creating a substantial budget impact in 2021-23. OHA estimates it will take up to six months to complete redeterminations after the public health emergency ends.

A second factor affecting OHA’s caseload cost in 2019-21 is the conversion of data from OHA’s legacy system to the new ONE / Integrated Eligibility system. An initial round of data conversions began in Fall 2020 and transfers were complete in Spring 2020. These data conversions and the application of the new system’s eligibility rules have led to the transfer of clients across eligibility groups. The main budgetary impact of these moves has been to elevate transfers from the Children’s Medicaid and Affordable Care Act Adults eligibility groups to the Aged, Blind and Disabled, and Old Age Assistance eligibility groups. While the transfers have not resulted in additional cases, the cost of serving a client in the former eligibility group is generally lower than serving a client in the latter, resulting in a net fiscal impact from the transfers.

COVID-19 Enhanced Medicaid Match – Congress added an additional 6.2 percent to the Medicaid match rate and 4.34 percent to the Children’s Health Insurance Program (CHIP) match rate for each quarter that the COVID-19 public health emergency declaration is in place. The enhanced match rate is currently included in the Health Systems Division budget through the end of December 2020. The federal government has announced plans to extend the public health emergency through January 2022, resulting in savings of \$151,622,663 General Fund and \$5,807,409 Other Funds in the 2019-21 biennium.

Medicaid Savings – OHA projects it will spend \$78,982,051 General Fund and \$144,317,214 Federal Funds less than budgeted in 2019-21 for the Medicaid program, as the COVID-19 pandemic has affected medical utilization and also due to changes in federal policy in the following areas:

- **Fee-For-Service:** OHA is projecting savings of \$14.9 million General Fund and \$42.6 million Federal Funds due to a decrease in the fee-for-service cost per case. The COVID-19 pandemic has led to a reduction in hospital services and also closed or limited services in some medical and dental offices. Due to the end of eligibility redeterminations, there has also been reduced churn in this part of the caseload, meaning clients on average, have lower medical needs than they otherwise would have.

- Medicare Part B premiums: OHA is projecting savings of \$15.8 million General Fund and \$24.6 million Federal Funds for Medicare Part B premium payments OHA makes on behalf of its partial dual eligible clients due to premium increases coming in lower than budgeted.
- Medicare Part D Clawback Payments: OHA is projecting savings of \$13.3 million General Fund for Medicare Part D clawback payments that OHA pays to the federal government on behalf of its full dual eligible clients. The increases in Oregon’s federal match rate, due to the COVID-19 pandemic and lower than budgeted Part D rate growth, result in savings.
- Coordinated Care Organization capitation payments: OHA is projecting savings of \$35.0 million General Fund and \$77.1 million Federal Funds as actual expenditures for CCO base rate payments and CCO maternity utilization are lower than budgeted.

COVID-19 Vaccine Administration Savings – The January 2021 Emergency Board allocated \$3 million General Fund to the Health Systems Division to cover the costs of administering COVID-19 vaccines to populations served by OHA for the last six months of the biennium. With the passage of the American Rescue Plan Act of 2021, the federal government will pay 100 percent of the cost of vaccine administration starting April 1, 2021, leading to a projected savings of \$1.5 million General Fund and \$4.5 million Federal Funds.

Administrative Savings – OHA has identified \$2,468,531 General Fund in one-time savings in administrative costs. These savings include Coronavirus Relief Fund money used to cover payroll costs for staff supporting the pandemic response, a delay in the Compass project due to a delay in federal approval for the work, unused budget for travel and vacancy savings.

Aid and Assist Savings – The Legislature approved House Bill 5042 (2021), which among other items, included \$5.2 million General Fund for a series of investments aimed at addressing the influx of patients to the Oregon State Hospital and in the community, who are unable to aid and assist in their own defense at trial (Aid and Assist patients). Of the amounts approved, OHA projects it will not be able to spend \$500,000 the Legislature approved for a contract with Program Design and Evaluation Services and \$2.1 million approved to expand Secure Residential Treatment Facility capacity before the end of the 2019-21 biennium and is recognizing these items as a savings in its 2019-21 budget.

Oregon State Hospital

The Oregon State Hospital projects \$13,228,896 in General Fund challenges and \$3,071,728 in General Fund savings for a net of \$10,157,168 in General Fund need.

COVID-19 Expenses – OHA is projecting a need of up to \$13,228,896 General Fund to address its unreimbursed expenses from responding to COVID-19 at the Oregon State Hospital. These expenses are primarily from regular and overtime wages for COVID-19 activities, including the operation of screening stations and units to serve patients who either tested positive for having the virus or were determined to be potentially infected following a screening, as well as the need to fill behind staff taking leave due to COVID-19 exposure or to provide childcare. The hospital has also incurred additional costs for personal protective equipment and other supplies. OHA estimates COVID-19 related expenses will reach

\$27.3 million in 2019-21; these amounts are offset by funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act and pending FEMA reimbursement totaling \$14.1 million.

Medicaid Recoupment Savings – The OHA Office of Program Integrity completed a series of hospital payment audits based on claims processed by the Medicaid Management Information System (MMIS). The audits determined the Oregon State Hospital was overpaid by the federal government due to systemic issues within MMIS as well as the hospital’s billing and documentation processes by a total of \$7,061,305 for the years reviewed. Prior to the finalization of the audits the Legislature provided \$8,148,865 General Fund relief for these overpayments through Senate Bill 5723 during the August Special Session, leaving a savings of \$1,087,560 General Fund.

Rivers Run Program Discontinuation – The Oregon State Hospital opened the 16-bed Rivers Run Residential Treatment Facility in July 2019 to provide capacity to treat Aid and Assist patients. The hospital used the additional 16 beds to transition civilly committed patients into a lower level of care, freeing up bed space for Aid and Assist patients on the Salem campus for patients who needed a hospital level of care. As the influx of Aid and Assist patients has continued there has been a decline in the population of patients who are civilly committed at the state hospital, meaning there are no longer enough civilly committed patients to keep the program open. Due to a lack of patients, in April 2021 the Oregon State Hospital discharged its last four patients from Rivers Run into the community and closed the facility. This action results in \$1,984,168 in General Fund savings during the 2019-21 biennium.

Health Policy and Analytics

OHA is projecting a one-time \$1,405,849 General Fund savings due to Coronavirus Relief Fund reimbursements for staff time in Health Policy and Analytics, the suspension of the Client Quality Metrics Registry and Provider Directory programs, vacancy savings, and underspending of other services and supplies budgets.

Public Health Division

Domestic Well Testing – OHA is projecting \$150,000 General Fund savings in the Domestic Well Testing program. The program received \$600,000 General Fund from the October 12, 2020 meeting of the Emergency Board to test domestic wells in areas of Oregon affected by the Fall 2020 wildfires (as well as \$150,000 for small water system testing). Domestic well testing has been slower than anticipated due a delay in ash and debris removal necessary before the tests are performed.

Environmental Public Health Grant – OHA is projecting a \$67,753 Federal Funds savings and a reduction of one position (0.25 FTE) in the Public Health division. The program received one year funding instead of the requested five year funding from a Centers for Disease Prevention and Control grant to support environmental public health capacity; the grant will no longer be able to support a permanent position.

Debt Service

OHA is projecting \$1,934,265 in General Fund savings due to a Department of Administrative Services action to refinance several series of bonds used to build the Oregon State Hospital campuses in Salem and Junction City. The \$1.9 million represents an interest reserve account no longer needed due to the completion of the bonds refinancing, which was not captured through prior legislative budget adjustments.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Department of Human Services and Oregon Health Authority
 Ali Webb - 503-400-4747 and Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SUBCOMMITTEE ADJUSTMENTS (from LAB)									
Oregon Department of Human Services									
SCR 010-40 - Central Services									
Services and Supplies	\$ 6,799,794	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,799,794		
SCR 010-45 - Shared Services									
Services and Supplies	\$ -	\$ -	\$ 1,451,699	\$ -	\$ -	\$ -	\$ 1,451,699		
SCR 010-50 - State Assessments and Enterprise-wide Costs									
Services and Supplies	\$ 2,190,600	\$ -	\$ -	\$ -	\$ 1,460,400	\$ -	\$ 3,651,000		
Other Special Payments	\$ 871,019	\$ -	\$ -	\$ -	\$ 580,680	\$ -	\$ 1,451,699		
SCR 060-01 - Self Sufficiency Programs									
Special Payments to Individuals	\$ (5,190,224)	\$ -	\$ (946,229)	\$ -	\$ (15,137,677)	\$ -	\$ (21,274,130)		
SCR 060-08 - Aging and People with Disabilities									
Special Payments to Individuals	\$ (1,924,524)	\$ -	\$ -	\$ -	\$ (3,741,209)	\$ -	\$ (5,665,733)		
SCR 060-09 - Intellectual and Developmental Disabilities									
Other Special Payments	\$ 12,739,470	\$ -	\$ -	\$ -	\$ 25,041,285	\$ -	\$ 37,780,755		
SCR 060-02 - Safety									
Special Payments to Individuals	\$ (1,940,888)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,940,888)		
Special Payments to Contracted Service Providers	\$ (2,044,980)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,044,980)		
Other Special Payments	\$ (2,695,524)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,695,524)		
SCR 060-03 - Wellbeing									
Special Payments to Other Governmental Units	\$ 72,635	\$ -	\$ -	\$ -	\$ 127,455	\$ -	\$ 200,090		
Special Payments to Individuals	\$ (12,490,547)	\$ -	\$ (1,817,088)	\$ -	\$ (21,105,188)	\$ -	\$ (35,412,823)		
Special Payments to Contracted Service Providers	\$ 12,149	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,149		
Other Special Payments	\$ (14,842,009)	\$ -	\$ (4,000,100)	\$ -	\$ (1,651,595)	\$ -	\$ (20,493,704)		
SCR 060-04 - Permanency									
Special Payments to Individuals	\$ 20,014	\$ -	\$ -	\$ -	\$ 26,047	\$ -	\$ 46,061		
Other Special Payments	\$ (2,568,181)	\$ -	\$ -	\$ -	\$ (369,893)	\$ -	\$ (2,938,074)		
Oregon Health Authority									
SCR 10-50 - Debt Service									
Debt Service	\$ (1,934,265)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,934,265)		
SCR 030-01 - Health Systems Division									
Personal Services	\$ (1,052,333)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,052,333)	0	0.00
Services and Supplies	\$ (1,416,198)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,416,198)		
Special Payments to Counties	\$ (6,525,266)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (6,525,266)		
Special Payments to Individuals	\$ (175,121,785)	\$ -	\$ (5,807,409)	\$ -	\$ 170,110,340	\$ -	\$ (10,818,854)		
Other Special Payments	\$ -	\$ -	\$ (42,884)	\$ -	\$ -	\$ -	\$ (42,884)		

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SCR 030-02 - Health Policy and Analytics									
Personal Services	\$ (1,024,536)	\$ -	\$ -	\$ -	\$ -	\$ -	(1,024,536)	0	0.00
Services and Supplies	\$ (381,313)	\$ -	\$ -	\$ -	\$ (2,721,229)	\$ -	(3,102,542)		
SCR 030-05 - Public Health									
Personal Services	\$ -	\$ -	\$ -	\$ -	\$ (50,198)	\$ -	(50,198)	(1)	(0.25)
Services and Supplies	\$ (150,000)	\$ -	\$ -	\$ -	\$ (17,555)	\$ -	(167,555)		
Other Special Payments	\$ -	\$ -	\$ 42,884	\$ -	\$ -	\$ -	42,884		
SCR 030-06 - Oregon State Hospital									
Personal Services	\$ 9,760,570	\$ -	\$ -	\$ -	\$ -	\$ -	9,760,570	0	0.00
Services and Supplies	\$ 1,521,284	\$ -	\$ -	\$ -	\$ -	\$ -	1,521,284		
Other Special Payments	\$ (1,124,686)	\$ -	\$ -	\$ -	\$ -	\$ -	(1,124,686)		
TOTAL ADJUSTMENTS	\$ (198,439,724)	\$ -	\$ (11,119,127)	\$ -	\$ 152,551,663	\$ -	(57,007,188)	(1)	(0.25)
SUBCOMMITTEE RECOMMENDATION	\$ (198,439,724)	\$ -	\$ (11,119,127)	\$ -	\$ 152,551,663	\$ -	(57,007,188)	(1)	(0.25)

SB 5505 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Holvey

Joint Committee On Ways and Means

Action Date: 06/24/21

Action: Do Pass the A-Eng bill.

House Vote

Yeas: 10 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Sollman, Stark

Exc: 1 - Smith G

Senate Vote

Yeas: 12 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

Prepared By: Jean Gabriel, Department of Administrative Services

Reviewed By: Amanda Beitel, Legislative Fiscal Office

**Various
2021-23**

Budget Summary

None.

Summary of Capital Construction Subcommittee Action

Senate Bill 5505 limits the maximum amount of bonds and third party financing agreements state agencies may issue and the amount of revenue state agencies may raise from such issuance. The proceeds from the issuance of bonds are included as revenues in agency budgets. This bill also allocates the federal tax-exempt private activity bond volume cap allowed under the Internal Revenue Code of 1986, as amended, to certain state agencies and the Private Activity Bond Committee established in ORS 286A.615.

The Subcommittee approved bond authorizations in Senate Bill 5505 for the following purposes:

General Fund Obligations

1. The Subcommittee approved Article XI-G general obligation bond authority of \$120,000,000 to fund grants to Public Universities and Community Colleges to finance six new capital projects for Public Universities, six new capital projects for Community Colleges, and five reauthorized capital projects approved during previous legislative sessions for Community Colleges. The proceeds of the bonds will be used to provide grants through grant programs administered by the Higher Education Coordinating Commission (HECC). Projects are described later in this report.
2. The Subcommittee approved Article XI-H general obligation bond authority of \$10,300,000, which includes \$10,000,000 in net proceeds and \$300,000 for costs of issuing the bonds, for the Department of Environmental Quality (DEQ) to finance pollution control facilities or related activities. Net proceeds will replenish DEQ's Industrial Orphan Site Account, which is used to investigate and cleanup highly contaminated sites.
3. The Subcommittee approved Article XI-M general obligation bond authority of \$111,300,000, which includes net proceeds of \$110,000,000 and \$1,300,000 for costs of issuing bonds and approved Article XI-N general obligation bond authority of \$50,750,000, which includes net proceeds of \$50,000,000 and \$750,000 for costs of issuing bonds. The proceeds of the Article XI-M bonds will be used to provide grants for seismic rehabilitation of public education buildings, and the proceeds of the Article XI-N bonds will be used to provide grants for seismic rehabilitation of emergency services buildings through grant programs administered by the Oregon Business Development Department.

4. The Subcommittee approved Article XI-P general obligation bond authority of \$126,090,000, which includes \$125,000,000 in net proceeds and \$1,090,000 for costs of issuing bonds, to fund matching grants to school districts for capital costs including construction, improvement, or remodel of facilities and acquisition of equipment through the Oregon School Capital Improvement Matching program administered by the Oregon Department of Education.
5. The Subcommittee approved General Fund supported Article XI-Q general obligation bond authority of \$1,254,710,636 to finance the capital costs of projects for real or personal property owned or operated by the state. The projects and agencies are listed below, with the exception of HECC; projects funded by grants from the HECC to Public Universities are described later in this report.
 - Department of Revenue, Electronic Valuation Information System: approved \$4,245,000 Article XI-Q bonds to finance \$4,157,000 of project costs and \$88,000 for costs of issuing the bonds. The project is to implement a new property tax appraisal information system to modernize and replace current disparate systems and tools that are used to manage the property valuation processes.
 - Oregon Military Department, Ashland Armory Service Life Extension: approved \$5,480,000 Article XI-Q bonds to finance \$5,373,235 of project costs and \$106,765 for costs of issuing the bonds. The project is for design and construction of additions and alterations to the Ashland Armory, including seismic upgrades. The improvements will bring the facility into conformance with current building code and will include replacing mechanical, electrical, and plumbing systems as well as remodeling existing classrooms, administrative space, latrines, showers, equipment storage areas, kitchen, and assembly hall areas. In addition, the project will include emergency enhancements and replacement of failed paving areas and replacement of existing site lighting, landscaping, and fencing.
 - Oregon Military Department, Corvallis Armory Service Life Extension: approved \$4,375,000 Article XI-Q bonds to finance \$4,317,605 of project costs and \$57,395 for costs of issuing the bonds. The project is for design and construction of additions and alterations to the Corvallis Armory, including seismic upgrades. The improvements will bring the facility into conformance with current building code and will include replacing mechanical, electrical, and plumbing systems as well as remodeling existing classrooms, administrative space, latrines, showers, equipment storage areas, kitchen, and assembly hall areas. In addition, the project will include emergency enhancements and replacement of failed paving areas and replacement of existing site lighting, landscaping, and fencing.
 - Oregon Military Department, Resiliency Grant Fund: approved \$10,210,000 Article XI-Q bonds to finance \$10,000,000 of project costs and \$210,000 for costs of issuing the bonds. The bond proceeds will be used to purchase emergency preparedness equipment, which will be owned by the Oregon Military Department and distributed to local governments and other federal tax-exempt qualified recipients through the Office of Emergency Management State Preparedness and Incident Response Equipment Grant (SPIRE) program. A maximum of \$2,000,000 may be spent on urban search and rescue preparedness equipment.

- Oregon Military Department, Washington County Readiness Center: approved \$5,410,000 Article XI-Q bonds to finance \$5,300,000 of project costs and \$110,000 for costs of issuing the bonds. The project is to construct a new National Guard Readiness Center in Washington County for the training, administrative and logistical needs of the Oregon Army National Guard as a replacement for the Hillsboro Armory. The project includes construction as well as providing utility services, information systems, fire detection and alarm systems, hazardous materials abatement and disposal, roads, walks, curbs, gutters, storm drainage, parking areas, and site improvements. The bond proceeds will be used as matching funds for a federal grant.
- Oregon State Police, Central Point Office Expansion: approved \$34,435,000 Article XI-Q bonds to finance \$33,961,269 of project costs and \$473,731 for costs of issuing the bonds. The project is to remodel and expand the Central Point Office facility to add space for the forensic lab, evidence, medical examiner and patrol functions. In addition, the project includes modernizing the existing space and adding two auxiliary buildings.
- Oregon State Police, Springfield Forensic Lab and Medical Examiner's Office: approved \$62,710,000 Article XI-Q bonds to finance \$61,982,733 of project costs and \$727,267 for costs of issuing the bonds. The project is for the design and construction of a new forensic lab and medical examiner facility in Springfield.
- Oregon State Police, Springfield Patrol Area Command Office: approved \$14,490,000 Article XI-Q bonds to finance \$14,261,687 of project costs and \$228,313 for costs of issuing the bonds. The project is for the design and construction of a new command office facility in Springfield, including a warehouse for storage.
- Department of Corrections, Capital Improvement and Renewal: approved \$70,745,000 Article XI-Q bonds to finance \$70,000,000 of project costs and \$745,000 for costs of issuing the bonds. The project is to address capital improvements at multiple facilities, including replacement or improvement of roofs, HVAC, hardscaping, plumbing, electrical systems, communication and security systems, and other building elements.
- Department of Corrections, Electronic Health Records: approved \$13,635,000 Article XI-Q bonds to finance \$13,400,000 of project costs and \$235,000 for costs of issuing the bonds. The project is to acquire and implement an information technology solution to track the health care records of adults in custody. The solution will replace paper based tracking and may be a commercial off-the-shelf system or a software as a service system. The bond proceeds will be used for costs that are eligible to be capitalized, which may include software acquisition or licensing, software configuration and interfaces, coding, hardware, installation to hardware, and testing.

- Department of Corrections, Off-Net Telephone Infrastructure: approved \$3,825,000 Article XI-Q bonds to finance \$3,770,433 of project costs and \$54,567 for costs of issuing the bonds. The project is to design, purchase, and implement a centralized Voice over Internet Protocol (VoIP) communications system for use in multiple institutions to replace outdated legacy telephone systems.
- Oregon Youth Authority, Camp Riverbend Dorm Renovation: approved \$6,975,000 Article XI-Q bonds to finance \$6,867,101 of project costs and \$107,899 for costs of issuing the bonds. The project involves capital improvements to renovate and expand two living units and supporting spaces at the Camp Riverbend Youth Transitional Facility, including the Riverbend building and the Hilgard building.
- Oregon Youth Authority, Capital Improvements: approved \$11,060,000 Article XI-Q bonds to finance \$4,152,319 of reauthorized projects costs plus \$6,742,239 of new project costs and \$165,442 for costs of issuing the bonds. The project involves capital improvements to permanent structures and fixtures at multiple facilities to address needs identified by the Facility Condition Assessment completed on OYA facilities.
- Oregon Youth Authority, Control Room Renovations: reauthorized \$1,300,000 Article XI-Q bonds to finance \$1,195,000 of project costs and \$105,000 for costs of issuing the bonds. The project involves capital improvements to renovate the control rooms at the Rogue Valley, Eastern Oregon and Oak Creek Youth Correctional Facilities.
- Oregon Youth Authority, JJIS IT System Modernization: approved \$7,870,000 Article XI-Q bonds to finance \$7,756,531 of project costs and \$113,469 for costs of issuing the bonds. The project is to modernize the Juvenile Justice Information System (JJIS) to replace the current legacy system with a web-based case management information technology solution.
- Oregon Youth Authority, MacLaren Infirmary and Pharmacy Renovation and Expansion: reauthorized \$1,720,000 Article XI-Q bonds to finance \$1,679,000 of project costs and \$41,000 for costs of issuing the bonds. The project involves capital improvements to renovate and expand the infirmary, clinic and pharmacy at the MacLaren Youth Correctional Facility to meet operational needs.
- Oregon Youth Authority, MacLaren West Cottages Renovations: approved \$20,795,000 Article XI-Q bonds to finance \$12,478,547 of reauthorized project costs plus \$8,000,000 of new project costs and \$316,453 for costs of issuing the bonds. The project involves capital improvements to renovate and remodel multiple living units on the west side of the campus at MacLaren Youth Correctional Facility.

- Oregon Youth Authority, Oak Creek Medical and Dental Clinic Renovations: reauthorized \$710,000 Article XI-Q bonds to finance \$675,385 of project costs and \$34,615 for costs of issuing the bonds. The project involves capital improvements to remodel and expand the medical and dental clinic at the Oak Creek Youth Correctional Facility, including addressing needs identified by the Facility Condition Assessment completed on OYA facilities.
- Oregon Youth Authority, Rogue Valley Facility Improvements: reauthorized \$7,110,000 Article XI-Q bonds to finance \$6,974,243 of project costs and \$135,757 for costs of issuing the bonds. The project involves capital improvements to renovate and remodel four living units at the Rogue Valley Youth Correctional Facility.
- Oregon Youth Authority, Tillamook Dorm Renovation: approved \$10,495,000 Article XI-Q bonds to finance \$10,279,899 of project costs and \$215,101 for costs of issuing the bonds. The project involves capital improvements to renovate and remodel two living units and supporting spaces at the Tillamook Youth Correctional Facility.
- Oregon Youth Authority, Tillamook Medical and Dental Renovations: reauthorized \$690,000 Article XI-Q bonds to finance \$652,775 of project costs and \$37,225 for costs of issuing the bonds. The project involves capital improvements to remodel and expand the medical and dental clinic at the Tillamook Youth Correctional Facility to meet operational needs.
- Oregon Health Authority, Oregon State Hospital Salem Well Water Treatment Facility: approved \$4,555,000 Article XI-Q bonds to finance \$4,492,750 of project costs and \$62,250 for costs of issuing the bonds. The project is to construct a well water treatment facility and potable water storage tank to provide a backup water supply for the Oregon State Hospital in Salem to be used in the event of disruption or contamination of the city water supply.
- Oregon Health Authority, Oregon State Hospital Salem/Junction City Automated Dispensing Cabinets: approved \$3,555,000 Article XI-Q bonds to finance \$3,500,000 of project costs and \$55,000 for costs of issuing the bonds. The project is to replace approximately 40 automated medication dispensing cabinets deployed throughout patient care areas on the Salem and Junction City campuses of the Oregon State Hospital. The project includes replacement of the computers in each cabinet.
- Higher Education Coordinating Commission, FAMIS System Replacement: approved \$5,105,000 Article XI-Q bonds to finance \$5,000,000 of project costs and \$105,000 for costs of issuing the bonds. The project is to acquire and implement an information technology system to replace the existing Financial Aid Management Information System (FAMIS) that is used for administration of financial aid programs.

- Oregon Department of Education, Oregon School for the Deaf ADA Restrooms: approved \$1,065,000 Article XI-Q bonds to finance \$1,024,625 of project costs and \$40,375 for costs of issuing the bonds. The project is to improve Americans with Disabilities Act (ADA) accessibility in restrooms throughout the Oregon School for the Deaf campus.
- Oregon Department of Education, Oregon School for the Deaf Fire Alarm System Replacement: approved \$3,145,000 Article XI-Q bonds to finance \$3,091,923 of project costs and \$53,077 for costs of issuing the bonds. The project is to replace the fire alarm system throughout the Oregon School for the Deaf campus.
- Oregon Department of Education, Oregon School for the Deaf Windows Upgrade: approved \$1,425,000 Article XI-Q bonds to finance \$1,383,452 of project costs and \$41,548 for costs of issuing the bonds. The project is to replace windows with energy efficient windows in facilities at the Oregon School for the Deaf.
- Oregon Department of Forestry, Capital Improvements: approved \$2,464,209 Article XI-Q bonds to finance \$2,431,809 of project costs and \$32,400 for costs of issuing the bonds. The project involves making capital improvements to address deferred maintenance at various facilities.
- Oregon Department of Forestry, Toledo Facility Replacement Phase II: approved \$1,136,227 Article XI-Q bonds to finance \$1,115,640 of project costs and \$20,587 for costs of issuing the bonds. The project is to replace the Unit Office Facilities Compound located in Toledo and relocate it to a more centrally located area that will be outside of the mapped tsunami inundation zone.
- Oregon Parks and Recreation Department, State Parks Capital Improvement and Renewal: approved \$50,750,000 Article XI-Q bonds to finance \$50,000,000 of project costs and \$750,000 for costs of issuing the bonds. The project is to finance the capital costs of making improvements to facilities in multiple Oregon state parks. The project includes improvements or replacements to facilities and related infrastructure such as buildings, water systems, septic and sewer systems, electrical systems, restroom and shower facilities, as well as modernizing and expanding campgrounds.
- Oregon Department of Fish and Wildlife, Capital Improvement and Renewal: approved \$5,105,000 Article XI-Q bonds to finance \$5,000,000 of project costs and \$105,000 for costs of issuing the bonds. The project involves making capital improvements to replace buildings and address deferred maintenance at various facilities.
- Oregon Housing and Community Services, Local Innovation and Fast Track (LIFT) Housing and Permanent Supportive Housing: approved \$413,490,000 Article XI-Q bonds to finance \$410,000,000 of project costs and \$3,490,000 for costs of issuing the bonds. The bond proceeds will be used to acquire, construct, remodel, repair, equip or furnish real property in which the department will

take an operational or ownership interest to provide affordable housing for Oregonians with low income and citizens in historically underserved communities and communities of color, as well as affordable housing that will be combined with tenancy supports and other services for low income citizens with high needs, including persons with disabilities and persons coming out of chronic homelessness. The authorization includes up to \$60,000,000 to fund qualified LIFT Rental applications from the 2021 Notice of Funding Availability period that did not receive funding due to inadequate resources. This will expedite the delivery of 635 affordable homes in Tillamook, Salem, Umatilla, Lincoln City, Tigard, and Portland.

- Oregon Judicial Department, Benton County Courthouse: approved \$20,730,000 Article XI-Q bonds to finance \$20,383,129 of project costs and \$346,871 for costs of issuing the bonds. The project is to construct a new facility to replace the Benton County Courthouse. Proceeds will be deposited in the Oregon Courthouse Capital Construction and Improvement Fund (OCCCIF) to support state matching funds for the project.
- Oregon Judicial Department, Clackamas County Courthouse: approved \$95,400,000 Article XI-Q bonds to finance \$94,500,000 of project costs and \$900,000 for costs of issuing the bonds. The project is to construct a new facility to replace the Clackamas County Courthouse. Proceeds will be deposited in the OCCCIF to support state matching funds for the project.
- Oregon Judicial Department, Crook County Courthouse: approved \$11,885,000 Article XI-Q bonds to finance \$11,700,000 of project costs and \$185,000 for costs of issuing the bonds. The project is to construct a new facility to replace the Crook County Courthouse. Proceeds will be deposited in the OCCCIF to support state matching funds for the project.
- Oregon Judicial Department, Linn County Courthouse: approved \$16,110,000 Article XI-Q bonds to finance \$15,900,000 of project costs and \$210,000 for costs of issuing the bonds. The project is to construct a new facility to replace the Linn County Courthouse. Proceeds will be deposited in the OCCCIF to support state matching funds for the project.
- Oregon Judicial Department, Supreme Court Building Renovation: approved \$21,950,000 Article XI-Q bonds to finance \$21,700,000 of project costs and \$250,000 for costs of issuing the bonds. The project is to renovate the Oregon Supreme Court building, including seismic updates, energy efficiency improvements, and various systems and safety upgrades.
- Legislative Administration Committee, Document Publishing and Management System: approved \$4,310,000 Article XI-Q bonds to finance \$4,250,000 of project costs and \$60,000 for costs of issuing the bonds. The project is to develop and implement a document publishing and management software system.

Dedicated Fund Obligations

6. The Subcommittee approved a \$180,000,000 authorization to the Department of Veterans' Affairs for issuance of Article XI-A general obligation bonds to finance farm and home loans to veterans.
7. The Subcommittee approved Article XI-F(1) general obligation bond authority of \$114,505,000 to fund loans to Public Universities through the Higher Education Coordinating Commission to finance three capital projects. The projects are described later in this report.
8. The Subcommittee approved a \$10,000,000 authorization to the Department of Environmental Quality for issuance of Article XI-H general obligation bonds to finance pollution control facilities or related activities. Bond proceeds are used as matching funds for federal Clean Water State Revolving Fund (CWSRF) capitalization grants and provide low-cost loans for the planning, design or construction of projects that prevent or mitigate water pollution.
9. The Subcommittee approved a \$50,000,000 authorization to the Housing and Community Services Department for issuance of Article XI-I(2) general obligation bonds to provide financing for multi-family housing for the elderly and for disabled persons.
10. The Subcommittee approved Article XI-Q general obligation bond authority of \$224,634,564 to finance all or a portion of the following projects:
 - Department of Administrative Services, Executive Building Interior and Seismic Renovation: approved \$45,620,000 Article XI-Q bonds to finance \$45,000,000 of project costs and \$620,000 for costs of issuing the bonds. The project involves renovation of the Executive Building, including seismic updates and upgrades of the exterior envelope and the building systems including electrical, mechanical, plumbing, and fire sprinkler systems. Debt service on the bonds will be paid using agency resources (Other Funds).
 - Department of Administrative Services, Justice Building Exterior Renovations: reauthorized \$3,555,000 Article XI-Q bonds to finance \$3,500,000 of project costs and \$55,000 for costs of issuing the bonds. The project is to renovate the building exterior, including replacement of wood window casements, and to install ten additional secondary distribution panels and feed power panels and circuit breakers. Debt service on the bonds will be paid using agency resources (Other Funds).
 - Department of Administrative Services, North Valley Complex Infrastructure Upgrades/Tenant Improvements: approved \$60,820,000 Article XI-Q bonds to finance \$60,000,000 of project costs and \$820,000 for costs of issuing the bonds. The project is to renovate the North Valley Complex in Wilsonville and make tenant improvements and related site improvements to ready the building for use by multiple agencies. Debt service on the bonds will be paid using agency resources (Other Funds).
 - Department of Administrative Services, Portland State Office Building Improvements: reauthorized \$8,730,000 Article XI-Q bonds to finance \$8,600,000 of project costs and \$130,000 for costs of issuing the bonds. The project is to replace the exterior windows;

replace the roof; and upgrade security, electrical and HVAC systems. Debt service on the bonds will be paid using agency resources (Other Funds).

- Department of Administrative Services, Revenue Building Electrical System Upgrades: reauthorized \$7,120,000 Article XI-Q bonds to finance \$7,000,000 of project costs and \$120,000 for costs of issuing the bonds. The project is to upgrade the electrical and HVAC systems in the Revenue Building. Debt service on the bonds will be paid using agency resources (Other Funds).
- Department of Administrative Services, Yellow Parking Lot Paving: approved \$4,055,000 Article XI-Q bonds to finance \$4,000,000 of project costs and \$55,000 for costs of issuing the bonds. The project involves paving the existing gravel Yellow Parking Lot in the Capitol Mall area and making necessary site improvements related to storm water, landscaping and other site improvements. The project also includes a public electric vehicle charging component. Debt service on the bonds will be paid using agency resources (Other Funds).
- Oregon Department of Forestry, Capital Improvements: approved \$2,420,791 Article XI-Q bonds to finance \$2,388,962 of project costs and \$31,829 for costs of issuing the bonds. The project involves making capital improvements to address deferred maintenance at various facilities. Debt service on the bonds will be paid using agency resources (Other Funds).
- Oregon Department of Forestry, Toledo Facility Replacement Phase II: approved \$1,578,773 Article XI-Q bonds to finance \$1,550,167 of project costs and \$28,606 for costs of issuing the bonds. The project is to replace the Unit Office Facilities Compound located in Toledo and relocate it to a more centrally located area that will be outside of the mapped tsunami inundation zone. Debt service on the bonds will be paid using agency resources (Other Funds).
- Oregon Liquor Control Commission, Liquor Warehouse Conveyor System: approved \$10,175,000 Article XI-Q bonds to finance \$10,000,000 of project costs and \$175,000 for costs of issuing the bonds. The project is to acquire and install a new conveyor and order fulfillment system for use in the agency's new warehouse. Debt service on the bonds will be paid using agency resources (Other Funds).
- Oregon Liquor Control Commission, Liquor Warehouse Land and Building: approved \$53,170,000 Article XI-Q bonds to finance \$52,537,265 of project costs and \$632,735 for costs of issuing the bonds. The project includes the purchase of land and the design and construction of a new warehouse and headquarters for agency operations. Debt service on the bonds will be paid using agency resources (Other Funds).
- Oregon Liquor Control Commission, Liquor Warehouse Management IT System: approved \$27,390,000 Article XI-Q bonds to finance \$27,000,000 of project costs and \$390,000 for costs of issuing the bonds. The project is to acquire and implement an

information technology system to replace legacy systems for warehouse management, licensing, and enforcement. Debt service on the bonds will be paid using agency resources (Other Funds).

11. The Subcommittee approved Other Financing Agreements authority of \$100,000,000 for other financing agreements, including capital leases and real estate lease-purchase or similar agreements for the purchase, construction, or improvement of real property, for the Department of Administrative Services. The payments related to financing agreements will be paid using agency resources (Other Funds).

Revenue Bonds

12. The Subcommittee approved the Housing and Community Services Department direct revenue bond authority of \$500,000,000 and pass-through revenue bond authority of \$1,300,000,000.
13. The Subcommittee approved the Department of Transportation direct revenue bond authority of \$880,000,000 for the issuance of Highway User Tax revenue bonds.
14. The Subcommittee approved the Oregon Business Development Department direct revenue bond authority of \$30,000,000 for the Oregon Infrastructure Finance Authority Bond Bank Program. Pass-through revenue bond authority of \$600,000,000 for Industrial Development bonds and \$2,500,000 for the Beginning and Expanding Farmer Loan Program was also approved.
15. The Subcommittee approved Department of Administrative Services, Lottery Revenue Bond limit of \$492,440,000. This amount provides funding for 55 projects authorized in Senate Bill 5534. A list of Lottery Revenue Bond projects can be found in SB 5534.
16. The Subcommittee approved pass-through revenue bond authority of \$1,000,000,000 for the Oregon Facilities Authority.

Detail of projects authorized for the Higher Education Coordinating Commission through bond financing is included below.

Higher Education Coordinating Commission

HECC - Public Universities

The Subcommittee approved 10 new capital projects for public universities to finance total project costs of \$445,905,100. The projects are included in the budget for the Higher Education Coordinating Commission (HECC). The proceeds of Article XI-G and Article XI-Q general obligation bonds will be used to provide grants from HECC to the applicable public university, and the debt service on these bonds will be paid with General Fund. Each university must provide the constitutionally required match for the Article XI-G bonds before the bonds can be issued. The proceeds of Article XI-F(1) bonds will be used to provide loans from HECC to the applicable public university, and the debt service on the

Article XI-F(1) bonds will be paid by HECC with Other Funds using loan repayments received from the applicable university made with university resources. The approved projects are listed below.

All Public Universities

The Subcommittee approved the following project for the seven public universities, to be allocated to each individual university by HECC:

- Capital Improvement and Renewal: approved \$80,810,000 Article XI-Q bonds to finance \$80,000,000 of project costs and \$810,000 for costs of issuing the bonds. The capital improvement projects will address deferred maintenance, code compliance, safety issues, and Americans with Disabilities Act (ADA) accessibility improvements for campus facilities. The projects will not involve: acquisition of buildings, structures, or land; classroom or lab modernization; or improvements to auxiliary facilities, which are typically self-supporting.

Eastern Oregon University

- Inlow Hall Renovation, Phase II: approved \$17,920,200 Article XI-Q general obligation bonds to finance \$17,700,200 of project costs and \$220,000 for costs of issuing the bonds and \$600,000 Article XI-G general obligation bonds to finance \$564,900 of project costs and \$35,100 for costs of issuing the bonds. The project is to renovate Inlow Hall including improvements to the roofing system, building envelope, HVAC systems, and seismic updates. The project also includes the remodel of offices, attic, basement, and student support areas to optimize the use of space.

Oregon Institute of Technology

- Residence Hall: approved \$55,650,000 Article XI-F(1) general obligation bonds to finance \$55,000,000 of project costs and \$650,000 for costs of issuing the bonds. The project is to construct a new facility for student housing with approximately 900 beds and study space on the Klamath Falls campus.
- OMIC R&D Center for Additive Manufacturing Innovation Phase II: approved \$5,105,000 Article XI-Q general obligation bonds to finance \$5,000,000 of project costs and \$105,000 for costs of issuing the bonds. The project is to construct two new research labs within the Research and Development (R&D) facility, including a powdered metal handling vault and airlock to support the addition of laser powder bed fusion and binder jetting methods of additive manufacturing to the facility. The project also includes completion of office space, including conference rooms and collaborative space for manufacturers to work on site with OMIC R&D and partner university researchers to develop and evaluate additive related research projects.

Oregon State University

- Cascades Student Success Center: approved \$8,930,000 Article XI-Q general obligation bonds to finance \$8,800,000 of project costs and \$130,000 for costs of issuing the bonds and \$5,105,000 Article XI-G general obligation bonds to finance \$5,000,000 of project costs and \$105,000 for costs of issuing the bonds. The project is to construct a new Student Success Center on the Cascades Campus which will be used to provide academic and career advising, tutoring, mental health counseling, study spaces and a health wellness center.
- Cordley Hall Renovation, Phase II: approved \$61,690,000 Article XI-Q general obligation bonds to finance \$61,000,000 of project costs and \$690,000 for costs of issuing the bonds and \$25,375,000 Article XI-G general obligation bonds to finance \$25,000,000 of project costs and \$375,000 for costs of issuing the bonds. The project is to renovate Cordley Hall, including improvements related to accessibility, safety, seismic upgrades and mechanical and electrical system efficiency. Interior spaces will also be renovated, such as laboratories, classrooms and offices. In addition, the project includes construction of a new cooling plant building adjacent to Cordley Hall.
- Reser Stadium West Grandstands: approved \$40,555,000 Article XI-F(1) general obligation bonds to finance \$40,000,000 of project costs and \$555,000 for costs of issuing the bonds. The project is to replace the west grandstands of the football stadium, including replacement of the grandstands and enclosed fan seating areas, restrooms, concessions, press boxes, and athletic support spaces. In addition, the project includes replacement or improvements to adjacent parking, pedestrian paths, and fire and travel lanes. This project may also include interior space for academics or a health care partner.

Portland State University

- Gateway Center Reuse and Extension: approved \$45,585,000 Article XI-Q general obligation bonds to finance \$45,000,000 of project costs and \$585,000 for costs of issuing the bonds, and \$5,105,000 Article XI-G general obligation bonds to finance \$5,000,000 of project costs and \$105,000 for costs of issuing the bonds, and \$18,300,000 Article XI-F(1) general obligation bonds to finance \$18,000,000 of project costs and \$300,000 for costs of issuing the bonds. The project is to renovate the existing Art Building and construct an addition on an adjacent lot to expand space available for the School of Art and Design, the Center for Student Health and Counseling, and the Speech and Hearing Sciences program. The project includes adding laboratory spaces, as well as improving and expanding spaces for classrooms, student study and collaboration, student mentoring and advising, and exhibition spaces. In addition, the facility will be designed to include private sector commercial space.

University of Oregon

- Heritage Building Renovation: approved \$53,285,000 Article XI-Q general obligation bonds to finance \$52,650,000 of project costs and \$635,000 for costs of issuing the bonds and \$5,960,000 Article XI-G general obligation bonds to finance \$5,850,000 of project costs and \$110,000 for costs of issuing the bonds. The project is to renovate the Heritage Building, including classrooms, faculty offices, and the

theatrical performance hall. The renovation will update and modernize classrooms and workstations, as well as address deferred maintenance, safety issues, and building and site code violations.

Western Oregon University

- Student Success Center: approved \$20,920,000 Article XI-Q general obligation bonds to finance \$20,680,000 of project costs and \$240,000 for costs of issuing the bonds and \$695,000 Article XI-G general obligation bonds to finance \$660,000 of project costs and \$35,000 for costs of issuing the bonds. The project is to construct a new Student Success Center building that will house student services such as advising, tutoring, student support groups, computer labs, and smart classrooms. The new facility will be located on the site of the existing Old Education Building, which will be demolished.

HECC - Community Colleges

The Subcommittee approved six new capital projects and reauthorized five capital projects approved in prior biennia for community colleges to finance total project costs of \$75,946,994. The projects are included in the budget for the Higher Education Coordinating Commission (HECC). The proceeds of Article XI-G bonds will be used to provide grants from HECC to the applicable community college, and the debt service on the bonds will be paid with General Fund. Each community college must provide the constitutionally required match for the Article XI-G bonds before the bonds can be issued. Match funds may come from a variety of sources including grants, donations, partnership contributions, local bond levies, or some combination of sources. The approved projects are listed below.

- Blue Mountain Community College – Facility for Agricultural Resource Management (FARM) Phase 2: reauthorized \$6,615,000 Article XI-G bonds to finance \$6,500,000 of project costs and \$115,000 for costs of issuing the bonds. The project is to design and construct a new facility to support animal science programs, including veterinary assistant/technician, equine and the livestock judging and rodeo teams. The constitutionally required match for the Article XI-G bonds is expected to be provided from various sources, which may include grants, donations, or a local bond levy.
- Central Oregon Community College – Classroom Building Redmond Campus: reauthorized \$8,125,000 Article XI-G bonds to finance \$8,000,000 of project costs and \$125,000 for costs of issuing the bonds. The project is to construct a new classroom building on the campus in Redmond. The facility will include science and computer laboratories, classrooms, student study areas, and support spaces. In addition, the project will include instructional technology and technology infrastructure. The community college will provide the constitutionally required match for the Article XI-G bonds through various sources, which may include a local bond levy, capital campaign donations and/or grant proceeds.
- Chemeketa Community College – Building 7 Remodel: approved \$8,125,000 in Article XI-G bonds to finance \$8,000,000 of project costs and \$125,000 for costs of issuing the bonds. The project is to remodel the Physical Education facility (Building 7), including the redesign and

remodel of learning spaces, upgrades of interior and exterior building components, and possibly targeted seismic reinforcements. The community college will provide the constitutionally required match for the Article XI-G bonds through college capital funds.

- Clatsop Community College – Maritime Science Building: reauthorized \$8,120,000 Article XI-G bonds to finance \$7,996,994 of project costs and \$123,006 for costs of issuing the bonds. The project includes the purchase of currently leased Marine and Environmental Research Training Station (MERTS) campus land, renovation of the existing science building, and construction of a new Maritime Science Building on the MERTS campus, which will include classrooms, labs, and expanded faculty and support space. The community college will provide the constitutionally required match for the Article XI-G bonds through various funding options, including bonds and a capital campaign.
- Klamath Community College – Childcare Resource Learning Center: approved \$1,540,000 Article XI-G bonds to finance \$1,500,000 of project costs and \$40,000 for costs of issuing the bonds. The project is to construct a new Childcare Learning Complex for education program students to complete course lab practicums and gain workforce experience through internships. The facility will include space for meetings, offices, and classrooms as well as common areas for student access to campus resources. The community college will provide the constitutionally required match for the Article XI-G bonds through grants and/or donations.
- Linn-Benton Community College – Agricultural Center: approved \$8,125,000 Article XI-G bonds to finance \$8,000,000 of project costs and \$125,000 for costs of issuing the bonds. The project is to construct a new Agricultural Center for animal sciences instruction that will include a horse barn, arena, livestock barn, classroom building with laboratories, and related outbuildings. The facility is expected to provide fenced and managed acreage for livestock as well as covered pens and barns for animals and feed. The project also includes parking areas for instruction and college-sponsored events. The community college will provide the constitutionally required match for the Article XI-G bonds by issuing debt through a private bank placement.
- Mt. Hood Community College – Accessibility Upgrades, Dental Hygiene Lab, and Deferred Maintenance: approved \$8,125,000 Article XI-G bonds to finance \$8,000,000 of project costs and \$125,000 for costs of issuing the bonds. The project is to improve accessibility, update classrooms and labs, and modernize elevators. In addition, the project includes replacing sidewalks and parking as well as improvements to address deferred maintenance such as replacement of roofs and building envelopes. The community college will provide the constitutionally required match for the Article XI-G bonds through various possible sources which may include grants, donations, partnership contributions, a local bond levy, or some combination of sources.
- Oregon Coast Community College – Workforce Education and Resiliency Center: reauthorized \$8,125,000 Article XI-G bonds to finance \$8,000,000 of project costs and \$125,000 for costs of issuing the bonds. The project is to construct a new building to provide space for workforce development academic programs, student study areas, as well as administrative and faculty offices. The community college will provide the constitutionally required match for the Article XI-G bonds through various revenues, including a local bond levy and a capital construction campaign.

- Rouge Community College – Transportation Technology Center: approved \$7,120,000 Article XI-G bonds to finance \$7,000,000 of project costs and \$120,000 for costs of issuing the bonds. The project is to construct a new facility on the Redwood Campus for instruction and training in the field of transportation technology. The facility will include inventory management, project storage, vehicle and equipment bays, lab preparation areas, faculty offices, student study areas, support staff offices and work areas. The project will also include purchase of instructional technology and technology infrastructure to enable connectivity to the existing technology network and expand the current capability for technology based instruction. The community college will provide the constitutionally required match for the Article XI-G bonds through a combination of funding from a capital campaign and a bond levy.
- Tillamook Bay Community College – Classroom/Office Building and Renovations: approved \$8,125,000 in Article XI-G bonds to finance \$8,000,000 of project costs and \$125,000 for costs of issuing the bonds. The project is to construct a new facility that will include classrooms, offices, support space and community event space. In addition, the project includes renovations to an existing building to provide additional classrooms, study areas, and student support offices. The community college will provide the constitutionally required match for the Article XI-G bonds with a combination of donations, grants and a bond levy.
- Treasure Valley Community College – Nursing-Allied Health Professions Center: reauthorized \$5,015,000 Article XI-G bonds to finance \$4,950,000 of project costs and \$65,000 for costs of issuing the bonds. The project is to construct a new building to serve as a Nursing-Allied Health Professions Center that will provide classrooms and lab spaces for students, as well as an office suite for nursing instructor and instructional support spaces. The new facility is expected to be built on land owned by the community college. The college will provide the constitutionally required match for the Article XI-G bonds through fundraising.

Senate Bill 5505, SECTIONS 1 - 3.

<u>Program Designation</u>	2019-21 Legislatively Approved	2021-23 Governor's Budget	2021-23 Committee Recommendations	Changes from Governor's Budget
GENERAL OBLIGATION BONDS				
General Fund Obligations				
Higher Education Coordinating Comm. - PU (Art. XI-G)	\$ 50,605,000	\$ 37,910,000	\$ 42,840,000	\$ 4,930,000
Higher Education Coordinating Comm. - CC (Art. XI-G)	\$ 52,400,000	\$ 69,040,000	\$ 77,160,000	\$ 8,120,000
Dept of Environmental Quality (Art. XI-H)	\$ -	\$ 10,300,000	\$ 10,300,000	\$ -
Oregon Business Development Dept. (Art. XI-M)	\$ 101,240,000	\$ 110,995,000	\$ 111,300,000	\$ 305,000
Oregon Business Development Dept. (Art. XI-N)	\$ 20,270,000	\$ 50,620,000	\$ 50,750,000	\$ 130,000
Oregon Department of Education (Art. XI-P)	\$ 126,090,000	\$ 138,065,000	\$ 126,090,000	\$ (11,975,000)
Department of Administrative Services (Art. XI-Q)	\$ 788,914,223	\$ 1,069,371,580	\$ 1,254,710,636	\$ 185,339,056
Dedicated Fund Obligations				
Department of Veterans' Affairs (Art. XI-A)	\$ 180,000,000	\$ 180,000,000	\$ 180,000,000	\$ -
Higher Education Coordinating Comm. (Art. XI-F(1))	\$ -	\$ -	\$ 114,505,000	\$ 114,505,000
Dept of Environmental Quality (Art. XI-H)	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ -
Housing and Community Services Dept (Art. XI-I(2))	\$ 50,000,000	\$ 50,000,000	\$ 50,000,000	\$ -
Department of Administrative Services (Art. XI-Q)	\$ 50,135,777	\$ 202,788,420	\$ 224,634,564	\$ 21,846,144
Total General Obligation Bonds	\$ 1,429,655,000	\$ 1,929,090,000	\$ 2,252,290,200	\$ 323,200,200
REVENUE BONDS				
Direct Revenue Bonds				
Housing and Community Services Department	\$ 500,000,000	\$ 500,000,000	\$ 500,000,000	\$ -
Department of Transportation				
Highway User Tax	\$ 485,000,000	\$ 880,000,000	\$ 880,000,000	\$ -
Oregon Business Development Department	\$ 100,000,000	\$ 30,000,000	\$ 30,000,000	\$ -
Department of Administrative Services				
Lottery Revenue Bonds	\$ 247,075,000	\$ 342,545,000	\$ 492,440,000	\$ 149,895,000
Total Direct Revenue Bonds	\$ 1,332,075,000	\$ 1,752,545,000	\$ 1,902,440,000	\$ 149,895,000

Pass Through Revenue Bonds

Oregon Business Development Department				
Industrial Development Bonds	\$ 600,000,000	\$ 600,000,000	\$ 600,000,000	\$ -
Beginning and Expanding Farmer Loan Program	\$ 5,000,000	\$ 2,500,000	\$ 2,500,000	\$ -
Oregon Facilities Authority	\$ 1,000,000,000	\$1,000,000,000	\$ 1,000,000,000	\$ -
Housing and Community Services Department	\$ 900,000,000	\$ 900,000,000	\$ 1,300,000,000	\$ 400,000,000
Total Pass Through Revenue Bonds	\$ 2,505,000,000	\$2,502,500,000	\$ 2,902,500,000	\$ 400,000,000
Total Revenue Bonds	\$ 3,837,075,000	\$4,255,045,000	\$ 4,804,940,000	\$ 549,895,000

CERTIFICATES OF PARTICIPATION AND OTHER FINANCING AGREEMENTS

Department of Administrative Services	\$ 80,000,000	\$ 201,240,000	\$ 100,000,000	\$ (101,240,000)
---------------------------------------	----------------------	-----------------------	-----------------------	-------------------------

Senate Bill 5505, SECTION 4

Private Activity Bond Allocation for Calendar Years 2022 and 2023

Allocation For:	2019-21 Legislatively Approved Budget		2021-23 Committee Recommendations	
	2020 Calendar Year	2021 Calendar Year	2022 Calendar Year	2023 Calendar Year
Oregon Business Development Department, Industrial Development Bonds	\$ 40,000,000	\$ 40,000,000	\$ 40,000,000	\$ 40,000,000
Oregon Business Development Department, Beginning and Expanding Farmer Loan Program	\$ 2,500,000	\$ 2,500,000	\$ 1,000,000	\$ 1,000,000
Oregon Housing & Community Services Department	\$250,000,000	\$250,000,000	\$250,000,000	\$250,000,000
Private Activity Bond Committee	\$147,524,865	\$147,524,865	\$151,862,385	\$151,862,385
Totals	\$440,024,865	\$440,024,865	\$442,862,385	\$442,862,385

SB 428 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Hayden

Joint Committee On Ways and Means

Action Date: 06/11/21

Action: Do Pass the A-Eng bill.

House Vote

Yeas: 8 - Bynum, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Sollman

Nays: 3 - Drazan, Smith G, Stark

Senate Vote

Yeas: 10 - Anderson, Frederick, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 2 - Girod, Thomsen

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Kim To, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2019-21	2021 - 23	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level	Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
				\$ Change	% Change
General Fund	\$ -	\$ -	\$ 516,768	\$ 516,768	100.0%
Total	\$ -	\$ -	\$ 516,768	\$ 516,768	100.0%

Position Summary

Authorized Positions	0	0	2	2	
Full-time Equivalent (FTE) positions	0.00	0.00	1.26	1.26	

⁽¹⁾ Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Senate Bill 428 appropriates \$516,768 General Fund to carry out the work of the bill.

Summary of Human Services Subcommittee Action

Senate Bill 428 extends the sunset on the 20-member Task Force on Universal Health Care from January 2, 2022 to January 2, 2023, and extends the due date of a statutorily required report from the 2021 legislative session to September 30, 2022. The Task Force is charged with designing the Health Care for All Oregon Plan, which is a universal health care system to be administered by the Health Care for All Oregon Board, which will be equitable, affordable, and comprehensive, and will provide high quality health care, be publicly funded, and be available to every individual residing in Oregon.

SB 428 appropriates \$516,768 General Fund and authorizes the establishment of two limited duration positions (1.26 FTE) to continue the work of the task force into the 2021-23 biennium. The Oregon Health Authority plans to hire two limited duration Operations and Policy Analyst 4 positions to continue coordinating project management, policy research and analysis, including conducting and producing complex research data. In addition to the staff to support the task force, the Subcommittee recommended \$150,000 for a consultant to assist with preparing the report and \$61,190 in services and supplies related to the hiring of the two limited duration staff.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u>									
Oregon Health Authority									
SCR 443-030-02 Health Policy and Analytics									
Personal Services	\$ 305,578	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 305,578	2	1.26
Services and Supplies	\$ 211,190	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 211,190		
TOTAL ADJUSTMENTS	\$ 516,768	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 516,768	2	1.26
SUBCOMMITTEE RECOMMENDATION	\$ 516,768	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 516,768	2	1.26

SB 587 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Wilde

Joint Committee On Ways and Means

Action Date: 06/16/21

Action: Do Pass the B-Eng bill.

House Vote

Yeas: 9 - Bynum, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Sollman, Stark

Exc: 2 - Drazan, Smith G

Senate Vote

Yeas: 10 - Anderson, Frederick, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 2 - Girod, Thomsen

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Zane Potter, Legislative Fiscal Office

Oregon Health Authority

2021-23

Department of Revenue

2021-23

Budget Summary*

	2019-21	2021 - 23		2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget ⁽¹⁾	Current Service Level		Committee Recommendation	Leg. Approved	
					\$ Change	% Change
Department of Revenue						
Other Funds Limited	\$ -	\$ -	\$ -	1,174,046	\$ 1,174,046	100.0%
Oregon Health Authority						
Other Funds Limited	\$ -	\$ -	\$ -	2,061,726	\$ 2,061,726	100.0%

* Excludes Capital Construction expenditures

Position Summary

Department of Revenue					
Authorized Positions	0	0	5	5	
Full-time Equivalent (FTE) positions	0.00	0.00	4.50	4.50	
Oregon Health Authority					
Authorized Positions	0	0	12	12	
Full-time Equivalent (FTE) positions	0.00	0.00	7.74	7.74	

⁽¹⁾ Includes adjustments through January 2021

Summary of Revenue Changes

Senate Bill 587 will generate Other Funds revenues from fees imposed by the Oregon Department of Revenue (DOR) and the Oregon Health Authority (OHA) on approximately 4,000 cigarette, tobacco, and inhalant delivery system retailers in the state. Fees are not to exceed the cost of administration. For start-up and position expenditures beginning on October 1, 2021 through December 31, 2021, OHA will use Tobacco Use Reduction Account (TURA) Other Funds dollars of \$361,241.

The bill requires OHA and DOR to enter into an interagency agreement for DOR to collect OHA’s fee and transfer the fee revenue to the Oregon Health Authority Fund. Local public health authorities may also impose fees and civil penalties on these retailers to be collected and distributed

by DOR, and are restricted to the regulation of retailers of tobacco and inhalant delivery devices. Civil penalty revenue received by either Department is deposited into the General Fund.

Summary of General Government Subcommittee Action

Senate Bill 587 prohibits the retail sale of tobacco products or inhalant delivery systems in Oregon, unless the retailer is licensed by the Department of Revenue (DOR) or they hold a license with a city or local public health authority. The bill allows DOR to revoke, suspend, or refuse to issue or renew a license. The measure also authorizes DOR to establish fees, impose civil penalties, and to share licensing information with the Department of Justice (DOJ), OHA, and local public health authorities. The bill requires OHA to establish fees to regulate retailers of tobacco products and inhalant delivery systems. OHA is also required to establish a database on compliance and customer complaints, provide technical assistance to local public health authorities, and assess the effectiveness of state and local programs for regulating the retail sale of tobacco products and inhalant delivery systems. OHA is required to ensure retailers of tobacco or inhalant delivery systems are inspected at least once a year. The bill allows local public health authorities (LPHA) to establish their own more stringent regulations for these retailers. Finally, the measure authorizes LPHAs to enforce local standards for regulating the retail sale of these products and systems or enforce state standards and to establish fees, impose civil penalties, and share information. The regulatory provisions of the bill are effective January 1, 2022, and the agencies are authorized to take action to implement the provisions of the bill prior to its effective date.

Department of Revenue

The Subcommittee recommended \$1,174,046 Other Funds expenditure limitation and the establishment of five positions (4.50 FTE) for DOR to establish its licensing and enforcement program. This includes two permanent, full-time Compliance Specialist 1 positions (1.50 FTE) to perform investigations and seize contraband; one permanent, full-time Program Analyst 1 position (1.00 FTE) to manage license applications and renewals; and two permanent, full-time Public Service Representative 4 positions (2.00 FTE) to handle suspended payments, assist with Revenue Online Registration and outreach, handle account maintenance, process new applications, and test new GenTax configuration of licensing and retail dealer accounts. These positions will work with existing staff to develop a communications plan to provide information to approximately 4,000 retailers of cigarette, tobacco, and inhalant delivery system products; write administrative rules; and develop and implement the licensing program.

Included in the subcommittee recommendation is \$455,807 Other Funds expenditure limitation for services and supplies costs, which includes \$283,800 approved on a one-time basis for information technology upgrades required by the bill; \$37,201 for rent; \$45,000 for Attorney General charges; \$7,032 for postage; and \$82,774 in services and supplies costs for personnel related expenses, as well as \$36,570 Other Funds in Capital Outlay for one-time office furniture and equipment expenditures.

Oregon Health Authority

The Subcommittee recommended \$2,061,726 Other Funds expenditure limitation and 12 positions (7.74 FTE) for OHA to carry out the provisions of the bill. Specifically, OHA received one permanent, part-time Principal Executive/Manager D position (0.75 FTE) to manage the regulatory program; three permanent, full-time Compliance Specialist 3 positions (2.25 FTE) to inspect retailers and ensure compliance; one permanent, full-time and one limited duration, part-time Operations and Policy Analyst 3 positions (1.38 FTE) to provide policy development, rulemaking, and outreach and communications related to the program; one permanent, full-time Operations and Policy Analyst 2 position (0.88 FTE) to provide technical assistance and training to internal staff and local public health authorities; one permanent, full-time Research Analyst 3 (0.88 FTE) to perform data analysis and assess the effectiveness of the Department's efforts; three permanent, part-time Student Office Worker positions (1.14 FTE) to assist with underage inspection activities; and one permanent, part-time Administrative Specialist 1 position (0.46 FTE) to provide administrative support to the other staff, as well as position-related services and supplies costs. Additional services and supplies expenditures include \$96,000 for IT system maintenance fees, \$38,000 for Attorney General charges, and \$35,602 for travel costs.

The measure requires OHA to ensure state standards are administered and enforced consistently throughout the state. The measure directs OHA to: (1) establish a database or other mechanism for collecting information from local public health authorities and the general public regarding the regulation of the retail sale of tobacco products and inhalant delivery systems, including any information related to complaints about a person that makes retail sales of tobacco products or inhalant delivery systems; (2) provide technical assistance to local public health authorities regarding the regulation of the retail sale of tobacco products and inhalant delivery systems; and (3) assess the effectiveness of state and local programs for regulating the retail sale of tobacco products and inhalant delivery systems. The measure authorizes local public authorities to enforce standards for regulating the retail sale of tobacco products and inhalant delivery systems; however, in the absence of local enforcement, the work falls on OHA. The expenditure authority included in this measure assumes no local public health authorities will choose to conduct the enforcement. OHA estimates approximately 4,000 tobacco product and inhalant delivery system retailers operating in the state. OHA anticipates conducting 9,200 inspections annually, assuming a 15% retailer violation rate.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Department of Revenue and Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
Department of Revenue									
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 006 - Business Services									
Personal Services	\$ -	\$ -	\$ 681,669	\$ -	\$ -	\$ -	\$ 681,669	5	4.50
Services and Supplies	\$ -	\$ -	\$ 455,807	\$ -	\$ -	\$ -	\$ 455,807		
Capital Outlay	\$ -	\$ -	\$ 36,570	\$ -	\$ -	\$ -	\$ 36,570		
Oregon Health Authority									
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 030-005 - Public Health									
Personal Services	\$ -	\$ -	\$ 1,803,924	\$ -	\$ -	\$ -	\$ 1,803,924	12	7.74
Services and Supplies	\$ -	\$ -	\$ 257,802	\$ -	\$ -	\$ -	\$ 257,802		
TOTAL SUBCOMMITTEE ADJUSTMENTS	\$ -	\$ -	\$ 3,235,772	\$ -	\$ -	\$ -	\$ 3,235,772	17	12.24

SB 762 C BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Marsh

Joint Special Committee On SB 762

Action Date: 06/24/21

Action: Do Pass the C-Eng bill.

House Vote

Yeas: 3 - Drazan, Smith Warner, Speaker Kotek

Senate Vote

Yeas: 3 - Hansell, President Courtney, Wagner

Prepared By: Renee Klein and Michelle Lisper, Department of Administrative Services

Reviewed By: Kim To, Legislative Fiscal Office

Department of Environmental Quality

2021-23

Department of Forestry

2021-23

Department of Human Services

2021-23

Higher Education Coordinating Commission

2021-23

Office of the Governor

2021-23

Oregon Health Authority

2021-23

Department of State Police – Office of the State Fire Marshall

2021-23

Military Department – Office of Emergency Management

2021-23

SB 762 C BUDGET REPORT and MEASURE SUMMARY

**Public Utility Commission
2021-23**

Budget Summary*

	2019-21	2021-23	Committee Change from 2019-21	
	Legislatively Approved Budget	Committee Recommendation	Committee Change from 2019-21 Leg. Approved	
			\$ Change	% Change
Department of Environmental Quality				
General Fund	\$ -	\$ 3,322,828	\$ 3,322,828	100.0%
Total	\$ -	\$ 3,322,828	\$ 3,322,828	100.0%
Department of Forestry				
General Fund	\$ -	\$ 54,076,832	\$ 54,076,832	100.0%
Other Funds	\$ -	\$ 12,982,007	\$ 12,982,007	100.0%
Total	\$ -	\$ 67,058,839	\$ 67,058,839	100.0%
Oregon Department of Human Services				
General Fund	\$ -	\$ 5,187,411	\$ 5,187,411	100.0%
Total	\$ -	\$ 5,187,411	\$ 5,187,411	100.0%
Higher Education Coordinating Commission				
General Fund	\$ -	\$ 12,781,708	\$ 12,781,708	100.0%
Total	\$ -	\$ 12,781,708	\$ 12,781,708	100.0%
Office of the Governor				
General Fund	\$ -	\$ 497,541	\$ 497,541	100.0%
Total	\$ -	\$ 497,541	\$ 497,541	100.0%
Oregon Health Authority				
General Fund	\$ -	\$ 4,768,812	\$ 4,768,812	100.0%
Total	\$ -	\$ 4,768,812	\$ 4,768,812	100.0%
Oregon State Police - Office of the State Fire Marshall				
General Fund	\$ -	\$ 100,506,889	\$ 100,506,889	100.0%
Other Funds	\$ -	\$ 25,000,000	\$ 25,000,000	100.0%
Total	\$ -	\$ 125,506,889	\$ 125,506,889	100.0%
Oregon Military Department - Office of Emergency Management				
General Fund	\$ -	\$ 700,003	\$ 700,003	100.0%
Total	\$ -	\$ 700,003	\$ 700,003	100.0%
Public Utilities Commission				
Other Funds	\$ -	\$ 324,286	\$ 324,286	100.0%
Total	\$ -	\$ 324,286	\$ 324,286	100.0%

* Excludes Capital Construcion Expenditures

Position Summary

Department of Environmental Quality

Authorized Positions	0	7	7
Full-time Equivalent (FTE) positions	0.00	5.81	5.81

Department of Forestry

Authorized Positions	0	108	108
Full-time Equivalent (FTE) positions	0.00	80.40	80.40

Oregon Department of Human Services

Authorized Positions	0	1	1
Full-time Equivalent (FTE) positions	0.00	1.00	1.00

Higher Education Coordinating Commission

Authorized Positions	0	3	3
Full-time Equivalent (FTE) positions	0.00	3.00	3.00

Office of the Governor

Authorized Positions	0	1	1
Full-time Equivalent (FTE) positions	0.00	1.00	1.00

Oregon Health Authority

Authorized Positions	0	4	4
Full-time Equivalent (FTE) positions	0.00	3.13	3.13

Oregon State Police - Office of the State Fire Marshall

Authorized Positions	0	56	56
Full-time Equivalent (FTE) positions	0.00	49.73	49.73

Oregon Military Department - Office of Emergency Management

Authorized Positions	0	2	2
Full-time Equivalent (FTE) positions	0.00	2.00	2.00

Public Utilities Commission

Authorized Positions	0	1	1
Full-time Equivalent (FTE) positions	0.00	1.00	1.00

Summary of Revenue Changes

SB 762 provides \$220,148,317 million total funds to nine agencies for the purposes of implementing a statewide comprehensive strategy to promote wildfire risk reduction, response and recovery. The bill provides the following funding for the 2021-23 biennium:

- Appropriates \$3,322,828 General Fund to Department of Environmental Quality (DEQ) for the purpose of developing and implementing programs related to wildfire smoke.
- Appropriates \$54,076,832 General Fund and \$12,982,007 Other Funds expenditure limitation to the Oregon Department of Forestry (ODF) to develop a statewide map of wildfire risk, design and implement a program to reduce wildfire risk, establish a small woodland grant program, adopt rules related to prescribed fire, determine baseline levels of fire protection for areas outside forest protection districts, establish an expanded system of automated smoke detection cameras, and provide staffing support to the Wildfire Programs Advisory Council.
- Appropriates \$5,187,411 General Fund to the Oregon Department of Human Services (ODHS) to act as the lead agency for clean air shelter operations.
- Appropriates \$11,643,668 General Fund to the Higher Education Coordinating Commission (HECC) for establishment of the Oregon Wildfire Workforce Advisory Committee to manage the Oregon Wildfire Workforce Corps Program and associated grant program. The bill also appropriates \$1,138,040 General Fund to HECC to distribute to Oregon State University for collaboration efforts with ODF on the wildfire risk map.
- Appropriates \$497,541 General Fund to the Office of the Governor for a State Wildfire Program Director and to provide support to the Wildfire Programs Advisory Council.
- Appropriates \$4,768,812 General Fund to the Oregon Health Authority (OHA) to implement a grant program allowing local governments to establish clean air shelters and equip public buildings with smoke filtration systems.
- Appropriates \$100,506,889 General Fund to the Oregon State Police (OSP) Oregon State Fire Marshal (OSFM) to increase wildfire readiness capacity. The bill also establishes the Community Risk Reduction Fund separate from the General Fund to carry out community risk reduction and local government financial assistance, \$25,000,000 of the appropriated funds are for deposit in the fund. The bill also increased Other Funds expenditure limitation by \$25,000,000 for OSFM for the purpose of implementing Community Risk Reduction Grants using monies from the fund.
- Appropriates \$700,003 General Fund to the Oregon Military Department (OMD) for the Office of Emergency Management (OEM) to update its statewide emergency plan to prepare and respond to wildfire emergencies.

- Increases Other Funds expenditure limitation by \$324,286 for the Public Utility Commission (PUC) to convene workshops to assist public utilities develop, and operate in compliance with, a risk-based wildfire protection plan. PUC is required to establish an automatic adjustment clause or another method to allow timely recovery of the costs associated with this work.

Summary of Measure Provisions and Expenditure Adjustments

SB 762 provides statewide comprehensive strategies to promote wildfire risk reduction, response and recovery. The measure includes appropriations totaling \$181,842,024 General Fund, \$38,306,293 Other Funds expenditure limitation and 183 positions (147.07 FTE) to implement the provisions of the bill across various agencies.

Department of Environmental Quality

The bill requires DEQ to develop and implement three interrelated programs around wildfire smoke and its impacts to communities. The measure includes a one-time General Fund appropriation totaling \$3,322,828 and establishment of seven limited duration positions (5.81 FTE) for DEQ to meet the provisions of the bill. The programs include:

- Support to local communities, in detecting, preparing for, communicating or mitigating the environmental and public health impacts of wildfire smoke. The Department will hire two limited duration Natural Resource Specialist 4's (1.66 FTE) to support state and local partners with communication and mitigation at a cost of \$486,698 General Fund including services and supplies.
- Support to local communities through intergovernmental agreements, grants, contracts or cooperative agreements to develop and implement community response plans to enhance readiness and mitigation capacity for wildfire smoke. The program will receive \$1,720,682 General Fund. Of the total, \$1,500,000 of one-time funding will be available for grants or cooperative agreements and the Department will utilize a limited duration Program Analyst 2 position (0.83 FTE) to administer the program.
- Supporting communities across Oregon in monitoring, interpreting and communicating data related to ambient air quality conditions. For this work, DEQ will receive one time General Fund of \$1,115,448 and four limited duration positions in the Natural Resource Specialist field (3.32 FTE) to build, deploy, and maintain an expanded smoke monitoring network, compile data and forecasting, and provide technical support to communities interested in setting up their own monitoring equipment. Of these costs, \$230,000 is for meteorological equipment and monitoring systems and \$30,000 is for IT system upgrades to support additional data.

Department of Forestry

The bill requires the Oregon Board of Forestry to establish a definition of "wildland-urban interface" by rule and to establish a criteria by which the wildland-urban interface must be identified and classified, establishing five classes of wildland-urban interface. The State Forestry Department is required to develop programs to reduce overall wildfire risk in Oregon, increase wildfire response capacity, and create a small woodland grant program. The measure provides \$67,058,839 total funds and 108 positions (80.40 FTE) to meet the provisions of the bill. The

increase in staffing capacity to carry out the work required includes 62 permanent seasonal positions, 13 limited duration positions, and 33 permanent positions.

ODF is required to take on several activities related to reducing overall wildfire risk in Oregon. These activities include landscape restoration work, development and maintenance of a statewide map of wildfire risk including wildland interface fire protection information, clarification of rules for prescribed fire, and rules establishing baseline levels of wildfire protection for non-protected ODF lands. ODF is also required to provide 0.15 FTE to support to the Wildfire Programs Advisory Council. To perform the work, ODF received \$21,731,188 total funds, as well as 15 positions (15.00 FTE). The increased staffing and associated services and supplies for this work will allow ODF the capacity to administer and develop the programs and associated rules, oversee any contracts and agreements, and conduct projects necessary to meet the goals of the bill.

The bill directs ODF to increase overall wildfire response capacity. For this, ODF will need to establish and maintain an expanded system of automated smoke detection cameras, which includes staffing in detection centers. In addition to this work, the Department will need to assess the current wildfire response capacity, identify gaps and needs, and increase response capacity to assist with mitigation and wildfire response efforts. The bill provides \$20,827,651 total funds and 93 positions (65.40 FTE) to perform assessment work and build capacity in the Department. An additional \$15,000,000 of one-time General Fund is provided for the purpose of providing rate subsidy to offset landowner assessment rates attributable to increased wildfire response capacity required, as part of the bill. Finally, an additional \$4,500,000 General Fund is provided for assistance to non-governmental units for wildfire response capacity issues.

The Department is also required to establish a small woodland grant program to provide competitive grants to support small woodland owners in reducing wildfire risk, through the restoration of landscape resiliency and the reduction of hazardous fuels on the owners' small woodlands. ODF will receive \$5,000,000 General Fund for this program.

Department of Human Services

The bill designates DHS as the lead state agency for clean air shelter operations. To perform this work, DHS will coordinate with OHA in setting priorities for awarding grants; consult and collaborate with OHA to align practices for voluntary evacuation and emergency sheltering operations; and provide support to local agencies that take lead roles in operating and planning clean air shelters in the local agencies' jurisdiction. The measure includes a one-time \$5,187,411 General Fund appropriation and one limited duration position (1.00 FTE). This funding includes personal services and related services and supplies for one Administrative Specialist 2 position to work with existing staff to support the administration and disbursement of grant funds, as well as \$5,000,000 in grant funds.

Higher Education Coordinating Commission

The bill establishes the Oregon Wildfire Workforce Corps Program to reduce the risk wildfire poses to communities and critical infrastructure, as well as the Oregon Wildfire Workforce Corps Fund for grants and administrative expenses of the program. The bill also establishes the

Oregon Wildfire Workforce Advisory Committee, within HECC, to manage the Oregon Wildfire Workforce Corps Program. The Oregon Wildfire Workforce Advisory Committee is responsible for administering a grant process that provides funding to support the work conducted by the Oregon Wildfire Workforce Corps Program. The Committee is required to consult with ODF to ensure the grant process awards funds to proposals that protect at-risk communities and infrastructure within the wildland-urban interface. The Committee is required to submit a biennial report to a committee of the legislature regarding the expenditure of moneys deposited in the Oregon Wildfire Workforce Corps Fund. The bill provides an appropriation of \$11,643,668 General Fund and three positions (3.00 FTE). The funding includes \$10,000,000 to be deposited into the Oregon Conservation Corps Fund, \$1,000,000 to match private donations that are donated for the purposes of funding grant supported projects related to the Oregon Conservation Corps Program, as well as personal services and services and supplies costs to support program operations.

In addition to the funding for HECC to administer the program, the measure includes an additional appropriation of \$1,138,040 General Fund to HECC, to be distributed to Oregon State University. This includes funding for development and maintenance of the wildfire risk map, hosting costs associated with the map, and collaboration with ODF on the development of the 20-year strategic plan for landscape restoration.

Office of the Governor

The bill requires the Office of the Governor to appoint a State Wildfire Programs Director and specifies the duties of the Director, which include overseeing implementation of requirements of the bill, coordinating and integrating activities of state agencies and other entities, and supervising staffing of the Wildfire Programs Advisory Council. The bill establishes the Wildfire Programs Advisory Council to advise and assist the Director. DCBS, DLCD, ODF, and the Office of the State Fire Marshall shall provide support to the Council and the Director; the OSU Extension Service will designate a person to staff the Council. For the Office of the Governor, the measure includes a one-time appropriation of \$497,541 General Fund and one limited duration Principle Executive Manager H position (1.00 FTE), this amount also includes services and supplies costs associated with the position.

Oregon Health Authority

The bill directs OHA, in consultation with ODHS, to establish and implement a grant program that allows local governments to establish emergency clean air shelters and equip public buildings with smoke filtration systems so these buildings can serve as cleaner air spaces during poor air quality events. The bill also requires OHA to establish a program to increase the availability of smoke filtration systems among persons more vulnerable to the health effects of wildfire smoke who reside in areas susceptible to wildfire smoke and authorizes OHA to issue grants for the purchase of smoke filtration devices. OHA is required to report periodically to a committee of the legislature on the use of clean air shelters, smoke filtration systems, and the effectiveness of these programs.

The measure includes \$4,768,812 one-time General Fund and four limited duration positions (3.13 FTE). This funding includes \$4 million in grant funds, as well as the following positions: one Research Analyst 4 position to work directly with Medicaid information to determine the need of the individual requesting a grant and to work with additional data to determine the other conditions that qualify the grant request;

one Operations and Policy Analyst 3 position to work with other agencies outlined in the measure to write rules and policy for both the clean air shelter grant program and the smoke filtration system grants; one Fiscal Analyst 2 position to process the approved grant requests, work with the Office of Contracts and Procurement and Budget, and report on grants established under both programs; and, one Operations and Policy Analyst 3 position in the Public Health Division to evaluate public health messaging around clean air shelters, support the setting of priorities for awarding grants, analyze population and geospatial hazard data, and evaluate performance of clean air shelters from a public health emergency operations perspective.

Department of State Police – Office of the State Fire Marshal

The bill directs OSFM to establish minimum defensible space requirements for wildfire risk reduction on lands in areas identified on the comprehensive statewide map of wildfire risk as within the wildland-urban interface. The measure defines “defensible space” as a natural or human-made area in which material capable of supporting the spread of fire has been treated, cleared, or modified to slow the rate and intensity of advancing wildfire and allow space for fire suppression operations to occur. In establishing the requirements, OSFM must consult with the Oregon Fire Code Advisory Board and select standards from the framework set forth in the International Wildland-Urban Interface Code published by the International Code Council. Subject to additional local requirements, the requirements must apply statewide for all lands of the type identified in the map. OSFM must periodically reexamine the standards set forth in the International Wildland-Urban Interface Code and update the State Fire Marshal’s standards to reflect current best practices.

To implement the Community Risk Reduction Program, to administer and enforce minimum defensible space standards, and to increase the office’s wildfire readiness and response capacity, the bill appropriates \$13,506,889 General Fund and authorized 56 positions (49.73 FTE). This funding includes services and supplies and capital outlay expenditures associated with each new position. Positions will be allocated as follows:

- 14 positions for fire response coordination, safety response capacity, fire leadership, support for the Incident Management Teams, and fire prevention strategies.
- 11 positions to implement the Fire Adapted Communities and Community Preparedness goals identified in the November 2019 Governor’s Council on Wildfire Response report. These positions will prepare communities for fire by identifying, defining, and prioritizing the risk to Oregon communities and utilizes an integrated and strategic investment of resources to reduce fire occurrence and impact. Targeted efforts include improving structural resiliency to wildfire, enhancing defensible space for homes and surrounding structures, ensuring adequate access and egress in the event of wildfire events, and overall improvement of structural fire prevention efforts through community risk reduction efforts.
- 12 positions for compliance inspections required by the new wildland-urban interface defensible space standards.
- 11 positions for the Community Risk Reduction program, including three positions to administer grants from the Community Risk Reduction Fund (below).
- 3 Geographic Information System specialists for mapping related to the new defensible space requirements

- 5 management and administrative support positions

For community activities and educational programs required for the Community Risk Reduction program, the measure includes an appropriation of \$7,000,000 General Fund, and appropriated \$25,000,000 General Fund for deposit into the Community Risk Reduction Fund. Other Funds expenditure limitation of \$25,000,000 was approved for expenditures from the Community Risk Reduction Fund. Moneys in the Fund are continuously appropriated to the OSFM to carry out community risk reduction and local government financial assistance.

The bill directs OSFM to modernize and enhance the Oregon Fire Mutual Aid System to increase the office's wildfire readiness and response capacity. The measure provides \$55 million General Fund to support fire prevention and response personnel, to pre-position firefighting resources statewide, and to enter into contracts for fire prevention, suppression, coordination, and response.

Military Department – Office of Emergency Management

The bill directs OEM to update its statewide emergency plan as necessary to prepare for or respond to wildfire emergencies on an area-wide or statewide basis. OEM shall coordinate with cities, counties, adult foster homes, health care and residential facilities, and OHA to establish local or private procedures to prepare for emergencies related to wildfire. The coordinated activities may include providing training, carrying out exercises and promoting community education. OEM will receive an appropriation of \$700,003 General Fund, including two permanent full-time positions (2.00 FTE). The positions include one PEM E to manage the program and an Operation and Policy Analyst 4 to coordinate the public private partnership.

Public Utility Commission

The bill directs PUC to periodically convene workshops to help public utility providers develop and share information for the identification, adoption and carrying out of best practices regarding wildfires, including, but not limited to, risk-based wildfire protection and risk-based wildfire mitigation procedures and standards. The measure requires a public utility that provides electricity to have, and operate in compliance with, a risk-based wildfire protection plan approved by PUC. In consultation with ODF and local emergency services agencies, PUC must evaluate and approve or approve with conditions a public utility's wildfire protection plan within 180 days of receiving the plan. The measure includes \$324,286 Other Funds expenditure limitation and one permanent position (1.00 FTE). The funding supports one Utility and Energy Analyst 3 position, as well as related Services and Supplies costs to carry out the work required in the bill.

Department of Environmental Quality, Department of Forestry, Oregon Department of Human Services, Higher Education Coordinating Commission,
Office of the Governor, Oregon Health Authority, Department of State Police, Oregon Military Department, Public Utility Commission
Renee Klein - 971-283-1841 and Michelle Lisper 971-283-6360

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SUBCOMMITTEE ADJUSTMENTS									
Department of Environmental Quality									
SCR 001 - Air Quality									
Personal Services	\$ 1,131,519	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,131,519	7	5.81
Services and Supplies	\$ 691,309	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 691,309		
Special Payments	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000		
Department of Forestry									
SCR 008 - Agency Administration									
Personal Services	\$ -	\$ -	\$ 1,191,605	\$ -	\$ -	\$ -	\$ 1,191,605	6	6.00
Services and Supplies	\$ -	\$ -	\$ 275,753	\$ -	\$ -	\$ -	\$ 275,753		
SCR 010 - Fire Protection									
Personal Services	\$ 3,749,727	\$ -	\$ 8,417,209	\$ -	\$ -	\$ -	\$ 12,166,936	88	60.40
Services and Supplies	\$ 3,939,170	\$ -	\$ 2,152,708	\$ -	\$ -	\$ -	\$ 6,091,878		
Special Payments	\$ 17,454,915	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,454,915		
Capital Outlay	\$ 467,423	\$ -	\$ 944,732	\$ -	\$ -	\$ -	\$ 1,412,155		
SCR 020 - Equipment Pool									
Personal Services	\$ 414,884	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 414,884	2	2.00
Services and Supplies	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,000		
SCR 040 - Federal Forest Restoration									
Personal Services	\$ 2,307,897	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,307,897	12	12.00
Services and Supplies	\$ 23,637,731	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,637,731		
Oregon Department of Human Services									
SCR 010-40 - Central Services									
Personal Services	\$ 145,890	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 145,890	1	1.00
Services and Supplies	\$ 41,521	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 41,521		
Special Payments	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000		
Higher Education Coordinating Commission									
SCR 206 - Workforce Investments									
Personal Services	\$ 560,203	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 560,203	3	3.00
Services and Supplies	\$ 83,465	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 83,465		
Special Payments-6060 Intra-Agency GF Transfer	\$ 10,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,000,000		
Special Payments	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000		

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SCR 210 - Public University State Programs									
Special Payments	\$ 1,138,040	\$ -	\$ -	\$ -	\$ -	\$ -	1,138,040		
Office of the Governor									
SCR 001 - General Program									
Personal Services	\$ 466,774	\$ -	\$ -	\$ -	\$ -	\$ -	466,774	1	1.00
Services and Supplies	\$ 30,767	\$ -	\$ -	\$ -	\$ -	\$ -	30,767		
Oregon Health Authority									
SCR 030-01 Health Systems Division									
Personal Services	\$ 434,821	\$ -	\$ -	\$ -	\$ -	\$ -	434,821	3	2.25
Services and Supplies	\$ 98,637	\$ -	\$ -	\$ -	\$ -	\$ -	98,637		
Special Payments	\$ 4,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	4,000,000		
SCR 030-05 Public Health									
Personal Services	\$ 197,238	\$ -	\$ -	\$ -	\$ -	\$ -	197,238	1	0.88
Services and Supplies	\$ 38,116	\$ -	\$ -	\$ -	\$ -	\$ -	38,116		
Department of State Police									
SCR 044 - Office of the State Fire Marshall									
Personal Services	\$ 11,162,139	\$ -	\$ -	\$ -	\$ -	\$ -	11,162,139	56	49.73
Services and Supplies	\$ 1,749,750	\$ -	\$ -	\$ -	\$ -	\$ -	1,749,750		
Special Payments	\$ 62,000,000	\$ -	25,000,000	\$ -	\$ -	\$ -	87,000,000		
Special Payments-6060 Intra-Agency GF Transfer	\$ 25,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	25,000,000		
Capital Outlay	\$ 595,000	\$ -	\$ -	\$ -	\$ -	\$ -	595,000		
Oregon Military Department									
SCR 003 - Office of Emergency Management									
Personal Services	\$ 579,857	\$ -	\$ -	\$ -	\$ -	\$ -	579,857	2	2.00
Services and Supplies	\$ 120,146	\$ -	\$ -	\$ -	\$ -	\$ -	120,146		
Public Utility Commission									
SCR 001 - Utility Regulation									
Personal Services	\$ -	\$ -	267,630	\$ -	\$ -	\$ -	267,630	1	1.00
Services and Supplies	\$ -	\$ -	56,656	\$ -	\$ -	\$ -	56,656		
TOTAL SUBCOMMITTEE ADJUSTMENTS	\$ 181,842,024	\$ -	\$ 38,306,293	\$ -	\$ -	\$ -	\$ 220,148,317	183	147.07

HB 4004 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 02/24/22

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 11 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

House Vote

Yeas: 11 - Breese-Iverson, Bynum, Evans, Gomberg, McLain, Nosse, Reschke, Sanchez, Smith G, Stark, Valderrama

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2021-23 Legislatively Approved Budget⁽¹⁾	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
General Fund	\$ -	\$ 132,347,979	\$ 132,347,979	100.0%
Total	\$ -	\$ 132,347,979	\$ 132,347,979	100.0%

Position Summary

Authorized Positions	0	1	1	
Full-time Equivalent (FTE) positions	0.00	0.52	0.52	

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 4004 appropriates \$132,347,979 General Fund for the purposes of the bill.

Summary of Human Services Subcommittee Action

HB 4004 requires the Oregon Health Authority (OHA) to distribute grants to behavioral health providers to improve the recruitment and retention of the behavioral health workforce. Eligible providers include mental health or substance use disorder crisis line providers, Urban Indian Health Programs, Tribal Behavioral Health Programs, and non-hospital providers serving predominately uninsured or publicly ensured clients, including providers contracted through the Oregon Youth Authority, behavioral rehabilitation services providers contracted with the Oregon Department of Human Services, opioid treatment programs, withdrawal management services, and sobering centers. Providers can use the grants to increase staff compensation, pay retention bonuses, or hire new staff and provide a hiring bonus, if necessary. Providers must use at least 75% of the grant on direct compensation to their staff, with the remainder to be spent on other means to increase workforce retention or recruitment. Grants will be distributed pro rata from the overall available funds based on the staffing costs of each provider relative to the overall staffing costs of all providers in the state. Grants must be distributed by May 31, 2022. OHA estimates with approximately 24,000 staff among eligible providers, increased staff compensation of \$4,000 per person, and a 10% increase in staffing as a result of the workforce incentives. The bill provides a one-time General Fund appropriation of \$132.2 million to support the grant program.

HB 4004 also directs OHA to contract with nurses and behavioral health professionals to provide care in residential behavioral health facilities, opioid treatment programs, withdrawal management programs and sobering centers to address shortage of staff caused by the COVID-19 pandemic. OHA will first seek Federal Emergency Management Administration (FEMA) reimbursement for these expenses and is then directed

to request approval from the Centers for Medicare and Medicaid Services to secure federal financial participation in the costs of contracts if FEMA reimbursement is unavailable. OHA estimates the cost of these nursing contracts at \$21.6 million per month based on current usage, with a total impact of up to \$345.9 million total funds over the 2021-23 biennium. The fiscal impact of this portion of the bill is indeterminate and will depend on the length of the COVID-19 public health emergency, decisions on reimbursement by the federal government, and the staffing needs of the programs being supported. Any necessary Federal Funds expenditure limitation may be addressed in an omnibus budget bill at the end of the 2022 Legislative Session or in a future budget rebalance plan.

The bill also includes \$171,979 General Fund to support a permanent full-time Operations and Policy Analyst 3 position (0.52 FTE) to administer the bill. The position will track the required contracts, perform policy work related to reimbursement for the nurse staffing contracts, and complete invoices, documentation, and justification for reimbursement from FEMA.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 030-01 - Health Systems Division									
Personal Services	\$ 157,987	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 157,987	1	0.52
Services and Supplies	\$ 13,992	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,992		
Special Payments	\$ 132,176,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 132,176,000		
SUBCOMMITTEE RECOMMENDATION *	\$ 132,347,979	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 132,347,979	1	0.52
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%

*Excludes Capital Construction Expenditures

HB 4035 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Steiner Hayward

Joint Committee On Ways and Means

Action Date: 02/26/22

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 6 - Golden, Gorsek, Lieber, President Courtney, Steiner Hayward, Taylor

Nays: 5 - Anderson, Girod, Hansell, Knopp, Thomsen

Exc: 1 - Frederick

House Vote

Yeas: 7 - Bynum, Evans, Gomberg, McLain, Nosse, Sanchez, Valderrama

Nays: 4 - Breese-Iverson, Reschke, Smith G, Stark

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2021-23	2022	Committee Change from	
	Legislatively Approved Budget	Committee Recommendation	2021-23 Leg. Approved	
			\$ Change	% Change
General Fund	\$ -	\$ 120,000,000	\$ 120,000,000	100.0%
Total	\$ -	\$ 120,000,000	\$ 120,000,000	100.0%

Position Summary

Authorized Positions	0	26	26
Full-time Equivalent (FTE) positions	0.00	14.66	14.66

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 4035 appropriates \$120 million General Fund for the purposes of the bill. The bill directs the Oregon Health Authority (OHA) to seek federal financial participation in providing a bridge health insurance plan through a variety of mechanisms allowed by federal law, including a demonstration project, a basic health plan, a section 1115 waiver, or any other mechanism needed to receive federal approval. Upon approval of federal financial participation in the bridge health insurance plan created by the bill, the Bridge Plan Fund becomes operative to account for Federal Funds received to administer the bridge program.

Summary of Capital Construction Subcommittee Action

HB 4035 seeks to address the anticipated ending of the federal COVID-19 related public health emergency and the concomitant need to redetermine eligibility for OHA's medical assistance caseload, in two ways. First, the bill changes the redetermination process for the Oregon Health Plan (OHP) members in various ways. OHA, the Oregon Department of Human Services, and the Department of Consumer and Business Services must convene a community and partner workgroup to advise on strategies to help Medicaid enrollees navigate the redetermination process and transition to coverage through the health insurance exchange. OHA must also seek recommendations from the workgroup for additional changes to the redeterminations process that can be supported within OHA's legislatively approved budget. By May 31, 2022, OHA must report to the legislative assembly on the redetermination process, operational timelines, implementation risks, and how appropriations will be used to complete the process. OHA must maintain the progress of the redetermination process on its website. To minimize disruptions in coverage for populations at risk of losing coverage, OHA may phase-in redeterminations by population and allow individuals up to 90 days to respond to information requests related to their redeterminations. OHA must seek federal approval to maximize federal funding during extended timelines.

Second, the bill directs OHA to convene a task force to develop a proposal for a bridge health insurance plan for people currently covered by OHP and are anticipated to be found no longer eligible as a result of redeterminations. The bill specifies the task force's membership, requires the task force to meet by March 31, 2022, and requires the task force to complete a proposal for the bridge plan and submit a report by July 31, 2022 (or September 1, 2022, if the current public health emergency is extended beyond April 2022) to legislative leadership and health-related committees of the legislative assembly. The bridge plan must be designed to provide affordable health care coverage, improve the continuity of coverage and care for Oregonians and reduce health inequities for Oregonians whose fluctuating incomes affect their eligibility for OHP. The plan is intended for Oregonians with incomes between 138% and 200% of the federal poverty level, who do not qualify for OHP but who do qualify for advance premium tax credits through the state's health insurance exchange. The proposed plan should provide all essential health benefits required by Oregon law and an option for dental coverage and should include an option without cost-sharing requirements or with lower cost-sharing than plans on the state's health insurance exchange. The bill directs OHA to begin disenrolling members if the federal government has not approved the agency's bridge plan request 60 days before the redetermination phase-out period. Finally, OHA must report to the legislature by March 1, 2023, on any waivers granted or other federal approvals, how the redetermination process has been implemented, and any substantial changes to the timeline of implementing the bridge plan.

HB 4035 appropriates \$120 million General Fund to OHA for the purposes of the bill and includes 26 positions (14.66 FTE). To administer the bill, OHA projects it will need a total of \$25.6 million General Fund and 26 positions (14.66 FTE) broken down by division as follows:

- **Health Policy and Analytics:** \$19.7 million General Fund and 14 positions (8.10 FTE), 13 of which are limited duration, for call center staffing, marketing and communications, training and community partner grants, and monthly dashboard development and support, as well as task force project management and staff support for the bridge plan task force, program, policy and actuarial analysis of bridge plan proposals, and community engagement work related to the bridge plan.
- **Health Systems Division:** \$949,279 General Fund and 8 permanent full-time positions (4.04 FTE), for actuarial work required by the bill, to convene and facilitate the workgroups included in the bill, to maintain the dashboard required by the bill and analyze disproportionate impacts on populations facing health disparities, to update the Medicaid Management Information System (MMIS) to accommodate the new program, and to develop and operationalize new policies and procedures related to the bridge plan. The Health Systems Division costs also include costs for the Central Administration, Shared Services and Statewide Assessments and Enterprise-wide Costs programs within OHA, including \$5.0 million General Fund and 4 positions (2.52 FTE); one limited duration Public Affairs Specialist 3 position for member communication, two permanent full-time Operations and Policy Analyst 2 positions to act as regional coordinators to support community partners, and one permanent full-time Information Systems Specialist 7 position to assist with the required changes to MMIS, as well as Services and Supplies costs related to advertising, postage, member outreach, translations, and grants to community partners. These funds may be transferred from the Health Systems Division program in a future budget rebalance action to better reflect where the expenditures will be incurred.

The remaining \$94.4 million General Fund is dedicated to providing coverage to clients, although there is uncertainty about the costs of covering the intended population. OHA estimates it could cost up to \$74.9 million General Fund to provide OHP members with extended time to respond to redeterminations as part of the bill, leading to an average of approximately 28,000 more members remaining on OHP rather than being determined to be ineligible. In addition, OHA estimates it will cost \$36.7 million to \$52.4 million General Fund to cover the target population in the 138% to 200% of the federal poverty level. Actual costs will depend on the number of enrollees, the rate of federal financial participation, the speed at which members enroll in the program, and the length of time members will be enrolled in the program, among other factors. If the approved funding is insufficient OHA may return to a future meeting of the Emergency Board or a future legislative session to request addition funds for the program.

The Oregon Department of Human Services projected costs of \$37.1 million total funds and 96 positions (60.48 FTE) to administer their portion of the bill, including establishing a call center and performing outreach and eligibility work. These costs are expected to be addressed in a future budget rebalance action. Federal revenues needed to implement OHA's portion of the bill will depend on federal approval of the proposed bridge plan and may also be addressed in a future budget rebalance action.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
Patrick Heath -- 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 030-01 Health Systems Division									
Personal Services	\$ 692,664	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 692,664	12	6.56
Services and Supplies	\$ 5,218,746	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,218,746		
Special Payments	\$ 94,434,441	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 94,434,441		
SCR 030-02 Health Policy and Analytics									
Personal Services	\$ 1,954,069	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,954,069	14	8.10
Services and Supplies	\$ 17,700,080	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,700,080		
SUBCOMMITTEE RECOMMENDATION *	\$ 120,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 120,000,000	26	14.66

% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
---	--------	------	------	------	------	------	------	--------	--------	--------

*Excludes Capital Construction Expenditures

HB 4045 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 02/23/22

Action: Do pass the A-Eng bill.

Senate Vote

Yeas: 10 - Anderson, Frederick, Golden, Gorsek, Hansell, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

Nays: 1 - Girod

House Vote

Yeas: 11 - Breese-Iverson, Bynum, Evans, Gomberg, McLain, Nosse, Reschke, Sanchez, Smith G, Stark, Valderrama

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Department of Administrative Services

2021-23

Budget Summary*

	2021-23		2022		Committee Change from	
	Legislatively Approved Budget ⁽¹⁾		Committee Recommendation		2021-23 Leg. Approved	
					\$ Change	% Change
Department of Administrative Services						
General Fund	\$	-	\$	4,000,000	\$ 4,000,000	100.0%
Oregon Health Authority						
General Fund	\$	-	\$	1,000,000	\$ 1,000,000	100.0%

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 4045 appropriates \$5.0 million General Fund for the purposes of the bill. The bill directs the Oregon Health Authority (OHA) to seek federal financial participation in the cost of providing community violence prevention services for Oregon Health Plan members, however the federal revenue associated with this directive is indeterminate and not included in the bill.

Summary of Human Services Subcommittee Action

House Bill 4045 appropriates a total of \$4.0 million General Fund to the Department of Administrative Services (DAS) to make grants to the Portland Opportunities Industrialization Center (POIC) for the following two purposes:

- \$1.5 million General Fund to increase the capacity of the Healing Hurt People program to reduce community violence.
- \$2.5 million General Fund for POIC to make grants to other nonprofit organizations for community violence prevention and intervention efforts. POIC may not provide these services itself but instead must conduct an open process for other nonprofits to apply for grants. POIC must report annually to the Department of Administrative Services on the use of the grant funds and the impact of the service provided.

HB 4045 also appropriates \$1.0 million General Fund to the OHA to provide violence intervention and reduction services in communities outside of Multnomah County. OHA is to award grants for planning, provider training, and capacity building for hospitals and community-based organizations to develop hospital-based violence intervention programs to reduce community violence. OHA must also approve at least one

national training and certificate program for violence prevention professionals. OHA must establish a technical advisory group to support implementation of the bill. OHA will use existing staff in the Public Health Division to administer the program.

The bill also directs OHA to seek federal approval to secure federal financial participation in the costs of providing medical assistance program coverage for community violence prevention services for members of the Oregon Health Plan, no later than October 1, 2022. This portion of the bill has an unknown fiscal impact as it is pending federal approval. It is unclear how OHA will identify claims considered acts of community violence or individuals eligible to receive violence interruption services.

Oregon Health Authority and Department of Administrative Services
Patrick Heath - 503-819-6054 and Dustin Ball - 971-720-0987

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
Department of Administrative Services									
SCR 099 - Special Governmental Payments									
Special Payments	\$ 4,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000,000		
Oregon Health Authority									
SCR 030-05 - Public Health									
Special Payments	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000		
TOTAL ADJUSTMENTS	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000	0	0.00
SUBCOMMITTEE RECOMMENDATION *	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000	0	0.00
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%

*Excludes Capital Construction Expenditures

HB 4045 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Ways and Means

Action Date: 02/23/22

Action: Do pass the A-Eng bill.

Senate Vote

Yeas: 10 - Anderson, Frederick, Golden, Gorsek, Hansell, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

Nays: 1 - Girod

House Vote

Yeas: 11 - Breese-Iverson, Bynum, Evans, Gomberg, McLain, Nosse, Reschke, Sanchez, Smith G, Stark, Valderrama

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Department of Administrative Services

2021-23

Budget Summary*

	2021-23		2022		Committee Change from	
	Legislatively Approved Budget ⁽¹⁾		Committee Recommendation		2021-23 Leg. Approved	
					\$ Change	% Change
Department of Administrative Services						
General Fund	\$	-	\$	4,000,000	\$ 4,000,000	100.0%
Oregon Health Authority						
General Fund	\$	-	\$	1,000,000	\$ 1,000,000	100.0%

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 4045 appropriates \$5.0 million General Fund for the purposes of the bill. The bill directs the Oregon Health Authority (OHA) to seek federal financial participation in the cost of providing community violence prevention services for Oregon Health Plan members, however the federal revenue associated with this directive is indeterminate and not included in the bill.

Summary of Human Services Subcommittee Action

House Bill 4045 appropriates a total of \$4.0 million General Fund to the Department of Administrative Services (DAS) to make grants to the Portland Opportunities Industrialization Center (POIC) for the following two purposes:

- \$1.5 million General Fund to increase the capacity of the Healing Hurt People program to reduce community violence.
- \$2.5 million General Fund for POIC to make grants to other nonprofit organizations for community violence prevention and intervention efforts. POIC may not provide these services itself but instead must conduct an open process for other nonprofits to apply for grants. POIC must report annually to the Department of Administrative Services on the use of the grant funds and the impact of the service provided.

HB 4045 also appropriates \$1.0 million General Fund to the OHA to provide violence intervention and reduction services in communities outside of Multnomah County. OHA is to award grants for planning, provider training, and capacity building for hospitals and community-based organizations to develop hospital-based violence intervention programs to reduce community violence. OHA must also approve at least one

national training and certificate program for violence prevention professionals. OHA must establish a technical advisory group to support implementation of the bill. OHA will use existing staff in the Public Health Division to administer the program.

The bill also directs OHA to seek federal approval to secure federal financial participation in the costs of providing medical assistance program coverage for community violence prevention services for members of the Oregon Health Plan, no later than October 1, 2022. This portion of the bill has an unknown fiscal impact as it is pending federal approval. It is unclear how OHA will identify claims considered acts of community violence or individuals eligible to receive violence interruption services.

Oregon Health Authority and Department of Administrative Services
Patrick Heath - 503-819-6054 and Dustin Ball - 971-720-0987

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
Department of Administrative Services									
SCR 099 - Special Governmental Payments									
Special Payments	\$ 4,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000,000		
Oregon Health Authority									
SCR 030-05 - Public Health									
Special Payments	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000		
TOTAL ADJUSTMENTS	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000	0	0.00
SUBCOMMITTEE RECOMMENDATION *	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000	0	0.00
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%

*Excludes Capital Construction Expenditures

HB 4052 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Patterson

Joint Committee On Ways and Means

Action Date: 02/23/22

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 11 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen

House Vote

Yeas: 11 - Breese-Iverson, Bynum, Evans, Gomberg, McLain, Nosse, Reschke, Sanchez, Smith G, Stark, Valderrama

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Oregon Advocacy Commissions Office

2021-23

Budget Summary*

	2021-23 Legislatively Approved Budget ⁽¹⁾	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
Oregon Health Authority				
General Fund	\$ -	\$ 1,595,073	\$ 1,595,073	100.0%
Federal Funds Limited	\$ -	\$ 344,663	\$ 344,663	100.0%
Oregon Advocacy Commissions Office				
General Fund	\$ -	\$ 404,927	\$ 404,927	100.0%

Position Summary

Oregon Health Authority

Authorized Positions	0	3	3
Full-time Equivalent (FTE) positions	0.00	1.89	1.89

Oregon Advocacy Commissions Office

Authorized Positions	0	3	3
Full-time Equivalent (FTE) positions	0.00	1.89	1.89

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 4052 appropriates \$2 million General Fund for the purposes of the bill. Federal Funds revenue comes from Medicaid matching dollars based on a 50-50 match for Medicaid administration or are in proportion to the Medicaid population that are estimated to use the mobile clinics.

Summary of Human Services Subcommittee Action

Oregon Health Authority

The bill establishes a pilot program for the Oregon Health Authority (OHA) to operate two culturally and linguistically specific mobile health units to serve populations with histories of poor health or social outcomes. The bill also requires OHA to convene an advisory committee to provide guidance on establishing, funding, and operating the pilot program, and to study the feasibility of expanding mobile health units throughout the state. OHA must submit an interim report to the Legislative Assembly by December 31, 2025, and a final report by June 30, 2026, on the implementation of the pilot program, the findings of the study, and recommendations for implementing a statewide mobile health unit pilot program.

HB 4052 includes \$1,275,000 General Fund for grants to establish the mobile clinics, \$19,500 General Fund and \$30,500 Federal Funds for the study required by the bill, and \$54,483 General Fund and \$68,073 Federal Funds expenditure limitation for the costs associated with convening the advisory committee. To administer the programs, the bill includes \$246,090 General Fund and \$246,090 Federal Funds and three full-time limited duration Operations and Policy Analyst 3 positions (1.89 FTE) to put together the request for proposals, administer the grants, and support the advisory committee.

The study required by the bill is anticipated to continue into the 2025-27 biennium, with additional costs of \$250,000 expected during 2023-25.

Oregon Advocacy Commissions Office

The bill also directs the Oregon Advocacy Commissions Office (OACO) to convene affinity group task forces to develop recommendations to address needs of the priority populations. Based on the research and recommendations of the affinity group task forces, OHA is required to develop recommendations on how to fund robust culturally and linguistically specific intervention programs designed to prevent or intervene in the health conditions that result in inequitable and negative outcomes for individuals who are Black or indigenous, people of color and members of tribes and report to the Legislature by November 1, 2023. A second report from OHA on how to fund these programs is due to the Legislature by November 30, 2023, and final recommendations related to the mobile clinic program are due by November 1, 2024.

HB 4052 includes \$404,927 General Fund and three full-time limited duration positions (1.89 FTE) for OACO to facilitate the affinity group task forces and the development of recommendations. The positions established include two Public Affairs Specialist 1 positions to manage, schedule, coordinate and convene the affinity groups, and one Operations and Policy Analyst 3 position to conduct research and supervise the other staff.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority and Oregon Advocacy Commissions Office

Patrick Heath: 503-819-6054 and Michelle Lisper: 971-283-6360

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SUBCOMMITTEE ADJUSTMENTS									
Oregon Health Authority									
SCR 030-01 - Health Systems Division									
Personal Services	\$ 246,090	\$ -	\$ -	\$ -	\$ 246,090	\$ -	492,180	3	1.89
Services and Supplies	\$ 54,483	\$ -	\$ -	\$ -	\$ 68,073	\$ -	122,556		
Special Payments	\$ 1,275,000	\$ -	\$ -	\$ -	\$ -	\$ -	1,275,000		
SCR 030-02 - Health Policy and Analytics									
Services and Supplies	\$ 19,500	\$ -	\$ -	\$ -	\$ 30,500	\$ -	50,000		
Oregon Advocacy Commissions Office									
SCR 001 - Oregon Advocacy Commissions Office									
Personal Services	\$ 375,443	\$ -	\$ -	\$ -	\$ -	\$ -	375,443	3	1.89
Services and Supplies	\$ 29,484	\$ -	\$ -	\$ -	\$ -	\$ -	29,484		
TOTAL ADJUSTMENTS	\$ 2,000,000	\$ -	\$ -	\$ -	\$ 344,663	\$ -	2,344,663	6	3.78
SUBCOMMITTEE RECOMMENDATION *	\$ 2,000,000	\$ -	\$ -	\$ -	\$ 344,663	\$ -	2,344,663	6	3.78
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%

*Excludes Capital Construction Expenditures

HB 4077 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Taylor

Joint Committee On Ways and Means

Action Date: 02/26/22

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 6 - Golden, Gorsek, Lieber, President Courtney, Steiner Hayward, Taylor

Nays: 5 - Anderson, Girod, Hansell, Knopp, Thomsen

Exc: 1 - Frederick

House Vote

Yeas: 7 - Bynum, Evans, Gomberg, McLain, Nosse, Sanchez, Valderrama

Nays: 4 - Breese-Iverson, Reschke, Smith G, Stark

Prepared By: Ball, Gibson, Heath, and Klein, Department of Administrative Services

Reviewed By: John Terpening, Legislative Fiscal Office

Department of Environmental Quality

2021-23

Oregon Health Authority

2021-23

Department of Administrative Services

2021-23

Higher Education Coordinating Commission

2021-23

Budget Summary*

	2021-23	2022	Committee Change from	
	Legislatively Approved Budget ⁽¹⁾	Committee Recommendation	2021-23 Leg. Approved	
			\$ Change	% Change
Department of Environmental Quality				
General Fund	\$ -	\$ 324,520	\$ -	\$ -
Total	\$ -	\$ 324,520	\$ -	\$ -
Oregon Health Authority				
General Fund	\$ -	\$ 123,586	\$ -	\$ -
Total	\$ -	\$ 123,586	\$ -	\$ -
Department of Administrative Services				
Other Funds Limited	\$ -	\$ 129,937	\$ -	\$ -
Total	\$ -	\$ 129,937	\$ -	\$ -
Higher Education Coordinating Commission				
General Fund	\$ -	\$ 191,355	\$ -	\$ -
Total	\$ -	\$ 191,355	\$ -	\$ -

Position Summary

Department of Environmental Quality				
Authorized Positions	0	2	2	
Full-time Equivalent (FTE) positions	0.00	1.00	1.00	
Oregon Health Authority				
Authorized Positions	0	1	1	
Full-time Equivalent (FTE) positions	0.00	0.46	0.46	
Department of Administrative Services				
Authorized Positions	0	1	1	
Full-time Equivalent (FTE) positions	0.00	0.50	0.50	

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 4077 appropriates \$639,461 General Fund and increases Other Funds expenditure limitation by \$129,937 to provide support for the Environmental Justice Council and develop an environmental justice mapping tool. The General Fund will be provided to the following agencies: \$324,520 General Fund to the Department of Environmental Quality (DEQ); \$123,586 General Fund to the Oregon Health Authority (OHA); \$191,355 General Fund to the Higher Education Coordinating Commission (HECC) for distribution to Portland State University (PSU) and Oregon State University (OSU). Additionally, there is an increase of \$129,937 Other Funds expenditure limitation to the Department of Administrative Services (DAS), from revenues derived from assessments to state agencies.

Summary of Natural Resources Subcommittee Action

HB 4077 changes the name of the “Environmental Justice Task Force” to the “Environmental Justice Council” (Council), establishing the Council within the Office of the Governor. The Office of the Governor is authorized to enter into an interagency agreement with DEQ to provide administrative support and share in costs of the Council. The bill also directs the Council, in collaboration with DAS, OSU Institute for Natural Resources, PSU Population Research Center, DEQ, and OHA, along with other natural resource agencies to develop an environmental justice mapping tool. The mapping tool will be maintained by OSU’s Institute for Natural Resources. The Subcommittee recommended a total of \$639,461 General Fund, \$129,937 Other Funds expenditure limitation, and four positions (1.96 FTE).

Department of Environmental Quality

The Subcommittee recommended a \$324,520 General Fund appropriation and two permanent full-time positions (1.00 FTE), as well as the associated Services and Supplies to meet the requirements of the measure. To provide administrative support to the Council, DEQ will utilize a full-time Operations and Policy Analyst 3 (0.50 FTE). Of the amount provided, \$25,000 of the funding is to contract for policy and community engagement expertise for the Council. The Department will also utilize a full-time Research Analyst 4 (0.50 FTE) to support development of the environmental justice mapping tool, identify natural resource datasets, and assist in maintaining and updating the mapping tool data. Anticipated roll-up costs in 2023-25 for these two positions and the associated costs are estimated to be \$649,684 General Fund.

Oregon Health Authority

The Subcommittee recommended a one-time appropriation of \$123,586 General Fund, to support one full-time, limited duration Research Analyst 4 (0.46 FTE), to meet the requirements of this measure. The Research Analyst 4 and the associated Services and Supplies will work on development of the environmental justice mapping tool. The position will analyze health and related data for the creation of the environmental justice mapping tool, bringing subject matter expertise in environmental public health and health equity policy, epidemiology, informatics, data, and data visualization to the project. The funding and position are intended to be one-time, but due to the measure’s timing

OHA may need the position for a portion of the 2023-25 biennium. If OHA determines a need for the position in the next biennium, it should be included in the agency's 2023-25 budget request.

Department of Administrative Services

The Subcommittee recommended \$129,937 Other Funds expenditure limitation, to support one permanent full-time Operations and Policy Analyst 4 (0.50 FTE) along with the associated Services and Supplies. The position will provide data governance and quality control for the environmental justice mapping tool.

Higher Education Coordinating Commission

The Subcommittee recommended an appropriation of \$191,355 General Fund to be passed through to the OSU Institute for Natural Resources and the PSU Population Research Center. This funding will be used to provide support to the development of the environmental justice mapping tool. This work includes participating in stakeholder meetings, inventorying and gathering data, testing the mapping tool and refining functionality, identifying governance structures, development and hosting of the web-based tool for the environmental justice mapping tool on Oregon Explorer. To perform this work OSU will receive \$108,691 General Fund and PSU will receive \$82,664 General Fund.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Department of Environmental Quality, Oregon Health Authority
 Department of Administrative Services, Higher Education Coordinating Commission
 Renee Klein – 971-283-1841

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SUBCOMMITTEE ADJUSTMENTS									
Department of Environmental Quality									
SCR 004 - Agency Management									
Personal Services	\$ 226,316	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 226,316	2	1.00
Services and Supplies	\$ 98,204	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98,204		
Oregon Health Authority									
SCR 030-05 Public Health Programs									
Personal Services	\$ 98,127	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98,127	1	0.46
Services and Supplies	\$ 25,459	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,459		
Department of Administrative Services									
SCR 042 - Enterprise Information Services (EIS)									
Personal Services	\$ -	\$ -	\$ 122,728	\$ -	\$ -	\$ -	\$ 122,728	1	0.50
Services and Supplies	\$ -	\$ -	\$ 7,209	\$ -	\$ -	\$ -	\$ 7,209		
Higher Education Coordinating Commission									
SCR 52500-209 - Public University Ops & Student Support									
Special Payments	\$ 191,355	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 191,355		
SUBCOMMITTEE RECOMMENDATION *	\$ 639,461	\$ -	\$ 129,937	\$ -	\$ -	\$ -	\$ 769,398	4	1.96
% Change from 2021-23 Leg Approved Budget	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%

*Excludes Capital Construction Expenditures

HB 4095 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Knopp

Joint Committee On Ways and Means

Action Date: 02/26/22

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 10 - Anderson, Girod, Golden, Gorsek, Hansell, Knopp, Lieber, President Courtney, Steiner Hayward, Taylor

Exc: 2 - Frederick, Thomsen

House Vote

Yeas: 11 - Breese-Iverson, Bynum, Evans, Gomberg, McLain, Nosse, Reschke, Sanchez, Smith G, Stark, Valderrama

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2021-23	2022	Committee Change from	
	Legislatively Approved Budget ⁽¹⁾	Committee Recommendation	2021-23 Leg. Approved	
			\$ Change	% Change
Lottery Funds	\$ -	\$ 1,000,000	\$ 1,000,000	100.0%
Total	\$ -	\$ 1,000,000	\$ 1,000,000	100.0%

Position Summary

Authorized Positions	0	1	1
Full-time Equivalent (FTE) positions	0.00	0.25	0.25

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

House Bill 4095 adds \$1 million in Veterans Services Lottery Funds, dedicated by Measure 96 (2016), for the Oregon Health Authority to provide services to veterans for the purposes of the bill.

Summary of Human Services Subcommittee Action

HB 4095 establishes the Veterans Dental Program in the Oregon Health Authority to provide dental care to low-income veterans residing in Oregon. Veterans are eligible for dental care benefits equivalent to those provided to members of the Oregon Health Plan without copayments, deductibles, or cost-sharing. Veterans are eligible if they are Oregon residents, ineligible for the Oregon Health Plan, have an income at or below 400% of the federal poverty level, and received an honorable discharge (or receive a waiver of this requirement). Applications for the program will be accepted by November 1, 2022, and the program will begin providing services January 1, 2023.

The bill adds \$1 million in Veterans Services Lottery Funds expenditure limitation to fund the startup and administrative costs of the program. This includes \$41,214 Lottery Funds and one permanent full-time Operations and Policy Analyst 1 (0.25 FTE) to assist with program administration, \$19,097 Lottery Funds for position-related Services and Supplies costs, and \$394,728 Lottery Funds for direct charges for OHA's Office of Information Services to make the necessary changes to OHA's information systems to establish the program.

The remaining \$544,961 Lottery Funds included in the bill is dedicated to services for these clients. The cost of providing services to this population is currently indeterminate due to a lack of detailed information about the income and health insurance status (including dental coverage) of the target population. OHA estimates an average per-member per month cost of approximately \$30 for each veteran to be served

by the program. Once the population enrolled is better known OHA may return to a future Emergency Board or legislative session to request additional funding to serve this population.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 030-01 - Health Systems Division									
Personal Services	\$ -	\$ 41,214	\$ -	\$ -	\$ -	\$ -	\$ 41,214	1	0.25
Services and Supplies	\$ -	\$ 413,825	\$ -	\$ -	\$ -	\$ -	\$ 413,825		
Special Payments	\$ -	\$ 544,961	\$ -	\$ -	\$ -	\$ -	\$ 544,961		
SUBCOMMITTEE RECOMMENDATION *	\$ -	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000	1	0.25
% Change from 2021-23 Leg Approved Budget	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%

*Excludes Capital Construction Expenditures

HB 4098 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Sollman

Joint Committee On Ways and Means

Action Date: 02/26/22

Action: Do pass the B-Eng bill.

Senate Vote

Yeas: 11 - Anderson, Girod, Golden, Gorsek, Hansell, Knopp, Lieber, President Courtney, Steiner Hayward, Taylor, Thomsen

Exc: 1 - Frederick

House Vote

Yeas: 11 - Breese-Iverson, Bynum, Evans, Gomberg, McLain, Nosse, Reschke, Sanchez, Smith G, Stark, Valderrama

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2021-23	2022	Committee Change from	
	Legislatively Approved Budget	Committee Recommendation	2021-23 Leg. Approved	
			\$ Change	% Change
Other Funds Limited	\$ -	\$ 625,733	\$ 625,733	100.0%
Total	\$ -	\$ 625,733	\$ 625,733	100.0%

Position Summary

Authorized Positions	0	5	5
Full-time Equivalent (FTE) positions	0.00	1.76	1.76

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Other Funds revenues to support the work of House Bill 4098 come from Oregon’s share of the settlement of a class action lawsuit against several opioid distributors, including McKesson, AmerisourceBergen, Cardinal Health, and Johnson & Johnson. The Oregon Health Authority (OHA) anticipates the state as a whole will receive a total \$333 million from these settlements, with 45% of the estimated total going to the state and 55% to go to Oregon cities and counties with populations over 10,000. As a result, the state anticipates receiving \$149.7 million through 2038. The state’s share of revenues from the settlement are directed by the bill to the newly established Opioid Settlement Prevention, Treatment, and Recovery Fund. Administrative expenses out of the fund are limited to 5% of revenues. Additional settlement funds may be received due to currently unresolved litigation.

Summary of Human Services Subcommittee Action

HB 4098 establishes the Opioid Settlement Prevention, Treatment, and Recovery Fund for the deposit of revenue from certain opioid settlements. Determinations for how the revenue is allocated will be directed by the newly created Opioid Settlement Prevention, Treatment and Recovery Board. Allocations made by the Board must be for statewide and regional programs identified in the settlement agreements or applicable judgments, including for evidence-based programs to treat opioid use disorder and other behavioral health issues. The bill allows up to 5% of the Fund to be spent on administration and requires the Fund to support a system to collect and publish data about treatment and recovery services available statewide. The measure also expands the number of agencies defined as a “participating state agency” that enter into agreements to support the work of the Alcohol and Drug Policy Commission. These agencies are required to meet quarterly with the commission and provide progress reports on implementing the commission’s treatment and recovery plan for the state.

HB 4098 increases Other Funds expenditure limitation by \$625,733 and establishes five positions (1.76 FTE) in 2021-23 to support the administration of the new board and perform related work. The following five positions and their duties are established in OHA:

- One permanent part-time Principal Executive Manager D (0.50 FTE in 2021-23, 0.50 FTE in 2023-25) to provide program oversight,
- One permanent full-time Operations and Policy Analyst 4 (0.50 FTE) to work in tribal consultation, contract negotiation, and board nomination and orientation during Board ramp-up in 2022, and to staff the board and coordinate opioid prevention programming on an ongoing basis,
- One permanent full-time Operations and Policy Analyst 1 (0.50 FTE) to provide administrative support,
- One permanent part-time Operations and Policy Analyst 4 (0.13 FTE in 2021-23, 0.50 FTE in 2023-25) to coordinate with stakeholders, make recommendations to the board, and work on rulemaking and grant processes, and
- One permanent full-time Research Analyst 3 (0.13 FTE) to coordinate work on the state system for data on substance use prevention, treatment, and recovery services, analyze and publish data about services, and provide reports to the board.

In addition to position-related Services and Supplies, OHA anticipates costs of \$140,000 Other Funds in the 2021-23 biennium for legal costs, an external evaluation contract, IT support for meetings and website creation, and contracting for a meeting facilitator.

In addition to the positions above, OHA will need the following positions in the 2023-25 biennium:

- One Information Systems Specialist 7 (0.50 FTE) to work on the state system for data on substance use prevention, treatment, and recovery services.
- One part-time Fiscal Analyst 2 (0.50 FTE) to coordinate process invoices for contracts charged to the Fund and to oversee use of the funds.

Given the uncertainty about ongoing funding levels, positions will need to be reevaluated following the 2023-25 biennium and be based on funding available to the Opioid Settlement Prevention, Treatment, and Recovery Fund in future biennia.

The fiscal impact related to statewide and regional programs to address opioid abuse and other mental health issues will be determined once the board is formed and makes allocation decisions. OHA will need additional Other Funds expenditure limitation for expenditure of settlement funds once the Board begins making allocation decisions.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath – 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 030-01 Health Systems Division									
Personal Services	\$ -	\$ -	\$ 54,217	\$ -	\$ -	\$ -	\$ 54,217	2	0.26
Services and Supplies	\$ -	\$ -	\$ 30,534	\$ -	\$ -	\$ -	\$ 30,534		
SCR 030-05 Public Health									
Personal Services	\$ -	\$ -	\$ 322,282	\$ -	\$ -	\$ -	\$ 322,282	3	1.50
Services and Supplies	\$ -	\$ -	\$ 218,700	\$ -	\$ -	\$ -	\$ 218,700		
SUBCOMMITTEE RECOMMENDATION *	\$ -	\$ -	\$ 625,733	\$ -	\$ -	\$ -	\$ 625,733	5	1.76
% Change from 2021-23 Leg Approved Budget	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%

*Excludes Capital Construction Expenditures

HB 5202 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Steiner Hayward

Joint Committee On Ways and Means

Action Date: 02/28/22

Action: Do pass the A-Eng bill.

Senate Vote

Yeas: 9 - Anderson, Frederick, Golden, Gorsek, Hansell, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 2 - Girod, Thomsen

House Vote

Yeas: 8 - Breese-Iverson, Evans, Gomberg, McLain, Nosse, Sanchez, Smith G, Valderrama

Nays: 3 - Bynum, Reschke, Stark

Prepared By: Laurie Byerly, Legislative Fiscal Office

Reviewed By: Amanda Beitel, Legislative Fiscal Office

Emergency Board

2021-23

Various Agencies

2021-23

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>Emergency Board</u>				
General Fund - General Purpose	\$ 50,000,000	\$ 50,000,000	\$ -	0.0%
General Fund - Special Purpose Appropriations				
State Agencies for state employee compensation	\$ 198,000,000	\$ -	\$ (198,000,000)	-100.0%
State Agencies for non-state worker compensation	\$ 20,000,000	\$ -	\$ (20,000,000)	-100.0%
Various - Family Treatment Court Program	\$ 10,000,000	\$ 7,934,570	\$ (2,065,430)	-20.7%
Oregon Judicial Department - Pre-trial Release (SB 48)	\$ 2,500,000	\$ -	\$ (2,500,000)	-100.0%
Department of Forestry - Fire Protection Expenses	\$ 14,000,000	\$ 7,853,733	\$ (6,146,267)	-43.9%
ODFW - Oregon Conservation and Recreation Fund	\$ 1,000,000	\$ -	\$ (1,000,000)	-100.0%
OSP - State Fire Marshal Standalone Agency Transition	\$ 1,807,561	\$ -	\$ (1,807,561)	-100.0%
DHS - Child Welfare Position Double Fills	\$ 15,859,656	\$ -	\$ (15,859,656)	-100.0%
Oregon Health Authority - BH System Transformation	\$ 49,000,000	\$ -	\$ (49,000,000)	-100.0%
Oregon Health Authority - OSH Staffing Levels	\$ 20,000,000	\$ 9,189,057	\$ (10,810,943)	-54.1%
Various - Department of Early Learning and Care	\$ 5,130,265	\$ 1,901,447	\$ (3,228,818)	-62.9%
Various - State Response to Natural Disasters	\$ 51,275,000	\$ 26,275,000	\$ (25,000,000)	-48.8%
OHA/DHS - Caseloads and Other Issues	\$ 55,000,000	\$ 100,000,000	\$ 45,000,000	81.8%
Department of Justice - CSEAS Hosting/Refactoring	\$ -	\$ 5,125,000	\$ 5,125,000	100.0%
Oregon Health Authority - Behavioral Health Rates	\$ -	\$ 42,500,000	\$ 42,500,000	100.0%
Various - Assist Employers Mitigate HB 4002 Costs	\$ -	\$ 10,000,000	\$ 10,000,000	100.0%
HECC - Oregon Tribal Student Grant	\$ -	\$ 19,000,000	\$ 19,000,000	200.0%
State Forestry Department - Cash Flow	\$ -	\$ 50,000,000	\$ 50,000,000	100.0%
<u>ADMINISTRATION PROGRAM AREA</u>				
<u>Department of Administrative Services</u>				
General Fund	\$ 138,577,653	\$ 635,144,193	\$ 496,566,540	358.3%
General Fund Debt Service	\$ 7,891,346	\$ 7,828,488	\$ (62,858)	-0.8%
Lottery Funds Debt Service	\$ 23,398,508	\$ 22,975,355	\$ (423,153)	-1.8%
Other Funds	\$ 805,233,493	\$ 843,325,083	\$ 38,091,590	4.7%
Other Funds Debt Service	\$ 487,488,762	\$ 487,974,787	\$ 486,025	0.1%
Federal Funds	\$ 2,743,799,487	\$ 3,201,250,375	\$ 457,450,888	16.7%
<u>Advocacy Commissions Office</u>				
General Fund	\$ 1,238,100	\$ 1,287,673	\$ 49,573	4.0%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>Employment Relations Board</u>				
General Fund	\$ 3,257,926	\$ 3,350,085	\$ 92,159	2.8%
Other Funds	\$ 2,577,311	\$ 2,649,723	\$ 72,412	2.8%
<u>Oregon Government Ethics Commission</u>				
Other Funds	\$ 3,231,509	\$ 3,312,835	\$ 81,326	2.5%
<u>Office of the Governor</u>				
General Fund	\$ 20,272,170	\$ 20,159,078	\$ (113,092)	-0.6%
Lottery Funds	\$ 4,552,709	\$ 4,661,117	\$ 108,408	2.4%
Other Funds	\$ 4,328,547	\$ 4,465,499	\$ 136,952	3.2%
<u>Oregon Liquor and Cannabis Commission</u>				
Other Funds	\$ 321,006,290	\$ 325,695,324	\$ 4,689,034	1.5%
Other Funds Capital Improvements	\$ 237,745	\$ 447,745	\$ 210,000	88.3%
Other Funds Debt Service	\$ 7,547,093	\$ 4,429,567	\$ (3,117,526)	-41.3%
<u>Public Employees Retirement System</u>				
General Fund	\$ -	\$ 17,250,000	\$ 17,250,000	100.0%
Lottery Funds	\$ 16,792,239	\$ 19,461,706	\$ 2,669,467	15.9%
Other Funds	\$ 146,993,665	\$ 167,813,575	\$ 20,819,910	14.2%
<u>Oregon Racing Commission</u>				
Other Funds	\$ 7,351,396	\$ 7,523,592	\$ 172,196	2.3%
<u>Department of Revenue</u>				
General Fund	\$ 235,958,511	\$ 242,956,057	\$ 6,997,546	3.0%
General Fund Debt Service	\$ 6,579,170	\$ 6,507,679	\$ (71,491)	-1.1%
Other Funds	\$ 154,232,573	\$ 156,338,331	\$ 2,105,758	1.4%
<u>Secretary of State</u>				
General Fund	\$ 18,230,183	\$ 18,915,145	\$ 684,962	3.8%
Other Funds	\$ 75,757,327	\$ 79,761,879	\$ 4,004,552	5.3%
Federal Funds	\$ 5,885,867	\$ 10,497,283	\$ 4,611,416	78.3%
<u>State Treasurer</u>				
Other Funds	\$ 115,832,025	\$ 118,930,410	\$ 3,098,385	2.7%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>State Library</u>				
General Fund	\$ 4,463,754	\$ 4,538,886	\$ 75,132	1.7%
Other Funds	\$ 7,250,105	\$ 7,429,467	\$ 179,362	2.5%
Federal Funds	\$ 7,924,165	\$ 7,977,520	\$ 53,355	0.7%
<u>CONSUMER AND BUSINESS SERVICES PROGRAM AREA</u>				
<u>State Board of Accountancy</u>				
Other Funds	\$ 3,182,967	\$ 3,263,399	\$ 80,432	2.5%
<u>State Board of Chiropractic Examiners</u>				
Other Funds	\$ 2,146,466	\$ 2,173,510	\$ 27,044	1.3%
<u>Consumer and Business Services</u>				
General Fund	\$ 12,464,196	\$ 12,557,108	\$ 92,912	0.7%
Other Funds	\$ 382,343,491	\$ 390,652,315	\$ 8,308,824	2.2%
Federal Funds	\$ 118,285,014	\$ 121,930,616	\$ 3,645,602	3.1%
<u>Construction Contractors Board</u>				
Other Funds	\$ 17,837,162	\$ 18,316,626	\$ 479,464	2.7%
<u>Oregon Board of Dentistry</u>				
Other Funds	\$ 3,768,719	\$ 3,859,254	\$ 90,535	2.4%
<u>Health Related Licensing Boards</u>				
State Mortuary and Cemetery Board				
Other Funds	\$ 2,832,630	\$ 2,915,294	\$ 82,664	2.9%
Oregon Board of Naturopathic Medicine				
Other Funds	\$ 1,060,590	\$ 1,079,025	\$ 18,435	1.7%
Occupational Therapy Licensing Board				
Other Funds	\$ 697,289	\$ 707,899	\$ 10,610	1.5%
Board of Medical Imaging				
Other Funds	\$ 1,206,467	\$ 1,435,584	\$ 229,117	19.0%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>Health Related Licensing Boards</u>				
State Board of Examiners for Speech-Language Pathology and Audiology				
Other Funds	\$ 1,045,357	\$ 1,071,713	\$ 26,356	2.5%
Oregon State Veterinary Medical Examining Board				
Other Funds	\$ 1,337,579	\$ 1,379,042	\$ 41,463	3.1%
<u>Bureau of Labor and Industries</u>				
General Fund	\$ 19,980,422	\$ 24,103,037	\$ 4,122,615	20.6%
Lottery Funds	\$ 261,416	\$ 270,809	\$ 9,393	3.6%
Other Funds	\$ 14,837,959	\$ 15,215,452	\$ 377,493	2.5%
Federal Funds	\$ 1,827,980	\$ 1,903,363	\$ 75,383	4.1%
<u>Oregon Medical Board</u>				
Other Funds	\$ 16,951,813	\$ 17,346,295	\$ 394,482	2.3%
<u>Oregon State Board of Nursing</u>				
Other Funds	\$ 20,961,185	\$ 21,455,686	\$ 494,501	2.4%
<u>Licensed Social Workers, Board of</u>				
Other Funds	\$ 2,212,614	\$ 2,271,967	\$ 59,353	2.7%
<u>Mental Health Regulatory Agency</u>				
Licensed Professional Counselors and Therapists				
General Fund	\$ 300,000	\$ 150,000	\$ (150,000)	-50.0%
Other Funds	\$ 3,225,938	\$ 3,319,099	\$ 93,161	2.9%
Board of Psychology				
General Fund	\$ -	\$ 150,000	\$ 150,000	100.0%
Other Funds	\$ 1,826,338	\$ 1,867,328	\$ 40,990	2.2%
<u>Board of Pharmacy</u>				
Other Funds	\$ 9,463,698	\$ 9,691,342	\$ 227,644	2.4%
<u>Public Utility Commission</u>				
Other Funds	\$ 58,731,094	\$ 60,168,396	\$ 1,437,302	2.4%
Federal Funds	\$ 1,180,926	\$ 1,219,585	\$ 38,659	3.3%
<u>Real Estate Agency</u>				
Other Funds	\$ 9,768,489	\$ 10,141,433	\$ 372,944	3.8%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>State Board of Tax Practitioners</u>				
Other Funds	\$ 1,082,116	\$ 1,166,969	\$ 84,853	7.8%
<u>ECONOMIC AND COMMUNITY DEVELOPMENT PROGRAM AREA</u>				
<u>Oregon Business Development Department</u>				
General Fund	\$ 145,217,061	\$ 174,285,313	\$ 29,068,252	20.0%
General Fund Debt Service	\$ 74,062,166	\$ 74,053,211	\$ (8,955)	0.0%
Lottery Funds	\$ 104,321,731	\$ 106,013,902	\$ 1,692,171	1.6%
Lottery Funds Debt Service	\$ 46,389,741	\$ 42,985,875	\$ (3,403,866)	-7.3%
Other Funds	\$ 1,175,303,763	\$ 1,242,542,406	\$ 67,238,643	5.7%
Other Funds Debt Service	\$ 5,800	\$ 3,418,634	\$ 3,412,834	58842.0%
Federal Funds	\$ 85,432,939	\$ 87,293,606	\$ 1,860,667	2.2%
<u>Employment Department</u>				
General Fund	\$ 47,103,458	\$ 48,765,505	\$ 1,662,047	3.5%
Other Funds	\$ 279,153,141	\$ 285,661,087	\$ 6,507,946	2.3%
Federal Funds	\$ 293,520,514	\$ 310,599,469	\$ 17,078,955	5.8%
<u>Housing and Community Services Department</u>				
General Fund	\$ 532,410,730	\$ 839,312,238	\$ 306,901,508	57.6%
General Fund Debt Service	\$ 69,354,398	\$ 69,307,754	\$ (46,644)	-0.1%
Other Funds	\$ 553,156,031	\$ 697,430,464	\$ 144,274,433	26.1%
Federal Funds	\$ 437,638,180	\$ 708,562,652	\$ 270,924,472	61.9%
<u>Department of Veterans' Affairs</u>				
General Fund	\$ 8,555,498	\$ 8,768,706	\$ 213,208	2.5%
Lottery Funds	\$ 20,592,667	\$ 20,827,683	\$ 235,016	1.1%
Other Funds	\$ 121,247,139	\$ 121,680,744	\$ 433,605	100.0%
Federal Funds	\$ 1,617,844	\$ 1,628,594	\$ 10,750	0.7%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>EDUCATION PROGRAM AREA</u>				
<u>Department of Education</u>				
General Fund	\$ 939,890,390	\$ 1,110,429,126	\$ 170,538,736	18.1%
General Fund Debt Service	\$ 46,948,950	\$ 46,715,272	\$ (233,678)	-0.5%
Other Funds	\$ 2,531,580,539	\$ 2,566,161,328	\$ 34,580,789	1.4%
Other Funds Debt Service	\$ 330	\$ 234,015	\$ 233,685	70813.6%
Federal Funds	\$ 2,943,515,768	\$ 2,945,935,878	\$ 2,420,110	0.1%
Federal Funds Nonlimited	\$ 435,672,830	\$ 446,672,830	\$ 11,000,000	2.5%
<u>State School Fund</u>				
General Fund	\$ 7,988,195,518	\$ 7,890,603,299	\$ (97,592,219)	-1.2%
Lottery Funds	\$ 589,526,746	\$ 650,508,965	\$ 60,982,219	10.3%
Other Funds	\$ 722,277,736	\$ 758,887,736	\$ 36,610,000	5.1%
<u>Higher Education Coordinating Commission</u>				
General Fund	\$ 2,226,708,055	\$ 2,339,608,853	\$ 112,900,798	5.1%
General Fund Debt Service	\$ 264,804,497	\$ 263,774,106	\$ (1,030,391)	-0.4%
Lottery Funds	\$ 78,208,051	\$ 95,754,317	\$ 17,546,266	22.4%
Other Funds	\$ 116,284,794	\$ 125,679,996	\$ 9,395,202	8.1%
Other Funds Debt Service	\$ 37,440,780	\$ 39,166,371	\$ 1,725,591	4.6%
Federal Funds	\$ 130,597,522	\$ 131,016,933	\$ 419,411	0.3%
<u>Teacher Standards and Practices Commission</u>				
General Fund	\$ 998,080	\$ 1,053,778	\$ 55,698	5.6%
Other Funds	\$ 13,946,992	\$ 14,202,144	\$ 255,152	1.8%
<u>HUMAN SERVICES PROGRAM AREA</u>				
<u>Commission for the Blind</u>				
General Fund	\$ 5,658,523	\$ 5,788,243	\$ 129,720	2.3%
Other Funds	\$ 1,079,323	\$ 1,083,040	\$ 3,717	0.3%
Federal Funds	\$ 17,612,064	\$ 17,994,237	\$ 382,173	2.2%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>Oregon Health Authority</u>				
General Fund	\$ 3,441,621,751	\$ 3,481,602,420	\$ 39,980,669	1.2%
Lottery Funds	\$ 18,641,986	\$ 18,670,002	\$ 28,016	0.2%
Other Funds	\$ 9,551,847,790	\$ 10,639,914,375	\$ 1,088,066,585	11.4%
Federal Funds	\$ 16,944,934,468	\$ 17,754,548,181	\$ 809,613,713	4.8%
<u>Department of Human Services</u>				
General Fund	\$ 4,630,103,736	\$ 4,746,942,549	\$ 116,838,813	2.5%
General Fund Debt Service	\$ 24,352,205	\$ 23,452,205	\$ (900,000)	-3.7%
Other Funds	\$ 809,302,663	\$ 940,509,829	\$ 131,207,166	16.2%
Other Funds Debt Service	\$ 1,112,516	\$ 2,056,766	\$ 944,250	84.9%
Federal Funds	\$ 7,071,321,049	\$ 7,675,033,823	\$ 603,712,774	8.5%
<u>Long Term Care Ombudsman</u>				
General Fund	\$ 10,819,492	\$ 11,164,278	\$ 344,786	3.2%
Other Funds	\$ 888,786	\$ 1,166,468	\$ 277,682	31.2%
<u>Psychiatric Security Review Board</u>				
General Fund	\$ 3,934,061	\$ 4,082,379	\$ 148,318	3.8%
<u>JUDICIAL BRANCH</u>				
<u>Commission on Judicial Fitness and Disability</u>				
General Fund	\$ 289,807	\$ 330,499	\$ 40,692	14.0%
<u>Judicial Department</u>				
General Fund	\$ 559,030,250	\$ 596,120,710	\$37,090,460	6.6%
General Fund Debt Service	\$ 26,326,961	\$ 26,053,320	\$ (273,641)	100.0%
Other Funds	\$ 153,108,269	\$ 259,672,418	\$ 106,564,149	69.6%
Other Funds Debt Service	\$ -	\$ 274,570	\$ 274,570	100.0%
Federal Funds	\$ 1,476,446	\$ 1,782,035	\$ 305,589	20.7%
<u>Public Defense Services Commission</u>				
General Fund	\$ 321,184,175	\$ 337,439,650	\$ 16,255,475	5.1%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>LEGISLATIVE BRANCH</u>				
<u>Legislative Administration Committee</u>				
General Fund	\$ 47,407,783	\$ 49,342,373	\$ 1,934,590	4.1%
Other Funds	\$ 6,210,225	\$ 10,662,519	\$ 4,452,294	71.7%
<u>Legislative Assembly</u>				
General Fund	\$ 67,553,243	\$ 69,822,774	\$ 2,269,531	3.4%
<u>Legislative Counsel</u>				
General Fund	\$ 18,148,985	\$ 19,023,789	\$ 874,804	4.8%
Other Funds	\$ 2,145,209	\$ 2,206,065	\$ 60,856	2.8%
<u>Legislative Fiscal Office</u>				
General Fund	\$ 8,375,824	\$ 8,629,206	\$ 253,382	3.0%
Other Funds	\$ 4,875,014	\$ 5,029,509	\$ 154,495	3.2%
<u>Commission on Indian Services</u>				
General Fund	\$ 887,833	\$ 914,197	\$ 26,364	3.0%
<u>Legislative Policy and Research Office</u>				
General Fund	\$ 15,350,800	\$ 15,954,335	\$ 603,535	3.9%
<u>Legislative Revenue Office</u>				
General Fund	\$ 3,395,264	\$ 3,534,962	\$ 139,698	4.1%
<u>NATURAL RESOURCES PROGRAM AREA</u>				
<u>State Department of Agriculture</u>				
General Fund	\$ 77,818,652	\$ 78,763,099	\$ 944,447	1.2%
Lottery Funds	\$ 11,375,039	\$ 11,588,227	\$ 213,188	1.9%
Other Funds	\$ 121,365,433	\$ 123,504,515	\$ 2,139,082	1.8%
Federal Funds	\$ 18,411,423	\$ 18,626,329	\$ 214,906	1.2%
<u>Columbia River Gorge Commission</u>				
General Fund	\$ 1,382,749	\$ 1,408,207	\$ 25,458	1.8%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>State Department of Energy</u>				
General Fund	\$ 70,911,388	\$ 75,945,789	\$ 5,034,401	7.1%
Other Funds	\$ 67,950,612	\$ 73,708,453	\$ 5,757,841	8.5%
Other Funds Debt Service	\$ -	\$ 3,500,000	\$ 3,500,000	100.0%
Federal Funds	\$ 3,123,175	\$ 3,234,709	\$ 111,534	3.6%
<u>Department of Environmental Quality</u>				
General Fund	\$ 69,301,787	\$ 102,218,284	\$ 32,916,497	47.5%
Lottery Funds	\$ 6,038,769	\$ 6,263,319	\$ 224,550	3.7%
Other Funds	\$ 266,829,972	\$ 301,838,098	\$ 35,008,126	13.1%
Federal Funds	\$ 29,556,067	\$ 30,134,046	\$ 577,979	2.0%
<u>State Department of Fish and Wildlife</u>				
General Fund	\$ 44,800,089	\$ 61,576,532	\$ 16,776,443	37.4%
Lottery Funds	\$ 6,768,156	\$ 6,886,493	\$ 118,337	1.7%
Other Funds Capital Improvements	\$ 6,402,801	\$ 6,426,491	\$ 23,690	0.4%
Other Funds	\$ 215,962,881	\$ 225,897,524	\$ 9,934,643	4.6%
Federal Funds	\$ 155,987,857	\$ 159,115,898	\$ 3,128,041	2.0%
<u>Department of Forestry</u>				
General Fund	\$ 151,233,778	\$ 200,078,876	\$ 48,845,098	32.3%
General Fund Debt Service	\$ 16,143,376	\$ 16,142,720	\$ (656)	0.0%
Other Funds	\$ 296,269,460	\$ 380,276,552	\$ 84,007,092	28.4%
Other Funds Debt Service	\$ 636,664	\$ 637,324	\$ 660	0.1%
Federal Funds	\$ 41,395,153	\$ 41,779,100	\$ 383,947	0.9%
<u>Department of Geology and Mineral Industries</u>				
General Fund	\$ 6,339,401	\$ 6,444,037	\$ 104,636	1.7%
Other Funds	\$ 6,689,178	\$ 6,753,317	\$ 64,139	1.0%
Federal Funds	\$ 5,772,087	\$ 5,765,844	\$ (6,243)	-0.1%
<u>Department of Land Conservation and Development</u>				
General Fund	\$ 25,446,798	\$ 26,114,458	\$ 667,660	2.6%
Other Funds	\$ 1,654,793	\$ 1,793,345	\$ 138,552	8.4%
Federal Funds	\$ 6,617,610	\$ 6,748,006	\$ 130,396	2.0%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>Land Use Board of Appeals</u>				
General Fund	\$ 2,590,340	\$ 2,686,644	\$ 96,304	3.7%
<u>State Marine Board</u>				
Other Funds	\$ 30,067,889	\$ 31,401,106	\$ 1,333,217	4.4%
Federal Funds	\$ 6,598,631	\$ 6,659,930	\$ 61,299	0.9%
<u>Department of Parks and Recreation</u>				
General Fund	\$ 316,480	\$ 327,774	\$ 11,294	3.6%
Lottery Funds	\$ 115,754,208	\$ 118,007,753	\$ 2,253,545	1.9%
Other Funds	\$ 125,550,478	\$ 127,958,102	\$ 2,407,624	1.9%
Federal Funds	\$ 22,802,629	\$ 22,854,464	\$ 51,835	0.2%
<u>Department of State Lands</u>				
General Fund	\$ 1,060,000	\$ 123,060,000	\$ 122,000,000	11509.4%
Other Funds	\$ 51,393,568	\$ 53,226,664	\$ 1,833,096	3.6%
Federal Funds	\$ 2,933,955	\$ 2,990,902	\$ 56,947	1.9%
<u>Water Resources Department</u>				
General Fund	\$ 67,616,215	\$ 69,089,805	\$ 1,473,590	2.2%
Other Funds	\$ 125,633,596	\$ 125,596,247	\$ (37,349)	0.0%
Federal Funds	\$ 725,000	\$ 737,366	\$ 12,366	1.7%
<u>Watershed Enhancement Board</u>				
General Fund	\$ 32,047,000	\$ 52,526,718	\$ 20,479,718	63.9%
Lottery Funds	\$ 94,379,136	\$ 94,776,334	\$ 397,198	0.4%
Other Funds	\$ 14,863,984	\$ 29,863,984	\$ 15,000,000	100.9%
Federal Funds	\$ 48,127,768	\$ 48,251,444	\$ 123,676	0.3%
<u>PUBLIC SAFETY PROGRAM AREA</u>				
<u>Department of Corrections</u>				
General Fund	\$ 1,031,811,689	\$ 999,177,650	\$ (32,634,039)	-3.2%
General Fund Debt Service	\$ 105,285,474	\$ 105,180,474	\$ (105,000)	-0.1%
Other Funds	\$ 950,301,340	\$ 1,026,632,349	\$ 76,331,009	8.0%
Other Funds Debt Service	\$ 700,870	\$ 805,870	\$ 105,000	15.0%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>Oregon Criminal Justice Commission</u>				
General Fund	\$ 109,347,638	\$ 109,866,484	\$ 518,846	0.5%
Other Funds	\$ 41,258,537	\$ 41,282,847	\$ 24,310	0.1%
Federal Funds	\$ 5,664,637	\$ 5,680,710	\$ 16,073	0.3%
<u>District Attorneys and their Deputies</u>				
General Fund	\$ 14,783,245	\$ 15,155,109	\$ 371,864	2.5%
<u>Oregon Department of Emergency Management</u>				
General Fund	\$ -	\$ 28,654,367	\$ 28,654,367	100.0%
General Fund Debt Service	\$ -	\$ 1,576,705	\$ 1,576,705	100.0%
Other Funds	\$ -	\$ 94,495,733	\$ 94,495,733	100.0%
Federal Funds	\$ -	\$ 702,235,505	\$ 702,235,505	100.0%
<u>Department of Justice</u>				
General Fund	\$ 144,674,992	\$ 176,510,683	\$ 31,835,691	22.0%
General Fund Debt Service	\$ 8,375,250	\$ 8,323,075	\$ (52,175)	-0.6%
Other Funds	\$ 379,645,656	\$ 424,268,659	\$ 44,623,003	11.8%
Other Funds Debt Service	\$ -	\$ 52,430	\$ 52,430	100.0%
Federal Funds	\$ 185,198,126	\$ 187,675,747	\$ 2,477,621	1.3%
<u>Oregon Military Department</u>				
General Fund	\$ 61,675,578	\$ 34,167,336	\$ (27,508,242)	-44.6%
General Fund Debt Service	\$ 15,070,170	\$ 13,493,465	\$ (1,576,705)	-10.5%
Other Funds	\$ 167,775,209	\$ 93,942,602	\$ (73,832,607)	-44.0%
Federal Funds	\$ 1,134,640,036	\$ 434,910,308	\$ (699,729,728)	-61.7%
<u>Oregon Board of Parole and Post Prison Supervision</u>				
General Fund	\$ 10,635,926	\$ 11,629,057	\$ 993,131	9.3%
<u>Department of State Police</u>				
General Fund	\$ 488,608,037	\$ 517,684,229	\$ 29,076,192	6.0%
Lottery Funds	\$ 11,068,651	\$ 11,317,795	\$ 249,144	2.3%
Other Funds	\$ 194,648,307	\$ 196,540,665	\$ 1,892,358	1.0%
Federal Funds	\$ 13,774,908	\$ 16,833,246	\$ 3,058,338	22.2%

Budget Summary*

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
<u>Department of Public Safety Standards and Training</u>				
Other Funds	\$ 55,369,818	\$ 56,806,356	\$ 1,436,538	2.6%
Federal Funds	\$ 7,776,846	\$ 8,018,038	\$ 241,192	3.1%
<u>Oregon Youth Authority</u>				
General Fund	\$ 247,846,953	\$ 256,199,865	\$ 8,352,912	3.4%
Other Funds	\$ 121,715,872	\$ 121,745,017	\$ 29,145	0.0%
Federal Funds	\$ 36,788,861	\$ 37,034,286	\$ 245,425	0.7%
<u>TRANSPORTATION PROGRAM AREA</u>				
<u>Department of Aviation</u>				
General Fund	\$ -	\$ 3,888,794	\$ 3,888,794	100.0%
Other Funds	\$ 21,207,031	\$ 22,452,182	\$ 1,245,151	5.9%
Federal Funds	\$ 6,419,132	\$ 7,065,278	\$ 646,146	10.1%
<u>Department of Transportation</u>				
General Fund	\$ 17,650,000	\$ 54,499,960	\$ 36,849,960	208.8%
General Fund Debt Service	\$ 18,371,393	\$ 18,371,213	\$ (180)	0.0%
Lottery Funds Debt Service	\$ 121,944,228	\$ 121,144,419	\$ (799,809)	-0.7%
Other Funds	\$ 4,373,184,855	\$ 4,440,332,939	\$ 67,148,084	1.5%
Other Funds Debt Service	\$ 400,357,680	\$ 401,157,671	\$ 799,991	0.2%
Federal Funds	\$ 125,930,118	\$ 126,040,626	\$ 110,508	0.1%
2021-23 Budget Summary				
General Fund Total	\$ 24,649,054,449	\$ 26,081,533,008	\$ 1,432,478,559	5.8%
General Fund Debt Service Total	\$ 683,565,356	\$ 680,779,687	\$ (2,785,669)	-0.4%
Lottery Funds Total	\$ 1,078,281,504	\$ 1,165,008,422	\$ 86,726,918	8.0%
Lottery Funds Debt Service Total	\$ 191,732,477	\$ 187,105,649	\$ (4,626,828)	-2.4%
Other Funds Total	\$ 25,872,060,085	\$ 27,959,550,730	\$ 2,087,490,645	8.1%
Other Funds Capital Improvements	\$ 6,640,546	\$ 6,874,236	\$ 233,690	3.5%
Other Funds Debt Service Total	\$ 935,290,495	\$ 943,708,005	\$ 8,417,510	0.9%
Federal Funds Total	\$ 32,664,814,252	\$ 34,851,565,932	\$ 2,186,751,680	6.7%
Federal Funds Nonlimited Total	\$ 435,672,830	\$ 446,672,830	\$ 11,000,000	2.5%

* Excludes Capital Construction

Position Summary	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			Change	% Change
ADMINISTRATION PROGRAM AREA				
<u>Department of Administrative Services</u>				
Authorized Positions	971	995	24	2.5%
Full-time Equivalent (FTE) positions	966.72	981.76	15.04	1.6%
<u>Office of the Governor</u>				
Authorized Positions	69	67	(2)	-2.9%
Full-time Equivalent (FTE) positions	68.83	66.05	(2.78)	-4.0%
<u>Oregon Racing Commission</u>				
Authorized Positions	14	15	1	7.1%
Full-time Equivalent (FTE) positions	10.39	10.64	0.25	2.4%
<u>Department of Revenue</u>				
Authorized Positions	1,125	1,127	2	0.2%
Full-time Equivalent (FTE) positions	1,060.21	1,061.21	1.00	0.1%
<u>Secretary of State</u>				
Authorized Positions	232	235	3	1.3%
Full-time Equivalent (FTE) positions	231.08	232.96	1.88	0.8%
CONSUMER AND BUSINESS SERVICES PROGRAM AREA				
<u>Health Related Licensing Boards</u>				
Authorized Positions	23	23	-	0.0%
Full-time Equivalent (FTE) positions	21.90	22.15	0.25	1.1%
<u>Bureau of Labor and Industries</u>				
Authorized Positions	130	141	11	8.5%
Full-time Equivalent (FTE) positions	127.50	133.25	5.75	4.5%
<u>Real Estate Agency</u>				
Authorized Positions	29	30	1	3.4%
Full-time Equivalent (FTE) positions	29.00	29.75	0.75	2.6%

Position Summary	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			Change	% Change
ECONOMIC AND COMMUNITY DEVELOPMENT PROGRAM AREA				
<u>Oregon Business Development Department</u>				
Authorized Positions	158.00	145	5	3.2%
Full-time Equivalent (FTE) positions	156.42	139.68	2.58	1.6%
<u>Employment Department</u>				
Authorized Positions	3,297	3,304	7	0.2%
Full-time Equivalent (FTE) positions	2,248.02	2,253.62	5.60	0.2%
<u>Housing and Community Services</u>				
Authorized Positions	364	439	75	20.6%
Full-time Equivalent (FTE) positions	336.84	383.63	46.79	13.9%
EDUCATION PROGRAM AREA				
<u>Department of Education</u>				
Authorized Positions	772	862	90	11.7%
Full-time Equivalent (FTE) positions	753.23	795.16	41.93	5.6%
HUMAN SERVICES PROGRAM AREA				
<u>Oregon Health Authority</u>				
Authorized Positions	4,770	5,182	412	8.6%
Full-time Equivalent (FTE) positions	4,717.60	5,043.56	325.96	6.9%
<u>Department of Human Services</u>				
Authorized Positions	10,144	10,427	283	2.8%
Full-time Equivalent (FTE) positions	10,034.07	10,259.78	225.71	2.2%

Position Summary

	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			Change	% Change
JUDICIAL BRANCH				
<u>Oregon Judicial Department</u>				
Authorized Positions	1,932	1,993	61	3.2%
Full-time Equivalent (FTE) positions	1,888.09	1,919.92	31.83	1.7%
<u>Public Defense Services Commission</u>				
Authorized Positions	108	113	5	4.6%
Full-time Equivalent (FTE) positions	104.72	107.56	2.84	2.7%
LEGISLATIVE BRANCH				
<u>Legislative Administration Committee</u>				
Authorized Positions	80	81	1	1.3%
Full-time Equivalent (FTE) positions	76.96	77.50	0.54	0.7%
NATURAL RESOURCES PROGRAM AREA				
<u>State Department of Agriculture</u>				
Authorized Positions	533	535	2	0.4%
Full-time Equivalent (FTE) positions	406.11	407.17	1.06	0.3%
<u>Department of Environmental Quality</u>				
Authorized Positions	817	820	3	0.4%
Full-time Equivalent (FTE) positions	806.99	808.50	1.51	0.2%
<u>Department of Fish and Wildlife</u>				
Authorized Positions	1,364	1,371	7	0.5%
Full-time Equivalent (FTE) positions	1,169.49	1,172.82	3.33	0.3%

Position Summary	2021-23 Legislatively Approved Budget	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			Change	% Change
<u>Oregon Watershed Enhancement Board</u>				
Authorized Positions	39	46	7	17.9%
Full-time Equivalent (FTE) positions	37.77	42.57	4.80	12.7%
PUBLIC SAFETY PROGRAM AREA				
<u>Department of Corrections</u>				
Authorized Positions	4,781	4,782	1	0.0%
Full-time Equivalent (FTE) positions	4,688.65	4,688.90	0.25	0.0%
<u>Oregon Department of Emergency Management</u>				
Authorized Positions	-	92	92	100.0%
Full-time Equivalent (FTE) positions	-	46.01	46.01	100.0%
<u>Department of Justice</u>				
Authorized Positions	1,482	1,496	14	0.9%
Full-time Equivalent (FTE) positions	1,463.05	1,465.24	2.19	0.1%
<u>Oregon Military Department</u>				
Authorized Positions	579	487	(92)	-15.9%
Full-time Equivalent (FTE) positions	530.30	484.29	(46.01)	-8.7%
<u>State Board of Parole and Post-Prison Supervision</u>				
Authorized Positions	27	30	3	11.1%
Full-time Equivalent (FTE) positions	27.00	28.50	1.50	5.6%
<u>Department of State Police</u>				
Authorized Positions	1,482	1,502	20	1.3%
Full-time Equivalent (FTE) positions	1,462.14	1,467.89	5.75	0.4%
TRANSPORTATION PROGRAM AREA				
<u>Department of Transportation</u>				
Authorized Positions	4,846	4,858	12	0.2%
Full-time Equivalent (FTE) positions	4,681.19	4,725.11	43.92	0.9%
<u>Department of Aviation</u>				
Authorized Positions	13	16	3	23.1%
Full-time Equivalent (FTE) positions	12.59	14.60	2.01	16.0%

Summary of Revenue Changes

The General Fund appropriations made in HB 5202 are within resources available as projected in the March 2022 economic and revenue forecast by the Department of Administrative Services Office of Economic Analysis. General Fund resources forecasted for the 2021-23 biennium have increased \$2.6 billion over the level assumed in the 2021-23 legislatively adopted budget, including \$420.1 million from unexpended 2019-21 appropriations reverted to the General Fund.

Summary of Capital Construction Subcommittee Action

HB 5202 is the omnibus budget reconciliation bill for the 2022 legislative session and implements core components of a statewide budget plan that addresses changes in projected revenues and expenditures since the close of the 2021 session. The Subcommittee approved HB 5202 with amendments to reflect budget adjustments described in the subsequent narrative.

Statewide Adjustments

EMPLOYEE COMPENSATION DISTRIBUTION

The Subcommittee approved \$199.8 million General Fund in state agencies' budgets for employee compensation increases and pension obligation bond cost adjustments. The General Fund appropriation is expected to cover 100% of statewide cost estimates for compensation and benefit changes agreed to through collective bargaining or other salary agreements; it is almost fully supported by the release of a \$198 million special purpose appropriation to the Emergency Board set aside by the 2021 Legislature for this use. In addition to General Fund monies, the compensation adjustments include \$4.4 million Lottery Funds, \$144.8 million Other Funds, and \$69.6 million Federal Funds.

Section 467 of HB 5202 reflects the changes, as described above, for each agency. These adjustments are not addressed in the agency narratives, although they are included in the table at the beginning of the budget report.

OTHER STATEWIDE ADJUSTMENTS

Other statewide actions also include budget adjustments in multiple agencies to apply Other Funds balances generated through excess bond proceeds and interest earnings to debt service. Total net debt service savings are \$2.7 million General Fund and \$4.6 million Lottery Funds. New Other Funds expenditure limitations for the Department of Justice (\$52,430) and the Oregon Judicial Department (\$274,570) are established to accommodate the use of fund balances for debt service payments, while existing Other Funds expenditure limitations for a number of other agencies are collectively increased by \$7.7 million.

Sections 71, 78, and 466 of HB 5202 reflect the changes, as described above, for each agency. These adjustments are not addressed in the agency narratives, although they are included in the table at the beginning of the budget report.

The Subcommittee approved technical adjustments totaling \$6.7 million General Fund for Judicial Branch agencies and \$24.4 million General Fund for Legislative Branch agencies to recognize unexpended General Fund by those agencies from the 2019-21 biennium. Both the Judicial Branch and the Legislative Branch are allowed by statute to retain unexpended General Fund appropriations from the previous biennium.

Emergency Board

Emergency Board

As part of the 2021-23 biennium statewide rebalance plan, HB 5202 adjusts the Emergency Board's special purpose appropriations as outlined below; the general purpose emergency fund of \$50 million General Fund is not modified.

- Eliminates the special purpose appropriation for state employee compensation changes of \$198 million and made General Fund appropriations to various state agencies of \$199.8 million for employee compensation changes and related adjustments.
- Eliminates the \$20 million special purpose appropriation for compensation changes driven by collective bargaining costs of workers who are not state employees added it to the Department of Human Services' budget for bargained compensation increases.
- Reduces the \$10 million General Fund special purpose appropriation for family treatment court programs by \$2,065,430; the funding was appropriated to the Oregon Judicial Department, Public Defense Services Commission, and the Department of Human Services.
- Eliminates the \$2.5 million special purpose appropriation for implementation of pretrial release modifications authorized under SB 48 (2021) and appropriated the funding to the Oregon Judicial Department for that purpose.
- Reduces the \$14 million special purpose appropriation made for fire severity resources by \$6,146,267, which corresponds to a General Fund increase for the Department of Forestry in the same amount, to enable the agency to pay severity resource expenses incurred for the 2021 forest fire season. The special purpose appropriation balance of \$7,853,733 remains available for future needs this biennium.
- Eliminates the \$1 million special purpose appropriation for purposes of the Oregon Conservation and Recreation Fund, which helps support a \$5 million General Fund deposit into the Fund.
- Eliminates the \$1,807,561 special purpose appropriation created for preparing the Office of the State Fire Marshal to become a separate state agency on July 1, 2023; the funding was provided to the Office and will support 19 positions (5.50 FTE) in the new agency.
- Eliminates the \$15,859,656 special purpose appropriation for addressing child welfare-related position needs in the Department of Human Services and appropriated the corresponding amount of General Fund to the Department for this purpose.
- Eliminates the \$49 million special purpose appropriation for behavioral health system transformation to support system investments and planned rate increases.
- Reduces the \$20 million special purpose appropriation made for addressing staffing issues at the Oregon State Hospital; \$10.8 million was provided to the Oregon Health Authority to add staff capacity, with the balance of \$9.2 million available for future allocation.

- Reduces, by \$3,228,818, the \$5.1 million special purpose appropriation made for the creation of the Department of Early Learning and Care. This amount was appropriated to the Department of Education to fund 34 positions (12.38 FTE) and other start-up costs associated with the new agency; the balance of \$1,901,447 remains available for allocation later in the biennium.
- Reduces the special purpose appropriation for the natural disaster prevention, preparedness, response, and recovery activities by \$25 million to help pay for drought resiliency and preparedness efforts. This leaves the balance at \$26.3 million for future allocation.
- Increases, by \$45 million, the special purpose appropriation for allocation to the Oregon Health Authority or the Department of Human Services for caseload costs or other budget issues that the agencies are unable to mitigate; the new amount totals \$100 million.
- Establishes a special purpose appropriation in the amount of \$5,125,000 for allocation to the Department of Justice, Division of Child Support, for the Child Support Enforcement Automated System.
- Establishes a special purpose appropriation in the amount of \$19 million to be allocated to the Higher Education Coordinating Commission for an Oregon Tribal Student Grant program.
- Establishes a \$10 million special purpose appropriation to be allocated for establishing a grant program, loan program or lending program for the purpose of providing financial assistance to employers to mitigate the costs associated with compliance with the overtime compensation requirements under section 2 of House Bill 4002 (2022).
- Establishes a special purpose appropriation of \$50 million for allocation to the Department of Forestry for cash flow needs. The funding is for anticipated operational needs of the agency that may be compromised due to the financing of emergency firefighting costs while awaiting reimbursement of those costs from other sources.
- Establishes a \$42.5 million special purpose appropriation for increasing behavioral health provider rates by an average of 30%. The subcommittee approved the following instruction:

BUDGET NOTE: The \$42.5 million special purpose appropriation is intended to increase provider payment rates an average of 30% for behavioral health services under the medical assistance program for the purpose of improving access, maintaining provider networks, increasing wages, and retaining workers. Except to the extent delayed while waiting for approval from the Centers for Medicare and Medicaid Services, OHA shall increase fee-for-service payment rate increases effective no later than July 1, 2022, and all other payment rate increases no later than January 1, 2023. OHA shall propose strategies to measure the extent to which coordinated care organizations (CCOs) pass the rate increases through to behavioral health providers and strategies by which CCOs and OHA will measure the impact of the rate increase on behavioral health provider stability and capacity. OHA shall report these proposed strategies, in addition to an update on rate implementation, at the next meeting of the Emergency Board.

In most cases, if remaining special purpose appropriations are not allocated by the Emergency Board before December 1, 2022, any remaining balances become available for the Emergency Board for general purposes or will be available to the 2023 Legislature for any purpose.

Adjustments to 2021-23 Agency Budgets

ADMINISTRATION

Department of Administrative Services - American Rescue Plan Act (ARPA)

As part of HB Bill 5006 (2021), \$240 million in federal American Rescue Plan Act funds were approved for the Department of Administrative Services (DAS) to distribute in each Senate and House district in the amounts of \$4 million per Senate district and \$2 million per House district, for member-identified projects. After session, a subset of the projects required adjustments to project or descriptions. The Subcommittee approved the following revisions to the 2021 session member ARPA projects:

District	Member	OLD Recipient	Amount	New Recipient
S-20	Kennemer	Oregon City and Canby Area Chambers of Commerce and Business Recovery Centers	700,000	Oregon City Chamber of Commerce
S-25	Gorsek	Multnomah County	2,220,000	Seeding Justice
S-30	Findley	The Jefferson County Faith Based Network	750,000	City of Madras
H-22	Alonso Leon	Alianza Poder	500,000	Capaces Leadership Institute
H-24	Noble	CARES NW and the Family Justice Center	400,000	Family Justice Center
H-37	Prusak	West Linn Small Business Recovery Center	500,000	Lake Oswego Chamber of Commerce
H-46	Pham	City Repair Project	75,000	ROSE Community Development Corporation
H-50	Ruiz	Participatory Budgeting Oregon	200,000	Seeding Justice
H-60	Owens	Baker County	500,000	City of Unity

District	Member	OLD Project Description	Amount	NEW Project Description
S-26	Thomsen	Commercial Hangar at Ken Jernstedt Airfield/Anchor Way Multi-modal Street and Transit Improvement Project	500,000	E. Anchor Way/N. 1st St. Industrial Streets and Transit Center
H-1	Smith, DB	Lincoln School of Early Learning	100,000	Winter Lakes High School Teen Pregnant/Parent Center Modular Building
H-24	Grayber	Small Business Grant Program	750,000	McMinnville Business Recovery and Resiliency Program

In addition to these revisions, the Subcommittee also approved Other Funds expenditure limitation, on a one-time basis, for the following state agencies for Senate and House district member ARPA projects approved in HB 5006 (2021) for state agency programs:

- \$1,000,000 - Oregon Department of Fish and Wildlife - Oregon Conservation and Recreation Fund, Outdoor Recreation Stimulus (H-34)
- \$750,000 - Oregon Department of Human Services - Nonviolent Crisis Intervention Training for Children’s Residential Facilities’ Staff (S-8)
- \$250,000 - Oregon Parks and Recreation Department - Hillsdale to Lake Oswego trail (S-19)
- \$1,250,000 - Department of Justice - Domestic Violence and Sexual Assault (DVSA) Housing Navigator (S-21)
- \$1,000,000 - Oregon State Marine Board - Abandoned and Derelict Boats (S-21)
- \$1,000,000 - Oregon Judicial Department - Modernize OJD electronic access to records (S-22)

The 2022 session budget plan fully allocates the remaining ARPA State Fiscal Recovery Fund and Capital Project Fund balances of \$338.1 million and \$36.8 million, respectively, for the purpose of expenditures and activities to respond to the COVID-19 public health emergency and its economic impact. Specific expenditures covered by ARPA are described under relevant state agency report sections.

Department of Administrative Services

The Subcommittee approved two Department of Administrative Services (DAS) requests recommended during the January meeting of the Interim Joint Committee on Ways and Means. The first increased Other Funds expenditure limitation by \$1,669,855 and authorized the establishment of two permanent full-time positions (1.16 FTE) for the Chief Human Resources Office to support the newly independent Oregon Department of Emergency Management (ODEM) and to address increased statewide training costs. The second increased Other Funds expenditure limitation by \$2,127,233 and authorized the establishment of 7 permanent full-time positions (5.46 FTE) and 4 limited duration full-time positions (2.33 FTE), for the Enterprise Goods and Services Division to address the following staffing needs:

- Out-of-State Workforce - \$1,344,816 Other Funds, two limited duration payroll positions (1.00 FTE) and six permanent positions (4.58 FTE), to manage work related to payroll for out of state workers, including registering and filing payroll tax exemptions with each state;

and for the DAS Risk Management to identify and address out-of-state exposures, including managing statewide policies, developing multi-state OSHA compliance, reviewing and updating insurance policies, and managing out-of-state workers compensation claims.

- OregonBuys Project - \$210,724 Other Funds, one limited duration Project Director (PEM F) position (0.75 FTE), to support Phase 2 of the DAS e-procurement modernization project.
- Reestablish the Division Administrator Position - \$421,114 Other Funds, one PEM H position (0.88 FTE), to restore an administrator position to lead the Enterprise Goods and Services Division.
- Temporary Support for New Agencies - \$150,579 Other Funds, one limited duration Procurement and Contract Specialist 3 position (0.58 FTE), to provide procurement services for newly independent state agencies (Emergency Management and State Fire Marshal).

To help provide legislators information on compliance within the Oregon Forward program, which is a state-run purchasing program promoting meaningful job opportunities for adults living with disabilities, the Subcommittee approved the following budget note:

BUDGET NOTE: The Oregon Forward program of the Department of Administrative Services will study the compliance of state agencies and local governments of OAR 125-055-0005 through OAR 125-055-0040. The Department shall provide a report to the Legislative Fiscal Office and to the legislative interim committees on Business with recommendations for improved compliance no later than September 30, 2022.

Two technical adjustments were approved to accurately reflect expenditure limitation values for the Office of the State Chief Information Officer and special payments from proceeds of previously issued bonds.

The Subcommittee approved, on a one-time basis, a \$4,000,000 General Fund appropriation and an increase of \$3,400,000 Other Funds expenditure limitation and for Enterprise Asset Management to purchase and operate additional fleet vehicles to accommodate requests from agencies related to staffing increases for the 2021-23 biennium.

A one-time \$3,345,000 General Fund appropriation was approved for the agency's Enterprise Information Services Division to support maintenance and operations of the Enterprise Microsoft 365 system.

The Subcommittee approved \$398,139 Federal Funds expenditure limitation for monies from the American Rescue Plan Act State (ARPA) Fiscal Recovery Funds for the Enterprise Information Services Division to enhance the functionality of the agency's Workday human resource information system to support case management and compliance needs.

In addition, the Subcommittee approved \$26,323,860 Federal Funds expenditure limitation for monies from the American Rescue Plan Act State (ARPA) Fiscal Recovery Funds for the Enterprise Information Services Division to expend on the following enterprise-wide broadband and cybersecurity investments:

- \$7,250,000 to continue the state’s partnership with Link Oregon.
- \$5,393,046 for contracted services to enhance the efficiency of network security operations, support the integrated risk management program, and maintain Security Operations Center infrastructure.
- \$7,230,256 to support the Cyber Security Services (CSS) network security equipment lifecycle replacement plan.
- \$3,085,756 to plan the implementation of Microsoft 365 security tools.
- \$3,364,802 and the establishment of 11 limited duration positions to support planning efforts for the Network and Security Modernization Program.

A one-time General Fund appropriation of \$500,000 was approved for DAS to contract with a third-party organization to assess gender-responsive practices at the Coffee Creek Correctional Facility. The purpose of the assessment is to establish a baseline for a strategic planning process, policy recommendation and improved protection of individuals serving sentences of incarceration at Coffee Creek Correctional Facility. Work on the assessment is anticipated to start by September 1, 2022. DAS and the third-party organization is expected to coordinate with the gender-responsive coordinator in the Governor’s Office and include the coordinator in the assessment process.

The assessment is expected to include a review of: (1) intake; (2) placement; (3) risk assessment; (4) case management; (5) mental, behavioral and physical health services; (6) vocational programs; (7) rehabilitation programs; (8) correctional staff; (9) organizational structure; and (10) reentry and transition programming. The assessment should also include whether there are currently in place adequate protections, policies, procedures, oversight and hiring practices to ensure that individuals serving sentences of incarceration at Coffee Creek Correctional Facility are not subjected to sexual assault or sexual harassment and to determine whether the current responses to sexual assault or sexual harassment are gender-responsive, culturally responsive and trauma-informed.

Several one-time General Fund appropriations were also approved by the Subcommittee for the Department to distribute the following entities for the following purposes:

- \$120,000,000 for distribution to the Portland Public Schools district for the relocation the Harriet Tubman Middle School.
- \$65,000,000 for distribution to the Oregon Worker Relief Fund to provide financial support directly to Oregonians who have lost their jobs but are ineligible for Unemployment Insurance and federal stimulus and safety-net programs due to their immigration status.
- \$100,000 for distribution to the Portland Council Navy League of the United States, USS Oregon (SSN 793) Commissioning Committee to support celebration events related to the commissioning ceremony of the USS Oregon (SSN 793) submarine.
- \$1,000,000 for distribution to Harmony Academy for program capacity, student transportation, and development of a statewide plan for expansion.
- \$10,000,000 for distribution to Metro for trash and sanitation services. Funds are intended to be utilized for trash pick-up, debris clean-up, abandoned vehicle removal, provision of dumpsters and trash bins and related employee/contractor costs associated with voluntary trash collection and mitigation. Funds are not intended to be utilized for activities associated with camp site removal or to backfill city funding.

To support the expansion of access to child care in Oregon, the Subcommittee approved nearly \$100 million General Fund on a one-time basis for a variety of programs that bolster and support the child care sector; \$39.3 million of this amount was appropriated to DAS to distribute to nonprofit agencies as follows:

- \$8.2 million General Fund for NeighborImpact’s *Rebuild Childcare* Plan, which will fund child care program expansions and support new child care programs in central Oregon by funding operating expenses, renovation costs, and training and business development plans for child care providers.
- \$1.2 million General Fund for Euvalcree’s *Rebuild Childcare* Plan, which will fund renovation of the Euvalcree Center in Ontario, Oregon, and will provide training, professional development, and start-up operating costs for an estimated ten new in-home child care providers.
- \$7.9 million General Fund for the United We Heal Training Trust’s *Rebuild Childcare* Plan, which will fund child care provider capital grants of up to \$14,000 for in-home providers and up to \$70,000 for child care centers; equipment grants of up to \$1,000 per provider; an accounting shared services pilot program; training, coaching, and mentorship for new providers; sub-awards for developing new black, indigenous, people of color (BIPOC)-focused child care centers; and administrative and operating costs.
- \$22 million General Fund for Seeding Justice’s Capacity Building Grant Fund. \$19 million is for grants to culturally specific and other child care providers to become licensed, to expand services, or to start new child care centers; \$3 million is for program management costs, including technical assistance for grantees, data collection, evaluation, and reporting.

Please see the Department of Education and the Higher Education Coordinating Commission sections of this report for additional details of this investment to support the expansion of access to child care in Oregon.

Some components of the \$400 million housing package flow through the DAS budget; the Subcommittee approved various one-time General Fund appropriations to DAS to distribute to various entities to support community organizations and activities for the purpose of increasing affordable housing supply, and for supporting shelter and homelessness response efforts in specific communities. These include the following:

- \$15 million for distribution to the Society of St. Vincent de Paul of Lane County to serve as start-up capital for the creation of Community Housing Provider, a not-for-profit entity. Community Housing Provider will produce manufactured housing for low income buyers and rental housing for not-for-profit entities. It’s anticipated the facility could create between 50-60 jobs, significantly reduce wait times for production of housing units, and prioritize delivery for affordable models and for those impacted by wildfires. Funds are expected to enable production of units to begin in 6-12 months.
- \$50 million for distribution to the Oregon Community Foundation (OCF), which will in turn make grants by Dec. 31, 2023, for community supported projects to convert motels and other existing structures to shelters and temporary housing throughout the state, following the model of a 2020-21 grant-making process known as Project Turnkey under which OCF vetted grant applicants and proposed sites. OCF’s administrative costs for administering Project Turnkey will be covered as part of this appropriation. The Oregon Department of Housing and Community Services plans to prioritize Project Turnkey sites within its funding mechanisms for continuing site operations, which will include program monitoring of operational funds.

- \$5 million for distribution to the Hacienda Community Development Corporation to establish a revolving loan fund to serve first-time homebuyers, focusing on homebuyers who are Latino and Black, Indigenous and Persons of Color at 100-120% of area median income; the loan fund will enable Hacienda Community Development Corporation to provide down payment assistance and mortgage insurance to clients that receive housing counseling.
- A combined total of \$25 million to local governments for responses to homelessness. Funds are specifically directed to the following entities: Multnomah County (\$10 million); Washington County (\$750,000); Clackamas County (\$2 million); City of Hillsboro (\$1 million); City of Beaverton (\$750,000); City of Eugene (\$5 million); City of Salem (\$2.5 million); City of Bend (\$1.5 million); and the City of Medford (\$1.5 million). Allowable uses of the funds are:
 - Support for temporary emergency shelters, sanctioned camping, safe parking sites, and navigation centers that are low barrier, that have a maximum capacity of 150 people, that are connected to services, and that are voluntary for all individuals who utilize them. Funding can be used for acquisition renovation and operational costs for facilities that meet these criteria, as well as support for residents.
 - Hygiene services including portable toilets, shower trucks, laundry services, storage, washing stations, hygiene supplies and related services to people experiencing homelessness.
 - Outreach services to connect people to shelter, housing, and services.

Funding may not be used by local governments to backfill existing revenue streams or funds.

- A combined total of \$3 million for trash and sanitation expenses for cities outside the Portland Metro area. Funds are intended to be utilized for trash pick-up, debris clean-up, abandoned vehicle removal, provision of dumpsters and trash bins and related employee/contractor costs associated with voluntary trash collection and mitigation. Funds are not intended to be utilized for activities associated with camp site removal or to backfill city funding. Funds are allocated to the following cities: City of Eugene (\$750,000); City of Salem (\$750,000); City of Bend (\$400,000); City of Medford (\$350,000); City of Springfield (\$250,000); City of Corvallis (\$250,000); City of Albany (\$250,000).

As part of wildfire recovery efforts, the Subcommittee approved various one-time General Fund appropriations to DAS to distribute to the following entities for the following purposes:

- \$85,661 for distribution via the City of Gates to the Gates Rural Fire Protection district to offset the District's revenue losses from the 2020 wildfires.
- \$69,722 for distribution via the City of Stayton to the Stayton Rural Fire Protection District to offset the District's revenue losses from the 2020 wildfires.
- \$2,534,000 for distribution to the City of Phoenix Public Safety Center.
- \$375,000 for distribution to the Eugene Water and Electric Board for the Powder Activated Carbon Water Treatment Improvement Project.

Approval of an additional \$13 million in Article XI-Q Bonds authorized in SB 5701 to address the increasing costs of the North Valley Complex (also known as the Wilsonville building) requires Other Funds expenditure limitation of \$195,000 for cost of issuance for the bonds.

The Subcommittee approved an increase of \$21,307,675 Other Funds expenditure limitation for special payments associated with the disbursement of proceeds from Lottery Bonds approved in SB 5701 to be disbursed to the following grantees:

- \$3,048,464 for distribution to the McKenzie River Discovery Center.
- \$15,210,747 for distribution to the City of Portland Parks and Recreation for the North Portland Aquatic Center.
- \$3,048,464 for distribution to the City of Milton-Freewater for the police and dispatch station.

Various one-time General Fund appropriations to DAS were approved for distribution to the following entities for the following purposes:

- 1) \$5,000,000 for distribution to the Grande Ronde Hospital Foundation for the expansion of the Surgical Center and facilities.
- 2) \$1,300,000 for distribution to the City of Ashland for the Briscoe School Rehabilitation.
- 3) \$2,407,500 for distribution to Marion-Polk Food Share for the AWARE Food Bank.
- 4) \$1,000,000 for distribution to the Farmworker Housing Development Corporation for the Cipriano Ferrell Education Center Renovation.
- 5) \$2,000,000 for distribution to Heart of Oregon Corps Centralized Campus.
- 6) \$6,000,000 for distribution to Eugene Civic Alliance Civic Park.
- 7) \$7,500,000 for distribution to Lane County Fairgrounds Multi-Use Facility.
- 8) \$9,500,000 for distribution to the Central Oregon Intergovernmental Council for the CORE3 (Central OR Ready, Responsive, Resilient) program.
- 9) \$2,000,000 for distribution to the Columbia Gorge Children's Advocacy Center (DBA SafeSpace) for the Child Abuse Assessment Center.
- 10) \$4,000,000 for distribution to the City of Corvallis for Martin Luther King, Jr. (MLK) Park enhancements.
- 11) \$430,000 for distribution to the Prairie City School District #4 for the Bates Building renovation.
- 12) \$113,870 for distribution to the Prairie City Senior Citizens for building renovation.
- 13) \$1,340,213 for distribution to the Kids Club of Harney County to support phase 2 of the Geno's Youth Center.
- 14) \$5,000,000 for distribution to the Oregon Food Bank for the statewide warehouse.
- 15) \$1,926,000 for distribution to the City of Wilsonville for the Transit Center.
- 16) \$36,129 for distribution to the Grant County Senior Citizens Association for the Senior Center flooring and air purification system.
- 17) \$2,000,000 for distribution to the City of Independence to support the 9th Street Lift Station upgrade.
- 18) \$5,450,002 for distribution to the Benton County Crisis Center.
- 19) \$3,300,000 for distribution to the Peace Village to support SquareOne Villages.
- 20) \$165,000 for distribution to the MountainStar Family Relief Nursery to support the La Pine Satellite Location.
- 21) \$5,000,000 for distribution to the Lane County for Emergency Response Functionality.
- 22) \$3,000,000 for distribution to the Health Care Hub of South Deschutes County for the La Pine Community Health Center
- 23) \$2,950,000 for distribution to the Cultivate Initiatives for the Resource Hub and Navigation Center.
- 24) \$1,900,000 for distribution to the City of Salem to support Navigation Center.

- 25) \$1,125,000 for distribution to the Canby Center to support Thriving Together capital improvements.
- 26) \$525,000 for distribution to the City of Monmouth to support the skate Park replacement and recreation Park improvements.
- 27) \$405,000 for distribution to the Wheeler County to support the Glover Hall renovation.
- 28) \$4,590,000 for distribution to the Community Counseling Solutions to support the Northeast Oregon Regional Acute Care Center.
- 29) \$750,000 for distribution to the Newberg School District to support the Old Renne Park improvement.
- 30) \$1,360,000 for distribution to the Harney County Cultural Center for County Fairgrounds.
- 31) \$2,250,000 City of John Day to fund the Grant Union High School roof and the Humbolt Elementary HVAC projects.
- 32) \$350,000 for distribution to the Oasis Village to support transitional housing in Redmond.
- 33) \$3,800,000 for distribution to the City of Aurora for the Aurora Fire District Fire Station.
- 34) \$1,500,000 for distribution to the Salem Housing Authority to support Yaquina Hall.
- 35) \$500,000 for distribution to the Willowa History Center to support the restoration of the Bear-Sleds Ranger District Compound.

As part of the rural infrastructure package, the Subcommittee approved \$2 million Federal Funds expenditure limitation to distribute American Rescue Plan Act (ARPA) Coronavirus State Fiscal Recovery Fund dollars to the Special Districts Association of Oregon Grant Program.

Other rural infrastructure package components budgeted in DAS include various one-time General Fund appropriations for distribution to the following entities for the following purposes:

- 1) \$1,000,000 for distribution to the Ella Curran Food Bank for food bank expansion.
- 2) \$80,000 for distribution to the Benevolent and Protective Order of Elks Independence, Lodge No. 1950 for veterans' outreach.
- 3) \$310,000 for distribution to the Devils Lake Water Improvement District for invasive aquatic vegetation management.
- 4) \$1,000,000 for distribution to the Lincoln City Parks and Recreation for the Regional Sport and Recreation Complex.
- 5) \$576,000 for distribution to the Port of Bandon for High Dock Administrative Offices.
- 6) \$1,140,000 for distribution to the Port of Newport for seawall repair.
- 7) \$70,000 for distribution to the Synapse Fitness Foundation for Executive Director position costs and training for one year.
- 8) \$2,600,000 for distribution to the City of Lebanon for the Park Accessibility Project.
- 9) \$75,000 for distribution to the Colton Rural Fire District for replacement of a water tender chassis.
- 10) \$900,000 for distribution to the City of Aumsville for the new Public Works Facility.
- 11) \$3,000,000 for distribution to the Strategic Economic Development Corporation of the Mid-Willamette Valley for Newberg Workforce Housing.
- 12) \$5,000,000 for distribution to the City of Roseburg for the Southern Oregon Medical Workforce Center.
- 13) \$3,000,000 for distribution to the City of Medford for the Rogue Credit Union Community Complex.
- 14) \$2,000,000 for distribution to the Crook County Fair for fairgrounds infrastructure.
- 15) \$2,000,000 for distribution to the Malheur County Fair for fairgrounds infrastructure.
- 16) \$2,000,000 for distribution to the Harney County Fair for fairgrounds infrastructure.
- 17) \$2,000,000 for distribution to the Grant County Fair for fairgrounds infrastructure.

- 18) \$2,000,000 for distribution to the Baker County Fair for fairgrounds infrastructure.
- 19) \$2,000,000 for distribution to the Lake County Fair for fairgrounds infrastructure.
- 20) \$900,000 for distribution to the South Wasco County School District #1 for the renovation of the South Wasco County High School track facilities.
- 21) \$1,500,000 for distribution to the Mid-Columbia Community Action Council for the Navigation Center.
- 22) \$1,000,000 for distribution to the Union County Fair for fairgrounds infrastructure.
- 23) \$1,000,000 for distribution to the Umatilla County Fair for fairgrounds infrastructure.
- 24) \$1,000,000 for distribution to the Wheeler County Fair for fairgrounds infrastructure.
- 25) \$1,000,000 for distribution to the Wallowa County Fair for fairgrounds infrastructure.
- 26) \$1,000,000 for distribution to the Morrow County Fair for fairgrounds infrastructure.
- 27) \$1,000,000 for distribution to the Sherman County Fair for fairgrounds infrastructure.
- 28) \$1,000,000 for distribution to the Wasco County Fair for fairgrounds infrastructure.
- 29) \$1,000,000 for distribution to the Gilliam County Fair for fairgrounds infrastructure.
- 30) \$1,500,000 for distribution to the Hermiston School District for the Columbia Basin Apprenticeship Training Center.
- 31) \$500,000 for distribution to the Ukiah School District for teacher housing.
- 32) \$250,000 for distribution to Umatilla County for the Umatilla County Road Digitized Pilot Project.
- 33) \$500,000 for distribution to the City of Heppner for the Community Development Fund.
- 34) \$166,666 for distribution to the City of Antelope for the Community Development Fund.
- 35) \$166,666 for distribution to the City of Spray for the Community Development Fund.
- 36) \$166,666 for distribution to the City of Mitchell for the Community Development Fund.
- 37) \$166,666 for distribution to the City of Fossil for the Community Development Fund.
- 38) \$166,666 for distribution to the City of Grass Valley for the Community Development Fund.
- 39) \$166,666 for distribution to the City of Rufus for the Community Development Fund.
- 40) \$166,666 for distribution to the City of Maupin for the Community Development Fund.
- 41) \$166,666 for distribution to the City of Moro for the Community Development Fund.
- 42) \$166,666 for distribution to the City of Wasco for the Community Development Fund.
- 43) \$166,666 for distribution to the City of Tygh Valley for the Community Development Fund.
- 44) \$166,666 for distribution to the City of Condon for the Community Development Fund.
- 45) \$166,666 for distribution to the City of Arlington for the Community Development Fund.
- 46) \$150,000 for distribution to Lane County for the East Gateway construction
- 47) \$250,000 for distribution to Lane County for Phase 1 construction of the South Lane Health Clinic.
- 48) \$1,500,000 for distribution to the City of Oakridge for renovation of the Willamette Activity Center.
- 49) \$250,000 for distribution to the City of Florence to for the Emergency Fuel Station project.
- 50) \$3,600,000 for distribution to Lane County for the Goodpasture Covered Bridge Rehabilitation project.

The Subcommittee approved \$309,332,010 Federal Funds expenditure limitation for monies from the American Rescue Plan Act (ARPA) State Fiscal Recovery Funds for expenditures and activities to respond to the COVID-19 public health emergency and its economic impact, including replacing state revenues lost as a result of the COVID-19 public health emergency. An additional \$36,795,418 Federal Funds expenditure limitation related to American Rescue Plan Act (ARPA) Capital Projects Funds was added to transfer the monies to the Oregon Business Development Department for deposit in the Broadband Fund for grants to increase broadband internet availability across the state.

The amount of \$10,000,000 General Fund was approved for deposit into the Capital Projects Fund established under ORS 276.005 for state facilities security and capital improvements.

The Subcommittee approved \$82,495,564 Federal Funds expenditure limitation for expenditures supported by CARES Act Coronavirus Relief Fund. Of the total, \$7,779,000 reflects monies provided for COVID-19 pandemic response activities for the Oregon Department of Human Services (ODHS). The remaining \$74,716,564 of the total expenditure limitation increase will be transferred to the Department of Corrections for expenditures and activities to respond to the COVID-19 public health emergency.

Office of the Governor

The Subcommittee approved \$365,928 General Fund for a Principal Executive Manager G (0.63 FTE) to serve as the corrections ombudsman, which the Governor is required to appoint under ORS 423.400. The current Governor has not appointed anyone to serve as the required corrections ombudsman during their administration. The ombudsman position would provide access to an independent individual with knowledge of the Department of Corrections (DOC) policies and procedures, as well as, the legal and constitutional protections afforded individuals in DOC custody. The duties of the Correction Ombudsman are fully detailed in ORS 423.405 - 423.450.

The Subcommittee approved \$199,106 General Fund for a Principal Executive Manager G (0.42 FTE) to serve as a corrections gender-responsive coordinator. It is expectation that the individual chosen to serve as the coordinator will have adequate training on gender-responsive, culturally responsive and trauma informed correctional practices and appropriate standards, policies and practices for individuals serving sentences of incarceration. The position will assist in the assessment of the Coffee Creek Correctional Facility being conducted by the Department of Administrative Services and ensure that those who are incarcerated or formerly incarcerated are able to participate in this assessment process. Work on the DAS study is anticipated to start by September 1, 2021.

The Subcommittee also approved the transfer of the budget for the Office of Immigrant and Refugee Advancement from the Office of the Governor to the Department of Administrative Services (DHS) in compliance with the anticipated passage of SB 1550. The funding for the office was approved during the 2021 session with the passage of SB 778. The Office of the Governor had yet to hire any positions or incurred any expenses related to setting up the new Office, therefore the full previously authorized funding amount of \$1,376,037 General Fund and all four positions (3.83 FTE) were removed from the budget for the Office of the Governor and transferred to DHS.

Oregon Liquor and Cannabis Commission

For the Oregon Liquor and Cannabis Commission (OLCC), the Subcommittee approved an Other Funds expenditure limitation increase of \$504,000 to continue development of the online beer and wine privilege tax reporting system. System changes will enhance user functionality and increase technical support for stakeholders. Other Funds expenditure limitation in the amount of \$210,000 was approved to replace a faulty main sewer line to the agency's existing headquarters building, which was constructed in 1954. Agency staff will remain in this facility until a new headquarters and warehouse facility is constructed, and the basic health and safety infrastructure must be maintained.

An increase in the amount of bonds authorized for issuance for OLCC projects was approved by the Subcommittee, to reflect cost increases in labor, materials, and the price of suitable, buildable acreage along the I-5 corridor. Costs estimates for a new warehouse and headquarters facility, an automated order fulfillment and conveyor system, and modernization of OLCC's information systems were developed in 2018. Since that time, the supply of suitable land has decreased, while labor and material shortages along with inflation have resulted in funding shortfalls for the technology and land/warehouse projects in the 2021-23 biennium. The Bond Authorization bill (SB 5701) includes an additional \$5 million in Article XI-Q bonds for the agency's automated conveyor and order fulfillment system, resulting in the need for additional Other Funds expenditure limitation in the amount of \$30,000 in HB 5202 to cover cost of issuance. A further \$77,917,783 in article XI-Q bonds was approved in the Capital Construction bill for land acquisition and construction of a warehouse/headquarters facility; associated cost of issuance for that bond sale requires additional Other Funds expenditure limitation in HB 5202 of \$792,217. Debt service for the 2021-23 biennium will decrease by \$3,117,526 because the sale of bonds for the projects will be delayed until the spring of 2023. Bonds, debt service and cost of issuance on these projects will be paid with liquor revenue; these bonds do not count toward the state's bond limit. The following table illustrates the total amount of bonds authorized for each of the projects:

Project Description	2021 Approved Bond Authority	2022 Additional Bond Authority	2021-23 Total
Land Acquisition/Warehouse and Headquarters Facility	\$53,170,000	\$78,710,000	\$131,880,000
Information Technology Systems Modernization	\$27,390,000	\$ -30,000	\$27,360,000
Conveyor and Order Fulfillment System	\$10,175,000	\$5,030,000	\$15,205,000

Public Employees Retirement System

The Subcommittee approved \$17.3 million of General Fund, on a time-time basis, for deposit into the Employer Incentive Fund and a supplement increase of \$17.5 million in Other Funds expenditure limitation, on a one-time basis, for expenditure from the Employer Incentive Fund into employer side accounts in order to meet the state matching funds requirement under current law.

The Subcommittee approved \$2.7 million in supplemental Lottery Funds expenditure limitation (sports betting revenue), on a time-time basis, to reconcile with the Department of Administrative Services - Office of Economic Analysis revenue forecast (March 2022). The

combination of General Fund and forecasted Lottery Funds revenue has been estimated to be sufficient to meet state matching funds requirements to resolve the current waitlist and is expected to add a total of \$184 million in side account assets, which includes employer contributions of \$148.1 million and state matching funds totaling \$36.6 million.

Oregon Racing Commission

A \$53,106 Other Funds expenditure limitation increase and one permanent half-time position (0.25 FTE) was approved for the greyhound racing reporting requirements in SB 1504 (2022).

Department of Revenue

A change in the methodology used by the Department of Revenue (DOR) to distribute grant funds to counties associated with lost tax revenue related to the 2020 wildfires was approved. HB 5006 (2021) provided a one-time General Fund appropriation of \$23.2 million for DOR to make grants to counties for the reimbursement of lost tax revenue related to the 2020 wildfires. As directed in the budget report to this bill, DOR made the first distribution of \$4.8 million to counties in December 2021. Rather than having counties come back annually and attest to their loss as directed in the budget report, a one-time disbursement of the remaining \$18.4 million to counties in the same proportion counties received in the first distribution was approved. This approach was approved to maximize use of the funds by providing resources as soon as possible to the impacted counties. The following grants will be provided to counties:

- Clackamas - \$446,166
- Douglas - \$248,458
- Jackson - \$10,803,960
- Klamath - \$871,329
- Lane - \$2,211,940
- Lincoln - \$795,012
- Linn - \$275,824
- Marion - \$2,732,938

A General Fund appropriation of \$326,344 was provided for DOR's Business Division, to administer the Oregon Psilocybin Services Act, which was approved by voters in the 2020 General Election with the passage of Measure 109. The funding supports one permanent full-time Operations and Policy Analyst 3 position (0.50 FTE) and one permanent full-time Administrative Specialist 2 (0.50 FTE) to ensure taxpayer compliance with the Act. The funding also supports Attorney General expenses for legal advice and assistance with appeals or litigation.

One-time General Fund of \$400,000 was approved for the Department of Revenue (DOR) for the Electronic Valuation Information System (ELVIS) technology project. This action provides General Fund to cover the taxable portion of the project and frees up a commensurate amount of bond authorization. As a result of this action, an Other Funds expenditure limitation decrease of \$435,000, which includes \$35,000 for cost of issuance, was included for the decrease in expenditure of Article XI-Q Bond proceeds on the project authorized in SB 5701.

Last year DOR worked with an architect to develop a space plan for the Revenue Building focused on improving the safety and security of taxpayer information and agency operations. The Subcommittee expressed support for the agency's associated funding request, but it was not approved due to wanting some additional details about the project, including the results of a pending seismic assessment. A related budget note was adopted by the Subcommittee:

BUDGET NOTE: The Department of Revenue (DOR), in consultation with the Department of Administrative Services (DAS), is directed to report back to the May Emergency Board on a proposal for security upgrades to the Revenue Building in Salem. The report must include an estimate of costs and proposed building upgrades that are solely related to security at the DAS-owned building. The report must also include the results of DAS's seismic assessment on the building and any capital construction projects identified for the building in DAS' six-year major construction budget plan.

Secretary of State

The Subcommittee approved two budget adjustments for the Corporations Division including a \$500,000 Other Funds expenditure limitation increase to accommodate transaction and service fees paid due to the growth in credit card payments. Since the beginning of the COVID-19 public health emergency, the Division has experienced a 26.6% increase in the number of transactions being paid with bank cards. The second budget adjustment is a one-time \$194,248 Other Funds expenditure limitation increase for the establishment of two limited duration Public Service Representative 4 positions (1.25 FTE) to reduce customer wait times and increase service levels at the Corporation Division Call Center. The Subcommittee also approved the establishment of one limited duration Archivist 1 position (0.63 FTE) to increase the rate of old legislative records being preserved by the Archives Division through digitization. One limited duration Archivist position was approved as part of the agency's 2021-23 legislatively adopted budget to begin this work, but as the preservation work got underway the records were more deteriorated than initially estimated.

An Elections Division request for a \$5,300,000 Federal Funds expenditure limitation increase to pay costs associated with the Oregon Centralized Voter Registration (OCVR) system replacement project was also approved. This project is part of a modernization effort involving the state's centralized voter registration and elections management software. After reviewing requests for proposals, and in consultation with an advisory committee that included local elections representatives, a vendor was selected that recently completed similar projects in Arizona and Washington. The requested amount should be sufficient to pay remaining 2021-23 biennial costs. The project will be completed next biennium. The Subcommittee also approved a fund shift of \$327,112 supporting an Operations and Policy Analyst 3 and a Principle Executive Manager D in the Elections Division, which changed position support funding from Help America Vote Act federal funding to the General Fund. This fund shift results in a \$327,112 General Fund increase and a \$327,112 Federal Funds expenditure limitation decrease. The federal Help America Vote Act (HAVA), which passed in 2002, provided limited federal funding to be used by states to defray the cost of required changes to elections systems and processes made by the law. With this shift, all of the state's remaining HAVA funds are now being used to pay the one-time OCVR replacement project costs instead of supporting ongoing position costs.

HB 5006 (2021) appropriated \$2,000,000 General Fund to the Secretary of State for “grants to counties to address county elections offices equipment and technology needs.” At the time of passage, no formal plan for these grants had been developed, so the Elections Division worked with the Oregon Association of County Clerks on the best way to distribute the funds. The new plan requires some changes to the previously stated intended uses and therefore requires legislative approval. As such, the Subcommittee approved a new elections improvement plan that includes \$120,000 grants for each county, along with new postal barcode scanners for a total cost of \$1,160,000; \$370,000 of the previously approved General Fund support would be used by the Secretary of State to procure statewide elections services such as public service announcements, search engine optimization, and statewide ballot tracking, which are cheaper for the state to provide centrally rather than having each county attempt to procure their own equivalent services individually. The remaining \$470,000 would be held back as contingency funds for potential emerging elections needs. Any contingency monies remaining would be distributed equally among counties at the end of the biennium.

The Subcommittee approved an Administrative Services Division \$550,000 Other Funds expenditure limitation increase to replace the agency’s aging server room equipment and HVAC units. Approval was also provided to shift the funding supporting two information technology positions in Administrative Services from Help America Vote Act (HAVA) federal funding to Other Funds from agency administrative charges. States are no longer receiving new federal HAVA funds. This fund shift results in a \$414,248 Other Funds expenditure limitation increase and a \$414,248 Federal Funds expenditure limitation decrease.

State Library of Oregon

After the passage of HB 5017 (2021), the budget bill for the State Library of Oregon, it was discovered that limitation for the agency’s non-assessment Other Funds account and assessment Other Funds account were reversed. The Subcommittee approved a net zero technical adjustment to accurately reflect expenditure limitation values for these two accounts.

CONSUMER AND BUSINESS SERVICES

Department of Business and Consumer Services

The Subcommittee approved a \$244,807 Other Funds expenditure limitation decrease and a corresponding \$244,807 Federal Funds expenditure limitation increase to correct for the funding split of a position in the Building Codes Division. The agency’s request to reclassify 17 positions, increase months on two positions, establish two positions, and abolish two positions within four divisions of the Department of Consumer and Business Services was also approved with a net cost of \$393,532 Other Funds.

The Subcommittee approved a \$2,900,000 Federal Funds expenditure limitation increase and the submission of a federal grant application from the Department to the U.S. Department of Labor for federal Occupational Safety and Health Administration (OSHA). The federal funds provided by the grant will cover COVID-19 related costs that Oregon OSHA is currently paying for with Other Funds, freeing up state funding to pay for Oregon OSHA safety conferences and consultations to underrepresented communities; replacement of lab equipment; public education material for employers; and the continuation of a grant program that provides funds to community organizations for health and safety training.

Health Related Licensing Boards

For the Oregon Board of Medical Imaging, the Subcommittee approved an increase of \$202,000 in Other Funds expenditure limitation and authorized an increase of 0.25 FTE to the agency's existing Investigator 2 position, to address increasing investigatory workload, increased board stipends, and other miscellaneous costs.

Bureau of Labor and Industries

The Subcommittee approved an increase of 0.25 FTE on an Office Specialist 2 position as a technical adjustment to correct for its omission during the preparation of the 2021-23 current service level; costs associated with the higher FTE will be covered with existing limitation.

A net-zero adjustment was approved as a technical adjustment between appropriations in appropriated fund 3400. The Wage Security Fund is reduced by \$1,836,757 and the Operating Fund is increased by \$1,836,757.

A General Fund appropriation of \$2,006,730 was approved for the cost of relocating BOLI's main headquarters from the Portland State Office Building to 2525 SW 1st Ave., Portland. An additional \$684,500 General Fund was approved for BOLI's Civil Rights Division to address age discrimination in the workplace. The funding goes to hire two permanent full-time positions (1.00 FTE) and to provide communications and research support.

The Subcommittee approved a General Fund appropriation of \$173,164 for the Wage and Hour Division's increased wage claim workload. The funding goes to support two permanent full-time bilingual positions (1.00 FTE) for the program. The Division also received authorization for three permanent full-time positions (1.50 FTE) and one reclassification to add enforcement and education capacity to the Division's Prevailing Wage and Administrative Prosecution units. This change has a net-zero Other Funds expenditure impact due from savings related to changes in how prevailing wage rates are set brought on by the passage of SB 493 (2021). The Personal Services cost increase of \$269,493 will be offset by a Services & Supplies decrease in Professional Services.

A General Fund appropriation of \$509,117 and four permanent full-time positions (2.00 FTE) was approved to enforce wage and hour laws required in HB 4002 (2022). The funding and positions will expand BOLI's Protective Investigation and Enforcement (PIE) unit, within the Wage and Hour Division to meet its education and enforcement responsibilities in the agriculture industry.

Mental Health Regulatory Agency

The Mental Health Regulatory Agency provides administrative and regulatory oversight to two licensing boards that oversee mental health professions, the Board of Psychology and the Board of Licensed Professional Counselors and Therapists. Due to legislative interest in gaining a better understanding of licensee demographics and increasing diversity of the mental health workforce, the Legislative Assembly approved \$300,000 General Fund in the agency's 2021-23 legislatively adopted budget for engaging a third party consultant to study the demographics of those individuals licensed by the boards and devise a plan to increase licensee diversity. The agency is to submit a written report on the study and plan to appropriate legislative policy committee(s) no later than December 31, 2022, along with presenting this information in its budget hearings during the 2023 legislative session.

The initial plan was for the agency to evenly split the cost of this study between both licensing boards. However, due to accounting and budget system constraints, the entire \$300,000 General Fund was budgeted in the Board of Licensed Professional Counselors and Therapists; HB 5202 includes a technical budget adjustment to split the amount between both boards.

Real Estate Agency

To help plan for and implement a new online licensing and case management system, the Subcommittee approved the establishment of one full-time limited duration position (0.75 FTE) and an increase of \$151,083 Other Funds expenditure limitation for the Real Estate Agency. The position's responsibilities include working with the Oregon State Chief Information Office on the Stage-Gate information technology project planning process, drafting the business case, establishing benchmarks for the replacement system, and developing a 2023-25 policy package.

State Board of Tax Practitioners

The State Board of Tax Practitioners licenses and oversees Tax Preparers, Tax Consultants, and tax businesses. The Board's revenues are principally derived from annual licensing and business registration fees. Other sources of revenue include civil penalties, exam applications fees, fines, and interest. The Board collects most of its revenue twice annually, between April 15th and June 15th, and August 15th and October 15th.

The number of licensees and examinees for licensure has been steadily declining over the past few years, particularly over the last 21 months during the COVID-19 pandemic. Between February and November 2021, the number of active licensees decreased by 390, or 11.7 percent. Furthermore, the number of individuals who took a licensing exam during 2021 decreased by approximately 23 percent from 2020.

Based on the November 2021 projections, the Board estimates a biennial shortfall of just over \$72,000 in 2021-23. In December 2021, the Interim Joint Committee on Ways and Means recommended approval of the Board's request for fee increases and an expenditure limitation request; the Subcommittee approved these, adding \$72,100 Other Funds expenditure limitation.

ECONOMIC AND COMMUNITY DEVELOPMENT

Oregon Business Development Department

An allocation of \$18,193,388 American Rescue Plan Act State Fiscal Recovery Funds (Other Funds expenditure limitation) was approved for the Oregon Business Development Department (OBDD) for grants to local governments and other authorized organizations in the following amounts, for the following water related infrastructure projects:

- \$160,00 to the City of Garibaldi for a Wastewater Master Plan
- \$201,128 to the City of Garibaldi for Smart Water Meters
- \$7,000,000 to Hyak Tongue Point, LLC for a 1500 Metric Ton Mobile Lift Project
- \$1,150,260 to the City of Reedsport for a Flood reduction resiliency project
- \$1,400,000 to the City of Waldport for Wastewater Treatment Plant Disinfection System Improvements
- \$2,500,000 to the City of Mill City for Sewer Improvements
- \$757,000 to the City of Aumsville for Drinking Water System Improvements
- \$2,250,000 to the City of Lafayette for a Reservoir Project
- \$2,500,000 to the City of Falls City for a Wastewater Treatment Facility
- \$275,000 to the City of Merrill for Water Line Improvements

The Subcommittee approved a \$1.5 million General Fund appropriation to the Oregon Business Development Department to provide a grant to the Historic Rivoli Theater Performing Arts Center Restoration Coalition for work on the Rivoli Theater restoration as a part of a package of investments in rural infrastructure.

A General Fund appropriation of \$2 million was approved for OBDD to provide grants to local governments to aid in the short and long-term efforts to recover from the recent wildfire seasons was approved for inclusion in the measure. The funding is available for a variety of activities that include, but are not limited to human resources, land use planning, infrastructure planning, FEMA recovery applications, building permit application processing, financial and administrative program support, and translation services.

The Subcommittee approved \$6 million General Fund for deposit in the Eastern Oregon Border Economic Development Board Fund along with the establishment of a corresponding \$6 million Other Funds expenditure limitation. This will allow OBDD to transfer these monies to a third-party administrator that is under contract with the Board for the purpose of operating grant and loan programs to enhance and expand workforce development or economic development in the region covered by the board.

A General Fund appropriation of \$835,000 was approved for distribution to the Crescent Sanitary District. This action was coupled with corresponding reductions in the transfer from the Department of Administrative Services, and the Other Funds expenditure limitation for, American Rescue Plan Coronavirus State Fiscal Recovery Fund monies provided to the Oregon Business Development for distribution to the

Crescent Sanitary District. These actions affected a change in the project funding to allow the Sanitary District to use awarded funding to retire debt associated with the underlying project with no change to the total amount of state support provided.

A reallocation of funding was approved for previously approved and budgeted American Rescue Plan Act Coronavirus State Recovery Fund monies. Other Funds expenditure limitation of \$15 million that had been provided to the agency for distribution of ARPA monies to Lincoln County for the Panther Creek Septic and Stormwater project was reduced by \$11 million and a new, corresponding \$11 million Other Funds expenditure limitation was established to allow the Oregon Business Development Department to distribute the monies to the Panther Creek Water District for regional drinking water quality improvements. Additionally, the City of Sandy - Wastewater Treatment Plant project was renamed: City of Sandy - Wastewater System Improvements.

An increase of \$36,795,418 Other Funds expenditure limitation was approved for spending American Rescue Plan Act Capital Projects Funds received by the Oregon Department of Administrative Services and transferred to OBDD for deposit in the Broadband Fund. Fund monies can be used to provide grants or loans through the Oregon Broadband Office, along with covering office administrative costs. Projects eligible for funding those for the planning and development of broadband service infrastructure, digital literacy, digital inclusion, and digital adoption.

The Subcommittee approved a \$600,000 General Fund appropriation and the authorization to establish a limited duration position (0.25 FTE) for OBDD to complete a specified number of market analyses in coordination with Oregon market advocates for the following emerging sectors:

- Organic agriculture and organic products
- Cannabis
- Commercial music including performance, manufacturing, distribution and other sales
- Ocean resources and the blue economy
- Live performance (theater, arts, other live events)

The analyses are intended to include, but not be limited to, identifying and discussing policies and actions that may be taken to increase the competitiveness and support the growth of the sector; analysis of the competitive economic strengths and weaknesses of the sector in Oregon; evaluation of revenues that the State of Oregon derives from the sector; indirect and direct economic impacts; demographic details such as race, wage, and geographic distribution; and, as applicable, recommendations for actions to take in response to changes in federal regulations.

BUDGET NOTE: In conjunction with the funding provided to the Oregon Business Development Department to conduct emerging sector statewide market analyses, the Department shall provide a report that includes copies of the specified market analyses and a summary of each to the appropriate legislative committees or interim legislative committees on economic development or recovery no later than March 15, 2023.

A one-time appropriation of \$984,000 General Fund was approved for distribution to the City of St. Helens for financial support required to complete a number of activities related to the fill and redevelopment of a portion of the city's wastewater lagoon connecting the city's downtown riverfront district with the city-owned industrial park. The funded activities include a technical feasibility study, critical infrastructure resiliency assessment, and addressing environmental, public health, and community development considerations.

A one-time appropriation of \$2 million General Fund was made for distribution to the Portland Japanese Garden was approved. The funding supports the construction of the International Japanese Garden Training Center that supports programs, collaborations, and experiential education for youth and adults. This state support represents roughly eight percent of the total project costs.

The Subcommittee approved a one-time appropriation of \$15 million General Fund for distribution to the Oregon International Port of Coos Bay to support the continuation and final completion of the engineering and design work related to the deepening and widening of the Federal Navigation Channel at Coos Bay to support existing businesses and promote new business opportunities.

An increase of \$1.5 million Other Funds expenditure limitation was approved for OBDD to spend monies transferred to the Broadband Fund by the Public Utilities Commission. As required by statute, the Commission approved the transfer of this amount, which was of the lesser of \$5 million, or that amount in excess of the amount designated by the Commission as necessary to ensure basic telephone service, from the Universal Service Fund. Monies will be used for the planning and development of broadband infrastructure.

Several budgetary adjustments were approved for the Department related to the expenditure of funding that was authorized in the prior biennium but was not fully expended before the end of that biennium. No new funding is being allocated. Adjustments to expenditure limitations for Lottery, Other, and Federal Funds are for fund balances carried forward from prior biennia. The General Fund appropriation mirrors that amount that was appropriated in the prior biennium but reverted to the General Fund at the close of the prior biennium prior to being expended. The individual adjustments include:

- An increase of \$283,034 Lottery Funds expenditure limitation in the Infrastructure Program for remaining contractual payments associated with the funding of the Columbia Corridor Drainage Districts Joint Contracting Authority project, Levee Ready Columbia. This action will allow the agency to expend the remaining Lottery Funds balance carried-forward from the prior biennium from the original \$500,000 allocation for this project.
- A General Fund appropriation of \$89,479 was approved to re-establish funding for the completion of financial support to the Confederated Tribes of the Warm Springs Reservation of Oregon for improvements to the Warm Springs Wastewater Treatment Plant, installation of water meters, and improvements to the water distribution system. Total project costs of \$7.8 million were provided in the prior biennium through a \$3.58 million General Fund allocation from the Emergency Board and a \$4.22 million General Fund appropriation in SB 5723 (2020 2nd Special Session) the amount appropriated in this bill represents the unspent portion of those funds.
- Establishment of a \$287,800 Other Funds expenditure limitation for Coronavirus Relief Funds (CRF) to allow the agency to account for expenditures of CRF funds that were not completed in the prior biennium. These expenditures were completed in December of 2021 and

represent residual fund balances from the original \$10 million allocation of CRF monies for the Rural Broadband Capacity Program that was made to the agency through Emergency Board action in June of 2020.

- Establishment of a \$2,940,041 Other Funds expenditure limitation from the Tide Gate Grant and Loan Fund to allow the agency to expend the residual fund balance remaining in the fund from allocations of \$3 million in Lottery Funds that were transferred to the fund in the prior biennium.

Increased expenditure limitation of \$1,680,000 Other Funds was approved for the Arts and Cultural Trust to expend monies provided by the Oregon Community Foundation for two programs; \$1.5 million of the total supports a grant program to provide relief funding to Oregon artists who have experienced financial hardship during the COVID-19 Pandemic due to cancellations of exhibitions, performances, rehearsals or other activities with a stipend, events, teaching opportunities, book signings, or other professional presentation opportunities. The remaining \$180,000 will be distributed to each of the Cultural Trust's 36 County Cultural Coalitions in support of their Cultural Plan, which includes grant awards to cultural nonprofits, artists, and, as applicable, to those populations who have been disproportionately impacted by COVID-19 and for the continued development of programs and services.

The Subcommittee approved \$803,500 Federal Funds expenditure limitation for the Arts Program for funding from the National Endowment for the Arts to support nonprofit arts programs and services including the provision of operating support grants and program administration.

Increased Federal Funds expenditure limitation of \$1 million, and the authorization to establish a limited-duration statewide recovery coordinator position (0.58 FTE) was approved for the Department to expend anticipated grant monies from the U.S. Department of Commerce, Economic Development Administration. The agency will use approximately half of the funding to create an investment map to guide broadband investment strategy and a broadband planning map. The remaining portion will be used for the implementation of findings and recommendations of the COVID-19 Equitable Economic Recovery Plan currently in development by the agency.

Increased expenditure limitation of \$641,475 Lottery Funds and the authorization to establish three permanent, ongoing positions (1.75 FTE) was also approved. These management positions will be established within the Business, Innovation and Trade program and be used in conjunction with organizational adjustments to address program administration capacity, span of control, and program delivery issues.

Employment Department

The Subcommittee approved a \$5,176,629 increase in the Employment Department's Federal Funds expenditure limitation to support a grant award for workforce training and job placement services to Southern Oregonians impacted by the 2020 wildfire season and the COVID-19 pandemic. Seven limited duration positions (5.60 FTE) are authorized, as follows:

- Five Business and Employment Specialist 2 (4.00 FTE);
- One Program Analyst 1 (0.80 FTE); and
- One Program Analyst 2 (0.80 FTE).

Housing and Community Services Department

The budget for the Housing and Community Services Department (HCSD) was increased by \$46,644 General Fund and General Fund Debt Service for bond-related activities was decreased by a corresponding amount, to correct miscategorized budgeted expenditures. The Subcommittee approved non-recurring General Fund for housing investments for the following amounts and purposes:

- \$65 million for preservation and rehabilitation of affordable housing projects. This supplements \$100 million approved for this purpose during the 2021 legislative session, and for which associated Other Funds expenditure limitation and position authority was also approved by the Subcommittee (discussed below).
- \$10 million for land acquisition on which affordable housing will be built, augmenting a 2021 session investment of \$20 million. The funds serve as seed money for revolving low or no interest loans, enabling developers to quickly secure available land for housing projects. The General Fund will be transferred to the Housing Acquisition Fund and spent as Other Funds. Associated Other Funds expenditure limitation was also approved (discussed below).
- \$50 million to address cost increases in HCSD-funded developments that have been impacted by supply chain disruption, labor cost increases, tax credit availability, and require additional support to remain viable. This supplements \$5 million approved for this purpose during the 2001 legislative session, and for which associated Other Funds expenditure limitation was also approved by the Subcommittee. Funds will be transferred to the General Housing Account, to be used as gap financing. An associated Other Funds expenditure limitation increase is referenced below.
- \$35 million for development of smaller scale affordable rental housing. The projects will add an estimated 175 additional units, largely in more rural areas of the state. Associated Other Funds expenditure limitation for these funds was also approved (discussed below).
- \$20 million for manufactured housing park acquisition gap financing to supplement available funding for acquisition of manufactured housing parks that are at risk of sale or closure, to prevent displacement of residents. The funds will be utilized as grants rather than loans, and are estimated to preserve an additional five parks, or approximately 300 affordable homes.
- \$20 million for development of affordable homes for purchase, to be paired with Local Innovation Fast Track (LIFT) bond proceeds, authorized by Article XI-Q of the Oregon Constitution. Ownership constraints and limited funding make LIFT more difficult to utilize for construction of homes for purchase, but the investment may help to incentivize development in rural areas and allow for greater density in urban areas. The Housing and Community Services Department will seek to transfer these funds to the General Housing Account when specific funding criteria are developed -- perhaps early in 2023 -- and will seek Other Funds expenditure limitation at that time.
- \$500,000 for policy development and coordination, along with support for local government planning and response efforts to address homelessness. Funds support the creation of a permanent, full-time policy position (0.58 FTE) within the Housing and Community Services Department to coordinate, analyze, and prioritize homelessness responses between state agencies and local partners, and to support an Interagency Council on Homelessness. Because this is one-time funding, the position will be supported with permanent, ongoing resources in future biennia. In addition to the staff position, resources will support the establishment of the Interagency Council on Homelessness to be managed through the Governor's Office. Approximately \$250,000 of this investment will also be used to support

local contracts with Built for Zero, a collaborative service to help communities establish and implement action plans to reduce and eliminate homelessness.

- \$15 million for homeowner supports. Funds will provide resources to organizations serving homeowners. Funds may be used for operation capacity, technology and software needs, pandemic-related needs and expenses for Home Ownership Centers and non-profits serving low-income homeowners, for Manufactured Homeowner counseling, and to expand outreach, mediation services and marketing associated with manufactured housing Community Dispute Resolution Centers.
- \$80 million for homelessness prevention and response efforts delivered through HCSD programs and community partners. The Department will evaluate the service capacity of its partners to determine the specific amounts for programs and subrecipients. Of the total, \$30 million is anticipated to be directed to homeless prevention efforts, though more resources may shift to homeless prevention if homeless service provider capacity does not materialize. Eligible programs for these efforts include the following:

Homelessness prevention

- The Oregon Eviction Diversion and Prevention Program, providing flexible resources such as rental and other financial assistance, legal services, navigation, mediation;
- The Emergency Housing Assistance Program, providing flexible resources for services such as street outreach, emergency shelter, rapid rehousing, and homelessness prevention; and
- Funding to the Oregon Worker Relief Coalition to provide flexible funds for homelessness assistance and prevention. Funds shall be provided to the Coalition through Seeding Justice through an advance payment.

Homelessness services

- Out of the Cold program for shelter support, street outreach, move in costs and short-term rental assistance, provided through Community Action Agencies and culturally based organizations;
 - Supplanting Emergency Solutions Grants – Coronavirus Relief grants to community-based organizations and Community Action Agencies to ensure programs can operate through next shelter season;
 - Shelter support, including operating funds to properties developed through Project Turnkey;
 - Navigation Center funding for operational support or services for the unhoused;
 - Shelter and outreach to tribes and community-based organizations;
 - Services to runaway and homeless youth provided through the Oregon Department of Human Services; and
 - Shelter plus and other medical respite models, including a pilot with Mid-Willamette Valley Community Action Agency.
- \$966,262 for a grant to Mid-Willamette Valley Community Action Agency (MWVCAA) for shelter services. The grant will allow MWVCAA to seek reimbursement from the Federal Emergency Management Agency (FEMA) for extraordinary shelter costs related to COVID-19 in 2020-21; MWVCAA will return an equivalent amount of funds granted during the previous biennium, seek FEMA reimbursement for an equivalent amount of shelter costs, and apply the new grant to shelter costs in the current biennium.

The Housing and Community Services Department (HCSD) estimates that while 100% of a one-time \$100,000,000 General Fund appropriation included in the 2021-23 legislatively adopted budget for affordable housing preservation is anticipated to be awarded to projects during the 2021-23 biennium, only 10% is anticipated to be spent this biennium. The Subcommittee's approval of an additional General Fund appropriation of \$65 million in preservation funding (referenced above, also anticipated to be fully awarded during the current biennium) for affordable housing preservation and rehabilitation projects, enhances the previous investment. Preservation funds will be transferred to the General Housing Account and expended as Other Funds. A total of \$52.5 million Other Funds expenditure limitation was approved for expected expenditures in 2021-23, with the remaining \$122.5 million associated expected to be sought in the 2023-25 biennium. Two limited duration positions, a Program Analyst 4 (0.58 FTE), and a Loan Specialist 3 (0.58 FTE) were approved to add capacity for project approval and monitoring associated with these new, non-recurring funds.

Other Funds expenditure limitation was approved to facilitate the use of General Fund as seed money for revolving, low or no interest loans in several HCSD programs. Because General Fund cannot be loaned, funds appropriated for land acquisition (\$20,000,000 associated with the legislatively adopted budget and an additional \$10 million approved during the 2022 legislative session) on which affordable housing will be developed, purchases of naturally occurring affordable housing (\$10,000,000), the development of flexible lending products to support home ownership (\$10,000,000), acquisition of manufactured housing parks (\$4,200,000), and manufactured housing decommissioning, disposal and replacement (\$2,800,000) will be transferred to Other Funds. To facilitate the respective programs' anticipated level of lending activities in the remainder of the 2021-23 biennium, Other Funds expenditure limitation was increased by a total of \$47 million for these programs, as follows:

- Land acquisition - \$30,000,000
- Purchases of naturally occurring affordable housing - \$5,000,000
- Flexible lending products - \$5,000,000
- Manufactured housing park acquisition (revolving loan fund) - \$4,200,000
- Manufactured housing decommissioning, disposal, and replacement - \$2,800,000

Additional Other Funds expenditure limitation associated with the General Fund appropriations of \$10 million (2021 Legislative Session) and \$50 million (2022) to address supply chain, labor and inflationary cost increases was approved, in the amount \$35,000,000. Although this gap funding is expected to be fully *committed* in 2021-23, it's expected that only \$35,000,000 in project costs will be expended this biennium.

An increase of \$17.5 million Other Funds expenditure limitation was approved, associated with the above referenced \$35 million General Fund investment for development of affordable homes for purchase, to be paired with LIFT funds. This Other Funds limitation reflects the amount that will be expended on projects in 2021-23, although all \$35 million will be committed/awarded before biennium's end; the remaining \$17.5 million Other Funds is expected to be expended in 2023-25.

The Subcommittee approved an increase in Federal Funds expenditure limitation in the amount of \$1,681,331 for the Housing and Community Services Department to reflect the receipt of a federal grant for housing counseling services. The grant funds support administrative expenses,

program related services including outreach and training, and foreclosure avoidance and financial education services by homeownership centers, with whom the Department contracts for service delivery.

Additional Federal Funds expenditure limitation in the amount of \$39,769,368 was also approved for financial assistance to distressed homeowners under the Homeowner Assistance program funded by a \$90.9 million award to Oregon under the American Rescue Plan Act. This increase supplements the \$32.9 million and 23 positions (19.88 FTE) for the program that was included in the 2021-23 legislatively adopted budget. The balance of the federal award is anticipated to be expended in the 2023-25 biennium. The Congressional purpose of the program is to prevent defaults, foreclosures, and loss of utilities, although Oregon's program will not provide utility assistance. HCSD will open this program in four phases, focusing initial phases on homeowners most at-risk of foreclosure or displacement. Assuming maximum program assistance of \$60,000 to every eligible homeowner, the program could serve 1,200 homeowners.

A Federal Funds expenditure limitation increase in the amount of \$221,389,595 was approved to reflect federal grant funding received for the second round of Emergency Rental Assistance provided through the American Rescue Plan Act. All the federal funding for emergency rental assistance has been paid, obligated, or requested, and the Department will expend this funding by summer, 2022.

The agency received federal grant funds from the Community Development Block Grant Disaster Recovery grant in the amount of \$422,286,000 in November of 2021. Initial program guidance to HCSD became available in February 2022. Funds must be used within six years and are for the purpose of assistance in areas most impacted by the 2020 wildfires, specifically in Clackamas, Douglas, Jackson, Lane, Lincoln and Marion Counties, and a zip code specific to Linn County. The Subcommittee approved Federal Funds expenditure limitation in the amount of \$7,368,864. Ten permanent disaster recovery and resiliency management positions (5.71 FTE) were approved, as follows:

- An assistant manager to augment central services accounting management capacity (0.54 FTE);
- A finance manager to oversee financial operations for the new recovery division (0.46 FTE);
- A Chief Compliance and Contracting Officer to ensure compliance with federal regulations (0.67 FTE);
- A Recovery Officer to lead implementation of all recovery and resilience programs (0.58 FTE);
- A policy development lead, to generate recovery action plans and processes (0.58 FTE);
- A program delivery lead, to oversee and manage the acquisition of modular or manufactured housing units, design resiliency measures, and manage contractors and construction efforts;
- An External Affairs Officer, to manage public and community engagement throughout recovery processes; and
- A Business systems and reporting manager, to oversee the division's system of record tracking and managing applications for assistance.

After grant funds are expended, HCSD will utilize Federal Funds and Other Funds revenue to support these positions on a permanent basis, to maintain its ability to respond to future events.

Thirty nine positions are established as limited duration (19.46 FTE), tied specifically to staffing the planning and program development related to this grant, logistics, policies and procedures, and to add agency capacity in central services (such as accounting and procurement). Policy

analysis, regional liaisons, information systems design, loan servicing, construction inspection and management, procurement and contracting, accounting, and human resources expertise are among the activities for which these positions will be responsible.

EDUCATION

Department of Education

SB 222 (2021) clarified who may conduct vision screenings and appropriated \$1.5 million General Fund to the Department for deposit in the Vision Health Account (ORS 336.212) to reimburse providers of vision screenings and to pay for program costs. The bill inadvertently omitted the corresponding Other Funds expenditure limitation needed for the Department to make expenditures from the account; to correct this oversight, the Subcommittee approved \$1.5 million Other Funds expenditure limitation to reimburse providers and to pay for staffing and other program costs.

To properly account for some of the costs associated with implementing the Department's American Indian/Alaska Native Student Success Plan, \$1,503,000 Other Funds expenditure limitation was reduced in the Grant-in-Aid program and increased in the Operations program, for no net change in Other Funds expenditure limitation department-wide. Similarly, to properly account for some of the costs associated with implementing the Department's African American Black Student Success Plan and Safe and Inclusive Schools Program, \$643,464 Other Funds expenditure limitation was reduced in the Statewide Equity Initiatives program and increased in the Operations program, for no net change in Other Funds expenditure limitation department-wide.

The Subcommittee approved \$5,157,019 Other Funds expenditure limitation on a one-time basis and approved the establishment of ten limited-duration positions (5.80 FTE) to support the design and launch of a comprehensive professional learning system for preschool-through-high school educators, and to increase capacity grants to the ten Regional Educator Networks. The source of one-time funds comes from COVID-19-related underspending in the Educator Advancement Council's grant-in-aid programs during the 2019-21 biennium.

The Department issues over 10,000 grant agreements per biennium with a current procurement staff of ten budgeted positions. Even after prioritizing workload to take into account deadlines for the use of federal funds, cash flow needs of smaller educational services providers, and large-dollar programs that fund multiple programs within school districts, the Department still delays some grant agreements and suspends work on data requests. To address its grant and procurement workload in a more sustainable way, the Subcommittee approved \$1,416,158 General Fund and approved the establishment of eleven positions (6.36 FTE): one Principal Executive Manager D, one Operations and Policy Analyst 2, three Procurement and Contract Specialist 1 positions, three Procurement and Contract Specialist 2 positions, and two Procurement and Contract Specialist 3 positions in the Procurement Services unit; and one Accounting Technician 3 in the Fiscal Grants team.

To alleviate supply chain issues experienced by School Food Authorities in Oregon, the Subcommittee approved \$11 million nonlimited Federal Funds expenditure limitation to receive and spend U.S. Department of Agriculture Supply Chain Assistance funds. These resources will be

distributed on a formula basis to eligible School Food Authorities to address pandemic-related food services challenges including reduced availability of certain foods, unexpected substitution of certain products, and unpredictable increases in food prices.

Oregon Administrative Rules outline the process for apportioning funds for the High School Success program, including those funds remaining in the High School Graduation and College and Career Readiness Fund at the end of a biennium. The Subcommittee approved Other Funds expenditure limitation of \$26,058,151 in order for the Department to apportion this 2019-21 remaining fund balance among all school districts and charter schools in the current biennium.

HB 2166 (2021) created the Early Childhood Suspension and Expulsion Prevention Program and appropriated \$5.8 million General Fund to the Department to create and implement the program. To accommodate the way in which the Department's budget is established in the state accounting system, the appropriation was approved to be split between the Operations program and the Grant-in-Aid program, for no net change to the new program's budget.

The Subcommittee approved \$150 million General Fund for a summer learning program in the summer of 2022. The program will fund the state's share of a set of one-time initiatives to provide academic learning, enrichment activities, and social-emotional and mental health services for students from kindergarten through grade twelve.

- Summer High School Academic grants will fund programs to enable high school students to make up academic credits needed to stay on track for on-time graduation. A total of \$32,857,331 General Fund is available to school districts to provide summer academic programs; this program requires a 25% local match from participating school districts.
- Summer Kindergarten through grade 8 (K-8) Enrichment grants are directed to students in grades kindergarten through 8 for enrichment activities such as dance, art, and outdoor programs; academic learning and readiness supports, such as tutoring or kindergarten transition programs; and social-emotional and mental health services. A total of \$66,857,330 General Fund is available for the state's share of the programs, which require a 25% local match from participating school districts.
- Summer Community Activity grants are funded with a one-time grant of \$50 million General Fund from the Department of Education to the Oregon Association of Education Service Districts. Grants will be awarded on a competitive basis for new and existing summer enrichment activities such as day camps, park programs, and tutoring for kindergarten through grade 12 students.
- For developing and administering the new school-based grants and for administering the Oregon Association of Education Service Districts grant, the Subcommittee approved \$285,339 General Fund and the establishment of two limited-duration positions (1.26 FTE). Administrative responsibilities include developing guidelines and rules, formalizing funding models and application processes, providing technical assistance to school districts and community-based organizations, and grant administration and oversight.

The General Fund appropriation for summer learning programs ends on January 1, 2023. Unspent funds as of that date become available in the General Fund to be legislatively appropriated for other uses.

In January 2022, the Department requested \$5.1 million from the special purpose appropriation to the Emergency Board for the creation of the Department of Early Learning and Care (DELIC), \$650,618 General Fund, and the establishment of 34 positions (12.38 FTE) to continue building the new agency. The Interim Joint Committee on Ways and Means deferred this request to the February 2022 legislative session, during which time more information would be available about changing DELIC's statutory start date from January 1, 2023 to July 1, 2023. Changing the agency's start date to July 1, 2023 reduces the Department's funding request by \$2.6 million General Fund, as certain costs needed for a partial biennium by both the Department and by DELIC will not be incurred. The Subcommittee approved \$3,228,818 General Fund and authorized the establishment of 34 positions (12.38 FTE) to continue development of DELIC. The special purpose appropriation was reduced by this amount; the remainder is \$1,901,447.

In February 2022, the Department requested \$4.3 million General Fund and the establishment of 40 positions (18.58 FTE) to complete the staffing plan for the Department of Early Learning and Care. Subsequent evaluation of the implementation plan revealed five positions that will not be needed until the 2023-25 biennium and three accounting positions that are contingent upon the new agency's acquisition of a payment system needed for grant program accounting and payments. After making those changes to the staffing plan, the Subcommittee approved \$3,609,588 General Fund and 32 positions (15.50 FTE) for the plan, and directed the Department to return to the Emergency Board in September 2022 with an update on the status of the new grants management system and/or an agreement between DELIC and the Department of Education for accounting services. If necessary, the Department can request either the accounting positions or funding for an interagency agreement for accounting services with the funds remaining in the special purpose appropriation for the creation of DELIC.

To support the expansion of access to child care in Oregon, the Subcommittee approved nearly \$100 million General Fund on a one-time basis for a variety of programs that bolster and support the child care sector. The bulk of this funding (\$60.3 million) is appropriated to the Department of Administrative Services for granting to nonprofit agencies and to the Higher Education Coordinating Commission for administering specific programs. Please see the Department of Administrative Services and Higher Education Coordinating Commission sections of this report for a break out of these investments. Other components include \$26.6 million General Fund to increase subsidy rates through the Employment Related Day Care program, which is appropriated in HB 4005, and \$6.8 million General fund to support the creation of the Department of Early Learning and Care is described above.

To develop a statewide education plan for Native Hawaiian and Pacific Islander students, the Subcommittee approved \$237,389 General Fund and authorized the establishment of one Education Specialist 2 position (0.63 FTE) to support the plan's development. The plan will address academic disparities experienced by plan students, disproportionate rates of disciplinary incidents, literacy and numeracy levels of plan students in primary school and will improve educational opportunities and outcomes for plan students. An additional \$5 million General Fund was approved to increase the level of funding in the African American Black Student Success grant program.

The Subcommittee approved \$2 million General Fund to increase provider wages in the Relief Nurseries program. Salaries for Relief Nurseries staff are nearly 20% lower, on average, than staff salaries in other publicly-funded early childhood programs, making recruitment and retention of qualified staff difficult. Wage parity was also addressed for the Healthy Families Oregon program with a \$2 million General Fund appropriation to increase compensation for providers. This increase will begin to address wage levels, pay parity and pay equity issues, and will support recruitment and retention of staff. An additional \$122,830 General Fund will backfill behind the loss of Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding in Tillamook and Jefferson counties.

State School Fund

The Subcommittee approved a reduction of \$97,592,219 General Fund, an increase of \$60,982,219 Lottery Funds and an increase of \$36,610,000 Other Funds from the Fund for Student Success for the State School Fund. This change reflects the final balance of use of available Lottery Funds across the entire state budget as well as the most recent forecast of the Fund for Student Success related revenues. The 2021-23 State School Fund budget total of \$9.3 billion is not changed.

Higher Education Coordinating Commission

The Subcommittee approved a one-time Other Fund limitation increase of \$1,000,000 to facilitate the pass through of dollars to public university educator preparation programs for the planning, tracking, and reporting on the progress of achieving the state goal that the teacher candidate pool will reflect the linguistic and ethnic diversity of the high school graduating class from which they are recruited. In addition, the Subcommittee approved a one-time Other Fund limitation increase of \$3,812,707 for the Higher Education Coordinating Commission (HECC) to collaborate with the Oregon Department of Education (ODE) and Educator Advancement Council (EAC) to award scholarships to culturally and linguistically diverse teacher candidates as part of the Oregon Teachers Scholars Program (OTSP). These funds were appropriated by the legislature to the Oregon Department of Education and Educator Advancement Council (EAC) in the Statewide Education Initiatives Account for these efforts. Although (HECC) was authorized to enter into an interagency agreement with ODE/EAC to distribute funds for the equity plans and to award the scholarships pertaining to OTSP, expenditure limitation was inadvertently omitted in SB 5528 (2021), the primary budget bill for HECC. This corrects the error.

The Subcommittee also approved that the one-time appropriation of \$212,241 General Fund to the Higher Education Coordinating Commission Public University State Program Unit in SB 5528 (2021) for distribution to PSU Oregon Solutions to support the Willamette Falls Lock Commission may be expended to support the Willamette Falls Lock Authority for the remainder of the 2021-23 biennium.

The Subcommittee approved a one-time appropriation of \$7.5 million General Fund to continue the Strong Start program at the seven public universities for an additional school year. The Strong Start program was designed to mitigate the disruption on students preparing for their post-secondary education during the COVID-19 pandemic. Students from high-poverty or low income communities and schools are significantly less likely to apply for college during this time of uncertainty. With a focus on historically underserved students, Strong Start program elements have included intensive academic supports especially in math and writing, academic advising, note taking skills, time management, early move-in to campus, peer mentoring, tutoring, and financial literacy. As the country begins to exit this pandemic, students graduating from high school

continue to face challenges navigating the path from secondary to postsecondary education. This funding will allow each university to continue individualized programs to meet the specific needs of their students.

The Subcommittee approved a one-time appropriation of \$1 million General Fund for statewide public services to support the Oregon State University Extension Service Oregon Bee Project. Another one-time appropriation of \$700,000 General Fund approved for the public university statewide programs will support expansion of the University of Oregon College of Education's Oregon Child Abuse Prevalence Study.

The Subcommittee approved an appropriation of \$45 million General Fund for the Oregon Health and Science University (OHSU) to support its goal of increasing the number of graduates in key health care professions programs (including nurses, clinical psychologists, physicians, physician assistants, public health leaders, and human nutritionists) by 30% and ensuring that 30% of its learners are from underrepresented populations, by the year 2030. Of the total funding, \$20 million annually will be used to expand capacity for ongoing health care education and pathway programs; the remaining one-time funding of \$25 million will be used to establish the OHSU Opportunity Fund to provide tuition assistance and loan repayment to learners from underrepresented communities. This \$25 million in funding can be distributed by HECC to OHSU at the same rate that OHSU raises corresponding matching funds in gifts, grants and other revenues through philanthropic campaigns.

To support the expansion of access to child care in Oregon, the Subcommittee approved nearly \$100 million General Fund on a one-time basis for a variety of programs that bolster and support the child care sector; \$21 million of this amount was appropriated to the Higher Education Coordinating Commission (HECC) for Portland State University's Oregon Center for Career Development in Child Care to award two annual \$500 recruitment and retention payments to child care providers working in Oregon. Of the \$21 million, \$18.3 million is available to make grants to providers, and \$2.7 million pays for administration and the program's operating costs. Please see the Department of Education and the Department of Administrative Services sections of this report for additional details of this investment to support the expansion of access to childcare in Oregon.

Approval of \$30 million in Article XI-Q Bonds to address the increasing costs of public universities capital improvement and renewal requires Other Funds expenditure limitation of \$185,000 for cost of issuance for the bonds.

The Subcommittee approved various one-time General Fund appropriations to HECC public university statewide programs as follows:

- 1) \$10,142,845 for distribution to the University of Oregon to purchase scientific equipment for Building 2 of the Phil and Penny Knight Campus for Accelerating Scientific impact.
- 2) \$16,500,000 for distribution to Western Oregon University to support the main steam line replacement project.
- 3) \$6,500,000 for distribution to Oregon State University for the Hatfield Housing project.
- 4) \$4,500,000 for distribution to the University of Oregon to support the Oregon Hazards Lab (OHAZ) Wildfire Camera Network.
- 5) \$350,000 for distribution to Oregon State University for the repair and maintenance of research vessel Pacific Storm.

As part of the rural infrastructure package, the Subcommittee approved various one-time General Fund appropriations to the Higher Education Coordinating Commission for the following purposes:

- 1) \$755,000 for distribution to Southwestern Oregon Community College for a new fire training tower.
- 2) \$577,500 for distribution to Linn-Benton Community College for the Takena Hall elevator.
- 3) \$2,500,000 for distribution to Treasure Valley Community College for the Renewable Energy Apprenticeship and Pre-Apprenticeship Programs.
- 4) \$10,000,000 for distribution to Oregon State University for the Innovation District Landfill Project.
- 5) \$1,000,000 for distribution to Eastern Oregon University for Visual and Performing Scholarship.
- 6) \$250,000 for distribution to Oregon State University for the modernization of the Oregon Agricultural Research Center.

Also, as part of the rural infrastructure package, the Subcommittee approved a \$4 million Federal Funds expenditure limitation for monies from the American Rescue Plan Act (ARPA) State Fiscal Recovery Funds for the purpose of transferring to Eastern Oregon University for restoration of the Grand Staircase.

A total of \$17,546,266 million Lottery Funds is available to offset an equal amount of General Fund for the Oregon Opportunity Grant program (OOG). Based on the March 2022 forecast, interest earned on the Education Stability Fund for the current biennium increased \$5,841,164 over the level projected in the June 2021 forecast. Additionally, the Oregon Growth Board approved a distribution from the Oregon Growth Account (OGA) of \$11,705,102 in October 2021. As there is no outstanding debt service for the Oregon Education Fund, this means that interest earnings and OGA distributions are transferred to HECC for the Oregon Opportunity Grant program. This offset leaves the OOG program funded at the same level as the legislatively adopted budget, but with a different funding mix.

HUMAN SERVICES

Oregon Health Authority

HB 5202 adjusts the Oregon Health Authority's (OHA) budget for updated caseload forecasts, revenue changes, and other cost variations to rebalance the agency's budget; HB 5202 also includes several program investments. The table below is a high-level summary of these changes:

Oregon Health Authority							
2021-23 Adjustments Approved in HB 5202	General Fund	Lottery Funds	Other Funds	Federal Funds	Total	Positions	FTE
Rebalance	(143,756,587)	-	1,062,366,571	741,461,508	1,660,071,492	125	90.84
Behavioral Health Housing	100,000,000	-	-	-	100,000,000	2	1.26
Oregon State Hospital Staffing	10,810,943	-	-	-	10,810,943	228	188.52
Crisis Stabilization program positions	1,771,190	-	62,859	334,345	2,168,394	10	8.92
Home and Community Based Services	-	-	-	30,263,630	30,263,630	10	6.30
Citizen Waived Medical	5,400,000	-	-	8,800,000	14,200,000	-	-
Medicaid Postpartum Coverage	2,400,746	-	-	6,390,858	8,791,604	-	-
Shared Services - Office of Information Services	983,411	-	1,864,747	273,890	3,122,048	10	6.30
Human Resources and other program support	3,814,761	-	348,439	899,123	5,062,323	25	22.56
Residential rate extension	3,000,000	-	-	9,000,000	12,000,000	-	-
Coronavirus Relief Fund carryover	-	-	12,400,000	-	12,400,000	-	-
Grant to Seeding Justice	15,000,000	-	-	-	15,000,000	-	-
Healthy Homes Program	5,000,000	-	-	-	5,000,000	-	-
Applied Behavior Analysis rate increase	1,500,000	-	-	2,900,000	4,400,000	-	-
HB 4045 implementation	246,476	-	-	89,898	336,374	2	1.26
Subtotal - Rebalance / Investment Priorities	6,170,940	-	1,077,042,616	800,413,252	1,883,626,808	412	325.96
Statewide Salary Distribution	33,809,729	28,016	11,023,969	9,200,461	54,062,175	-	-
Total OHA HB 5202 Adjustments	39,980,669	28,016	1,088,066,585	809,613,713	1,937,688,983	412	325.96

Most of the budget rebalance adjustments were identified in a report submitted to the January 12, 2022 meeting of the Interim Joint Committee on Ways and Means. Across the agency, these adjustments result in savings of \$143.8 million General Fund, an increase of \$1.1 billion Other Funds, an increase of \$741.5 million Federal Funds, and 125 additional positions (90.84 FTE). These adjustments are summarized below according to topical area.

OHP Caseload and Revenue

In the Health Systems Division, Oregon Health Plan (OHP) caseload costs of \$16.3 million General Fund (\$125.4 million total funds) are based on changes between the spring 2021 caseload forecast, which was used to build OHA's 2021-23 legislatively adopted budget (LAB), and the fall 2021 caseload forecast. Cumulative General Fund savings of \$122.2 million is recognized from changes in the Medicaid match rate, or Federal Medical Assistance Percentage (FMAP). This includes \$32.2 million in General Fund savings from a decrease in the federal fiscal year 2023 FMAP, as well as \$90 million from an additional three months of the 6.2 percentage point enhanced FMAP due to the continuation of the federal COVID-19 public health emergency.

Changes in forecasted tobacco tax revenue dedicated to OHP is forecasted to be higher by \$37.2 million and community mental health programs by \$0.4 million. These changes are based on the difference between the May 2021 state revenue forecast used to develop OHA's 2021-23 LAB and the March 2022 forecast. The increased Other Funds revenue saves a commensurate amount of General Fund in these programs and is largely driven by revenue collections from the new vaping tax and \$2.00 per pack tax increase on cigarettes coming in above initial projections. This upward adjustment is not expected to be part of a trend, as the long-term tobacco tax forecast continues to show decreasing revenue.

Savings of \$1.6 million General Fund results from changes OHA is making regarding the designation of the Children's Health Insurance Program (CHIP). When CHIP was authorized by Congress in 1998, the Centers for Medicare and Medicaid Services (CMS) allowed states to designate their CHIP services as a separate non-Medicaid program (S-CHIP), which Oregon chose, a Medicaid expansion program (M-CHIP), or a combination of both. OHA has requested CMS approval to switch to the M-CHIP designation effective July 1, 2022. The agency's plan would initially save \$1.6 million General Fund based on the ability to leverage increased federal match under M-CHIP for Indian Health Services (100%) and family planning services (90%), as well as additional drug rebate revenue. Also included is an \$8.6 million Other Funds increase from hospital tax revenue carried over from 2019-21 for Disproportionate Share Hospital payments. The Other Funds revenue matches \$13 million in federal revenue for payment to hospitals serving higher levels of Medicaid and uninsured individuals.

Behavioral Health Positions

The rebalance establishes an additional 77 positions (51.20 FTE) for behavioral health programs, most of which are funded within OHA's existing budget. This includes 54 positions (36.22 FTE) in the Health Systems Division, Health Policy and Analytics Division, Central Services, and Shared Services to support the requirements of HB 2086 (2021), which established behavioral health metrics and accountability parameters for the state's behavioral health system. The 54 positions are supported from \$8.5 million in existing General Fund approved in OHA's 2021-23 LAB, as well as \$2.2 million Other Funds and \$4 million Federal Funds included in this budget rebalance adjustment.

The positions are in addition to 14 related positions already funded in OHA's budget, which results in 68 positions funded in the agency to support HB 2086 metrics and accountability work. The additional positions and related budget adjustments are approved with the understanding OHA will prioritize its budget to fully fund the ongoing behavioral health information system technology project, known as Compass Modernization, with respect to HB 2086.

Additional positions approved for behavioral health programs include the following:

- 12 positions (7.93 FTE) for Ballot Measure 110 drug treatment and recovery program services to manage contracts, assist the Oversight and Accountability Council, and work on data and information system requirements. These positions are funded from Other Funds revenue available from OHA's 4% administrative allotment within the Drug Treatment and Recovery Services Fund.
- Seven positions (4.41 FTE) for OHA to operationalize the \$130 million investment included in the agency's 2021-23 LAB for increasing the number of licensed behavioral health residential treatment facility beds across the state. These positions are funded with existing resources from this investment's administrative component and will support the request for proposal and contract management process.
- Three positions (1.89 FTE) in the Health Systems Division to work on co-occurring disorder rates (HB 2086), peer delivered services (HB 2980), and psychiatric residential treatment services (PRTS). The positions for co-occurring disorder rates and PRTS are funded within OHA's existing budget; \$191,630 General Fund is included for the peer delivered services position.
- One position (0.75 FTE) in Health Policy and Analytics for administering the new substance use disorder Medicaid waiver approved in spring 2021. This adds to one position approved in the 2021-23 LAB for supporting the waiver.

Given existing strains in the behavioral health system, and considering the increased number of behavioral health positions in the agency, the subcommittee approved the following budget note to ensure unnecessary reporting and other requirements are not being placed on the provider community:

BUDGET NOTE: The Oregon Health Authority (OHA) shall continue exploring ways to streamline behavioral health provider reporting requirements and remove those that are unnecessary. The agency shall present on the outcome of this work during the 2023 legislative session, including the identification of existing reporting requirements; the reporting requirements the agency has reduced, eliminated, or otherwise changed to streamline reporting processes; and the reporting requirements the agency plans to maintain and how these reports are being used. OHA shall also review and present similar information and recommendations on the number of behavioral health advisory workgroups, task forces, or similar temporary or permanent bodies that require behavioral health provider and stakeholder involvement. OHA shall include in its recommendations for both the provider reporting requirements and advisory groups any changes to state law that are necessary to remove unnecessary burdens on behavioral health providers.

Cover All People Administration

The rebalance includes new positions, recognizes contractual expenditures, and transfers existing funds across OHA programs and the Department of Human Services (DHS) to support the agencies' plan for administering the new Cover All People benefit, which takes effect July 1, 2022. The 2021-23 LAB included \$100 million General Fund for this program but did not fully define administrative expenses. In total, OHA and DHS will use \$16.2 million of the \$100 million for program implementation and administration, which includes \$10 million for community outreach contracts, \$1.9 million and 10 positions (7.50 FTE) for staff in the Community Partnership Outreach Program and Office of Equity and

Inclusion, \$1.2 million and five positions (3.83) for additional programmatic support in the Health Systems Division and Health Policy and Analytics, and \$3.1 million transferred to DHS for 24 enrollment and eligibility positions.

Psilocybin Program

For this relatively new program, \$4.1 million in one-time General Fund and 10 positions are included to fund the second year of costs for the Psilocybin Program established by Ballot Measure 109 (2020). This increase is in addition to first year funding of \$2.2 million General Fund and 14 positions in the 2021-23 LAB. Program services take effect January 1, 2023, at which time it will start collecting Other Funds revenue from licensing fees and tax revenue from the sale of psilocybin products.

Oregon State Hospital

The rebalance includes seven positions (4.69 FTE), along with a General Fund decrease of \$949,211 and a Federal Funds increase of \$1.6 million in the Oregon State Hospital. The General Fund savings is driven by the transition of the per diem billing model at the Pendleton Cottage to a fee-for-service model, which will leverage more federal match. The hospital will use part of this savings to establish three positions to support the billing and documentation process of this new model. An additional four positions are included for various support functions at the Salem campus. These positions are funded within existing resources by shifting costs from related contractual services. A cost shift of \$1.1 million from Federal Funds to General Fund is also included based on a reduction in the hospital's federal Disproportionate Share Hospital payment allotment, which is determined and funded separately for state psychiatric hospitals than it is for other hospitals.

Expenditure Limitation and Technical Adjustments

The budget includes various increases to expenditure limitations, with the following representing the major increases:

- \$982 million Other Funds in the Public Health Division for reimbursement from the Federal Emergency Management Agency transferred to OHA from the Oregon Office of Emergency Management for nurse and other staffing contracts, COVID-19 community support, testing kits, and vaccine distribution costs.
- \$408.5 million Federal Funds in the Public Health Division to support the state's response to the COVID-19 pandemic, including for laboratory costs, vaccine administration and distribution, testing, contact tracing, and isolation services, among other expenses. This funding represents supplemental awards to existing grant programs funded by the Centers for Disease Control and Prevention and was reported to the Interim Joint Committee on Ways and Means in November 2021.
- \$40.9 million Federal Funds for Mental Health and Substance Abuse Prevention and Treatment block grants based on supplemental awards from the American Rescue Plan Act.
- \$37 million Federal Funds to reflect the federal match already leveraged by General Fund in OHA's budget for increasing reimbursement rates for services treating people with behavioral health co-occurring disorders.
- \$27.5 million Other Funds in the Public Employees' Benefit Board and Oregon Educators Benefit Board for various adjustments, including one-time transitional costs related to using one actuarial consultant for both programs instead of two; payment of claims under the new

part-time higher education faculty health insurance program established in SB 551 (2021); costs associated with the benefit system replacement project; and information technology professional services.

- \$500,000 Federal Funds to support the State Marketplace Modernization grant awarded to OHA. The agency requested and received approval to apply for this grant by the Interim Joint Committee on Ways and Means in September 2021.

The rebalance also includes various small adjustments to expenditure limitations and position counts, as well as net-zero transfers across agency programs.

The measure includes several investments and adjustments outside of budget rebalance actions. Most of these represent decisions on proposals OHA presented to the January 2022 meeting of the Interim Joint Committee on Ways and Means, as well as those presented to the Joint Ways and Means Subcommittee on Human Services during the February 2022 legislative session. The information below summarizes these changes.

Behavioral Health Housing

To expand the availability of housing and residential treatment beds for people with behavioral health issues, the bill appropriates \$100 million in one-time General Fund in the Health Systems Division for distribution to community mental health programs (CMHP) and related administrative support in OHA. The goals of this funding are to provide an array of supported housing and residential treatment, relieve bottlenecks in the continuum of care, and address health inequities and housing access disparities, among others. The funds will be used to repurpose or build new secure residential treatment facilities, residential treatment homes, and other types of necessary housing; support operational and administrative expenses related to managing housing; provide supportive services; pay for planning, coordination, siting, and purchasing buildings or land; provide subsidies for short-term shelter beds and long-term stable rental assistance; and support outreach and engagement. The distribution of the funds are expected to be made via formula through CMHP contracts and include input from community members. OHA and CMHPs will work together to define accountability measures and reporting requirements to track progress. Supported within the appropriation are two limited duration positions (1.26 FTE), including one Operations and Policy Analyst 4 and one Operations and Policy Analyst 3 position to administer the coordination of this work and provide technical assistance.

Oregon State Hospital Staffing

Consistent with instruction provided in a budget note approved for HB 5024 (2021), OHA submitted recommendations for resolving staffing shortfalls at the Oregon State Hospital in November 2021. To advance the initial stage of the plan, the budget includes \$10.8 million General Fund and 228 positions (188.52 FTE). These positions include the conversion of 134 existing non-budgeted limited duration nursing staff positions to permanent full time. The remaining 94 positions include 55 from direct care classifications, including Licensed Practical Nurses, Registered Nurses, Mental Health Therapy Technicians, and Mental Health Therapist 2 positions; two Nurse Managers; 10 Mental Health Security Technicians; and 27 from clinical and other functions at the Salem and Junction City campuses. The positions and funding represent the first stage of hiring the agency presented at the January 12, 2022 meeting of the Interim Joint Committee on Ways and Means and subsequently updated to reflect hiring effective May 1, 2022.

The funding for these positions is available by disappropriating \$10.8 million of the \$20 million related special purpose appropriation to the Emergency Board established in HB 5024 (2021). In light of existing vacancies at the hospital, this investment was approved with the understanding OHA will submit monthly updates to the Legislative Fiscal Office and Department of Administrative Services Chief Financial Office identifying the number of direct care staffing hires, vacancies, overtime usage (including voluntary and mandatory), and contracted direct care staffing levels. The investment is also approved with the understanding the Oregon State Hospital will collect and report information from exit interviews for direct care staff to inform funding requests for subsequent stages of hiring.

Crisis Stabilization Services

HB 2417 (2021) required OHA to establish a statewide coordinated crisis services system consistent with the National Suicide Hotline Designation Act of 2020. This bill appropriated \$5 million for the crisis hotline center and \$10 million to distribute to counties to establish and maintain mobile crisis intervention teams. OHA has also received federal grant awards for program planning and to build local crisis center capacity. HB 5202 includes \$1.8 million General Fund (\$2.2 million total funds) and 10 positions (8.92 FTE) for ongoing agency operations will support implementation and oversight of the crisis system envisioned by HB 2417; the development of standards for statewide mobile crisis teams and crisis stabilization centers; development of Medicaid reimbursement opportunities; and business information system and financial management support. The positions and funding are consistent with the agency's corresponding proposal to the January 2022 meeting of Interim Joint Committee on Ways and Means.

Citizen Waived Medical/Postpartum Coverage

The budget for Health Systems Division includes \$5.4 million General Fund and \$8.8 million Federal Funds to expand Citizen Waived Medical services, which provides limited emergency care coverage for individuals who meet Medicaid eligibility requirements except for their immigration status. The expanded benefit provides coverage for eligible members' presenting symptoms in an emergency department as opposed to the final diagnoses. This reduces the number of individuals whose claims are denied when they seek treatment in good faith and makes available to them more emergency behavioral health services and cancer treatment. An additional \$2.4 million General Fund and \$6.4 million Federal Funds is included to expand the duration of Medicaid coverage for postpartum services from two months to 12. The expansion of these services became available to states for five years under the American Rescue Plan Act of 2021.

Residential Treatment Rates

Increases of \$3 million General Fund and \$9 million Federal Funds are included in the Health Systems Division to extend a one-time 10% rate increase to behavioral health residential treatment providers. This rate increase was first approved in 2019-21 and is retroactive from July 1, 2021 through December 31, 2021.

Coronavirus Relief Fund Carryover

In the Health Systems Division, the budget uses \$12.4 million in federal Coronavirus Relief Funds unspent by the agency in 2019-21 to pay for one-time expenses related to the agency's response to the COVID-19 pandemic. These expenses include \$3 million for vaccine incentives and lottery payments, which were announced in summer 2021; \$9 million for incentives; largely hiring and retention bonuses, for the behavioral

health workforce; and \$0.4 million for health equity grants. These funds were transferred to OHA from the Department of Administrative Services and are budgeted as Other Funds.

Home and Community Based Services (HCBS)

An additional \$30.3 million Federal Funds and 10 limited duration positions (6.30 FTE) are included to support OHA's spending plan for temporary enhanced federal funds for state Medicaid spending on home and community-based services. The enhanced federal match, which represents a 10% increase, is available under the American Rescue Plan Act (ARPA) for the period April 1, 2021 through March 31, 2022. Since the intent is to advance the service delivery system rather than provide state fiscal relief, ARPA also requires states to use state monies equivalent to the amount of the 10% FMAP increase to fund activities to enhance, expand or strengthen Medicaid home and community-based services. The spending plan funded under this action is consistent with the plan presented by both OHA and the Department of Human Services to the January 2022 meeting of the Interim Joint Committee on Ways and Means.

Administrative and Shared Services Positions

The bill includes \$3.8 million General Fund (\$5.1 million total funds) for 25 positions (22.56 FTE) to support multiple administrative and programmatic functions across the agency. The positions include 19 for human resources functions, including 10 for recruitment and retention, seven for classification and compensation reviews, and two for labor relations. The remaining six positions are for expanded work directed by the agency's Chief Financial Officer, a health equity manager and three limited duration positions in Health Policy and Analytics, and one position in the Public Health Division's federally funded Injury and Violence Prevention Program. The three limited duration positions in Health Policy and Analytics are funded with vacancy savings transferred from the Central Services Division and will work on a stopgap data repository for the implementation of HB 3159 (2021).

An additional \$983,411 million General Fund (\$3.1 million total funds) and 10 positions (6.30 FTE) are included for the Office of Information Services, which is a shared administrative service supporting both OHA and the Department of Human Services. The positions are included to address increasing project demands and the need to decrease wait times for projects to start.

Other Adjustments

The measure also includes the following additional investments in OHA:

- \$15 million in one-time General Fund for distribution to Seeding Justice for advancing reproductive health equity.
- \$5 million General Fund in the Public Health Division to increase support for the Healthy Homes program established in HB 2842 (2021). This program provides grants to repair and rehabilitate residences for low income households and landlords with low-income tenants.
- \$1.5 million General Fund and \$2.9 million Federal Funds in the Health Systems Division to increase specific applied behavior analysis fee-for-service and coordinated care rates for behavior treatment with protocol and family behavior treatment guidance.

- \$246,476 General Fund and \$89,898 Federal Funds to support two positions (1.26 FTE) in the Health Systems Division and Public Health Division. These positions, both of which are Operations and Policy Analyst 3 positions, will support OHA’s role in implementing the community violence prevention grant program established by HB 4045 (2022).

Department of Human Services

HB 5202 adjusts the Oregon Department of Human Services (ODHS) budget for updated caseload forecasts, and other cost variations to rebalance the agency’s budget. The measure also includes several program investments. The following table provides a high-level summary of these changes:

Oregon Department of Human Services						
2021-23 Adjustments Approved in HB 5202	General Fund	Other Funds	Federal Funds	Total	Positions	FTE
Rebalance	(38,180,746)	109,162,858	(6,979,581)	64,002,531	71	45.60
Vocational Rehabilitation Rate Increase	-	3,600,000	-	3,600,000	4	2.52
Non-State Employee Compensation Changes	20,000,000	-	38,151,574	58,151,574	-	-
Home/Community-Based Services Investments	-	-	435,570,077	435,570,077	95	80.35
Worker Incentive Payment	1,525,311	7,779,000	2,320,172	11,624,483	-	-
Child Welfare Positions	15,859,680	1,007,800	9,473,622	26,341,102	99	87.12
TANF Transformation	1,005,329	-	25,101,484	26,106,813	1	0.63
Shared Services - Information, Financial, Audit Services	1,239,601	1,209,950	719,075	3,168,626	8	5.16
Staffing Agency Contract	9,200,000	-	-	9,200,000	-	-
ARPA - Child Welfare Training Project	-	750,000	-	750,000	-	-
Emergency Food Supply Stabilization	3,000,000	-	-	3,000,000	-	-
Treatment Foster Care Services	250,000	-	-	250,000	-	-
Long Term Care Rates	47,767,994	-	66,925,934	114,693,928	-	-
2-1-1 Information Services Expansion	1,000,000	-	-	1,000,000	-	-
Family Treatment Courts	1,106,974	-	-	1,106,974	1	0.50
Office of Immigrant and Refugee Advancement	1,376,037	-	-	1,376,037	4	3.83
Subtotal - Rebalance/Investment Priorities	65,150,180	123,509,608	571,282,357	759,942,145	283	225.71
Statewide Salary Distribution	51,688,633	7,697,558	32,430,417	91,816,608	-	-
Debt Service Adjustments	(900,000)	944,250	-	44,250	-	-
Total DHS HB 5202 Adjustments	115,938,813	132,151,416	603,712,774	851,803,003	283	225.71

Vocational Rehabilitation Rate Parity

The Subcommittee approved \$3.6 million Other Funds expenditure limitation on an ongoing basis for the Oregon Department of Human Services to increase provider rates for Vocational Rehabilitation (VR) employment services. Effective July 1, 2022, VR rates for employment services will increase to match the Office of Developmental Disabilities Services rates for employment services. The increase will be supported through the 2023-25 biennium using an accumulated balance in the Youth Transitions program. Beginning in 2025-27, General Fund would be needed to cover the ongoing cost. As part of this package, four permanent, full-time Program Analyst 2 positions (2.52 FTE) were authorized to conduct outreach and provide technical assistance to current and prospective employers at a total cost of \$503,528, including \$468,808 for personal services, and \$34,720 for services and supplies. In the current biennium, these costs are covered using repurposed General Fund savings of \$251,768 and existing Federal Funds limitation of \$251,760.

Non-State Employee Compensation Changes

The Subcommittee approved a \$20 million General Fund appropriation (\$58.2 million total funds) to the Oregon Department of Human Services to support the cost of collective bargaining agreements for non-state workers. This covers a workforce of more than 39,000 adult foster home providers, personal support workers, and home care workers who collectively serve an estimated 31,000 Oregonians monthly. Personal Support Workers care for clients in the Intellectual and Developmental Disabilities program. Home Care Workers serve clients in the Aging and People with Disabilities program. There is a corresponding decrease of \$20 million General Fund to the special purpose appropriation established by HB 5006 (2021) to cover the cost of non-state employee compensation changes.

Home and Community-Based Services Investments

The Subcommittee approved \$435.6 million Federal Funds expenditure limitation and 95 limited-duration positions at the Oregon Department of Human Services to implement various investments in Medicaid home and community-based services (HCBS) funded by one-time enhanced federal funds authorized in the American Rescue Plan Act. This includes investments in the HCBS program infrastructure, workforce, and consumer and provider benefits. At ODHS, HCBS services are primarily administered by the Intellectual and Developmental Disabilities (I-DD) and Aging and People with Disabilities (APD) programs. This package includes \$251.8 million Federal Funds and 57 limited-duration positions (50.17 FTE) for the I-DD program, and \$183.8 million Federal Funds and 38 limited-duration positions (30.19 FE) for the APD program.

Employee Incentive Payments

The Subcommittee approved \$1.5 million General Fund (\$11.6 million total funds) for the Oregon Department of Human Services to fund retention incentive payments for direct care workers in nursing facilities, child and adult group homes, and the Stabilization and Crisis Unit. Specifically, these dollars are provided to fund: (1) a one-time \$500 bonus for eligible staff working in group homes and nursing facilities during the period October 8, 2020 through November 15, 2021; and, (2) a temporary pay raise lasting through January 31, 2022 for Stabilization and Crisis Unit (SACU) employees who provide direct resident care. In addition to General Fund dollars, this package includes \$7.8 million in Other Funds expenditure limitation for use of Coronavirus Relief Fund monies to be transferred to DHS from the Oregon Department of Administrative services, and \$2.3 million in Federal Funds expenditure limitation.

Child Welfare Positions

The Subcommittee approved an increase of \$15.9 million General Fund (\$26.3 million total funds) and 99 permanent positions (87.12 FTE) for the Oregon Department of Human Services to address non-budgeted positions in the Child Welfare program and in other areas of the department that support the Child Welfare program. This includes \$10.9 million General Fund and 59 positions (51.92 FTE) in the Child Welfare program, \$4.4 million General Fund and 34 positions (29.92 FTE) in Central Services, and 0.5 million General Fund and six positions (5.28 FTE) in State Assessment and Enterprise-wide Costs for child-welfare related work. There is a corresponding decrease of \$15.9 million General Fund to the special purpose appropriation established by SB 5529 (2021) to cover the cost of these positions.

Behavior Rehabilitation Services

The Subcommittee approved a joint request from the Oregon Department of Human Services and the Oregon Youth Authority to repurpose \$7.7 million in General Fund savings (\$12.9 million total funds) resulting from lower than budgeted utilization in the Behavior Rehabilitation Services (BRS) program to support systems of care for children and families, including \$3 million General Fund on a one-time basis for supplemental payments to BRS providers and other contracted community-based providers experiencing COVID outbreaks and quarantines, effective November 1, 2021 through June 31, 2023; and, \$4.7 million General Fund on a one-time basis to reserve bed capacity, effective November 1, 2021 through June 31, 2023.

Treatment Foster Care Services

The Subcommittee approved a one-time increase of \$250,000 General Fund in the Oregon Department of Human Services budget to support contracts for technical assistance in the development of culturally responsive behavioral health treatment foster care services, a new type of care -- piloted through a funding allocation from the 2019 legislative session -- that leverages Behavior Rehabilitation Services and Community Based Behavioral Health Services through the Oregon Health Authority and Coordinated Care Organizations. This initiative is intended to provide whole-child care for children with psychiatric needs within a familial setting.

Temporary Assistance to Needy Families

The Subcommittee approved an increase of \$1 million General Fund and \$25.1 million Federal Funds expenditure limitation for the Oregon Department of Human Services' Self-Sufficiency program to implement changes to Temporary Assistance to Needy Families (TANF) eligibility and cash benefits and to expand access to contracted Family Supports and Connections services. The package includes:

- \$63,650 General Fund (\$0.3 million total funds) to increase the TANF resource limit from \$2,500 to \$10,000, allowing families to retain more of their resources and still qualify for cash assistance.
- \$0.9 million General Fund (\$4.5 million total funds) to end full-family disqualifications. This will allow the Self-Sufficiency program to assign 75% of the monthly cash grant to the dependent child in the assistance unit, preserving family income support for the children.
- \$13.8 million Federal Funds expenditure limitation to implement a clothing allowance benefit that will provide TANF participants three \$270 clothing allowances per year -- in the fall, winter, and summer.

- \$7.3 million Federal Funds expenditure limitation to expand access to Family Supports and Connections services focused on child abuse and neglect prevention strategies, such as home visits, parental training, and coping skills, which have been shown to reduce reliance on child welfare services. Of the total, \$7 million is to be used to expand access to these services to more than 4,800 TANF and SNAP families, \$330,000 is to be used to expand the availability of culturally responsive services through the Cultural Enhancement Project, and \$17,700 is to expand Parent Voice, which provides compensation to parents to facilitate their participation in the program design process and support ongoing parental engagement in programming.
- \$177,788 Federal Funds limitation for one permanent full-time Operations and Policy Analyst 3 position (0.63 FTE) to support implementation and ongoing operations of the program. This includes \$147,812 for personal services, and \$29,976 for services and supplies costs.

This package is mostly funded using a one-time accumulated balance of TANF block grant funds the department estimates will be fully expended in the 2025-27 biennium, at which point a larger share of the cost would potentially need to be covered by the General Fund. The timeframe could vary depending on several variables, including, most notably, TANF caseload trends and how long it takes to expand the contracted provider network to meet the funded service levels. During the 2023 legislative session, an informational hearing will be scheduled in the Human Service Subcommittee for the agency to provide an update on implementation of the TANF changes funded in this package.

Emergency Food Supply

A one-time increase of \$3 million General Fund was approved to fund the Oregon Food Bank's emergency food supply stabilization efforts.

2-1-1 Information Service

A one-time increase of \$1 million General Fund was approved to support making the 2-1-1 information service available 24 hours a day, seven days a week. The 2-1-1 information service helps Oregonians identify, navigate, and connect with local resources, including, for example, food, emergency shelter, and utility assistance resources.

Family Treatment Courts

The Subcommittee approved \$1.1 million General Fund for the Oregon Department of Human Services to support family treatment courts, including a new program in Clatsop County and an existing program in Columbia county. The package includes \$133,819 for one permanent full-time position (0.50 FTE) to serve on a statewide family treatment court governance committee; \$759,880 to cover ODHS' legal bills for Department of Justice support; and, \$213,275 to assist families participating in the family treatment courts in Clatsop and Columbia counties.

Long Term Care Provider Rates

To address the higher costs of providing long-term care during the public health emergency and to preserve access to care, an increase of \$35.2 million General Fund (\$102.1 million total funds) was approved for the Department to increase Medicaid rates for nursing facilities, home and community based care providers, in-home care agencies, and children's intensive care private duty nurses. This includes:

- For nursing facility providers, \$13.4 million General Fund one-time (\$37.5 million total funds) to extend the 5% COVID add-on through the end of the 2021-23 biennium. Under current law, this add-on will expire on March 31, 2022.
- For community-based care providers, \$9.7 million General Fund one-time (\$28.8 million total funds) to extend the 5% COVID add-on through the end of the 2021-23 biennium, and \$8.2 million General Fund ongoing (\$24.2 million total funds) to increase the COLA for these providers to 10% for the second year of the biennium. Under current law, the COVID add-on will expire on March 31, 2022, and the COLA is set at 5%.
- For in-home care agencies, \$2.1 million General Fund one-time (\$6.3 million total funds) to extend the 5% COVID add-on through the end of the 2021-23 biennium, and \$1.8 million General Fund ongoing (\$5.3 million total funds) to increase the COLA for these providers to 10% for the second year of the biennium.
- For children’s intensive care private duty nurse providers, \$46,000 General Funds ongoing (\$115,000 total funds) to increase the COLA to 10% for the second year of the biennium. Current law provides for a 5% increase.

Additionally, \$10 million General Fund was approved on a one-time basis to reimburse nursing facilities for the costs of testing employees for COVID-19, as well as \$2.5 million General Fund on a one-time basis to ensure access to essential long-term care services and supports in underserved communities.

Workload/Staffing Impacts of Provider Time Capture and ONE Eligibility Systems Rollout

During the 2022 legislative session, agency stakeholders expressed concerns about workload and staffing impacts related to both the Provider Time Capture and ONE integrated eligibility systems. Since both systems are relatively new, having been implemented in the last year, there have been challenges related to that transition. Other workload demands and staffing shortages are more tied to increases or changes in caseloads primarily due to the pandemic; some policy or legislative changes have driven others. Due to these concerns, the Subcommittee approved the following budget note:

BUDGET NOTE: The Oregon Department of Human Services (ODHS) will work with stakeholders to collect information on the impacts of the Provider Time Capture and ONE integrated eligibility systems on workload and staffing for both ODHS and agency partners. The compiled information should be provided as an addendum to the Department staffing proposal required to be prepared and reported on this year under HB 2102 (2021).

During the 2023 legislative session, an informational hearing will be held in the Human Services Subcommittee for ODHS and stakeholders to provide information on workload and staffing issues, along with potential solutions and/or related budget recommendations.

Shared Services - Information Services, Financial Services, and Internal Audits

An increase of \$1.2 million General Fund (\$3.2 million total funds) was approved for the Oregon Department of Human Services’ Shared Services Offices. Specifically, this includes \$0.7 million General Fund (\$1 million total funds) for special payments to cover ODHS’ share of

cost for ten new permanent full-time positions in the Oregon Health Authority budget for the Office of Information Services for information technology project support; \$0.4 million General Fund (\$1.5 million total funds) for six permanent full-time positions (3.78 FTE) in the Office of Financial Services for workload related to reporting, accounts payable, and accounting structures; and, \$0.2 million General Fund (\$0.7 million total funds) for two permanent full-time positions (1.38 FTE) in the Internal Audit Center for workload related to controls and practices in federal funds accounting and monitoring.

Office of Resiliency and Emergency Management - Staffing Agency Contracts

The Subcommittee approved a one-time General Fund increase of \$9.2 million for the Oregon Department of Human Services to address pandemic-related staffing shortages experienced by Office of Developmental Disabilities Services' providers serving vulnerable Oregonians. In October 2021, ODHS contracted with several staffing resource agencies to help providers fill gaps in coverage for a 90-day period - through the end of December. The contracts were subsequently extended for a second 90-day period. The funding in this package is intended to cover contract costs for the period October 1, 2021 through March 31, 2022.

As part of HB 5006 (2021), the Legislature approved 9 limited-duration positions (7.50 FTE) for ODHS' Office of Resiliency and Emergency Management to support wildfire recovery and other efforts. The Subcommittee approved making these permanent full-time positions in support of the agency's responsibilities under the state's Comprehensive Emergency Management Plan.

Fall 2021 Rebalance

For the Oregon Department of Human Services' first financial rebalance of the 2021-23 biennium, the Subcommittee approved adjustments resulting in a net General Fund savings of \$38.2 million, an Other Funds expenditure limitation increase of \$109.2 million, and a Federal Funds expenditure limitation decrease of \$7 million; and, authorized a total of 71 new positions (45.60 FTE). The adjustments encompass a number of issues affecting the ODHS' budget, including savings or funding gaps due to changes in caseload, cost per case, and the federal medical assistance percentage (FMAP); costs associated with COVID-19; and other program changes arising since the 2021 legislative session. The major ODHS rebalance adjustments include:

- \$64.9 million General Fund decrease due to lower Fall 2021 caseload, compared to Spring 2021.
- \$24.4 million General Fund decrease resulting from an increase in the FMAP rate.
- \$24.9 million General Fund increase for higher costs per case in the Intellectual/Development Disabilities and Child Welfare programs.
- \$8.5 million General Fund increase to cover contracts for additional nursing facility beds to mitigate COVID-19-related hospital bed shortages in Southern Oregon.
- \$9.5 million General Fund increase to reimburse nursing facilities for costs related to testing employees for COVID-19.
- \$3.1 million General Fund increase for 24 positions (14.86 FTE) to implement HB 3352 which expanded health coverage to adults who would be eligible for Medicaid except for their immigration status HB 3352 (2021).

- \$40 million increase in Other Funds expenditure limitation for anticipated wildfire-related FEMA reimbursement.
- \$69.4 million increase in Other Funds expenditure limitation for anticipated COVID-related FEMA reimbursement.
- \$12.3 million increase in Federal Funds expenditure limitation for TANF Pandemic Emergency Assistance Payments.
- \$7.3 million increase in Federal Funds expenditure limitation and three positions (2.33 FTE) in Vocational Rehabilitation to implement the federal Disability Innovation Fund grant.
- \$3.1 million increase in Federal Funds expenditure limitation for 25 permanent positions (16.75 FTE) to serve SNAP navigators.
- \$1.6 million increase in Federal Funds expenditure limitation for 10 limited-duration positions (5.80 FTE) to administer federal grants to enhance and improve adult protective services and support COVID-19 prevention and response activities.

In addition, various budget-neutral technical adjustments were approved related to internal transfers of positions and funding. The agency noted in the rebalance report several potential risks to its budget, including for example, changes in program caseloads and cost per case, the impact of COVID policies on workload and staff resources and general uncertainty regarding the resources required to implement legislative program changes.

Office of Immigrant and Refugee Advancement Transfer

SB 1550 (2022) transfers the Office of Immigrant and Refugee Advancement from the Office of the Governor to the Oregon Department of Human Services, including four positions (3.83 FTE) --which have not been filled since being established--and \$1,376,037 General Fund; these budget adjustments are included in HB 5202.

Long Term Care Ombudsman

The Subcommittee approved an Other Funds expenditure limitation increase of \$258,160 for the Long Term Care Ombudsman to allow the agency to use federal American Recovery Plan Act funds transferred from the Oregon Department of Human Services for COVID-19 response activities. Also approved was \$6,000 Other Funds expenditure limitation to allow the agency to use donations received in support of the Oregon Public Guardian and Conservator program.

JUDICIAL BRANCH

Oregon Judicial Department

The Subcommittee approved a \$3.9 million General Fund and authorized the establishment of 40 permanent full-time positions (20.00 FTE) for expansion of the pretrial release program. The department will provide Release Assistance Officers (RAO) in 17 counties that currently do not have pretrial release staffing and augment staffing in two additional counties with established programs (Josephine and Washington).

For the reorganization of the Office of the State Court Administrator, the Subcommittee approved \$2.4 General Fund and authorized the establishment of 15 permanent full-time positions (8.75 FTE) with instructions that the Department work with the Legislative Fiscal Office to align the Department's 2023-25 budget structure with the reorganization.

The Subcommittee approved \$762,623 General Fund and authorized the establishment of three permanent full-time positions (1.50 FTE) for family treatment courts. The Department will convene a statewide family treatment court governance committee, add a new family treatment court in Clatsop County and augment staffing to an existing family treatment court in Columbia County.

To replace aging grand jury recording equipment, the Subcommittee approved \$337,000 General Fund, on a one-time basis. The Subcommittee also approved \$275,752 in Federal Funds expenditure limitation, on a time-time basis, and authorized the establishment of two limited duration (1.00 FTE) to perform work for a U.S. Department of Health and Human Services, Administration of Community Living, Elder Justice Innovation grant. The grant is to conduct a self-assessment of guardianship and conservatorship monitoring practices across circuit courts.

The Subcommittee approved \$113,700 and authorized the establishment of one permanent full-time Law Clerk (0.58 FTE) in the Tax Court to assist with the Corporate Activities Tax caseload.

For the Clackamas County Courthouse replacement project, the Subcommittee approved a supplemental increase of \$95.4 million Other Funds expenditure limitation, on a one-time basis. The request includes \$94.5 million of state matching funds and \$900,000 for costs of issuance of the bonds. The Legislature in 2021 authorized the issuance of \$95.4 million in Article XI-Q general obligation bond (SB 5505, 2021) to funds that state's matching funds commitment. The draft Master Funding Agreement meets the constitutional requirements for the issuance of general obligation bonds and the and statutory requirements under the Oregon Courthouse Capital Construction and Improvement Fund.

The Subcommittee approved a supplemental increase of \$8.9 million Other Funds expenditure limitation, on a one-time basis, for the Crook County Courthouse replacement project. The request includes \$4.4 million of state matching funds, including \$28,295 for bond costs of issuance, and \$4.4 million to meet the local matching funds requirement. Article XI-Q general obligation bond proceeds will be used to fund the state's matching funds commitment (SB 5701). Also approved was \$1.5 million General Fund, on a one-time basis, for a Deschutes County Circuit Court renovation and expansion project and \$2 million General Fund, on a one-time basis, for Columbia County Courthouse life safety and accessibility improvements.

To support a single, coordinated eportal to connect Oregonians with civil legal assistance, the Subcommittee approved \$2.3 million General Fund, on a one-time basis, for distribution to the Oregon State Bar Association for the OregonLaw+Connect information technology project.

The budget changes approved for the Department also include following technical adjustments:

- Re-establishment of a 2019-21 biennium \$2 million General Fund appropriation, on a time-time basis, for planning for the replacement of the Benton County Courthouse.
- Transfer \$250,000 Other Funds expenditure limitation for Article XI-Q general obligation bond cost of issuance associated with the Supreme Court Building Renovation Project from the Capital Construction to the Administration and Central Support Division.
- Transfer 2019-21 General Fund Carryforward savings for the Counsel on Court Procedures (\$51,710) and debt service (\$10,249) to the Administration and Central Support Division.

Public Defense Services Commission

For the procurement of indigent defense counsel in Multnomah, Washington, Marion, and Lane counties, the Subcommittee approved \$12.8 million General Fund, on a one-time basis. The appropriation will address the current backlog of unrepresented clients in the four counties and provide increased attorney capacity for the remainder of the biennium, according to PDSC.

The Subcommittee approved \$743,588 General Fund, on a one-time basis, and authorized the establishment of two positions (1.26 FTE) for the re-initiation of the planning phase of the Financial and Case Management information technology project. A budget note was also adopted:

BUDGET NOTE: The Public Defense Services Commission is directed to report to the Joint Legislative Committee on Information Management and Technology and the Joint Committee on Ways and Means during the 2023 legislative session on the status of the re-initiation of the planning phase of the Financial/Case Management System (F/CMS) information technology project. The report shall include: a detailed business case, project timeline, and cost estimates. The Commission is to follow the Stage Gate or a similar disciplined process related to information technology projects, including development of key artifacts and independent quality assurance oversight.

Other approved changes are an increase of \$380,436 General Fund, on a one-time basis, and the authorization to establish of one limited duration full-time position (0.50 FTE) to implement SB 578 (2021) and the payment of private counsel, with instruction that the agency work with the Legislative Fiscal Office to establish a new budget structure in the state’s budget system for civil-related activities.

The Subcommittee approved \$259,969 General Fund and authorized the establishment of one permanent full-time position (0.58 FTE) for the Appellate Division, Juvenile Appellate Section, to support caseload growth. Related to family treatment courts, the Subcommittee approved \$195,833 General Fund and authorized the establishment of one permanent full-time position (0.50 FTE) in the Juvenile Division. The position will serve on a statewide family treatment court governance committee.

Commission on Judicial Fitness and Disability

The Subcommittee approved \$15,000 of General Fund, on a time-time basis, to resolve an underfunding Other Payroll Expenses for the Commission’s executive director position.

LEGISLATIVE BRANCH

Legislative Administration Committee

The Subcommittee approved increasing Other Funds expenditure limitation by \$4,205,000 for the balance of general obligation bond proceeds issued in the prior biennium for the Document Publishing and Management System (DPMS) that will be expended during 2021-23. Other Funds expenditure limitation of \$235,000 was also established for the cost of issuing Article XI-Q bonds authorized in SB 5701 for the third phase of the Capitol Accessibility, Maintenance, and Safety (CAMS) project to further capital improvements to the State Capitol Building, including upgrades to the 1938 building for improved functionality, fire protection systems, seismic retrofits, roof repairs, security upgrades, IT and media modernization, and upgrades to remaining mechanical, electrical, and plumbing equipment not addressed in phases I and II. Bonds are scheduled to be sold in spring 2023, so no additional debt service is due in the 2021-23 biennium. CAMS III has a total estimated cost of \$375 million through the 2023-25 biennium, with a total of \$242,711,000 approved in the Capital Construction bill (SB 5702) through a combination of bond proceeds (\$19,630,000) and General Fund (\$223,081,000) to support 2021-23 expenditures.

A one-time General Fund reduction of \$23,178,950 from unexpended 2019-21 General Fund legislative agency appropriations was approved to partially support the cost of CAMS III. Reductions eliminated General Fund carried forward for the Legislative Assembly, Legislative Fiscal Office, Legislative Policy and Research Office, Legislative Revenue Office, and Commission on Indian Services and reduced Legislative Administration and Legislative Counsel carryforward balances to \$1,077,899 and \$153,036, respectively. The remaining unexpended 2019-21 General Fund in Legislative Administration will support the addition of a permanent full-time Security Manager position (0.54 FTE) totaling \$123,416 and additional security projects and costs of \$500,000 in the 2021-23 biennium. The balance in Legislative Counsel is anticipated to support additional publication services staff overtime costs.

NATURAL RESOURCES

Department of Agriculture

The Subcommittee approved a one-time General Fund appropriation of \$180,000 to support the Department's Animal Rescue Entity Program established by SB 883 (2019). This program regulates animal rescue entities through licensure and inspections of facilities and was intended to be a self-funded program. When first established, there was anticipated to be around 515 organizations that would require licensure in Oregon, however ORS 609.415 provides that entities with less than ten animals in their custody are not required to be licensed. To date, only 135 entities are full licensed, while 104 report being under the 10-animal requirement. As a result, the annual fee of \$375 is not sufficient to fund the Natural Resource Specialist 3 (1.00 FTE) position that administers the program. The funding provided is intended to keep the program operational for the remainder of the biennium, and the Department is expected to return to the 2023 legislature with proposals for program sustainability.

Additionally, the Subcommittee approved the establishment of two limited duration positions, a full-time Program Analyst 1 (0.71 FTE) and a half-time District Veterinarian (0.35 FTE) as part of a National Animal Disease Preparedness and Response Program grant received from the U.S. Department of Agriculture. The legislature provided retroactive permission to apply at the November 2021 meeting of the Interim Joint Committee on Ways and Means and the Department received funding in December 2021.

Columbia River Gorge Commission

A General Fund appropriation of \$25,000 was provided for the Columbia River Gorge Commission to cover Oregon's 50 percent share of increased operating costs. The increased costs were a result of increases in Washington's budget related to audit services, central services, wage increases, and employee insurance benefits.

State Department of Energy

The Subcommittee approved a one-time General Fund appropriation of \$5 million for the solar rebate program established in HB 2618 (2019). The \$5 million will be deposited into the Rooftop Solar Incentive Fund for the issuance of rebates and to pay for implementation and administration of the solar rebate program. This is the program's third influx of one-time General Fund, including \$2 million in 2019-21, and \$10 million in HB 5006 (2021). This additional amount available for rebates can be administered within existing resources.

The Subcommittee also approved an adjustment to the General Fund debt service provided to the Department for the Small-Scale Energy Loan Program (SELP). This debt service, totaling \$3.5 million, is due to losses sustained from loans dating back to 2007 and was provided in HB 5006 (2021) to cover bond payments due in April 2022 and 2023. However, the statutory provisions of the SELP program require that any debt service payments must be paid through the Small-Scale Local Energy Project Administration and Bond Sinking Fund established in ORS 470.300. As a result, the General Fund debt service provided in HB 5006 has been eliminated and \$3.5 million of General Fund has been appropriated for deposit into the Sinking Fund. A corresponding Other Funds expenditure limitation has been provided to pay the debt service out of the Fund in 2022 and 2023.

Department of Environmental Quality

As part of an overall statewide investment in climate, the Subcommittee approved two separate one-time General Fund appropriations of \$15 million to be deposited into dedicated funds for programs at the Department of Environmental Quality (DEQ). The first \$15 million was deposited into the Zero-Emission Incentive Fund to provide additional funding for the electric vehicle rebate program known as the Oregon Clean Vehicle Rebate Program. This program was established in HB 2017 (2017) and is funded from privilege tax revenue of approximately \$12 million per year. With increased growth in the electric vehicle sector in recent years, the program is anticipated to be oversubscribed. A corresponding \$15 million of Other Funds expenditure limitation was provided for DEQ to expend the monies in the fund in the form of additional rebates, which can be administered within existing agency resources.

The second \$15 million was deposited into the Medium and Heavy-Duty Electrification Fund, established in HB 4139 (2022) for a grant program supporting medium and heavy-duty zero-emission vehicle charging and fueling infrastructure projects. This one-time funding is intended to

support grants to public or private entities for capital improvements and technical assistance to support the installation of charging infrastructure for zero-emission medium and heavy-duty vehicles. Projects will be awarded through a competitive request for proposal process with priority given to projects located in communities disproportionately impacted by diesel pollution or are connected to proposed or existing transportation corridor projects, and projects that demonstrate available matching funds. A corresponding \$15 million of Other Funds expenditure limitation was provided to expend the monies in the fund. Included in this amount are anticipated costs for administrating the grant program, including the establishment of a limited duration Operations and Policy Analyst 2 position (0.63 FTE). Total administrative costs are estimated to be \$373,329 in the 2021-23 biennium, including potential contracting costs. Depending on the Department's ability to initiate the program, demand for the grants and distribution of available funding, DEQ may need to request carry forward of Other Funds limitation and position authority for this program as part of its 2023-25 budget request.

The Subcommittee provided the following instruction to the Department of Environmental Quality and the Department of Transportation:

BUDGET NOTE: The Department of Environmental Quality and the Oregon Department of Transportation are directed to report back to the Joint Committee on Transportation and the appropriate interim budget committee by December 1, 2022, with an analysis of existing incentives available to support the transition to zero emission medium and heavy duty transportation fleets. The agencies are further directed to research incentives offered in other states and to provide recommendations on expanding or creating incentives to support businesses in the transition to zero emission medium and heavy-duty vehicles. This effort should include analyses on incentives for both vehicles and electric charging or other fuel infrastructure.

Additionally, the Subcommittee approved \$517,000 General Fund to support laboratory operations, including \$217,000 for a permanent full-time Principle Executive Manager E position (0.63 FTE) to aid in management and operations of the DEQ Lab. Costs of this position are distributed across all three major program areas of Air Quality, Water Quality, and Land Quality. Of the amount provided, \$300,000 is one-time for the repair or replacement of analytical equipment. The Subcommittee also approved \$484,553 General Fund for information technology costs related to DEQ's use of the State Data Center and increased use of enterprise and backup storage as well as LAN services. These costs are part of assessments paid to the Department of Administrative Services.

Finally, the Subcommittee approved \$56,604 Other Funds expenditure limitation and establishment of a permanent half-time Operations and Policy Analyst 2 position (0.25 FTE) to oversee the Mattress Stewardship Program established by SB 1576 (2022). Funding for the position is expected to come from an annual fee, to be established by rule, paid by stewardship organizations.

State Department of Fish and Wildlife

As part of a statewide drought resiliency package, the Subcommittee approved \$15.6 million General Fund to the Department of Fish and Wildlife (ODFW). Included in this funding is \$8 million for fish passage barrier removal, \$5 million for deposit into the Oregon Conservation and Recreation Fund established in HB 2829 (2019), and \$2.6 million for activities to improve drought resiliency including river temperature and streamflow monitoring. The Department anticipates utilizing these funds for the procurement of temperature loggers and streamflow gauges, to

conduct coldwater refugia mapping, and to address a backlog of new instream water right applications. To accomplish this work, ODFW will establish seven limited duration positions (3.33 FTE) including two Natural Resource Specialist 3's and a Natural Resource Specialist 2 (0.67 FTE each), and four Biological Science Assistants (0.33 FTE each). Cost of the positions is anticipated to be \$541,116 General Fund. Included in the total is at least \$750,000 of funding to the U.S. Geological Survey (USGS) for placement and maintenance of approximately 25 streamflow gauges, with the possibility for matching funding from USGS that would increase that total to 50.

The General Fund provided for the drought resilience package is one-time, except for the USGS funding and \$50,000 for gauges to be placed in priority basins identified by the Department. With only 16 months remaining, it may be difficult for the Department to accomplish some of the anticipated activities by the end of the biennium, considering that much of this work is related to gathering and analyzing ongoing data. It would not be unexpected for the Department to seek supplementary or ongoing resources as part of the agency's 2023-25 budget request.

Finally, \$6 million of Other Funds expenditure limitation was approved for funds deposited into the Oregon Conservation and Recreation Fund, including the \$5 million mentioned above and \$1 million from American Rescue Plan Act Coronavirus State Fiscal Recovery Fund monies designated in HB 5006 (2021).

Department of Forestry

The Subcommittee approved an appropriation of \$46,298,469 General Fund to the Oregon Department of Forestry for the payment of emergency fire costs related to the 2021 wildfire season. Of the total amount, \$6,141,267 was provided to address the payment of costs associated with severity resources. A corresponding reduction in the special purpose General Fund appropriation to the Emergency Board for severity resources was also made. The remaining \$40,157,202 is the net estimated direct cost of emergency fire suppression allocated to the General Fund. Additionally, an increase of \$78,218,491 Other Funds expenditure limitation was approved for the processing of payments of expenses incurred during the 2021 fire season that are anticipated to be paid from non-General Fund sources including: federal agency reimbursements, federal emergency fire grant assistance, other agency reimbursements, and private landowner assessments.

Department of Land Conservation and Development

Other Funds expenditure limitation of \$90,660 was provided for the Department of Land Conservation and Development from the City Economic Development Pilot Program Fund established by HB 2743 (2017). The expenditure limitation had been inadvertently phased out by the Department during the previous budget cycle. Approximately \$36,700 in funds remain in the City Economic Development Pilot Program Fund. The funds were provided by the City of Madras for the pilot program. The funding will be returned to the City of Madras less any costs associated with the Department's report required by section 5 of HB 2743 (2017).

The Subcommittee approved one-time General Fund of \$150,000 for the Department of Land Conservation and Development (DLCD) to expand current work on the Regional Housing Needs Analysis implementation. This investment will allow the agency to support anticipated interim work by legislators and stakeholders around housing and land supply issues; that support may include professional facilitation along with administrative, logistical, and technical services.

Land Use Board of Appeals

A joint report that was due during the 2022 Legislative session between the Land Use Board of Appeals and Department of Administrative Services Enterprise Information Services was deferred until the end of 2022. The report was to provide progress on foundational work for an electronic filing and case management system for the Board, including any funding requirements. The Board stated that it has not had the staff capacity to oversee or initiate this project due to two of the six Board personnel being on extended leave in 2021.

Oregon State Marine Board

To support expenditure of a recent grant award from the National Oceanic and Atmospheric Administration, an increase in Federal Funds expenditure limitation of \$50,000 was approved; this funding will be used to remove and mitigate abandoned and derelict vessels.

Department of State Lands

A one-time General Fund appropriation of \$121,000,000 for the Department of State Lands (DSL) was approved by the Subcommittee. It is intended to satisfy the financial obligations to the Common School Fund related to the Elliot State Forest. The Forest was appraised in 2016 at a value of \$221 million, and \$100 million was paid to the Common School Fund from the proceeds of certificates of participation that were authorized for issuance in 2019. Based on this appraisal, decoupling the Forest from the Common School Fund is estimated to cost \$121 million. Once decoupled, the Elliot State Forest would transfer from DSL oversight to the newly established Elliott State Research Forest Authority as provided in HB 1546 (2022). Satisfying the financial obligations to the Common School is one of the tasks that must be completed prior to that measure becoming operative on January 1, 2024.

A one-time General Fund appropriation of \$1 million was provided to DSL for deposit into the Oregon Ocean Science Fund established under ORS 196.567. The funds are to be spent by the Oregon Ocean Science Trust to further science and monitoring along Oregon's ocean and coastal habitats, which includes nearshore keystone species such as sea otters, kelp and eelgrass habitat, and sequestration of blue carbon. A corresponding Other Funds expenditure limitation increase was provided to DSL for these funds to be spent in the manner described.

Water Resources Department

A technical adjustment was included for the Water Resources Department that disassociated \$435,994 General Fund intended for the payment of limited-duration position costs and other associated administrative expenses of the Water Well Abandonment, Repair and Replacement Fund established by ORS 537.766 from monies that had been intended for deposit in the fund. Although the total amount of General Fund appropriated remains unchanged, this adjustment allows for the payment of these position costs directly instead of through the fund, which does not explicitly provide for this use of the monies in the fund. No additional position authority is provided with this adjustment as the positions were authorized by SB 5561 (chapter 4, Oregon Laws 2021, 2nd Special Session). A corresponding reduction in the Other Funds expenditure limitation that was provided for the payment of costs associated with these positions and associated administrative expenses from the fund was also approved.

Oregon Watershed Enhancement Board

A \$239,000 one-time General Fund appropriation to the Oregon Watershed Enhancement Board (OWEB), the authorization to establish a limited duration position (0.67 FTE), and the extension of an existing position (0.36 FTE) was approved to support the OWEB administration of drought relief programs and funding as provided by chapter 4, Oregon Laws 2021. The appropriated amount includes funding for the direct position costs and position associated services and supplies costs.

The Subcommittee approved a one-time General Fund appropriation of \$5,203,786 to OWEB and the authorization to establish a limited duration position (0.63 FTE), for the purpose of creating a grant program to provide funding for on the ground actions supporting the recovery of natural resource lands impacted by the 2021 wildfire season. These actions include soil stabilization and erosion control, detection and treatment for invasive species, reseeding and replanting, habitat restoration and culvert repair or replacement. \$5 million will be distributed as grants with the remaining funding used to support position and other administrative costs of the program.

A one-time General Fund appropriation of \$10 million for deposit in the Flexible Incentives Account was also provided; a corresponding \$10 million Other Funds expenditure limitation from the account was established along with the authorization to establish a limited duration position (0.63 FTE) and extend the service of a second, existing, limited duration position (0.31 FTE) to support a program providing grants that support the voluntary transfer of water rights to improve legally protected streamflows. This support is supplemental, and additive to the agency's existing water acquisition grant program funded by lottery revenues.

A one-time General Fund appropriation of \$5 million General Fund for deposit in the Oregon Agricultural Heritage Fund was approved along with a corresponding establishment of a \$5 million Other Funds expenditure limitation from the fund and the authorization to establish three limited duration positions (1.57 FTE). The Oregon Agricultural Heritage Fund supports a number of activities including landowner succession planning, financial support for conservation management plans, covenants, and easements, funding for and direct technical assistance leading to those plans, covenants, and easements, administrative costs of the Oregon Agricultural Heritage Commission, and OWEB administrative costs related to working lands conservation programs.

The Subcommittee approved an increase of \$169,937 Lottery Funds expenditure limitation and the establishment of a limited duration, conservation outcomes specialist position (0.63 FTE). This action allows the agency to continue the limited duration position that had been established in the prior biennium but had not previously been continued into the current biennium due to revenue constraints. This position primarily functions to assist in the establishment and maintenance of the structure for monitoring and reporting results and outcomes of investments in watershed restoration.

An increase of \$1 million in the allocation of lottery monies from the Watershed Conservation Operating Fund to the Department of Agriculture via the Oregon Watershed Enhancement Board was approved to support the expenditure of those monies by the Department of Agriculture for grasshopper and cricket suppression efforts as authorized by section 8, chapter 4, Oregon Laws 2021, Second Special Session.

Allocations of Lottery Fund monies deposited in the Watershed Conservation Operating Fund provided to the following agencies, were approved to be increased by the following amounts to support increased expenditures for statewide budget adjustments including compensation changes driven by collective bargaining agreements:

- Department of State Police: \$249,144
- Department of Fish and Wildlife: \$118,337
- Department of Agriculture: \$213,188
- Department of Environmental Quality: \$224,550

PUBLIC SAFETY

Department of Corrections

The Subcommittee approved two budget-neutral fund shifts to utilize remaining fund balances from the Coronavirus Relief Funds (CRF) and American Rescue Plan Act (ARPA) monies provided to the state. Other Funds expenditure limitation of \$74,716,564 for CRF and \$363,582 for ARPA funding is provided, along with a corresponding decrease in General Fund. These federal funds are received by the Department of Administrative Services and passed through to the Department of Corrections for maintaining public safety services during the COVID-19 pandemic.

The Subcommittee approved several technical adjustments that shift costs between programs within DOC, including: \$6 million from central administration to operations for repair and maintenance projects; \$131,200 from operations to correctional services for the library services unit; and \$100,000 from central administration to correctional services for the community partner outreach program.

Finally, a one-time General Fund appropriation of \$51,421 was approved for a limited duration part-time Administrative Specialist 1 position (0.25 FTE) that will serve as a liaison for the Gender-Responsive Coordinator position established in the Governor's Office.

Oregon Criminal Justice Commission

The Subcommittee approved a one-time General Fund appropriation of \$300,000 for the legal services pilot program first established by HB 2631 (2019) and then reestablished by HB 4050 (2022) operating at the Coffee Creek Correctional Facility. The Criminal Justice Commission will administer payments for this program, which is operated by the Oregon Justice Resource Center.

Oregon Department of Emergency Management

The Subcommittee approved the necessary funding for the establishment of the Department of Emergency Management, effective July 1, 2022, outlined in HB 2927 (2021). The new Department will be structured with five major programs, including: Administration, the 9-1-1 Emergency Program, Preparedness and Response, Mitigation and Recovery, and Bond Debt Service.

- Administration program includes \$7,896,756 General Fund and \$484,877 Other Funds and 38 positions (18.83 FTE).
- 9-1-1 program is 100% Other Funds totaling \$68,337,111 and 10 positions (5.36 FTE).
- Preparedness and Response includes several federal grant programs like the Emergency Management Performance Grants, Homeland Security Grants, Regional Catastrophic Preparedness Grants, Geohazards Grants, and the SPIRE Grant program, which is funded by bond funding; \$757,611 General Fund, \$5,673,745 Other Funds, \$37,092,457 Federal Funds and 22 positions (10.82 FTE) make up this program.
- Mitigation and Recovery includes the federal Fire Assistance Grants, Flood Mitigation Assistance Grants, Pre-Disaster Grants, Hazard Mitigation Grants, and this program is also where Public Assistance and Individual Assistance funding would flow through for FEMA disaster-related payments. The program includes \$665,143,048 Federal Funds and 22 positions (11.00 FTE).
- Bond Debt Service consists of \$1,576,705 General Fund related to bonds issued for the SPIRE grant program.

Finally, \$20 million of one-time Other Funds expenditure limitation was provided for the Department to expend monies deposited into the Local Disaster Assistance Loan and Grant Account to be used as match for FEMA Hazard Mitigation Program grants. This will allow the Department to expend the funds beyond June 30, 2023 and maximize the available federal funding from FEMA. The Other Funds expenditure limitation will go in the Mitigation and Recovery program and the Department will likely need to request additional limitation as part of its 2023-25 budget development to expend any unspent funds.

Department of Justice

The Subcommittee approved the following Crime Victim and Survivor Services budget adjustments:

- \$15 million in Other Funds expenditure limitation, on a one-time basis, for community-based violence prevention grants. The revenue source is the American Rescue Plan Act Coronavirus State Fiscal Recovery Fund monies received by the Oregon Department of Administrative Services and transferred to the Department.
- \$11.25 million General Fund, on a one-time basis, for a potential revenue shortfall in the federal Victims of Crime Act grant (VOCA).
- \$10 million General Fund, on a one-time basis, for deposit into the Oregon Domestic and Sexual Violence Services Fund and an increase of \$10 million of Other Funds expenditure limitation for expenditure from the fund, for state-funded grants to domestic and sexual violence service providers throughout the state, including federally recognized tribal governments.
- \$2.8 million General Fund, on a one-time basis, for distribution to Court Appointed Special Advocates.

- \$2 million in the Other Funds expenditure limitation, on a one-time basis, for the Crime Victims and Survivor Services Division, as a special payment for distribution to nonprofit entities to assist survivors of domestic and sexual violence and human trafficking in maintaining or acquiring housing. The revenue source is the Housing and Community Services Department (HCSD) American Rescue Plan Act (ARPA) funding for the agency's Emergency Rental Assistance Program. The \$2 million is to be deposited into the Oregon Domestic and Sexual Violence Services Fund.

For the Legal Tools Replacement information technology project, the Subcommittee approved \$4.6 million in supplemental General Fund, on a one-time basis, and authorized the establishment of 13 limited duration positions (7.29 FTE) and \$5.1 million Other Funds expenditure limitation. The revenue source of the Other Funds is Article XI-Q general obligation bond (SB 5701) that will be issued in the spring of 2023 and fund a portion of project activities for the 2023-25 biennium. The Other Funds amount includes \$105,000 associated with the cost of the bond issuance. Debt service, which will begin in the 2023-25 biennium, is to come from legal billings to state agencies.

To address workload needs driven by state agencies, the Subcommittee approved a supplemental increase of \$2.3 million in the Other Funds expenditure limitation and authorized the establishment of nine permanent full-time positions (4.74 FTE) for the General Counsel Division to address workloads in the Natural Resources, Government Services, and the Tax and Finance Sections. The revenue to support this request is to come from billings to state agencies.

The budget approved by the Subcommittee includes a decrease of \$940,753 in the Other Funds expenditure limitation, an increase of \$1.2 million General Fund, and authorized the establishment of one permanent full-time position (0.58 FTE) for the Criminal Justice Division due to Department's withdrawal from the federal government's High Intensity Drug Trafficking Area (HIDTA) program beginning May 1, 2022. Five existing permanent full-time positions will be fund shifted from Other to General Fund then redeployed the positions into the Analytical and Criminal and Investigative Support Section. The newly authorized position will manage the Investigative Service Center, the Oregon Watch Center, the Titan Fusion Center, and the Oregon Critical Infrastructure Program.

The Subcommittee approved a decrease of \$213,517 General Fund, a decrease of \$37,146 in Other Funds expenditure limitation, and a decrease of \$486,565 in Federal Funds expenditure limitation and the abolishment of 12 permanent full-time positions (12.00 FTE) for the Division of Child Support to fund the procurement of a child support receipting and payment collection service for physically deposited payments.

The Subcommittee requested that the Department of Administrative Services (DAS) unschedule \$300,000 General Fund and \$389,630 Federal Funds for the Division of Child Support that was funded by the Legislature in 2021 (Policy Package #482) to fund the movement of the Child Enforcement Automated System (CSEAS) from a private data center to the DAS State Data Center. The funding may be rescheduled after the division presents a data migration plan to the Emergency Board as part of a request for the release of special purpose appropriation.

Related to family treatment courts, the Subcommittee approved a \$384,668 Other Funds expenditure limitation and authorized the establishment of two permanent full-time positions (1.00 FTE). One position (0.50 FTE) will serve on a statewide family treatment court governance committee and one position will support the Department of Human Services (DHS) in a new family treatment court in Clatsop County (0.25 FTE) and an existing family treatment court in Columbia County (0.25 FTE). Legal billings to DHS will pay program costs.

The Subcommittee approved \$314,528 General Fund and authorized the establishment of one permanent full-time Operation and Policy Analysts 4 (0.58 FTE) for the Commission on Statewide Law Enforcement Standards of Conduct and Discipline (HB 2930 (2021)). The position is to service as the executive director the commission under the Criminal Justice Division.

The following technical budgetary adjustments were also included in the agency's budget adjustments:

- Transfer \$447,784 Other Funds expenditure limitation and one permanent full-time positions (0.88 FTE) for the Fair Housing Enforcement initiative from the General Counsel Division to the Civil Enforcement Division.
- Reduce \$212,656 General Fund for the Defense of Criminal Convictions to reconcile the budget with the Department's 2021-23 close-of-session forecasted caseload.

Oregon Military Department

For the Oregon Military Department (OMD), the Subcommittee approved a technical adjustment of \$269,505 General Fund to shift information technology costs between programs, from the Office of Emergency Management (OEM) to administration. These costs have been budgeted within OEM but need to stay with the Department when OEM becomes an independent agency on July 1, 2022. Additionally, a fund split adjustment was approved for some accounting positions within the Department. Previously these positions had been supported 100% by federal funds but will be split 53% General Fund and 47% Other Funds.

The Subcommittee also approved the repurposing of \$2.7 million of one-time General Fund from SB 5535 (2021) that was received as the anticipated state's share of FEMA-reimbursable cost for urban search and rescue teams deployed during the Labor Day wildfires in 2020. The state share funding is no longer needed as those fires were declared a major disaster, allowing for 100% FEMA reimbursement. The Department will now utilize those funds to complete a 2020 Wildfire After-Action Report, update the State Disaster Recovery Plan, enhance Diversity, Equity, and Inclusion efforts, and acquire a grants management software system. This grant management system will be funded with \$500,000 of the one-time General Fund and \$545,000 of available federal funds, for a total estimated cost of \$1,045,000. OMD estimates the ongoing licensing and maintenance costs to be \$140,000 per year which can be financed within existing resources.

An additional approved use of the one-time General Fund is for potential costs associated with moving the Office of Emergency Management -- to become the Oregon Department of Emergency Management (ODEM) on July 1, 2022 -- to a new location outside of the Anderson Readiness Center where space is insufficient. The new location being considered was previously leased by the Department of Transportation and includes space across two floors for staff offices and the state's Emergency Coordination Center, as well as secure parking onsite. The Department is working with Department of Administrative Services Enterprise Asset Management on the potential transition. If the site is approved, costs are

expected to be \$1,888,600, including renovations, to be completed prior to the end of the biennium. Rental costs for the new facility are anticipated to be \$2.7 million a biennium, which is about \$351,000 more than OEM's current space. ODEM will need to request additional funding as part of its 2023-25 budget development.

Finally, the Subcommittee approved the necessary funding adjustments for the establishment of the Department of Emergency Management. This includes reductions of \$8,654,366 General Fund, \$1,576,705 General Fund debt service, \$74,495,733 Other Funds, \$702,235,504 Federal Funds, and transfer of 92 positions totaling 46.01 FTE. An additional reduction of \$20 million General Fund was approved from one-time funds provided in HB 5006 (2021) as matching funds for FEMA's Hazard Mitigation Program. The funds are eliminated from OMD's budget and then placed for deposit into the Local Disaster Assistance Loan and Grant Account to be used for the same purpose. By placing the funds for deposit, the Oregon Department of Emergency Management will be able to carry forward any unspent funds beyond the 2021-23 biennium, since most project costs will extend beyond June 30, 2023. Funds in the Local Disaster Loan and Grant Account are transferred to ODEM on July 1, 2022.

State Board of Parole and Post-Prison Supervision

The Subcommittee approved three budget adjustments for the Board to address needs around technology and workload. An increase of \$74,000 General Fund will help the agency find a vendor solution for an electronic records management system and support the cost of moving paper records from between offices; the old storage area is no longer available due to a building closure. The establishment of one full-time permanent Information Systems Specialist 7 (0.50 FTE) at a cost of \$115,971 General Fund was also authorized effective July 2, 2022. Finally, \$537,464 General Fund and two limited duration positions (1.00 FTE) were added to the budget to help cover hearings workload due an increase in juvenile sentence commutations.

Department of State Police

The Subcommittee approved \$2.6 million General Fund, on a one-time basis, for the Firearms Instant Check System unit within the Department of State Police. These funds are to support 17 limited duration positions that were approved in the 2021 regular session through HB 5028. These positions, totaling 14.96 FTE, were included in the agency's 2021-23 budget to address a backlog of firearm background checks, and were originally intended to be funded with available fund balances from fee revenues within the Criminal Justice Information Services Division.

Additionally, the establishment of a permanent full-time Operations and Policy Analyst 4 position (0.25 FTE) totaling \$112,291 General Fund was approved by the Subcommittee. This nonsworn position will act as the Department's tribal liaison to serve as the point of contact for all tribal governments and indigenous persons within the state. Of the General Fund provided, \$35,000 is a one-time cost for a dedicated vehicle.

Also approved is the repurposing of \$50,000 General Fund originally provided in HB 2928 (2021). That measure provided \$150,000 of one-time funding for the purchase of three public announcement systems for crowd control, however, the Department had \$50,000 remaining after the purchase and will use the funds to obtain respirator masks for the Mobile Response Team.

The Subcommittee approved a one-time Federal Funds expenditure limitation increase of \$3,039,868 for the Department to make purchases under the equitable sharing program through the U.S. Department of Justice. The Department intends to use the available funding to purchase five Mobile Command Post vehicles, three Explosive Unit Response trucks, and to upgrade three of its current Hazardous Duty Robots.

The Subcommittee also approved the following General Fund appropriations related to the Office of the State Fire Marshal:

- \$11,323,221 for one-time 2021 fire costs. This initial cost estimate is from the response to nine Governor-declared conflagrations across Oregon in 2021. Of the nine fires, two are eligible for federal reimbursement from FEMA (\$3.4 million estimated state share) while the other seven are all state responsibility (\$7.9 million).
- \$1,149,500 for the purchase of wildland firefighting equipment (one-time) for the Estacada Rural Fire Protection District.
- \$1,807,561 from the special purpose appropriation to the Emergency Board established in HB 2927 (2021) for the preparation of establishing the Office of the State Fire Marshal as an independent state agency. This appropriation will support 19 positions (5.50 FTE) within the new agency in place for the July 1, 2023 effective date.

Department of Public Safety Standards and Training

The Subcommittee approved an increase of \$232,042 in Federal Funds expenditure limitation for the Assistance to Firefighters Grant Program. A budget note related to police officer training was also approved:

BUDGET NOTE: The Department of Public Safety Standards and Training is directed to return to the appropriate interim committees on public safety by December 1, 2022, with a proposal for the delivery of training for police officers concerning the investigation and reporting of cases involving missing or murdered indigenous persons. The proposal should include the method and cost of delivery and the anticipated number of additional training hours that would be required.

Oregon Youth Authority

The Subcommittee approved budget adjustments to support the transfer of two vacant permanent full-time positions between programs, along with associated reclassification, funding, or step changes, to enhance the agency's Diversity, Equity, and Inclusion Office. The two positions, one from facilities programs and one from community programs, are moved to program support to serve as a DEI Strategic Coordinator and a DEI Engagement Specialist. This adjustment has a net zero impact on the overall agency budget.

Additionally, the Subcommittee approved a joint request from the Oregon Department of Human Services and the Oregon Youth Authority for a one-time repurposing of \$7.7 million in General Fund savings (\$12.9 million total funds) resulting from lower than budgeted utilization in the Behavior Rehabilitation Services (BRS) program to support systems of care for children and families. This repurposing of funds includes \$3 million General Fund (\$1,744,916 from OYA) for supplemental payments to BRS providers and other contracted community-based providers experiencing COVID outbreaks and quarantines, effective November 1, 2021 through June 31, 2023; and, \$4.7 million General Fund (\$2,301,350 from OYA) on a one-time basis to reserve bed capacity, effective November 1, 2021 through June 31, 2023. Some available federal funding will also be utilized as part of the \$12.9 million total funds, including \$887,513 from OYA, to support reserving bed capacity.

Finally, HB 5202 establishes a new Other Funds Debt Service appropriation to help correct a legal reference error in HB 5006 (2021).

TRANSPORTATION

Department of Aviation

The Subcommittee approved an increase of \$633,162 Federal Funds expenditure limitation from increases in Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA) federal grant funds for COVID-19 related costs. Other Funds expenditure limitation of \$1,145,989 and three positions (2.01 FTE) was approved to restore capacity in the Operations and Pavement Maintenance divisions back to pre-pandemic levels. The additional funding comes from a favorable revenue forecast on the aviation fuels tax.

Three aviation projects supported by General Fund that are part of the Rural Infrastructure package were also approved by the Subcommittee:

- \$2,598,406 for runway and electrical rehabilitation at the Cape Blanco State Airport
- \$540,388 for distribution to the City of Salem for the Salem Municipal Airport upgrade
- \$750,000 for distribution to Josephine County for a Jet A and Avgas aircraft fueling system at the Illinois Valley Airport

Department of Transportation

The Subcommittee approved an additional \$25 million General Fund for 2021-23 biennial expenses associated with Oregon Department of Transportation (ODOT) debris removal expenses associated with the 2020 wildfire season, augmenting \$14.4 million appropriated in the 2021-23 legislatively adopted budget. This funding supports work that is not eligible to be paid from State Highway Fund costs, including private property debris removal, and FEMA match requirements. Expenditures for cleanup activities have not followed originally anticipated schedules; instead of most payments being made in 2019-2021 as originally anticipated, only \$38.4 million of a total appropriation of \$93.75 million was expended in that biennium.

Also approved was an additional \$3,349,960 General Fund -- and a corresponding decrease in funding from ARPA funds transferred to ODOT from the Department of Administrative Services -- for rehabilitation of the Lake County Railroad, as state funding will be used as non-federal match for a Federal Railroad Administration grant.

General Fund in the amount of \$7,000,000 was added for deposit into a subaccount of the Oregon Transportation Investment Fund, to fund projects that reduce collisions between wildlife and vehicles. The funds will be distributed for a range of wildlife corridor project needs, including but not limited to project feasibility studies, planning, construction, retrofit and maintenance of wildlife road crossing infrastructure, roadkill tracking and studies, animal detection systems, signage, direction fencing, wildlife jump outs, and matching funds requirements for projects. The Department is to consult with the State Department of Fish and Wildlife and may partner with or make distributions to Tribal governments, counties, cities, or other public or private entities for projects. Distributions are to be prioritized for those projects that fill funding

gaps for wildlife road crossings and habitat connectivity that are not otherwise budgeted for or required under other federal or state obligations. A corresponding Other Funds expenditure limitation for this purpose was also approved.

A \$1.5 million non-recurring General Fund appropriation to ODOT was approved for the purpose of remediating damage sustained to North Fork Road in Marion County during the 2020 wildfires. Funding is intended to help replace guard rails, replace signs and gates, ease access limitations; and pay for costs associated with replacing the Elkhorn single lane wood and steel bridge.

An increase in Other Funds expenditure limitation in the amount of \$3,636,767 was approved to provide dedicated resources for the Interstate Bridge replacement project. Per a Memorandum of Intent between ODOT and the Washington State Department of Transportation (WSDOT) and legislative engagement guiding the work of both entities, project costs and staffing are being shared between the two states. The funds support 12 permanent positions (9.42 FTE), attributable to ODOT. These positions are being funded from \$45 million in Federal Highway Administration formula allocations (budgeted as Other Funds) that ODOT has committed to the project. Between 2019 and late 2021, ODOT had been leveraging earlier applicable work from the Columbia River Crossing effort dating from 2005-2013, and staffing the initial phases of the project with existing resources; dedicated resources and attention are now required to begin construction by 2025, per the current project schedule. The following positions are created as permanent, due to the project spanning multiple biennia:

- A dedicated program administrator, responsible for developing and building a project that attains the bi-state design and construction objectives;
- An assistant program administrator, to oversee joint project elements and coordination between Oregon and Washington, to achieve the design elements, construction, and procurement activities necessary to get to completion, pursuant to policy objectives of state policy makers;
- A deputy environmental manager position to navigate compliance with federal, state, and local environmental laws;
- A contracts manager to oversee the development and negotiation of agreements with agencies, vendors, and consultants;
- An executive support specialist to support meetings, summaries, reporting requirements, and serve as a point of contact for customers;
- A community and government relations manager to facilitate outreach, coordinate feedback, and notify staff and policy makers of state and local issues;
- A deputy design manager focused on roadway and interchange engineering;
- A cultural resource coordinator to facilitate cooperation with state historic preservation offices and Native American nations;
- A lead traffic engineer; A finance manager responsible for financial modeling, coordination, and planning;
- A tolling manager, to develop and oversee a tolling plan that aligns with Oregon and Washington policy; and
- A real estate services manager to prepare and manage rights of way negotiation, acquisition, and relocation.

An increase in Other Funds expenditure limitation in the amount of \$5,248,462 was approved for Driver and Motor Vehicle Services, to extend 46 limited duration Transportation Services Representative 1 positions (34.50 FTE) that were due to expire in February 2022. The extension will meet existing and anticipated customer service demands for DMV transactions, including Real ID credentials. The positions are supported by

DMV fee revenue, sufficient to support the request. The Department projects an estimated 814,000 Real ID transactions between January 2022 and June 30, 2022.

Other Funds expenditure limitation was approved to accommodate the expenditure of American Rescue Plan Act funds transferred from the Department of Administrative Services. ODOT will provide grants on a one-time basis to the following entities for the following projects:

- \$3,000,000 to Marion County Public Works Department for Safety Corridor improvements;
- \$2,960,000 to the City of Canby for the extension of Walnut Street;
- \$9,400,000 to Crook County for extension of Combs Flat Road; and
- \$500,000 to the City of Dufur for sidewalk renovation.

SB 1536 C BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Marsh

House Committee On Rules

Action Date: 03/03/22

Action: Do pass with amendments to the B-Eng bill. (Printed C-Eng.)

House Vote

Yeas: 5 - Fahey, Holvey, Smith Warner, Valderrama, Zika

Nays: 2 - Breese-Iverson, Wallan

Prepared By: Sione Filimoehala, Department of Administrative Services

Reviewed By: John Terpening, Legislative Fiscal Office

Department of Energy

2021-23

Department of Human Services

2021-23

Oregon Health Authority

2021-23

Budget Summary*

	2021-23	2022	Committee Change from	
	Legislatively Approved Budget	Committee Recommendation	2021-23 Leg. Approved	
			\$ Change	% Change
Oregon Department of Energy				
General Fund	\$ -	\$ 27,500,000	\$27,500,000	100.0%
Other Funds Limited	\$ -	\$ 12,110,588	\$12,110,588	100.0%
Total	\$ -	\$ 39,610,588	\$39,610,588	100.0%
Oregon Department of Human Services				
General Fund	\$ -	\$ 2,000,000	\$ 2,000,000	100.0%
Total	\$ -	\$ 2,000,000	\$ 2,000,000	100.0%
Oregon Health Authority				
General Fund	\$ -	\$ 5,000,000	\$ 5,000,000	100.0%
Total	\$ -	\$ 5,000,000	\$ 5,000,000	100.0%

Position Summary**Oregon Department of Energy**

Authorized Positions	0	6	6
Full-time Equivalent (FTE) positions	0.00	3.44	3.44

Oregon Department of Human Services

Authorized Positions	0	0	0
Full-time Equivalent (FTE) positions	0.00	(0.37)	(0.37)

Oregon Health Authority

Authorized Positions	0	2	2
Full-time Equivalent (FTE) positions	0.00	1.16	1.16

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Senate Bill 1536 appropriates \$27,500,000 in one-time General Fund to the Oregon Department of Energy (ODOE), \$25,000,000 of which is deposited into two newly created funds for grants. The bill also provides \$12,110,588 in Other Funds expenditure limitation expend the monies out of those two funds to administer and provide the grants. This includes the following:

- ODOE receives \$10,000,000 General Fund for deposit into the Heat Pump Deployment Program Fund and \$5,548,537 Other Funds expenditure limitation is provided for payment of expenses from the Heat Pump Deployment Fund.
- ODOE receives \$15,000,000 General Fund for deposit into the Residential Heat Pump Fund and \$6,562,051 Other Funds expenditure limitation is provided for payment of expenses from the Residential Heat Pump Fund.
- The remaining \$2,500,000 General Fund appropriated to ODOE includes \$2,000,000 for the Community Cooling Center grant program and \$500,000 to conduct a study on cooling.

Additionally, the bill makes a one-time \$2,000,000 General Fund appropriation to the Oregon Department of Human Services (ODHS) to provide grants to emergency shelters and organizations providing warming and cooling facilities.

Lastly, the bill appropriates \$5,000,000 in one-time General Fund to the Oregon Health Authority (OHA) to acquire and distribute air filters and air conditioners.

Summary of Capital Construction Subcommittee Action

Oregon Department of Energy

SB 1536 creates the Heat Pump Deployment Program in ODOE to award grants to an eligible entity in each region of the State, and each federally recognized Indian tribe in Oregon. ODOE may establish a maximum amount of grant funds to be disbursed for heat pumps and upgrades and establish incentives to encourage use of higher efficiency heat pumps, heating and cooling devices, and upgrades. The bill also outlines ODOE oversight of grant funds, repayment provisions, and annual reporting requirements for entities receiving funds; and includes entities that should be consulted in program rulemaking.

SB 1536 makes a one-time \$10,000,000 General Fund appropriation for deposit into the Heat Pump Deployment Fund. The measure then provides \$5,548,537 Other Funds expenditure limitation for special payments and administration costs associated with the grant program. To administer the program, the Department will hire three limited duration positions (1.25 FTE) for a Lead Program Analyst 3, an Operations and Policy Analyst 3, a Program Analyst 2. ODOE anticipates utilizing some existing staff resources to support the program as well.

The bill creates the Residential Heat Pump Fund, separate and distinct from the General Fund, with moneys continuously appropriated to ODOE for grants and rebates, and program administration. Every year, moneys for rebates and grants must have 25% of program funds reserved for affordable housing providers and 25% for loans for owners of units occupied by households whose income is less than 80% of the area median income. This program is repealed January 2, 2025, and the Department notes there will be work required to wrap up this program after the sunset date and it is unclear how the positions working on the program will be funded once these funds are fully expended.

The bill also appropriates \$15,000,000 in one-time General Fund for deposit into the Residential Heat Pump Fund and provides \$6,562,051 Other Funds expenditure limitation for special payments and administration costs associated with the grant program. The measure authorizes three positions (1.25 FTE) for a Lead Program Analyst 3, an Operations and Policy Analyst 3, a Program Analyst 2, and 0.50 FTE support for other existing positions.

SB 1536 makes a one-time \$2,000,000 General Fund appropriation for a Community Cooling Center grant program and directs ODOE to provide a grant to the nongovernmental entity that administers public purpose charge moneys to enable them to assist landlords in creating or operating private community cooling spaces on or near the premises during an extreme heat event.

SB 1536 directs ODOE to study cooling and electrical needs of publicly supported housing, manufactured dwelling parks, and RV parks. The bill provides an additional \$500,000 one-time General Fund appropriation to ODOE to study the cooling and electrical needs of publicly supported housing. ODOE may contract with one or more third parties to administer the program.

Additionally, the bill directs ODOE to submit a report to the legislature, no later than September 15th, 2023, regarding heat pump grants and community cooling spaces.

Oregon Department of Human Services

SB 1536 appropriates \$2,000,000 General Fund in one-time funding to ODHS to provide grants, in consultation and coordination with OHA for emergency shelters or organizations that provide warming or cooling facilities. The grant program will be administered by the Office of Resilience and Emergency Management (OREM). The measure creates one limited duration Operations and Policy Analyst 3 (0.63 FTE) position to administer the program and abolishes one vacant limited duration Administrative Specialist 2 position (1.00 FTE). The net impact of the position actions is a FTE reduction of 0.37 FTE and a reduction in Personal Services of \$11,912 General Fund. The combined impact to Services and Supplies is an increase of \$2,011,912 General Fund, primarily to reflect grant payments.

Oregon Health Authority

OHA is directed to create a program to acquire a supply of air conditioners and air filters and to distribute these devices to a variety of eligible distribution entities. These devices are to be provided on an emergency basis to individuals who are eligible to receive medical assistance,

reside in a house or RV with electricity, and can safely and legally install these devices in their residence. The measure makes a one-time General Fund appropriation of \$5,000,000 to OHA for this program.

OHA may contract with one or more third parties to administer this program. OHA or a third-party contractor are directed to determine the percentage of program funds needed to support costs of installation and installation materials; determine the percentage of program funds needed to cover the costs of administration, not to exceed 10%; to maintain technical assistance resources for the air conditioners and air filters; and to provide technical assistance to eligible distribution entities.

OHA assumes that of the funds appropriated under this measure, \$4.7 million would be used to purchase air conditioners and air filters and ship devices to eligible distribution entities. The number of people served by this program would vary greatly based on the costs of air conditioners and air filters purchased. According to OHA's cost estimates, lower cost air conditioners and air purifiers could be provided to close to 20,000 people, while purchasing devices at an average cost would serve closer to 7,500.

The remaining \$347,666 is projected administrative costs and technical assistance for distribution entities, including \$150,000 to contract for education and technical assistance to eligible distribution entities. Funding supports two new limited duration positions, an Information Systems Specialist 7 and an Information Systems Specialist 8 (each 0.58 FTE in the 2021-23 biennium) to develop a new data system to track distribution entity applications, distribution of air filters and conditioners, and fulfillment of orders. Costs of this system will be paid for with a mix of General Fund and Federal Funds, with additional Other Funds expenditure limitation required due to OHA's Shared Services payment methodology.

There may be additional administrative costs for OHA to provide air conditioners and air filters in the 2023-25 biennium if funding is provided for continuation of this program; it is not clear if technical assistance is supposed to continue beyond the 2021-23 biennium even if no funding is provided for additional air filter and air conditioners after the current biennium.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Department of Energy, Department of Human Services, Oregon Health Authority
 Sione Filimoehala – 971-707-8779

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SUBCOMMITTEE ADJUSTMENTS									
Oregon Department of Energy									
SCR 100 - Energy Planning and Innovation									
Personal Services	\$ -	\$ -	\$ 36,344	\$ -	\$ -	\$ -	\$ 36,344	0	0.13
Services and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Special Payments									
SCR 200 - Energy Development Services									
Personal Services	\$ -	\$ -	\$ 512,104	\$ -	\$ -	\$ -	\$ 512,104	6	2.50
Services and Supplies	\$ 500,000	\$ -	\$ 425,241	\$ -	\$ -	\$ -	\$ 925,241		
Special Payments - 6060 Intra-Agency GF Transfer	\$ 25,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,000,000		
Special Payments	\$ 2,000,000	\$ -	\$ 11,000,000	\$ -	\$ -	\$ -	\$ 13,000,000		
SCR 500 - Administration									
Personal Services	\$ -	\$ -	\$ 136,899	\$ -	\$ -	\$ -	\$ 136,899	0	0.81
Services and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Special Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Oregon Department of Human Services									
SCR 010-40 Central Services									
Personal Services	\$ (11,912)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (11,912)	0	(0.37)
Services and Supplies	\$ 2,011,912	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,011,912		
Oregon Health Authority									
SCR 030-01 - Health Systems Division									
Personal Services	\$ 347,666	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 347,666	2	1.16
Services and Supplies	\$ 4,652,334	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,652,334		
SUBCOMMITTEE RECOMMENDATION *	\$ 34,500,000	\$ -	\$ 12,110,588	\$ -	\$ -	\$ -	\$ 46,610,588	8	4.23
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%

*Excludes Capital Construction Expenditures

SB 1538 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Sen. Beyer

Joint Committee On Ways and Means

Action Date: 02/24/22

Action: Do pass with amendments. (Printed A-Eng.)

Senate Vote

Yeas: 10 - Anderson, Frederick, Girod, Golden, Gorsek, Hansell, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 1 - Thomsen

House Vote

Yeas: 11 - Breese-Iverson, Bynum, Evans, Gomberg, McLain, Nosse, Reschke, Sanchez, Smith G, Stark, Valderrama

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Haylee Morse-Miller, Legislative Fiscal Office

Oregon Health Authority

2021-23

Budget Summary*

	2021-23	2022	Committee Change from	
	Legislatively Approved Budget	Committee Recommendation	2021-23 Leg. Approved	
			\$ Change	% Change
General Fund	\$ -	\$ 314,543	\$ -	0.0%
Other Funds Limited	\$ -	\$ 394,949	\$ -	0.0%
Federal Funds Limited	\$ -	\$ 808,628	\$ -	0.0%
Total	\$ -	\$ 1,518,120	\$ -	0.0%

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Senate Bill 1538 appropriates \$314,543 General Fund, increases Other Funds expenditure limitation by \$394,949, and increases Federal Funds expenditure limitation by \$808,628 to create the Compact of Free Association (COFA) Dental Program for Oregon residents. The Federal Funds revenue source is matching funds from the Centers for Medicare and Medicaid Services (CMS) for administrative work to update the Oregon Health Authority's (OHA) information systems. Other Funds revenues reflect the funding methodology for OHA's shared services whose work will be needed to make changes to IT systems that support this work.

Summary of Human Services Subcommittee Action

SB 1538 creates the COFA Dental Program within OHA to provide affordable dental care to low-income residents of COFA nations residing in Oregon and who do not qualify for Medicaid or the Children's Health Insurance Program. The measure expands dental care services to approximately 250 COFA individuals who are over 65 years old and under 138% federal poverty income threshold who do not qualify for Medicaid because they do not meet the requirements of the program. The measure appropriates \$314,543 General Fund, increases Other Funds expenditure limitation by \$394,949, and increases Federal Funds expenditure limitation by \$808,628 in the 2021-23 biennium as follows:

- Program costs related to providing dental care to this population are estimated at \$45,000 General Fund in 2021-23 and \$180,000 in 2023-25. This assumes the benefits will begin January 1, 2023.
- One-time updates to the ONE eligibility system to reflect the new eligibility criteria will cost \$269,543 General Fund and \$808,628 Federal Funds. This work includes updates to the system's interface with the Medicaid Management Information System (MMIS) as well as contractual work for system configuration, testing, and project management.

Shared Services costs related to updating MMIS to reflect the new eligibility criteria are \$394,949 Other Funds, which is funded through OHA's standard shared services allocation methodology using \$98,737 General Fund and \$296,212 Federal Funds included in the above.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 010-45 - Shared Services									
Services and Supplies	\$ -	\$ -	\$ 394,949	\$ -	\$ -	\$ -	\$ 394,949		
SCR 030-01 - Health Systems Division									
Services and Supplies	\$ 269,543	\$ -	\$ -	\$ -	\$ 808,628	\$ -	\$ 1,078,171		
Special Payments	\$ 45,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,000		
SUBCOMMITTEE RECOMMENDATION *	\$ 314,543	\$ -	\$ 394,949	\$ -	\$ 808,628	\$ -	\$ 1,518,120	0	0.00
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%

*Excludes Capital Construction Expenditures

SB 1545 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Reardon

Joint Committee On Ways and Means

Action Date: 02/24/22

Action: Do Pass the B-Eng bill.

House Vote

Yeas: 8 - Bynum, Evans, Gomberg, McLain, Nosse, Sanchez, Smith G, Valderrama

Nays: 3 - Breese-Iverson, Reschke, Stark

Senate Vote

Yeas: 9 - Anderson, Frederick, Golden, Gorsek, Hansell, Knopp, Lieber, Steiner Hayward, Taylor

Nays: 2 - Girod, Thomsen

Prepared By: Wendy Gibson, Department of Administrative Services

Reviewed By: To, Neburka, Ruef, Jolivette, MacDonald, Legislative Fiscal Office

Higher Education Coordinating Commission

2021-23

Department of Education

2021-23

Bureau of Labor and Industries

2021-23

Department of Human Services

2021-23

Oregon Health Authority

2021-23

Budget Summary*

	2021-23		2022		Committee Change from	
	Legislatively Approved Budget		Committee Recommendation		2021-23 Leg. Approved	
				\$ Change	% Change	
Higher Education Coordinating Commission						
General Fund	\$	-	\$	52,385,390	\$	52,385,390 100.0%
Other Funds Limited	\$	-	\$	115,000,000	\$	115,000,000 100.0%
Total	\$	-	\$	167,385,390	\$	167,385,390 100.0%
Oregon Department of Education						
General Fund	\$	-	\$	3,500,000	\$	3,500,000 100.0%
Other Funds Limited	\$	-	\$	7,000,000	\$	7,000,000 100.0%
Total	\$	-	\$	10,500,000	\$	10,500,000 100.0%
Bureau of Labor and Industries						
General Fund	\$	-	\$	18,900,000	\$	18,900,000 100.0%
Other Funds Limited	\$	-	\$	1,100,000	\$	1,100,000 100.0%
Total	\$	-	\$	20,000,000	\$	20,000,000 100.0%
Oregon Department of Human Services						
General Fund	\$	-	\$	1,950,296	\$	1,950,296 100.0%
Other Funds Limited	\$	-	\$	159,358	\$	159,358 100.0%
Federal Funds Limited	\$	-	\$	202,761	\$	202,761 100.0%
Total	\$	-	\$	2,312,415	\$	2,312,415 100.0%
Oregon Health Authority						
General Fund	\$	-	\$	164,314	\$	164,314 100.0%
Total	\$	-	\$	164,314	\$	164,314 100.0%

Position Summary

Higher Education Coordinating Commission		
Authorized Positions	0	27
Full-time Equivalent (FTE) positions	0.00	17.01
Oregon Department of Education		
Authorized Positions	0	1
Full-time Equivalent (FTE) positions	0.00	0.63
Bureau of Labor and Industries		
Authorized Positions	0	9
Full-time Equivalent (FTE) positions	0.00	5.67
Oregon Department of Human Services		
Authorized Positions	0	16
Full-time Equivalent (FTE) positions	0.00	9.74
Oregon Health Authority		
Authorized Positions	0	1
Full-time Equivalent (FTE) positions	0.00	0.63

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Senate Bill 1545 appropriates General Fund to five agencies for purposes of administering workforce development programs established in this bill. The Higher Education Coordinating Commission (HECC) is appropriated \$52,385,390 General Fund and Other Funds expenditure limitation is increased by \$115,000,000 for use in establishing and administering six workforce grant programs. The Department of Education (ODE) is appropriated \$3,500,000 General Fund and Other Funds expenditure limitation is increased by \$7,000,000 for purposes of administering Youth Program grants. The Bureau of Labor and Industries (BOLI) is appropriated \$18,900,000 General Fund and Other Funds expenditure limitation is increased by \$1,100,000 for purposes of establishing and administering the Registered Apprenticeships program. The Oregon Department of Human Services (ODHS) is appropriated \$1,950,296 General Fund, Other Funds expenditure limitation is increased by \$159,358, and Federal Fund expenditure limitation is increased by \$202,761. The measure directs ODHS to seek 50% of program costs in matching (dollar for dollar) federal reimbursement estimated to generate Federal Funds revenue by \$202,761. The Oregon Health Authority is appropriated \$164,314 General Fund for coordination of Health Care Workforce Committee (HCWF) work. The main source of Other Funds for this measure is specified as moneys from American Rescue Plan Act Coronavirus State Fiscal Recovery Fund for all agencies except ODHS. Due to how the Agency's shared services are budgeted, the bill includes Other Funds revenue funded with expenditures from the Statewide Assessments and Enterprise-wide Costs (SAEC) program

Summary of Education Subcommittee Action

Senate Bill 1545 invests in five workforce focus areas including: (1) Inclusive Industry Engagement; (2) Skilling Up Existing and Future Workers; (3) Leveraging Critically Needed Supports and Wraparound Services; (4) Modernizing Education and Training; and (5) Assessment, Accountability, and Continuous Improvement. The investments directed by this measure establish grant programs in HECC, BOLI, and ODE to provide funding for workforce development activities aimed at increasing access for priority populations to training opportunities, services and benefits in technology, health care and manufacturing. Priority populations are defined in the measure as communities of color, women, low-income communities, rural and frontier communities, veterans, persons with disabilities, incarcerated and formerly incarcerated individuals, members of Oregon's nine federally recognized Indian tribes, individuals who identify as members of the LGBTQ+ community, and individuals who disproportionately experience discrimination in employment on the basis of age.

PROGRAM	ACCOUNTABLE AGENCY	AGENCIES ALLOCATED FUNDING
Prosperity 10,000 Program	HECC	HECC, DHS, OHA
Career Pathways	HECC	HECC
Prior Learning Credit	HECC	HECC
Workforce Ready Grants	HECC	HECC
Industry Consortia	HECC	HECC
Assessment and Accountability	HECC	HECC
Registered Apprenticeships	BOLI	BOLI
Youth Programs	ODE	ODE

In collaboration with the State Workforce and Talent Development Board (SWTDB), BOLI and the Youth Development Council, HECC is directed to review programs established under this measure and submit a joint report to the Governor and interim committees of the Legislative Assembly related to workforce development on the program performance and expenditure outcomes by December 31 of each year.

Prosperity 10,000

This measure establishes the Prosperity 10,000 program in HECC to be administered by local workforce development boards for the purposes of providing workforce development services and wraparound supports to program participants. Program goals are specified in the measure and include gaining at least 10,000 total participants. The measure requires ODHS to incorporate the program into the statewide plan for Supplemental Nutrition Assistance Program (SNAP) Employment and Training Program and to seek federal reimbursement for 50% of program costs and other eligible activities. The SWTDB, in consultation with the Committee for Continuous Improvement, is directed to oversee the program progress, goals and improvements. The measure stipulates funds allocated to HECC for this program be distributed to the local workforce boards utilizing the federal Workforce Innovation and Opportunity Act formula and General Fund appropriated for this purpose must be distributed within 60 days of the date the bill becomes effective. Each of the local workforce development boards are directed to compile data on the progress made toward carrying out the Prosperity 10,000 program. The boards shall prepare and submit a joint report that includes data, disaggregated by race, gender and geography, to the commission and the State Workforce and Talent Development Board no later than October 31 of each year.

Higher Education Coordinating Commission (HECC)

The Subcommittee recommended a \$15,000,000 appropriation of General Fund and an Other Funds expenditure limitation increase of \$20,000,000. The Subcommittee also recommended establishing one limited duration Program Analyst 3 position (0.63 FTE) to HECC for the purpose of establishing and administering the Prosperity 10,000 program. The recommendation reflects one-time funding ending June 30, 2023.

Oregon Department of Human Services (ODHS)

The Subcommittee recommended a \$1,950,296 appropriation of General Fund, an Other Funds expenditure limitation increase of \$159,358, and a Federal Funds expenditure limitation increase of \$202,761. The Subcommittee also recommended establishing 16 limited duration positions (10 Human Services Case Managers – 6.30 FTE; 1 Procurement and Contract Specialist 3 – 0.63 FTE; 4 Operations and Policy Analyst 3 – 2.18 FTE; and 1 Operations and Policy Analyst 2 – 0.63 FTE) to ODHS for the purpose of incorporating the Prosperity 10,000 Program into the statewide plan for SNAP Employment and Training Program (SNAP E&T). The funding recommended is for staffing costs related to the preceding limited duration positions. The measure directs ODHS to seek 50% of program costs in matching (dollar for dollar) federal reimbursement and refer individuals who receive SNAP benefits. The SNAP E&T distributes moneys to workforce development boards for purposes of workforce development and wraparound supports and services. The recommendation reflects one-time funding ending June 30, 2023.

Oregon Health Authority (OHA)

The Subcommittee recommended a \$164,314 appropriation of General Fund. The Subcommittee also recommended establishing one limited duration position (0.63 FTE) to OHA for the purpose of supporting OHA's coordination of Health Care Workforce Committee (HCWF) work and the existing incentives targeted to the medical and dental sectors of the workforce with these new investments. The recommendation reflects one-time funding ending June 30, 2023.

Career Pathways

The measure directs the HECC to establish a program to grant funds to community colleges for the development of post-secondary career pathway training programs designed for individuals in priority populations to obtain necessary skills for job or career advancement in high-wage, high-demand industries and occupations. The developed training programs must provide support for program participants to successfully complete the program, earn a certificate, credential, or degree recognized by one of the targeted industry sectors, successfully obtain income on the pathway to self-sufficiency standard, and reduce disparities experienced by priority populations in either securing employment or obtaining career advancement. The measure specifies grant funds to be used for connecting priority populations to meaningful training programs; collaborating with organizations to achieve participation in training programs; development of an assessment strategy to measure efficacy of training programs; procurement of training equipment, technology and supplies; and identification of opportunities to leverage other funding sources including matching Federal Funds. HECC is directed to establish a process and criteria standards for submitting grant proposals. The eligibility criteria for community colleges to receive the grant awards is set forth in the measure.

Higher Education Coordinating Commission (HECC)

The Subcommittee recommended a \$14,885,390 appropriation of General Fund and establishing one permanent Program Analyst 3 positions (0.63 FTE) to HECC for the purpose of expanding and administering the Career Pathways program.

Prior Learning Credit

The measure directs HECC to build capacity for the credit for prior learning program by awarding grants to community colleges and universities working toward increasing opportunities for students from priority populations to receive academic credit for prior experience or skills gained outside of traditional higher education institutions. The academic credit will count toward a certificate or credential, which provides a pathway to employment or career advancement. HECC is directed to consult with employers and targeted industry consortia to develop uniform standards to use for certification of a student's technical competency, qualifications, knowledge or skills level and to determine sufficiency as recognized by the targeted industry sector. The measure specifies the use of funds limited to development of assessment criteria for evaluating student's prior experience and skills, training staff on assessment criteria application, and recruitment or outreach to priority populations. HECC is directed to establish criteria and standards for submission of grant proposals and select grant recipients on a competitive basis with consideration given to proposals demonstrating effective strategies for engaging with individuals from priority populations.

Higher Education Coordinating Commission (HECC)

The Subcommittee recommended a \$10,000,000 appropriation of General Fund and establishing one limited duration Operations and Policy Analyst 3 position (0.63 FTE) to HECC for the purpose of expanding and administering the Prior Learning Credit program. The recommendation reflects one-time funding ending June 30, 2023.

Workforce Ready Grants

The measure directs HECC to establish a program awarding grants to workforce service providers and community-based organizations administering workforce programs in the health care, manufacturing and technology industry sectors and prioritizing equitable program participation by individuals from priority populations. The measure specifies use of grant funds are limited to providing paid work experiences; offering tuition and fee assistance; providing wraparound workforce services; developing culturally and linguistically specific career pathways; and funding organizational investments including hiring staff, developing strategies, purchasing training equipment, and administrative costs. HECC is directed to compile specific information from each grant recipient pertaining to the status and use of grant funds. The Commission is directed to establish criteria and standards for submission of grant proposals. The competitive consideration process is specified in the measure and includes areas such as level of engagement with employers in targeted industry sectors, ability to provide opportunities for individuals from priority populations, intent to collaborate with intent to increase accessibility for individuals from priority populations. In awarding the grants, the Commission shall consult with the SWTDB and incorporate input from local workforce development boards and industry consortia established in this measure.

Higher Education Coordinating Commission (HECC)

The Subcommittee recommended a \$10,000,000 appropriation of General Fund and an Other Funds expenditure limitation increase of \$85,000,000. The Subcommittee also recommended establishing three limited duration Program Analyst 3 positions (1.89 FTE) to HECC for the purpose of establishing and administering the Workforce Ready Grants program. The recommendation reflects one-time funding ending June 30, 2023.

Industry Consortia

This measure establishes a program within HECC, in consultation SWTDB, to convene industry consortia representing health care, manufacturing, and technology industry sectors. The purpose of the program is specified to include establishing strategic partnerships, setting mutual goals, identifying industry-specific workforce needs, developing targeted recruitment strategies for individuals in priority populations, and promoting workforce development programs and activities. The measure sets standards for leadership, direction, and membership composition of industry consortiums.

Higher Education Coordinating Commission (HECC)

The Subcommittee recommended a \$1,000,000 appropriation of General Fund and establishing three permanent positions (1 Operations and Policy Analyst 4 – 0.63 FTE; 2 Operations and Policy Analyst 3 – 1.26 FTE) to HECC for the purpose of establishing and administering the Industry Consortia.

Workforce Benefits Navigators

The measure establishes a Workforce Benefits Navigators grant program. In consultation with the SWTDB, HECC is directed to establish and administer a program to award grants for pilot projects implemented by local workforce development boards. The boards will partner with comprehensive one-stop centers or community-based organizations to employ a workforce benefits navigator. The navigator will connect individuals from priority populations to workforce programs and increase their access to workforce services and benefits. The measure directs HECC to establish criteria standards for submitting grant proposals.

Higher Education Coordinating Commission (HECC)

The Subcommittee recommended an Other Funds expenditure limitation increase of \$10,000,000 and establishing one limited duration Program Analyst 3 position (0.63 FTE) to HECC for the purpose of establishing and administering the Workforce Benefits Navigator program. The recommendation reflects one-time funding ending June 30, 2023.

Assessment and Accountability

The measure directs HECC, in collaboration with SWTDB, BOLI, and ODE to review each of the programs established in this measure and submit a joint report on specified topics to the Governor and Legislative Assembly by December 31 of each year.

Higher Education Coordinating Commission (HECC)

The Subcommittee recommended a \$1,500,000 appropriation of General Fund and establishing one limited duration Information Systems Specialist 8 position (0.63 FTE) to HECC for the purpose of conducting assessments and ensuring accountability of newly established workforce grant programming. The recommendation reflects one-time funding ending June 30, 2023.

Registered Apprenticeships

The measure directs BOLI to establish and administer a grant program for registered apprenticeship and pre-apprenticeship training programs in specific industry sectors. The measure directs the use of grant moneys for the development of apprenticeship and pre-apprenticeship programs prioritizing individuals from priority populations and limits the use of grant funds for specific purposes, including convening employers in health care and manufacturing; providing recruitment and outreach; providing tuition and fee assistance; providing wraparound supports and services; and providing paid work experiences. BOLI is directed to establish criteria and standards for a competitive grant proposal submission and evaluation. The criteria may give priority to grant proposals that demonstrate effective strategies for engaging with priority populations. The grant recipients are required to track and report to BOLI the status of each apprenticeship and pre-apprenticeship program developed, expanded, and implemented using grant funds.

Bureau of Labor and Industries (BOLI)

The Subcommittee recommended an \$18,900,000 appropriation of General Fund and an Other Funds expenditure limitation increase of \$1,100,000. The Subcommittee also recommended establishing nine limited duration positions (1 Principle Executive Manager D – 0.63 FTE; 3 Operations and Policy Analyst 4 – 1.89 FTE; 1 Operations and Policy Analyst 3 – 0.63 FTE; 1 Operations and Policy Analyst 2 – 0.63 FTE; 1 Fiscal Analyst 3 – 0.63 FTE; and 2 Project Analyst 3 – 1.26 FTE) for the purposes of establishing and administering the Registered Apprenticeships grant program. The recommendation reflects one-time funding ending June 30, 2023.

Youth Programs

The measure directs the ODE Youth Development Division (YDD) to develop and administer a grant program designed to provide youth and young adults from priority populations with increased access to youth workforce programs. The measure limits the moneys to specified purposes, including paid work experiences, workforce readiness training, or job placement services. The Department is directed to establish criteria and standards for grant proposal submission and evaluation. The evaluation process may give priority to proposals demonstrating effective strategies for outreach and increased participation in youth workforce by youth and young adults from priority populations.

Oregon Department of Education (ODE)

The Subcommittee recommended a \$3,500,000 appropriation of General Fund and an Other Funds expenditure limitation increase of \$7,000,000. The Subcommittee also recommended establishing one limited duration Operations and Policy Analyst 3 position (0.63 FTE) for the purposes of developing and administering the Youth Programs grant program. The recommendation reflects one-time funding ending June 30, 2023.

Administrative Infrastructure

Higher Education Coordinating Commission (HECC)

The subcommittee recommendation includes establishing an additional sixteen limited duration operational positions (10.08 FTE) for the purposes of supporting the financial and administrative functions associated with administering granting programs. The costs for these positions are allocated across all the HECC initiatives. These positions include:

- Human Resources
 - 1 – Human Resource Analyst 3 (0.63 FTE)
 - 1 – Human Resource Analyst 2 (0.63 FTE)
- Communications/Marketing
 - 1 – Public Affairs Specialist 2 (0.63 FTE)
- Contracting
 - 1 – Procurement and Contract Specialist 3 (0.63 FTE)
 - 1 – Procurement and Contract Specialist 2 (0.63 FTE)
- Financial Administration
 - 1 – Fiscal Analyst 2 (0.63 FTE)
 - 2 – Accounting Technician 3 (1.26 FTE)
- General Operations
 - 1 – Principle Executive Manager E (0.63 FTE)
 - 2 – Operations and Policy Analyst 4 (1.26 FTE)
 - 1 – Operations and Policy Analyst 3 (0.63 FTE)
 - 1 – Information Systems Specialist 7 (0.63 FTE)
 - 1 – Research Analyst 4 (0.63 FTE)
 - 1 – Administrative Specialist 2 (0.63 FTE)
 - 1 – Office Specialist 2 (0.63 FTE)

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Higher Education Coordinating Commission, Oregon Department of Education, Bureau of Labor and Industry, Oregon Department of Human Services, Oregon Health Authority
 Wendy Gibson - 971-900-9992, Mike Streepey - 971-283-1198, Tamara Brickman - 971-719-3492, Ali Webb 503-400-4747, Patrick Heath - 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SUBCOMMITTEE ADJUSTMENTS									
Higher Education Coordinating Commission									
SCR 200 - Executive Director's Office									
Personal Services	\$ 194,177	\$ -	\$ 172,195	\$ -	\$ -	\$ -	\$ 366,372	3	1.89
Services and Supplies	\$ 22,629	\$ -	\$ 20,067	\$ -	\$ -	\$ -	\$ 42,696		
Special Payments	\$ 1,330,304	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,330,304		
SCR 201 - Central Operations									
Personal Services	\$ 453,919	\$ -	\$ 267,032	\$ -	\$ -	\$ -	\$ 720,951	6	3.78
Services and Supplies	\$ 57,441	\$ -	\$ 35,952	\$ -	\$ -	\$ -	\$ 93,393		
SCR 202 - Research and Data									
Personal Services	\$ 59,443	\$ -	\$ 237,772	\$ -	\$ -	\$ -	\$ 297,215	2	1.26
Services and Supplies	\$ 6,760	\$ -	\$ 27,038	\$ -	\$ -	\$ -	\$ 33,798		
SCR 203 - Academic Policy and Authorization									
Personal Services	\$ 142,579	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 142,579	1	0.63
Services and Supplies	\$ 16,899	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,899		
SCR 205 - Support to Community Colleges									
Personal Services	\$ 136,835	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 136,835	1	0.63
Services and Supplies	\$ 16,899	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,899		
Special Payments	\$ 23,875,626	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,875,626		
SCR 206 - Workforce Investments									
Personal Services	\$ 860,660	\$ -	\$ 1,027,784	\$ -	\$ -	\$ -	\$ 1,888,444	14	8.82
Services and Supplies	\$ 102,193	\$ -	\$ 126,393	\$ -	\$ -	\$ -	\$ 228,586		
Special Payments	\$ 25,109,026	\$ -	\$ 113,085,767	\$ -	\$ -	\$ -	\$ 138,194,793		
Oregon Department of Education									
SCR 100 - Department Operations									
Personal Services	\$ 159,747	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 159,747	1	0.63
Services and Supplies	\$ 26,824	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,824		
SCR 550 - Youth Development Division									
Special Payments	\$ 3,313,429	\$ -	\$ 7,000,000	\$ -	\$ -	\$ -	\$ 10,313,429		
Bureau of Labor and Industries									
SCR 050 - Apprenticeship and Training									
Personal Services	\$ 436,584	\$ -	\$ 791,341	\$ -	\$ -	\$ -	\$ 1,227,925	9	5.67
Services and Supplies	\$ 60,660	\$ -	\$ 141,540	\$ -	\$ -	\$ -	\$ 202,200		
Special Payments	\$ 18,402,756	\$ -	\$ 167,119	\$ -	\$ -	\$ -	\$ 18,569,875		

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE	
			LIMITED	NONLIMITED	LIMITED	NONLIMITED				
<u>SUBCOMMITTEE ADJUSTMENTS</u>										
Oregon Department of Human Services										
SCR 010-45 - DHS Shared Services										
Personal Services	\$ -	\$ -	\$ -	\$ 128,879	\$ -	\$ -	\$ -	128,879	1	0.63
Services and Supplies	\$ -	\$ -	\$ -	\$ 30,479	\$ -	\$ -	\$ -	30,479		
SCR 010-50 - Statewide Assessments and Enterprise-wide Costs										
Personal Services	\$ 503	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	503	0	0.00
Services and Supplies	\$ 10,456	\$ -	\$ -	\$ -	\$ -	\$ 10,455	\$ -	20,911		
Special Payments	\$ 68,973	\$ -	\$ -	\$ -	\$ -	\$ 68,971	\$ -	137,944		
SCR 060-01 - Self Sufficiency - Program										
Personal Services	\$ 1,347,841	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	1,347,841	13	8.19
Services and Supplies	\$ 398,802	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	398,802		
SCR 060-09 - Intellectual and Developmental Disabilities Program										
Personal Services	\$ 98,253	\$ -	\$ -	\$ -	\$ -	\$ 98,253	\$ -	196,506	2	0.92
Services and Supplies	\$ 25,468	\$ -	\$ -	\$ -	\$ -	\$ 25,082	\$ -	50,550		
Oregon Health Authority										
SCR 030-02 - Health Policy and Analytics										
Personal Services	\$ 133,810	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	133,810	1	0.63
Services and Supplies	\$ 30,504	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	30,504		
TOTAL ADJUSTMENTS	\$ 76,900,000	\$ -	\$ -	\$ 123,259,358	\$ -	\$ 202,761	\$ -	200,362,119	54	33.68
SUBCOMMITTEE RECOMMENDATION*	\$ 76,900,000	\$ -	\$ -	\$ 123,259,358	\$ -	\$ 202,761	\$ -	200,362,119	54	33.68
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%

*Excludes Capital Construction Expenditures

SB 1549 B BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Nosse

Joint Committee On Ways and Means

Action Date: 02/26/22

Action: Do Pass the B-Eng bill.

House Vote

Yeas: 9 - Bynum, Evans, Gomberg, McLain, Nosse, Sanchez, Smith G, Stark, Valderrama

Nays: 2 - Breese-Iverson, Reschke

Senate Vote

Yeas: 9 - Anderson, Golden, Gorsek, Hansell, Knopp, Lieber, President Courtney, Steiner Hayward, Taylor

Nays: 2 - Girod, Thomsen

Exc: 1 - Frederick

Prepared By: Patrick Heath, Department of Administrative Services

Reviewed By: Emily Coates, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2021-23	2022	Committee Change from	
	Legislatively Approved Budget ⁽¹⁾	Committee Recommendation	2021-23 Leg. Approved	
			\$ Change	% Change
General Fund	\$ -	\$ 690,947	\$ 690,947	100.0%
Total	\$ -	\$ 690,947	\$ 690,947	100.0%

Position Summary

Authorized Positions	0	3	3
Full-time Equivalent (FTE) positions	0.00	1.50	1.50

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Senate Bill 1549 appropriates \$690,947 General Fund to support the purposes of the bill. The bill authorizes fees to be collected to recover the cost of regulating temporary staffing agencies. The bill establishes civil penalties for violations of the act and directs any civil penalties to be deposited into the Health Licensing Office Account.

Summary of Human Services Subcommittee Action

SB 1549 establishes a licensing requirement for temporary staffing agencies working in the acute care, primary care, and long-term care industries to be administered by the Health Licensing Office (HLO) of the Oregon Health Authority (OHA). HLO must maintain a list of temporary staffing agencies on its website. OHA is directed to work with stakeholders to report to the interim committee of the Legislative Assembly related to health care by December 31, 2021, on a process to determine annual rates that temporary staffing agencies may charge, prioritizing staff compensation, quality care outcomes for patients, and the fiscal viability of care providers in the state.

The bill appropriates \$690,947 General Fund to OHA to support two permanent full-time positions, and one limited duration position (1.50 FTE) to administer the bill. For the Public Health Division, this includes one permanent full-time Public Service Representative 4 (0.50 FTE) and one Compliance Specialist 2 (0.50 FTE) to implement the licensing and complaint investigations required by the bill. In addition to personal service-related Services and Supplies of \$53,197, the bill provides \$48,400 for Attorney General costs, \$60,000 for professional services, and \$15,000 to publish and maintain the website required by the bill. In the Health Policy and Analytics (HPA) division one limited duration full-time

position starting April 1, 2022, is added to engage stakeholders, conduct policy research, perform contract management, and coordinate and develop the required report by December 31, 2022. In addition to personal service-related Services and Supplies of \$26,807, the Health Policy and Analytics Division costs include \$200,000 for a consultant to conduct the study and stakeholder process required by the bill.

It is anticipated that fees will be established sufficient to cover the cost of regulating the temporary staffing agencies during the 2023-25 biennium.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
Patrick Heath -- 503-983-8670

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
SUBCOMMITTEE ADJUSTMENTS									
SCR 030-02 Health Policy and Analytics									
Personal Services	\$ 124,806	\$ -	\$ -	\$ -	\$ -	\$ -	124,806	1	0.50
Services and Supplies	\$ 226,807	\$ -	\$ -	\$ -	\$ -	\$ -	226,807		
SCR 030-05 Public Health									
Personal Services	\$ 162,737	\$ -	\$ -	\$ -	\$ -	\$ -	162,737	2	1.00
Services and Supplies	\$ 176,597	\$ -	\$ -	\$ -	\$ -	\$ -	176,597		
SUBCOMMITTEE RECOMMENDATION *	\$ 690,947	\$ -	\$ -	\$ -	\$ -	\$ -	690,947	3	1.50
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%

*Excludes Capital Construction Expenditures

SB 1554 A BUDGET REPORT and MEASURE SUMMARY

Carrier: Rep. Hayden

Joint Committee On Ways and Means

Action Date: 02/23/22

Action: Do Pass the A-Eng bill.

House Vote

Yeas: 7 - Bynum, Evans, Gomberg, McLain, Nosse, Sanchez, Valderrama

Nays: 4 - Breese-Iverson, Reschke, Smith G, Stark

Senate Vote

Yeas: 7 - Anderson, Frederick, Golden, Gorsek, Lieber, Steiner Hayward, Taylor

Nays: 4 - Girod, Hansell, Knopp, Thomsen

Prepared By: Ali Webb, Department of Administrative Services

Reviewed By: Tom MacDonald, Legislative Fiscal Office

**Oregon Health Authority
2021-23**

Budget Summary*

	2021-23 Legislatively Approved Budget⁽¹⁾	2022 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
			\$ Change	% Change
General Fund	\$ -	\$ 899,573	\$ 899,573	100%
Total	\$ -	\$ 899,573	\$ 899,573	100%

⁽¹⁾ Includes adjustments through January 2022

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Senate Bill 1554 appropriates \$899,573 General Fund to the Oregon Health Authority (OHA) in the 2021-23 biennium to contract with a third-party consultant to conduct a study to evaluate Oregon's public health response to the COVID-19 pandemic and offer recommendations for improvements to Oregon's public health system.

Summary of Human Services Subcommittee Action

Senate Bill 1554 appropriates \$899,573 General Fund to OHA to engage a third-party consultant to conduct a study on Oregon's public health response to the COVID-19 pandemic. The study will consist of three reports that address specific criteria, as directed in the measure. The first report will evaluate funding coordination between governing bodies and community organizations, emergency management coordination of the public health response, public health modernization outcomes and effectiveness of pandemic control and enforcement, and COVID-19 health equity outcomes. The second report will focus on data metrics and reporting, as well as public health workforce challenges. The third report will provide an overall evaluation and include recommendations for improvements to Oregon's public health system. The final report is due on September 1, 2023. Although the costs to conduct the study are one-time expenditures, \$99,952 General Fund will be needed in the 2023-25 biennium to complete the study and submit the final report by its due date.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Health Authority
 Ali Webb -- 503-400-4747

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS</u>									
SCR 030-05 - Public Health									
Services and Supplies	\$ 899,573	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 899,573		
SUBCOMMITTEE RECOMMENDATION *	<u>\$ 899,573</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 899,573</u>		
% Change from 2021-23 Leg Approved Budget	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%

*Excludes Capital Construction Expenditures

Legislative Fiscal Office

900 Court St. NE, H-178
Salem OR 97301
503-986-1828



Oregon Legislative Emergency Board

Sen. Peter Courtney, Senate Co-Chair
Rep. Dan Rayfield, House Co-Chair

Certificate

June 3, 2022

Pursuant to the provisions of ORS 291.328, and acting under the authority of ORS 291.326(1)(a), (b), (c), (d); ORS 291.371; and ORS 291.375; this hereby certifies that the Emergency Board, meeting via remote interface on June 3, 2022, took the following actions:

- 1. Commission on Judicial Fitness and Disability**
Acknowledged receipt of a report on compensation plan changes.
- 2. Oregon Judicial Department**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Bureau of Justice Assistance, in the amount of \$2,000,000 over a period of four federal fiscal years, to improve, expand, and enhance adult drug courts.
- 3. Public Defense Services Commission**
Acknowledged receipt of a report on compensation plan changes.
- 4. Public Defense Services Commission**
Acknowledged receipt of a report on the agency's reorganization.
- 5. Public Defense Services Commission**
Acknowledged receipt of a report on a financial update; and authorized the transfer of \$1,250,000 from the General Fund appropriation established for the Public Defense Services Commission by section 1(3), chapter 444, Oregon Laws 2021, Appellate Division, to the General Fund appropriation established for the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; authorized the transfer of \$10,602,500 from the General Fund appropriation established for the Public Defense Services Commission by section 1(4), chapter 444, Oregon Laws 2021, Trial Criminal Division, to the General Fund appropriation established for the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; and authorized the transfer of \$7,706,454 from the General Fund appropriation established for the Public Defense Services Commission by section 1(5), chapter 444, Oregon Laws 2021, Nonroutine Expenses, to the General Fund appropriation established for the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; to align General Fund appropriations with expenditures in support of the agency's legislative approved programs.

6. Public Defense Services Commission

Allocated \$413,011 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(8), chapter 444, Oregon Laws 2021, Administrative Services Division, for a one fiscal year contract extension with the Oregon Judicial Department for information technology support.

7. Public Defense Services Commission

Allocated \$70,250,989 from the special purpose appropriation made to the Emergency Board by section 3(1)(a), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(4), chapter 444, Oregon Laws 2021, Trial Criminal Division; allocated \$14,554,511 from the special purpose appropriation made to the Emergency Board by section 3(1)(b), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(5), chapter 444, Oregon Laws 2021, Nonroutine Expenses; allocated \$5,002,135 from the special purpose appropriation made to the Emergency Board by section 3(1)(c), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; and allocated \$10,192,365 from the special purpose appropriation made to the Emergency Board by section 3(1)(d), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(7), chapter 444, Oregon Laws 2021, Juvenile Division; for public defense services.

8. Public Defense Services Commission

Allocated \$94,155 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(8), chapter 444, Oregon Laws 2021, Administrative Services Division, to fund the administrative reclassification of a Procurement Analyst 1 position to a Manger 2 position.

9. State Treasurer

Increased the Other Funds expenditure limitation established for the State Treasurer by section 1(2), chapter 443, Oregon Laws 2021, Trust Property Services, by \$177,320, and authorized an increase of 0.59 FTE, to fund the reclassification of four positions and increase of two positions from part-time to full-time for the Trust Property Program.

10. Higher Education Coordinating Commission

Established a General Fund appropriation by allocating \$19,000,000 from the special purpose appropriation made to the Emergency Board by section 455(1), chapter 110, Oregon Laws 2022, to the Higher Education Coordinating Commission, for the implementation of the Oregon Tribal Student Grant Program.

12. Department of Education

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, in the amount of \$5,400,000 over a period of five years, to support the development, implementation, and evaluation of a sustainable

infrastructure for school-based mental health, promote healthy social and emotional development of school-aged youth, and prevent youth violence in school settings.

13. Department of Education

Approved the submission of a federal grant application to the U.S. Department of Health and Human Services, Administration for Children and Families, in the amount of up to \$1,600,000 over a period of four years, to design and conduct research on how state child care policies are implemented into practice and to measure the effect of state and federal investments on provider engagement in state-funded child care programs.

15. Oregon Health Authority

Allocated \$30,000,000 from the special purpose appropriation made to the Emergency Board by section 281(1), chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Oregon Health Authority by section 1(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health; and increased the Federal Funds expenditure limitation established for the Oregon Health Authority by section 5(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health, by \$45,000,000; for the Oregon Essential Workforce Health Care Program.

16. Oregon Health Authority

Allocated \$42,500,000 from the special purpose appropriation made to the Emergency Board by section 385(1), chapter 110, Oregon Laws 2022, to supplement the appropriation made to the Oregon Health Authority by section 1(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health; and increased the Federal Funds expenditure limitation established for the Oregon Health Authority by section 5(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health, by \$112,000,000; for increasing behavioral health provider rates.

17. Department of Human Services

Established an Other Funds expenditure limitation of \$4,432,000 for the Department of Human Services, Aging and People with Disabilities program; and established an Other Funds expenditure limitation of \$3,347,000 for the Department of Human Services, Intellectual and Developmental Disabilities program, for funding from the Coronavirus Relief Fund received by the Department of Administrative Services and transferred to the Department of Human Services; for one-time worker incentive payments to eligible direct care workers in nursing facilities and group homes.

18. Department of Human Services

Established a General Fund appropriation by allocating \$5,000,000 from the special purpose appropriation made to the Emergency Board by section 167(1), chapter 669, Oregon Laws 2021, to the Department of Human Services, for drought response efforts, with the understanding the Department of Administrative Services will unschedule \$4,000,000 of the amount until the agency provides the Legislative Fiscal Office and Chief Financial Office a spending plan.

- 19. Department of Human Services**
Acknowledged receipt of various reports required by budget notes related to recent investments in long-term care capital improvement and emergency preparedness, long-term care workforce development and training, and foster care respite services, as well as barriers to mental health for individuals served by the Aging and People with Disabilities and the Intellectual and Developmental Disabilities programs.
- 20. Department of Justice**
Increased the Federal Funds expenditure limitation established for the Department of Justice by section 3(3), chapter 427, Oregon Laws 2021, Crime Victim and Survivor Services Division, by \$35,110,718, for a federal Victims of Crime Act grant.
- 21. Department of Justice**
Allocated \$357,161 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Justice by section 1(4), chapter 427, Oregon Laws 2021, Crime Victim and Survivor Services, and authorized the establishment of three limited duration positions (1.42 FTE), for the administration of a community based violence prevention program.
- 22. Oregon Military Department**
Established a General Fund appropriation by allocating \$63,050 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to the Oregon Military Department, for Capital improvement; and increased the Federal Funds expenditure limitation established for the Oregon Military Department by section 3(5), chapter 662, Oregon Laws 2021, Capital improvement, by \$189,150; for the installation of new computer fiberoptic cable at the Senator Jackie Winters Oregon National Guard Youth Challenge Campus.
- 23. Criminal Justice Commission**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Office of Justice Programs, in the amount of up to \$250,000, for a Prison Rape Elimination Act Standards grant.
- 24. Department of Corrections**
Acknowledged receipt of a report on overtime usage.
- 25. Oregon State Police**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Bureau of Justice Statistics, in the amount of up to \$2,000,000, for the national criminal background check system.
- 26. Oregon State Police**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Office of Community Oriented Policing Services, in the amount of up to \$175,000, for the Law Enforcement Mental Health and Wellness grant.

- 27. Oregon State Police**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, in the amount of \$966,156, for hazardous materials emergency preparedness.
- 28. Department of Public Safety Standards and Training**
Increased the Other Funds expenditure limitation established for the Department of Public Safety Standards and Training by section 2(2), chapter 381, Oregon Laws 2021, Public Safety Memorial Fund, by \$429,930, to accommodate an increase in expenditures from the Fund.
- 29. Housing and Community Services Department**
Allocated \$1,000,000 from the special purpose appropriation made to the Emergency Board by section 8(1), chapter 556, Oregon Laws 2021, to supplement the appropriation made to the Housing and Community Services Department by section 1, chapter 556, Oregon Laws 2021, for administrative expenses associated with program start-up for a grant program that supports gap financing for affordable housing projects co-located with child care or early learning centers, with the understanding that the Housing and Community Services Department will return to the Emergency Board to request remaining funds when a third-party program administrator has been selected and solicitation for project proposals is ready to proceed.
- 30. Oregon Business Development Department**
Increased the Federal Funds expenditure limitation established for the Oregon Business Development Department by section 4(1), chapter 560, Oregon Laws 2021, Business, innovation and trade, by \$26,500,000, and authorized the establishment of four permanent positions (2.00 FTE), for the administration and expenditure of federal State Small Business Credit Initiative program funds.
- 31. Oregon Business Development Department**
Established an Other Funds expenditure limitation of \$287,800 for the Oregon Business Development Department, for Business, innovation and trade, for funding from the Coronavirus Relief Fund received by the Department of Administrative Services and transferred to the Oregon Business Development Department, for the Rural Broadband Capacity Program.
- 32. Oregon Business Development Department**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Agriculture, Forest Services, in the amount of \$13,000,000, to provide loans and grants for economic development projects that benefit local communities in the vicinity of the Opal Creek Wilderness area.
- 33. Oregon Business Development Department**
Approved, retroactively, the submission of a federal grant application to the U.S. Environmental Protection Agency, in the amount of \$5,000,000, for the capitalization of the Oregon Brownfields Revolving Loan Fund.

- 35. Department of State Lands**
Increased the Federal Funds expenditure limitation established for the Department of State Lands by section 3(2), chapter 607, Oregon Laws 2021, Common School Fund programs, by \$146,116, for the expenditure of federal grant funds awarded by the U.S. Environmental Protection Agency, Wetland Program Development program, for the development of an electronic geographic information system data set for wetlands and waters delineation and determination records.
- 36. Department of State Lands**
Increased the Federal Funds expenditure limitation established for the Department of State Lands by section 3(2), chapter 607, Oregon Laws 2021, Common School Fund programs, by \$236,833, for the expenditure of federal grant funds awarded by the U.S. Environmental Protection Agency in the previous two biennia, for wetlands programs.
- 39. Oregon Department of Energy**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Energy, in the amount of \$200,000, to support state energy security planning.
- 40. Department of Land Conservation and Development**
Approved, retroactively, the submission of a federal grant application to the U.S. Economic Development Administration, in the amount of up to \$500,000, to assist with mitigation of regulatory barriers to the use of mass timber products.
- 43. Department of Agriculture**
Allocated \$1,192,241 from the special purpose appropriation made to the Emergency Board by section 167(1), chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Agriculture by section 7, chapter 4, Oregon Laws 2021 (second special session), for the suppression of grasshoppers and crickets.
- 45. Department of Agriculture**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Agriculture, in the amount of up to \$62,000,000 over a period of eight years, for Climate Smart Commodities.
- 46. Department of Forestry**
Approved, retroactively, the submission of a federal grant application to the U.S. Economic Development Administration, in the amount of \$3,250,000, to accelerate forest restoration and provide additional wood fiber to support mass-timber manufacturing.
- 47. Department of Forestry**
Increased the Federal Funds expenditure limitation established for the Department of Forestry by section 4(3), chapter 605, Oregon Laws 2021, State forests, by \$1,115,923, for the expenditure of federal grant awards for Topographical Data and Habitat Conservation Plan Development.

- 48. Department of Forestry**
Established a General Fund appropriation by allocating \$50,000,000 from the special purpose appropriation made to the Emergency Board by section 312(1), chapter 110, Oregon Laws 2022, to the Department of Forestry, for cash flow needs.
- 49. Department of Forestry**
Increased the Federal Funds expenditure limitation established for the Department of Forestry by section 4(5), chapter 605, Oregon Laws 2021, Private Forests, by \$17,000,000, for expenditure of federal grant funds awarded by the U.S. Forest Service for the Forest Legacy Program.
- 51. Department of Forestry**
Increased the Other Funds expenditure limitation established for the Department of Forestry by section 2(4), chapter 605, Oregon Laws 2021, Federal forest restoration, by \$3,000,000, for the expenditure revenues resultant from federal forest restoration work under Good Neighbor Authority agreements.
- 52. Department of Forestry**
Allocated \$1,957,075 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Forestry by section 1(2), chapter 605, Oregon Laws 2021, Fire protection; and increased the Other Funds expenditure limitation established for the Department of Forestry by section 2(2), chapter 605, Oregon Laws 2021, Fire protection, by \$315,000; for payment of premium costs associated with the state's 2022 catastrophic wildfire insurance policy.
- 53. Department of Forestry**
Increased the Federal Funds expenditure authority established for the Department of Forestry by section 4(5), chapter 605, Oregon Laws 2021, Private forests, by \$598,368, and authorized the establishment of six limited duration positions (3.00 FTE), to address workload staffing issues resultant from increased federal funding for existing programs.
- 54. Department of Geology and Mineral Industries**
Approved the submission of a federal grant application to the Federal Emergency Management Agency, in the amount of \$1,017,215, for the Cooperating Technical Partners Program.
- 55. Department of Geology and Mineral Industries**
Approved, retroactively, the submission of a federal grant application to the National Oceanic and Atmospheric Administration, in the amount of \$494,331, for the National Tsunami Hazard Mitigation Program.
- 56. Department of Environmental Quality**
Approved, retroactively, the submission of a federal grant application to the Environmental Protection Agency, in the amount of \$500,000, to enhance air quality monitoring.

- 57. Department of Environmental Quality**
Approved, retroactively, the submission of a federal grant application to the U.S. Environmental Protection Agency, in the amount of \$1,919,100, for projects under the Pollution Prevention Grant Program.
- 59. Department of Transportation**
Increased the Other Funds expenditure limitation established for the Department of Transportation by section 2(13), chapter 442, Oregon Laws 2021, Rail, by \$10,100,000, for rail crossing safety improvements; and increased the Other Funds and Federal Funds expenditure limitations, and authorized the establishment of limited duration and permanent positions, for administration of additional transportation funding under the Infrastructure Investment and Jobs Act federal transportation funding authorization; per the attached table.
- 60. Department of Transportation**
Approved, retroactively, the submission of a federal grant application to the Federal Motor Carrier Safety Administration, in the amount of \$2,000,000, to implement an information technology solution for an Over-Dimension Permitting System.
- 61. Department of Transportation**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of \$20,000,000, for improvements to Oregon 99 in the Phoenix area.
- 62. Department of Transportation**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of \$18,000,000, for safety improvements on Outer Powell Boulevard.
- 63. Department of Transportation**
Approved, retroactively, the submission of a federal grant application to the Federal Transit Administration, in the amount of up to \$14,155,246, to fund purchases of transit vehicles and other transit costs.
- 64. Department of Transportation**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of \$36,000,000, for improvements to the Interstate 5 Aurora-Donald interchange.
- 65. Department of Transportation**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of \$52,650,000, for freight connectivity and multimodal improvements to US 97 in the Redmond area.
- 66. Department of Transportation**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of \$120,000,000, for improvements to Interstate 205.

- 67. Department of Transportation**
Approved the submission of a federal grant application to the Federal Highway Administration, in the amount of \$360,000, to update the Rogue Umpqua National Scenic Byway Corridor Management Plan.
- 68. Department of Aviation**
Increased the Other Funds expenditure limitation established for the Department of Aviation by section 1(4), chapter 602, Oregon Laws 2021, General aviation entitlement grant program, by \$227,444; and increased the Federal Funds expenditure limitation established for the Department of Aviation by section 2(2), chapter 602, Oregon Laws 2021, General aviation entitlement grant program, by \$2,047,000; for infrastructure projects at ten state-owned airports.
- 70. Oregon Board of Dentistry**
Acknowledged receipt of a report on adoption of dental therapy fees.
- 71. Oregon State Board of Nursing**
Increased the Other Funds expenditure limitation established for the Oregon State Board of Nursing by section 1, chapter 310, Oregon Laws 2021, by \$664,645, and authorized the establishment of two limited duration positions (1.08 FTE), for increased licensing and legal costs.
- 72. Public Employees Retirement System**
Increased the Other Funds expenditure limitation established for the Public Employees Retirement System by section 1(6)(b), chapter 145, Oregon Laws 2021, Core Retirement System: ORION Modernization Project, by \$3,797,797, and authorized the establishment of six limited duration positions (2.75 FTE), for the pre-planning phase of the ORION Modernization Project.
- 73. Bureau of Labor and Industries**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Labor, in the amount of \$4,000,000, to expand the number of registered apprenticeship programs and apprentices across the state.
- 74. Department of Administrative Services**
Increased the Other Funds expenditure limitation established for the Department of Administrative Services by section 2(7), chapter 425, Oregon Laws 2021, Enterprise Goods and Services, by \$3,266,681, to address costs associated with moving the implementation date of the Workday Payroll and Time Tracking project from July 1, 2022 to December 1, 2022.
- 75. Department of Administrative Services**
Increased the Other Funds expenditure limitation established for the Department of Administrative Services by section 2(4), chapter 425, Oregon Laws 2021, Chief Human Resources Office, by \$505,831, and authorized the establishment of three limited duration positions (1.50 FTE), to address increased workload and to develop the state's workforce.

- 76. Department of Administrative Services**
Acknowledged receipt of a report on compensation plan changes.
- 77. Department of Revenue**
Acknowledged receipt of a report on the conditions of the Revenue building facility relating to seismic and architectural studies.
- 78. Department of Revenue**
Allocated \$617,350 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Revenue by section 1(1), chapter 441, Oregon Laws 2021, Administration; increased the Other Funds expenditure limitation established for the Department of Revenue by section 2(1), chapter 441, Oregon Laws 2021, Administration, by \$154,377; and authorized the establishment of seven permanent positions (3.21 FTE); to create a new internal controls office comprised of compliance, risk, and business continuity functions to improve the security of taxpayer financial and personal information.
- 79. Oregon Employment Department**
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Labor, in the amount of \$3,000,000 over three years, to assist underserved workers in understanding and receiving unemployment insurance benefits and services.
- 80. Housing and Community Services Department**
Established a General Fund appropriation by allocating \$5,000,000 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to the Housing and Community Services Department, for distribution to Home Forward to administer an affordable housing stabilization grant fund for affordable housing providers that can demonstrate outstanding debt from past due rent accumulated by residents in affordable units between April 1, 2020 and April 30, 2022.

**ATTACHMENT
Item 59: Department of Transportation**

DEPARTMENT OF TRANSPORTATION 2021-23			
June 2022			
Division/Appropriation Reference	Fund Type	Adjustments to Legislatively Approved Budget	Adjustments to Position Authority
Expenditure Limitation Adjustments:			
Maintenance and emergency relief programs			
Ch 442 2(2), OL 2021	Other	9,231,721	
Preservation program			
Ch. 442 2(3), OL 2021	Other	8,948,822	4 pos / 1.29 FTE
Bridge program			
Ch 442 2(4), OL 2021	Other	99,495,444	6 pos / 2.13 FTE
Operations program			
Ch 442 2(5), OL 2021	Other	23,852,333	6 pos / 2.13 FTE
Modernization program			
Ch 442 2(6), OL 2021	Other	20,815,887	6 pos / 2.17 FTE
Special Programs			
Ch 442 2(7), OL 2021	Other	96,868,520	18 pos / 6.58 FTE
Local government program			
Ch 442 2(8), OL 2021	Other	103,467,668	2 pos / 0.75 FTE
Commerce and compliance			
Ch 442 3(2), OL 2021	Federal	4,000,000	7 pos / 3.42 FTE
Policy, data and analysis			
Ch 442 2(11), OL 2021	Other	36,878,097	9 pos / 4.17 FTE*
*2 positions / 0.84 FTE authorized as limited duration			
Public transit			
Ch 442 2(12), OL 2021	Other	3,333,333	
Ch 442 3(4), OL 2021	Federal	88,800,000	
	Total	92,133,333	7 pos / 2.38 FTE
Support services			
Ch 442 2(15), OL 2021	Other	965,558	7 pos / 3.50 FTE*
*2 pos / 1.00 FTE authorized as limited duration			
ODOT headquarters			
Ch 442 2(16), OL 2021	Other	2,709,407	4 pos / 1.25 FTE
Department Total			
	Other	406,566,790	
	Federal	92,800,000	
	Total	499,366,790	76 pos / 29.77 FTE

Oregon Health Authority: Agency Summary Narrative

Mission statement

The mission of the Oregon Health Authority (OHA) is helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

Agency priorities and initiatives

OHA's strategic goal is to eliminate health inequities in Oregon by 2030. To advance that goal, OHA is focused on accelerating the transformation of Oregon's health care system, expanding health coverage and providing easier access to care, delivering better health outcomes, improving health care quality and containing health costs for Oregon Health Plan members, and improving public health services in all Oregon communities.

OHA's budget priorities directly support safer, healthier and thriving Oregonians, with emphasis on eliminating health inequities. OHA is committed to transparency, accountability and wise use of public resources.

OHA's Agency Request Budget (ARB) reduces health inequities while improving outcomes by:

- Strengthening OHA's efforts to eliminate health inequity in Oregon. The ARB would expand staffing for specialized, culturally responsive treatment at the Oregon State Hospital; improve ADA and language accessibility across state health programs; expand training and workforce development to increase OHA's capacity to close the gaps on a range of strategic health outcomes.
- Accelerating the transformation of Oregon's behavioral health system. It would expand behavioral health crisis services, including a 988 Call Center, crisis stabilization centers and suicide intervention and prevention plans, address current service gaps for children and families experiencing behavioral health issues and expanding the continuum of services to treat them.
- Enhancing health, safety and security at the Oregon State Hospital System. OHA's budget request would increase staffing levels to ensure consistent, high-quality care and staff safety. Development and establish a Complex Case Management Unit.

Oregon Health Authority: Agency Summary Narrative

- Strengthening the post-pandemic public health system. The ARB would develop a pandemic response information system to better track data on health threats, provide funding for disaster response at Regional Resource Hospitals and advance public health modernization.
- Accelerating health transformation in Medicaid. The ARB would provide funding to Implement the expected renewal of Oregon's Section 1115 Medicaid Waiver and expand health coverage. It also would expand the Tribal savings and reinvestment program and build an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program to expand health services to more children.

Program descriptions

OHA Central Services

OHA Central Services supports the OHA mission by providing leadership in key policy and business areas. This service area contains the following areas:

The Director's Office is responsible for overall leadership, policy and development, and administrative oversight for the Oregon Health Authority. This office coordinates with the Governor's Office, the Legislature, other state and federal agencies, Tribes, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The Director's Office provides leadership in achieving the agency's mission. In developing OHA's strategic plan, the agency has adopted the strategic goal of eliminating health inequities by 2030. And, to achieve that goal, the agency has adopted the following definition of health equity:

"Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Oregon Health Authority: Agency Summary Narrative

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power, and
- Recognizing, reconciling and rectifying historical and contemporary injustices.”

OHA still has a clear direction to innovate, improve and transform the state health care system to meet three goals noted below. However, OHA recognizes, now, more than ever, that a health equity framework rectifying structural historical and contemporary injustices and racism must be incorporated into all components of the work, committees, and action plans to move these three goals forward:

- Improve the lifelong health of all Oregonians.
- Increase the quality, reliability and availability of care for all Oregonians.
- Lower or contain the cost of care so it is affordable to everyone.

The **Agency Operations Division** provides operational support and human resources services to the Oregon Health Authority. The division includes the following functional areas:

- Central Operations — Supports agency operations including public records requests, facility coordination, performance system management, Tribal Affairs and shared services coordination with the Oregon Department of Human Services.
- Human Resources — Provides recruitment, classification and compensation, employee relations, labor relations, organizational development, and business operational support across the agency.

Tribal Affairs is responsible for ensuring that the relationship between OHA and the nine federally recognized Tribes of Oregon is built on trust and mutual respect. It is important that the agency understands and follows the requirements laid out in Senate Bill 770 (2001, Relating to government-to-government relations between the State of Oregon and American Indian tribes in Oregon).

Tribal Affairs supports Tribal Health Programs and the Urban Indian Health Program to successfully deliver health care services including physical, oral, behavioral and public health, so that the triple aim objectives of better care, better

Oregon Health Authority: Agency Summary Narrative

health, and lower costs are met. This includes implementing programs, policies, legislation and coordinating funding opportunities for Tribes to better serve their membership. Tribal Affairs provides training for various levels of staff in the agency and outside partners to enhance knowledge and understanding of tribal issues and federal mandates. Tribal Affairs provides leadership on agency-wide efforts to improve access, service equity, and outcomes for American Indian and Alaska Native people.

The **Fiscal Division** provides leadership and oversight of financing policies and coordinates budget development and execution for the Oregon Health Authority. The division includes three functional areas: budget, actuarial services, and program integrity.

- Budget — Developing, coordinating, executing, monitoring and managing OHA budgets within divisions and across the agency. Developing and updating the agency budget as it progresses through the statewide budget process, including Agency Request Budget, Governor’s Budget, the Legislatively Adopted Budget, rebalance reports and various Emergency Board actions.

While the Office of Actuarial and Financial Analytics Unit and Office of Program Integrity are functionally within the Fiscal Division of Central Services, they are budgeted in the Health Systems Division Program Support and Administration unit.

The **Equity and Inclusion Division** works on behalf of the Oregon Health Authority and the broader health system in Oregon to ensure the elimination of avoidable health gaps caused by social inequities and to promote optimal health in Oregon for everyone. The work is carried out in four major work units:

- Equity and Policy
- Diversity, Inclusion, Training, Compliance & Civil Rights
- Race, Ethnicity, Language, Disability/Sexual Orientation, Gender Identity (REALD/SOGI)
- Business Support and Administration

These units develop programs and initiatives relating to health equity policy, data and practice using an anti-racism framework and including the social determinants of health and equity; universal access for people with disabilities, people with limited English proficiency, etc.; diversity and inclusion; non-discrimination; the development of culturally

Oregon Health Authority: Agency Summary Narrative

and linguistically responsive practices and services; collection and analysis of race, ethnicity, language, disability, sexual orientation, gender identity and gender expression demographic data; and training among other work and initiatives. The division engages community partners and uses qualitative and quantitative data, best practice research and practice-based evidence to carry out its work. The division's policy, data and program initiatives address contemporary and historical injustices experienced predominantly by racially, ethnically, culturally and linguistically diverse populations, including people with disabilities so that all people can reach their greatest health potential and well-being, and participate in a more robust and inclusive health delivery system. This division has also led the adoption of an anti-racism framework for the agency including anti-racism training, statewide community engagement with diverse communities for the agency's strategic plan, the development of OHA's strategic goal to eliminate health inequities in Oregon and the health equity definition quoted above.

The **External Relations Division** has three sub-divisions: Communications, Government Relations, and Member and Stakeholder Support which includes the Community Partner Outreach Program (CPOP), Ombuds Program, and Innovator Agents. Together, they are responsible for building strong relationships with the public, community partners, media, the Legislature, and other agencies at the state and federal levels, as well as creating a broad understanding of the many ways in which OHA contributes to the health and well-being of Oregonians. Within OHA's commitment to partner directly with community to eliminate health inequities, each ERD team carries the voice and feedback from community, with a focus on communities and individuals in Oregon facing health inequities, internal to all agency operations, policies and programs to integrate community voice into agency work.

- Communications provides accurate and accessible information about OHA's mission and programs, responds to requests for information from the public and media, and produces content for a wide range of agency publications, websites and other channels for keeping the public informed. They elevate media channels and communications to best reach populations in Oregon most impacted by health inequities.
- Government Relations provides timely health data and analysis to the Legislature, federal partners, and local elected officials to inform evidence-based health policies and legislation. It also develops OHA legislative concepts to ensure access to quality health care, contain costs of health care, ensure legislative concepts advance eliminating health inequities, and improve overall health for Oregonians.

Oregon Health Authority: Agency Summary Narrative

- The Community Partner Outreach Program has built a one-of-a-kind network of Community Partner Organizations serving all Oregonians in every county in Oregon. The work CPOP and Community Partners do on behalf of OHA is essential to support health system transformation and adequately serve Oregonians to eliminate health inequities, ensure access to quality health care, contain costs of health care, and improve overall health for Oregonians. CPOP is the backbone and network from which individuals enroll in the Oregon Health Plan (OHP), understand how to use services and support equity-centered, transformative care.
- The Ombuds Program advocates for OHP member access to care and quality of care provided through OHP; uses learnings from individual member issues to elevate OHP member voice through the OHA so Medicaid programs, policies, and operations are based on member experience; and elevates identified issues for system improvement. As required by legislation the program reports data and recommendations for improvement to the OHA Director, the Oregon Health Policy Board, and the Governor.
- The Innovator Agents work closely with Oregon's 15 coordinated care organizations (CCOs) as required by legislation and Oregon's Medicaid Waiver to coordinate between OHA, the community, and CCOs to ensure local adaptation and implementation of statewide health priorities. They understand the health needs of the region, the strengths and gaps of the health resources in the CCO and articulate these needs and gaps to OHA to ensure statewide and local coordination. They prioritize elevating OHP member voice within CCO operations and in CCO 2.0 they elevate local work with CCOs in health equity, Tribe relationships, behavioral health, and emerging statewide priorities.

Health Systems Division

The Health Systems Division (HSD) is responsible for developing and maintaining a statewide system of integrated physical, behavioral, and oral health care. HSD serves to complement the larger efforts of OHA to eliminate health inequities in Oregon by 2030. HSD operationalizes access to health care for all people in Oregon, with the triple aim of better health, better care, and lower costs.

The budget for the Health Systems Division is comprised of three units:

- Program Support and Administration
- Medicaid

Oregon Health Authority: Agency Summary Narrative

- Non-Medicaid (Behavioral Health)

Program Support and Administration

The Health Systems Division Program Support and Administration unit provides administrative support, services and oversight for both Medicaid and Non-Medicaid programs. Program Support and Administration staff work directly with program staff, leadership, and other agency partners to support effective programs and achieve agency goals.

This unit includes critical business support staff for the Health Systems Division who execute the administrative budget; manage positions, hiring, and facilities; oversee county contracts and grants for behavioral health programs; and provide project management for major program and agency initiatives.

Program Support and Administration staff also ensure HSD's federal and legislative mandates under the Oregon State Plan and Title XIX of the Social Security Act Medical Assistance Program. The Medicaid section is made up of teams including:

- Federal Medicaid Policy Unit and MAGI Eligibility which focuses on coordination of policy development, submission, and implementation of waivers and State Plan authorities with the federal Centers for Medicare and Medicaid Services.
- Member and Provider Services which is responsible for delivery system support, provider support and enrollment, provider services training, and provider clinical support, Client and Enrollment Services (OHP Call Center), and Medical Hearings.
- CCO Operations which includes CCO Quality Assurance and Contract Oversight, CCO Contracting, CCO Claims and Encounter Data Services, and CCO Services.
- FFS Operations which includes the Medicaid Policy and Programs Unit responsible for physical, oral, and behavioral health program development, operations, policy, and special projects, and other staff responsible for quality assurance, strategies and initiatives, and community engagement.

While functionally situated within the Fiscal Division of OHA Central Services, the Program Support and Administration budget also includes the Office of Actuarial and Financial Analytics (OAFA), which develops OHA's capitation rates for

Oregon Health Authority: Agency Summary Narrative

Medicaid managed care entities (CCOs, dental care organizations and mental health organization), and the Office of Program Integrity, which ensures that Oregon's Medicaid program follows federal Medicaid program integrity regulations.

Medicaid

The Medicaid budget includes state and federal funds used to deliver and pay for health care services to over 1.4 million Oregon Health Plan (OHP) members of which 43 percent are children. The OHP includes Medicaid, the Children's Health Insurance Program (CHIP), Cover All Kids, Reproductive Health Equity Act (RHEA), and other related services. Payments are made to individual health care providers as Fee-for-Service (FFS) and to the coordinated care organizations (CCOs) in the form of a global budget. CCOs serve over 90 percent of all OHP members.

Oregon is applying to the Centers for Medicare & Medicaid Services (CMS) for a new five-year Medicaid waiver. The waiver is also known as the 1115 Demonstration. The purpose of the waiver is to reform Oregon's Medicaid program. Medicaid is a state and federal program. The Oregon Health Plan (OHP) is the name of Oregon's Medicaid program. OHP delivers health care to people who have low income.

A federal waiver creates an opportunity for OHP to build on our state's health care transformation success and create a more equitable system.

Oregon's 2022-2027 waiver will seek to build on Oregon's strong history of innovation in health care and make progress toward:

- Creating a more equitable, culturally — and linguistically — responsive health care system
- Helping contain costs by providing quality health care
- Investing in equitable and culturally appropriate health care
- Ensuring everyone can get the coverage they need

Upon CMS approval, the waiver will run from September 30, 2023 to September 30, 2028.

Oregon Health Authority: Agency Summary Narrative

Statutory Authority

Oregon Revised Statute (ORS) 414.018 through 414.760 establish and authorize the programs administered by HSD-Medicaid.

Non-Medicaid (Behavioral Health)

Non-Medicaid Behavioral Health programs help all Oregonians achieve physical, mental and social well-being through access to mental health and addiction services and support (including housing services) for adults and children. The aim is to create a simple, meaningful, and responsive behavioral health system for every Oregonian who needs it. Ongoing supports and services improve a person's ability to be successful with their family, education, employment, and in their community. This often reduces public safety problems, negative health-related consequences and suicide risk. Timely access to behavioral health care is a critical aspect for increasing protective factors and reducing risk factors that lead to suicide.

Services and supports include those delivered by peers, such as help establishing personal relationships, obtaining employment or education, and independent living skills training such as cooking, recreation and cultural activities, and shopping and money management. They also include residential treatment services or adult foster care and supervision of people in the community who have committed crimes but were found "Guilty Except for Insanity." Services are provided in local mental health clinics, doctor offices and clinics, schools, drop-in centers and homes.

Non-Medicaid Behavioral Health programs use numerous partnerships to develop and administer a community-based continuum of care delivered in outpatient, residential, school, acute, hospital, and criminal justice and community settings. In partnership with CCOs, county governments, local community stakeholders and consumers, Behavioral Health programs provide funding and technical support for service provision to ensure investments and legislative mandates are implemented.

Statutory Authority

Oregon Health Authority: Agency Summary Narrative

The statutory framework for Non-Medicaid programs administered by HSD is included in the following state and federal statutes:

- ORS 430 provides OHA the statutory framework for the development, implementation and continuous operation of the community treatment programs to serve people with addiction disorders and mental health disorders subject to the availability of funds.
- Alcohol and Drug Programs operate under the authority of Oregon Revised Statute (ORS) 430.254 through 430.426 and ORS 430.450- 430.590 and Federal PL 102-321 (1992) Sections 202 and 1926.
- Problem gambling treatment and prevention services are mandated by Oregon Revised Statute (ORS) 413.520, which directs OHA to develop and administer statewide gambling addiction programs and ensure delivery of program services.

Health Policy and Analytics

The Health Policy and Analytics division develops and implements innovative approaches to achieving health equity by lowering health care costs and achieving better health and better health care for all Oregonians, with a particular focus on communities of color, that have borne the brunt of systemic racism. This is accomplished through seven offices:

- The Office of Health Policy
- The Office of Delivery Systems Innovation
- The Office of Health Analytics
- The Office of Health Information Technology
- The Public Employees Benefit Board and the Oregon Educators Benefit Board (each board's operations budget is in HPA, while their program budgets are separate from HPA)
- The Oregon Health Insurance Marketplace
- The Office of Business Operations

These offices provide agency-wide policy development, strategic planning, clinical leadership, and statewide delivery system technology tools to support care coordination, health system transformation support, and health

Oregon Health Authority: Agency Summary Narrative

system performance evaluation reports. Together these offices provide services and support focused on achieving health equity through the triple aim of better health, better care, and lower costs.

The Health Policy and Analytics division is accountable for leading the next phase of health system transformation against the backdrop of the COVID-19 pandemic and justified demands for addressing systemic racism by:

- Supporting and incentivizing payments for value, moving away from paying for service volume and incentivizing care delivery that promotes better health for all communities.
- Supporting the Oregon Health Policy Board's work including its plans to operationalize OHA's health equity definition and reimagine a health care system capable of achieving health equity.
- Focusing on addressing social determinants of health in addition to the delivery of medical care.
- Driving toward universal health care coverage in Oregon through Medicaid waiver applications, initiatives to ease transitions between public and commercial coverage, extend Oregon Health Plan coverage to undocumented immigrants and design a new public option for those over-income for the Oregon Health Plan.
- Innovating and implementing integration across behavioral health, oral health, physical health and social services using health information technology.
- Implementing legislative directives to align metrics and supporting new and innovative metrics for equity and social determinants of health.
- Facilitating multi-payer alignment to stabilize critical provider services and rebuild a health care system capable of achieving health equity.

Public Employees' Benefit Board

The Public Employees' Benefit Board (PEBB) is a division of the Oregon Health Authority (OHA). PEBB supports the goals of transforming the health care system in Oregon and fundamentally improving how care is paid for and delivered. The PEBB board's mission is to provide high-quality health plans and other benefits for state employees at a cost that is affordable to both the employees and the state.

Oregon Health Authority: Agency Summary Narrative

PEBB serves diverse populations and constituencies and provides a critical public service to Oregonians. It offers medical, dental, vision, life, disability and accidental death and dismemberment benefit plans. PEBB is a federal IRS Section 125 Cafeteria Plan benefits program that is required to offer the same benefits to all members.

Statutory Authority

The Public Employees' Benefit Board authority lies in ORS 243.061 through ORS 243.302. House Bill 2279 (2013) expands participation eligibility to include local governments and special districts.

Oregon Educators Benefit Board

The Oregon Educators Benefit Board (OEBB) is a division of the Oregon Health Authority (OHA). OEBB supports the goals of transforming the health care system in Oregon and fundamentally improving how care is paid for and delivered. The OEBB board's mission is to provide a comprehensive selection of benefit plan options for most of Oregon's K-12 school districts, education service districts and community colleges, as well as a number of charter schools and some special districts and local governments. OEBB's benefit plans are designed to be flexible and accommodate the needs of employers and members.

OEBB designs and maintains a full range of benefit plans for eligible publicly funded entities to offer to their employees and early retirees. Plans include medical, dental, vision, life, disability, accidental death and dismemberment, long term care, an employee assistance program, a health savings account and flexible spending accounts. Each of the 251 employer entities OEBB serves maintains a unique service area, eligibility requirements, cost sharing, and population. OEBB's plans are designed to be flexible and accommodate the needs of all employers participating in OEBB and the members enrolled in OEBB plans.

Statutory Authority

OEBB was established by Senate Bill 426 (2007). House Bill 2279 (2013) expands participation eligibility to include local governments and special districts. The OEBB Board, functions and responsibilities are authorized by ORS 243.860 to 243.886.

Oregon Health Authority: Agency Summary Narrative

Public Health

Public health uses equity practice, data and science to achieve better health outcomes, improve care and lower or contain health care costs by preventing the leading causes of death, disease, and injury in Oregon. The OHA Public Health Division (OHA-PHD) works in partnership with local public health authorities (LPHAs), Tribes, community-based organizations (CBOs), health systems and a number of sectors to elevate community priorities for health into programs designed to eliminate health inequities by 2030.

Statutory Authority

Chapters 431 and 433 of Oregon Revised Statutes set forth hundreds of code sections enabling and mandating a wide range of public health activities carried out by state public health and its county partners.

Oregon State Hospital

Oregon State Hospital (OSH) is an essential part of the statewide behavioral health system, providing the highest level of psychiatric care for adults from all 36 counties. The hospital's primary goal is to help people recover from their mental illness and return to life in the community, contributing to healthy and safe communities for all people in Oregon. Oregon State Hospital promotes public safety by treating people who are dangerous to themselves or others in a secure, therapeutic setting. The hospital works in partnership with the other divisions of the Oregon Health Authority including the Health Systems Division (HSD), the Psychiatric Security Review Board (PSRB), regional hospitals, community mental health programs, advocacy groups and other community partners to ensure people with mental illness get the right care, at the right time, in the right place.

OSH operates two campuses with a total of 743 licensed beds, with 592 beds in Salem and 151 beds in Junction City. OSH services are provided 24 hours per day, seven days a week. Oregon's only state-operated secure residential treatment facility also reports to the superintendent of OSH. Pendleton Cottage, a 16-bed facility, is located on the grounds of the former Eastern Oregon Training Center in Pendleton. The secure mental health treatment program provides a community treatment setting for people who need a secure level of care as their first step out of the state hospital.

Oregon Health Authority: Agency Summary Narrative

Statutory Authority

The following ORS references provide OSH its authority:

- ORS 161.295-400 – Determination of fitness to proceed/commitment
- ORS 179.321 – Authority to operate, control, manage and supervise OSH campuses and state-delivered residential treatment facilities
- ORS 426 – Powers, duties, and responsibilities of OHA
- ORS 443 – Residential treatment homes and facilities

OHA Shared Services

OHA Shared Services includes the Office of Information Services that exists to deliver technology solutions and services to OHA and ODHS and to the people of Oregon both directly and indirectly.

The OIS organization's number one priority is keeping the health and human services IT systems — the largest and most complex in the state — available to its customers. Through technology, OIS supports over 1.5 million clients, 16,000 staff, 50,000 partners, 140 offices and 32,000 devices (such as computers, printers and mobile devices.)

OIS provides technical expertise and partners with OHA and ODHS to run large technology projects, which most recently have included COVID-19 IT systems (for example, Get Vaccinated Oregon and Digital Vaccine Record), Oregon Eligibility (ONE) System; and Medicaid Modularity System (MES.)

Environmental factors

OHA programs are directly affected by the following environmental factors and are risks to the agency's budget:

- Social determinants of health such as food security; income and employment; housing security; education access and quality; and racism, impacts of colonization, trauma and toxic stress affect community needs and outcomes.
- Economic changes, such as poverty and unemployment rates, affect Oregon Health Plan caseload growth.
- Federal policy and funding changes affect state funding needs (e.g., Medicaid match rates, Health System Transformation).

Oregon Health Authority: Agency Summary Narrative

- Medical inflation and utilization affect the cost for provide health coverage to Oregon Health Plan members.
- New health challenges, which include emerging infectious diseases (like COVID-19), climate change, threats from human-caused and natural disasters, and an increase in chronic diseases. These challenges are all exacerbated by historic and contemporary health injustices and put pressure on Oregon’s Public Health system, which is already stretched due to the ongoing need to respond to the pandemic.
- The adequacy and effectiveness of community behavioral health systems affect the Oregon State Hospital census.

Major information technology projects/initiatives

The OHA Agency Request Budget includes the following policy packages:

- **REALD & SOGI Implementation: Getting to Data Equity (policy package #403)** – This policy package requests funds to continue multi-biennia efforts to meet legislation outlined in House Bill 2134 (Standards for Collection of Demographic Data, 2013), House Bill 4212 (Strategies to Protect Oregonians from the Effects of the COVID-19 Pandemic, 2020), and House Bill 3159 (Data Justice Act, 2021). Supporting data collection by external providers, insurers, and individuals, the Initial Registry, Initial Repository, and creating the Enterprise Scale Statewide REALD & SOGI Registry and Repository represents an investment in data equity and facilitates data justice within communities most impacted by health inequities.
- **Mainframe Migration/Provider & Client Payment System (policy package #203)** – More than one million Oregonians count on the state’s current mainframe platform to receive their benefit and provider payments and this old COBOL programming code was written over 40 years ago. There is significant and increasing risk OHA will be unable to make timely payments to Oregonians, potentially for an extended period. ODHS and OHA are therefore jointly requesting resources to upgrade the mainframe platform and ensure continuity of payments and benefits. In addition, the demand on this system exceeds the capacity with resources extremely scarce across the USA due to COBOL programmers being of retirement age and beyond.
- **Fixing IT Risks & Vulnerabilities (policy package #412)** – The aggressiveness and proficiency of “bad actors” intent on phishing, scamming, and compromising organizations has increased and will continue to do so. The investment requested in this policy package focus on implementation of the Center for Internet

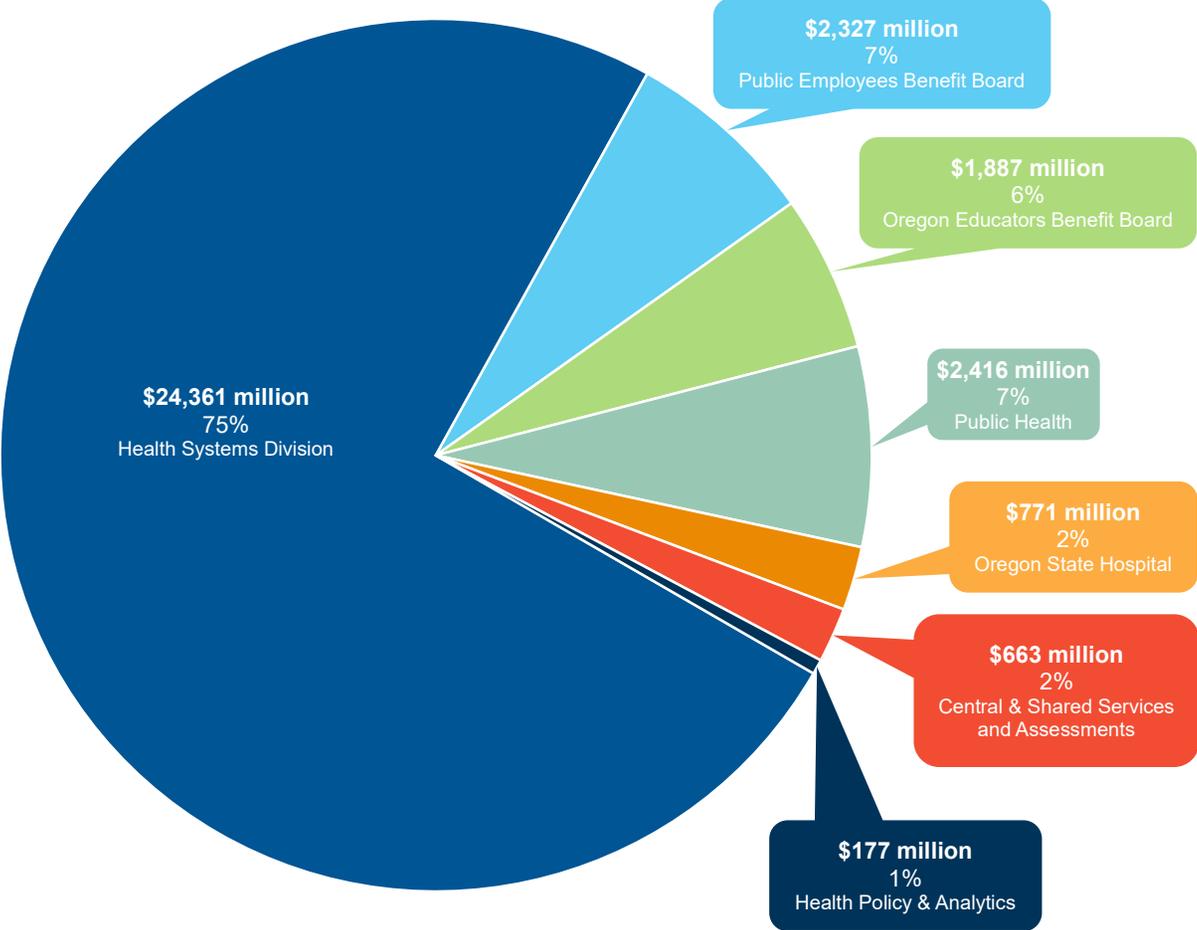
Oregon Health Authority: Agency Summary Narrative

Security (CIS) basic Security Controls (v7.1) Basic 6 controls that eliminate most of the risk of an organization, a statewide requirement and a basis for the Secretary of State IT Audits.

- **Marketplace Transition from SBM-FP to SBM (policy package #416)** – The purpose of this package is to end Oregon’s reliance on the federal health insurance exchange eligibility and enrollment platform and the federal call center, and to fund the initial stage of its transition to a state-based marketplace platform and state-controlled call center.
- **Pandemic Response Information System (policy package #420)** – The intent of this package is to plan and initiate the phased development of a reportable disease data system capable of scaling up to meet the data demands of a pandemic, along with lower-volume, routine reportable disease investigation.
- **Medicaid Enterprise System Modularity (policy package #427)** – This IT investment is the first project step in the multi-biennia MES Modernization Program that will work toward both modularizing the systems comprising the MMIS using the modular acquisition, reuse, and design principles described by CMS, as well as modernizing the tools used across the health and human services enterprise. Recent CMS guidance on modularity issued via State Medicaid Director Letters requires states to follow a modular approach supporting the timely and cost-effective delivery of IT projects. OHA risks leveraging enhanced funding if modularization of the MMIS system is not initiated prior to the expiration of the current MMIS vendor contracts in February of 2025.
- **Data Governance (policy package #443)** – Assessing OHA’s data integrity and compliance is of paramount importance to realizing OHA’s triple aim of Better Health, Better Care, and Lower Costs. Furthermore, OHA has set the strategic goal of eliminating health inequities by 2030. Without an accurate and comprehensive view of all agency data and information assets, OHA cannot effectively take data-driven actionable steps to effect statewide change for the health, independence, and care of Oregon’s citizens.

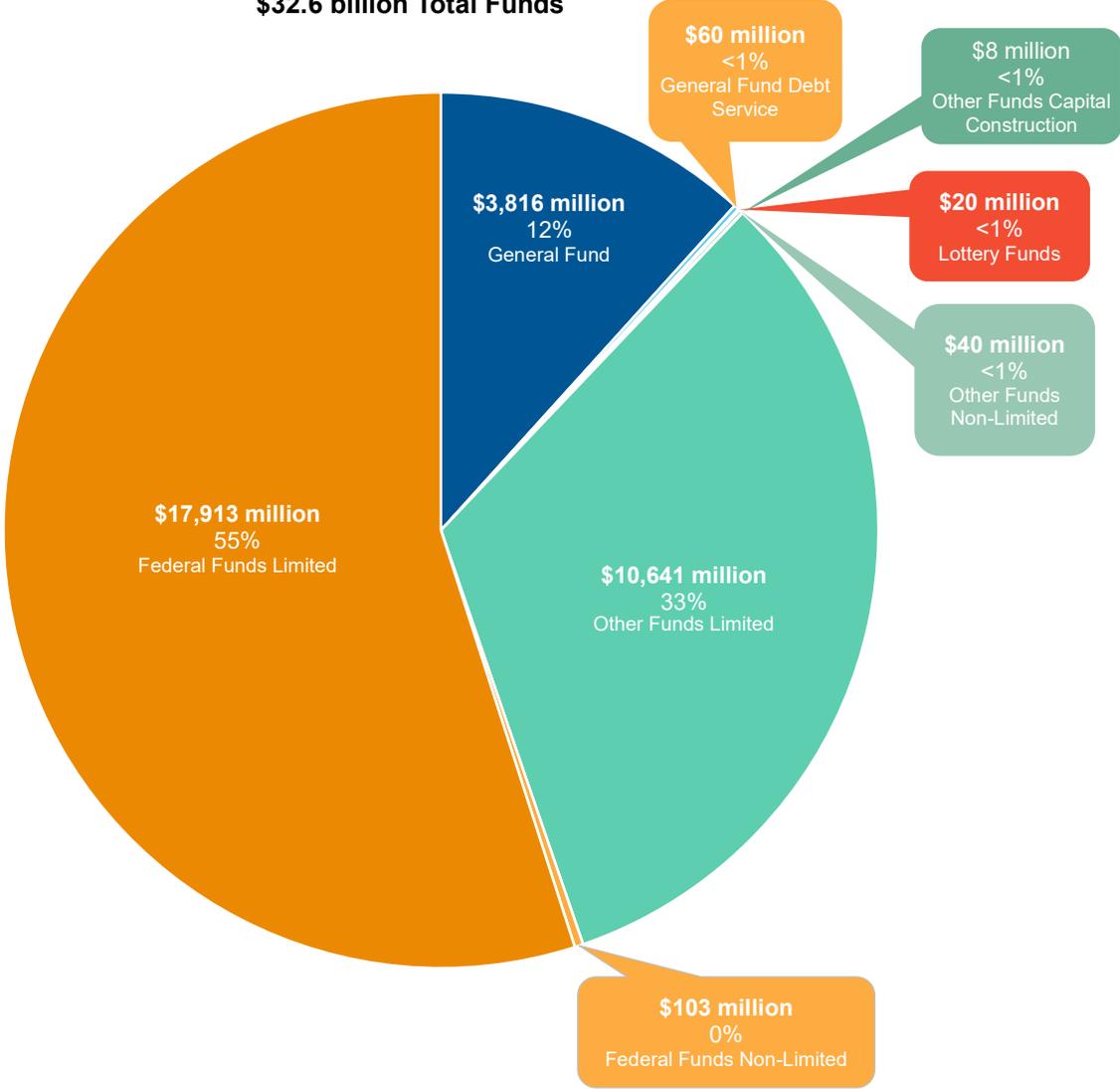
Oregon Health Authority
2021-23 Legislatively Approved Budget
By Program

\$24,361 million Total Funds



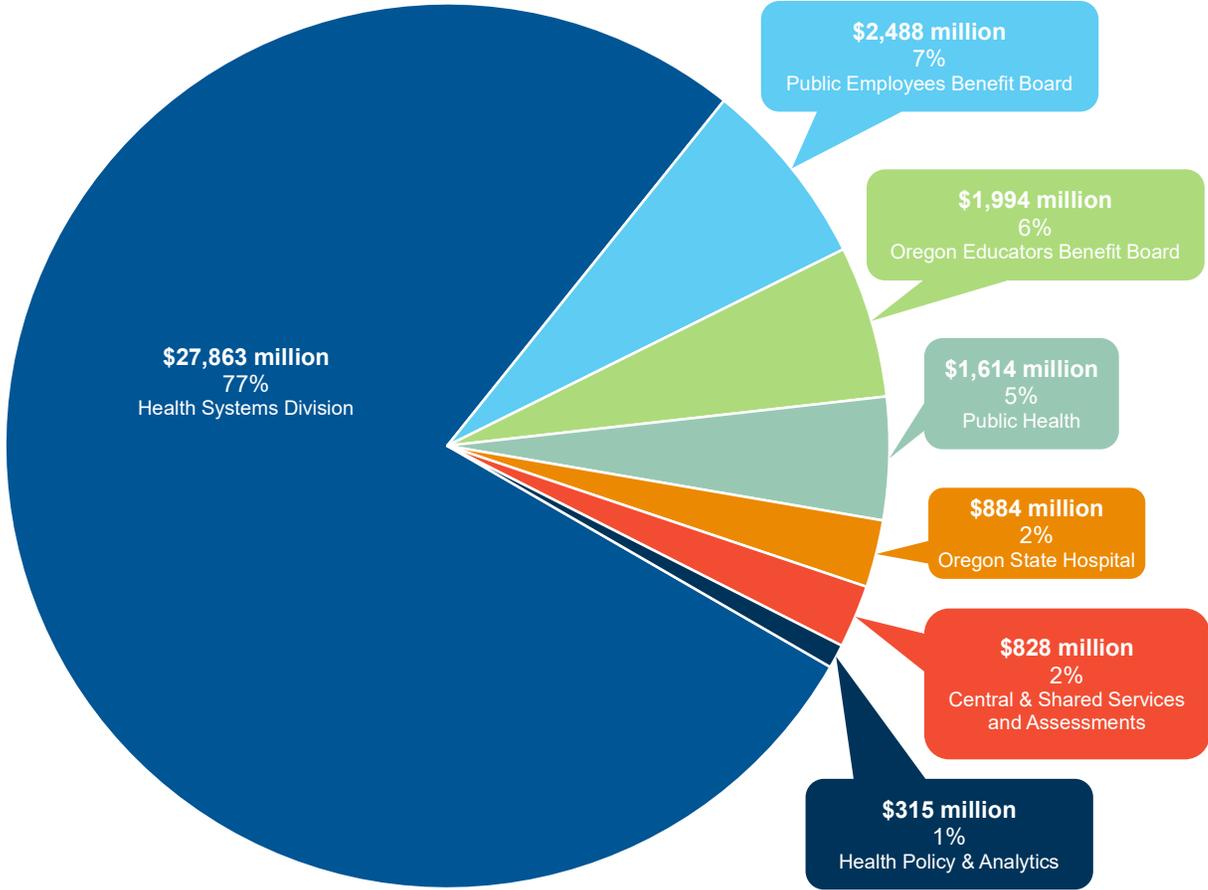
Oregon Health Authority
2021-23 Legislatively Approved Budget
By Fund Type

\$32.6 billion Total Funds



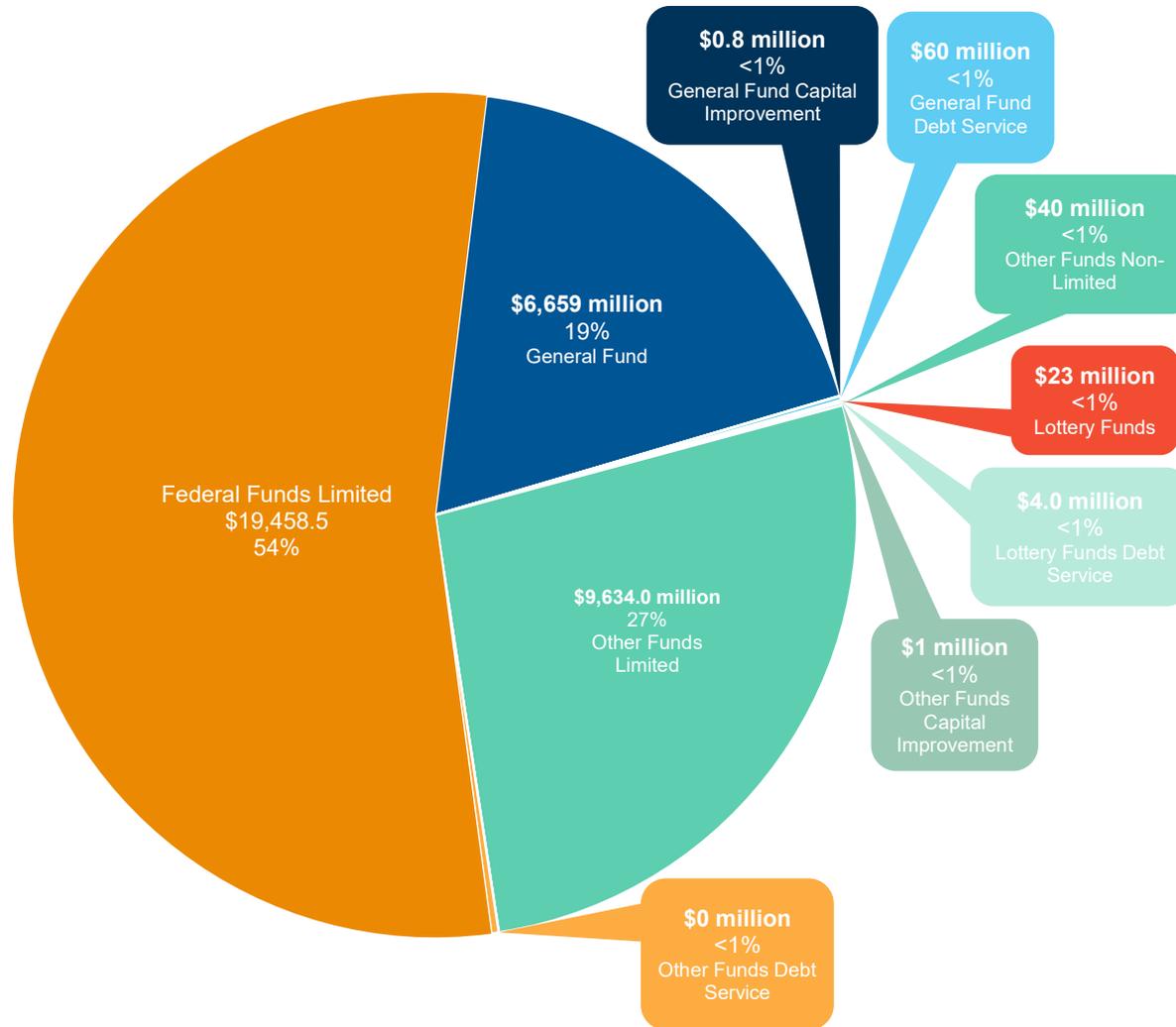
Oregon Health Authority
2023-25 Agency Request Budget
By Program

\$35,987 million Total Funds



Oregon Health Authority
2023-25 Agency Request Budget
By Fund Type

\$35,987 million Total Funds



Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Health Authority
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-000-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	4,770	4,717.60	30,150,740,966	3,483,809,469	18,641,986	9,560,625,992	16,944,934,468	40,000,000	102,729,051
2021-23 Emergency Boards	455	348.79	2,221,998,971	321,116,684	1,028,016	1,089,087,267	810,767,004	-	-
2021-23 Leg Approved Budget	5,225	5,066.39	32,372,739,937	3,804,926,153	19,670,002	10,649,713,259	17,755,701,472	40,000,000	102,729,051
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(58)	84.09	78,473,620	25,363,706	317,248	41,636,035	11,156,631	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			3,758,894	(218,046)	3,976,940	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			(7,992,750)	-	-	(7,992,750)	-	-	-
Subtotal 2023-25 Base Budget	5,167	5,150.48	32,446,979,701	3,830,071,813	23,964,190	10,683,356,544	17,766,858,103	40,000,000	102,729,051
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(1,741,334)	(1,329,432)	3,124	(322,551)	(92,475)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	9,895,452	(6,739,896)	12,751	14,985,748	1,636,849	-	-
Subtotal	-	-	8,154,118	(8,069,328)	15,875	14,663,197	1,544,374	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	29	17.58	670,196,076	500,529,961	1,728,311	122,415,889	45,521,915	-	-
022 - Phase-out Pgm & One-time Costs	(6)	(6.00)	(1,974,509,478)	(248,751,131)	-	(1,350,466,652)	(375,291,695)	-	-
Subtotal	23	11.58	(1,304,313,402)	251,778,830	1,728,311	(1,228,050,763)	(329,769,780)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	1,976,052,206	195,572,400	873,001	593,291,531	1,186,315,274	-	-
State Gov't & Services Charges Increase/(Decrease)			20,091,583	14,731,460	-	2,150,400	3,209,723	-	-

Summary of 2023-25 Biennium Budget

Oregon Health Authority
Oregon Health Authority
2023-25 Biennium

Agency Request Budget
Cross Reference Number: 44300-000-00-00-00000

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal	-	-	1,996,143,789	210,303,860	873,001	595,441,931	1,189,524,997	-	-
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	(1,743,710,415)	(188,635,271)	-	56,164,930	(1,611,240,074)	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	1,009,401,202	-	(521,531,200)	(487,870,002)	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	11	-	-	11	-	-	-
Subtotal: 2023-25 Current Service Level	5,190	5,162.06	31,403,253,802	5,104,851,106	26,581,377	9,600,044,650	16,529,047,618	40,000,000	102,729,051

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Health Authority
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-000-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	5,190	5,162.06	31,403,253,802	5,104,851,106	26,581,377	9,600,044,650	16,529,047,618	40,000,000	102,729,051
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	(28)	(28.00)	(7,910,436)	-	-	(7,910,436)	-	-	-
Modified 2023-25 Current Service Level	5,162	5,134.06	31,395,343,366	5,104,851,106	26,581,377	9,592,134,214	16,529,047,618	40,000,000	102,729,051
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	388,191,400	127,441,000	-	-	260,750,400	-	-
Subtotal Emergency Board Packages	-	-	388,191,400	127,441,000	-	-	260,750,400	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	1,843,000,000	397,000,000	-	-	1,446,000,000	-	-
202 - Basic Health Program	34	30.46	1,371,010,231	268,269,931	-	87,805	1,102,652,495	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	21	14.50	14,481,016	6,749,495	-	5,128,468	2,603,053	-	-
401 - Eliminating Health Inequities	92	70.17	30,285,110	20,469,154	-	1,227,863	8,588,093	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	49	27.43	8,076,367	8,076,367	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	7	7.50	20,872,922	16,846,041	-	1,443,579	2,583,302	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	6	4.50	340,136,580	268,839,588	-	28,939	71,268,053	-	-
406 - Public Health Modernization	98	73.50	285,353,008	285,999,330	-	86,986	(733,308)	-	-
409 - Healthier Together Oregon	9	6.75	15,000,000	15,000,000	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	3	2.25	2,214,878	2,098,305	-	40,801	75,772	-	-
411 - OSH Sustainable Staffing	192	116.00	50,368,167	50,368,167	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	10	8.15	8,599,944	3,908,627	-	2,946,033	1,745,284	-	-
413 - Complex Case Management Unit	48	36.66	9,939,371	8,404,371	-	1,535,000	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	9	6.75	2,625,582	1,054,648	-	-	1,570,934	-	-
415 - Adult Intensive Services & Diversion	7	5.25	6,496,589	4,936,539	-	8,631	1,551,419	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Health Authority
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-000-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	4	3.25	2,059,864	-	-	2,059,864	-	-	-
417 - Environmental Justice Mapping	1	0.75	191,854	191,854	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	4	3.00	10,771,678	10,385,839	-	-	385,839	-	-
419 - MMIS Infrastructure Replacement	-	-	11,323,720	1,387,180	-	-	9,936,540	-	-
420 - Pandemic Response Information System	26	26.00	18,834,585	10,808,044	-	8,026,541	-	-	-
421 - Fee For Service Transformation	25	19.00	7,385,272	2,996,295	-	25,727	4,363,250	-	-
422 - Reg'l Res Hospitals for Disaster Response	1	0.75	3,005,068	3,005,068	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	474,408	118,602	-	-	355,806	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	25,000	25,000	-	-	-	-	-
425 - Universally offered Home Visiting	5	3.75	6,080,320	5,924,191	-	-	156,129	-	-
426 - Child & Family BH Continuum of Care	6	4.50	13,515,774	11,503,382	-	31,708	1,980,684	-	-
427 - Medicaid Enterprise System Modularity	11	9.29	6,290,814	496,549	-	1,325,387	4,468,878	-	-
428 - PPE & Medical Supply Management	5	3.75	2,563,052	2,563,052	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	1	0.75	2,119,209	191,854	-	1,927,355	-	-	-
430 - Support for Health Care Market Oversight Pgm	4	4.00	1,240,524	1,240,524	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	2	2.00	452,866	452,866	-	-	-	-	-
432 - Domestic Well Safety Program	1	0.75	2,252,557	2,252,557	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	4	3.00	777,301	194,336	-	-	582,965	-	-
434 - Marketplace Outreach & Operations	3	2.50	526,331	-	-	526,331	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	3	2.25	6,631,605	-	-	6,631,605	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	2	1.76	453,897	453,897	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	2	1.50	8,252,000	-	-	8,252,000	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	1	0.75	853,068	-	-	853,068	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	5,906,000	2,861,000	-	3,045,000	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Health Authority
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-000-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	809,530	-	-	809,530	-	-	-
441 - Licensing of Temporary Staffing Agencies	2	2.00	394,482	394,482	-	-	-	-	-
442 - Children's Health Team	10	8.25	2,294,136	1,502,946	-	15,428	775,762	-	-
443 - Data Governance	10	7.50	6,407,269	1,314,048	-	1,151,168	3,942,053	-	-
444 - Regional Infection Prevention and Control	6	4.50	1,301,141	1,301,141	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	6	5.28	1,937,582	1,937,582	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	4	3.00	22,115,940	22,115,940	-	-	-	-	-
447 - Life Span Respite	2	1.50	7,705,523	3,894,051	-	-	3,811,472	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	15,000,000	15,000,000	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	22	22.00	6,587,395	6,587,395	-	-	-	-	-
450 - Deferred Maintenance	-	-	11,996,000	11,996,000	-	-	-	-	-
451 - FamilyCare Settlement	-	-	6,500,000	6,500,000	-	-	-	-	-
Subtotal Policy Packages	758	557.20	4,203,495,530	1,487,616,238	-	47,214,817	2,668,664,475	-	-
Total 2023-25 Agency Request Budget	5,920	5,691.26	35,987,030,296	6,719,908,344	26,581,377	9,639,349,031	19,458,462,493	40,000,000	102,729,051
Percentage Change From 2021-23 Leg Approved Budget	13.30%	12.33%	11.16%	76.61%	35.14%	-9.49%	9.59%	-	-
Percentage Change From 2023-25 Current Service Level	14.07%	10.25%	14.60%	31.64%	-	0.41%	17.72%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central & Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	802	788.47	610,848,304	298,217,752	519,457	243,070,339	69,040,756	-	-
2021-23 Emergency Boards	65	54.55	52,442,255	27,504,589	200,000	15,566,860	9,170,806	-	-
2021-23 Leg Approved Budget	867	843.02	663,290,559	325,722,341	719,457	258,637,199	78,211,562	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(1)	22.98	20,273,068	7,271,408	-	11,294,866	1,706,794	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			3,758,894	(218,046)	3,976,940	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	866	866.00	687,322,521	332,775,703	4,696,397	269,932,065	79,918,356	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(402,174)	(115,077)	-	(271,851)	(15,246)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	3,059,417	(394,735)	213	3,258,745	195,194	-	-
Subtotal	-	-	2,657,243	(509,812)	213	2,986,894	179,948	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	1	0.50	2,052,684	1,219,365	-	486,130	347,189	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,855,296)	(634,142)	-	(791,601)	(429,553)	-	-
Subtotal	1	0.50	197,388	585,223	-	(305,471)	(82,364)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	21,724,641	12,688,688	39,122	4,563,971	4,432,860	-	-
State Gov't & Services Charges Increase/(Decrease)			20,091,583	14,731,460	-	2,150,400	3,209,723	-	-

Summary of 2023-25 Biennium Budget

Oregon Health Authority
 OHA Central & Shared Services
 2023-25 Biennium

Agency Request Budget
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal	-	-	41,816,224	27,420,148	39,122	6,714,371	7,642,583	-	-
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	867	866.50	731,993,376	360,271,262	4,735,732	279,327,859	87,658,523	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central & Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	867	866.50	731,993,376	360,271,262	4,735,732	279,327,859	87,658,523	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	867	866.50	731,993,376	360,271,262	4,735,732	279,327,859	87,658,523	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	8	6.50	9,290,810	4,933,647	-	87,805	4,269,358	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	19	13.00	13,792,040	6,577,246	-	5,128,468	2,086,326	-	-
401 - Eliminating Health Inequities	92	70.17	30,285,110	20,469,154	-	1,227,863	8,588,093	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	8	6.50	20,622,641	16,498,125	-	1,443,579	2,680,937	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	3	2.25	2,214,878	2,098,305	-	40,801	75,772	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	10	8.15	8,599,944	3,908,627	-	2,946,033	1,745,284	-	-
413 - Complex Case Management Unit	-	-	35,000	-	-	35,000	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central & Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	3	2.50	785,677	-	-	785,677	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	15	15.00	8,026,541	-	-	8,026,541	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	5	4.01	1,325,387	-	-	1,325,387	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	45,000	-	-	45,000	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central & Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	5	3.75	1,151,168	-	-	1,151,168	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	168	131.83	96,174,196	54,485,104	-	22,243,322	19,445,770	-	-
Total 2023-25 Agency Request Budget	1,035	998.33	828,167,572	414,756,366	4,735,732	301,571,181	107,104,293	-	-
Percentage Change From 2021-23 Leg Approved Budget	19.38%	18.42%	24.86%	27.33%	558.24%	16.60%	36.94%	-	-
Percentage Change From 2023-25 Current Service Level	19.38%	15.21%	13.14%	15.12%	-	7.96%	22.18%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-40-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	216	202.47	86,549,126	59,271,743	34,116	9,155,539	18,087,728	-	-
2021-23 Emergency Boards	30	28.23	14,259,777	17,428,601	-	(4,512,386)	1,343,562	-	-
2021-23 Leg Approved Budget	246	230.70	100,808,903	76,700,344	34,116	4,643,153	19,431,290	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(1)	14.30	9,207,503	7,271,408	-	229,301	1,706,794	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	245	245.00	110,016,406	83,971,752	34,116	4,872,454	21,138,084	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(138,310)	(115,077)	-	(7,987)	(15,246)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	979,973	763,975	-	37,208	178,790	-	-
Subtotal	-	-	841,663	648,898	-	29,221	163,544	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	686,876	501,885	-	25,679	159,312	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(354,479)	(120,000)	-	(10,500)	(223,979)	-	-
Subtotal	-	-	332,397	381,885	-	15,179	(64,667)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	2,972,930	2,444,628	1,434	78,430	448,438	-	-
Subtotal	-	-	2,972,930	2,444,628	1,434	78,430	448,438	-	-

Summary of 2023-25 Biennium Budget

Oregon Health Authority
 OHA Central Services
 2023-25 Biennium

Agency Request Budget
 Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	245	245.00	114,163,396	87,447,163	35,550	4,995,284	21,685,399	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-40-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	245	245.00	114,163,396	87,447,163	35,550	4,995,284	21,685,399	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	245	245.00	114,163,396	87,447,163	35,550	4,995,284	21,685,399	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	8	6.50	9,290,810	4,933,647	-	87,805	4,269,358	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	92	70.17	30,285,110	20,469,154	-	1,227,863	8,588,093	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	8	6.50	20,622,641	16,498,125	-	1,443,579	2,680,937	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	3	2.25	2,214,878	2,098,305	-	40,801	75,772	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-40-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Central Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-40-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	111	85.42	62,413,439	43,999,231	-	2,800,048	15,614,160	-	-
Total 2023-25 Agency Request Budget	356	330.42	176,576,835	131,446,394	35,550	7,795,332	37,299,559	-	-
Percentage Change From 2021-23 Leg Approved Budget	44.72%	43.22%	75.16%	71.38%	4.20%	67.89%	91.96%	-	-
Percentage Change From 2023-25 Current Service Level	45.31%	34.87%	54.67%	50.32%	-	56.05%	72.00%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-45-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	586	586.00	205,885,021	-	-	205,885,021	-	-	-
2021-23 Emergency Boards	35	26.32	17,039,572	-	-	17,039,572	-	-	-
2021-23 Leg Approved Budget	621	612.32	222,924,593	-	-	222,924,593	-	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	8.68	11,065,565	-	-	11,065,565	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	621	621.00	233,990,158	-	-	233,990,158	-	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(263,864)	-	-	(263,864)	-	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	623,915	-	-	623,915	-	-	-
Subtotal	-	-	360,051	-	-	360,051	-	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	1	0.50	264,561	-	-	264,561	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(623,756)	-	-	(623,756)	-	-	-
Subtotal	1	0.50	(359,195)	-	-	(359,195)	-	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	2,361,572	-	-	2,361,572	-	-	-
Subtotal	-	-	2,361,572	-	-	2,361,572	-	-	-

Summary of 2023-25 Biennium Budget

Oregon Health Authority
 OHA Shared Services
 2023-25 Biennium

Agency Request Budget
 Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	622	621.50	236,352,586	-	-	236,352,586	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-45-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	622	621.50	236,352,586	-	-	236,352,586	-	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	622	621.50	236,352,586	-	-	236,352,586	-	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	19	13.00	3,889,526	-	-	3,889,526	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	10	8.15	2,509,421	-	-	2,509,421	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-45-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	3	2.50	785,677	-	-	785,677	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	15	15.00	8,026,541	-	-	8,026,541	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	5	4.01	1,325,387	-	-	1,325,387	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
OHA Shared Services
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-45-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	5	3.75	1,151,168	-	-	1,151,168	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	57	46.41	17,687,720	-	-	17,687,720	-	-	-
Total 2023-25 Agency Request Budget	679	667.91	254,040,306	-	-	254,040,306	-	-	-
Percentage Change From 2021-23 Leg Approved Budget	9.34%	9.08%	13.96%	-	-	13.96%	-	-	-
Percentage Change From 2023-25 Current Service Level	9.16%	7.47%	7.48%	-	-	7.48%	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
State Assessments and Enterprise-wide Costs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-50-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	-	-	318,414,157	238,946,009	485,341	28,029,779	50,953,028	-	-
2021-23 Emergency Boards	-	-	21,142,906	10,075,988	200,000	3,039,674	7,827,244	-	-
2021-23 Leg Approved Budget	-	-	339,557,063	249,021,997	685,341	31,069,453	58,780,272	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	-	-	-	-	-	-	-
Estimated Cost of Merit Increase	-	-	-	-	-	-	-	-	-
Base Debt Service Adjustment	-	-	3,758,894	(218,046)	3,976,940	-	-	-	-
Base Nonlimited Adjustment	-	-	-	-	-	-	-	-	-
Capital Construction	-	-	-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	-	-	343,315,957	248,803,951	4,662,281	31,069,453	58,780,272	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Non-PICS Personal Service Increase/(Decrease)	-	-	1,455,529	(1,158,710)	213	2,597,622	16,404	-	-
Subtotal	-	-	1,455,529	(1,158,710)	213	2,597,622	16,404	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	1,101,247	717,480	-	195,890	187,877	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(877,061)	(514,142)	-	(157,345)	(205,574)	-	-
Subtotal	-	-	224,186	203,338	-	38,545	(17,697)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	16,390,139	10,244,060	37,688	2,123,969	3,984,422	-	-
State Gov't & Services Charges Increase/(Decrease)	-	-	20,091,583	14,731,460	-	2,150,400	3,209,723	-	-
Subtotal	-	-	36,481,722	24,975,520	37,688	4,274,369	7,194,145	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
State Assessments and Enterprise-wide Costs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-50-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	-	-	381,477,394	272,824,099	4,700,182	37,979,989	65,973,124	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
State Assessments and Enterprise-wide Costs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-50-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	-	-	381,477,394	272,824,099	4,700,182	37,979,989	65,973,124	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	-	-	381,477,394	272,824,099	4,700,182	37,979,989	65,973,124	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	9,902,514	6,577,246	-	1,238,942	2,086,326	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	6,090,523	3,908,627	-	436,612	1,745,284	-	-
413 - Complex Case Management Unit	-	-	35,000	-	-	35,000	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
State Assessments and Enterprise-wide Costs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-50-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	45,000	-	-	45,000	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
State Assessments and Enterprise-wide Costs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-010-50-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	-	-	16,073,037	10,485,873	-	1,755,554	3,831,610	-	-
Total 2023-25 Agency Request Budget	-	-	397,550,431	283,309,972	4,700,182	39,735,543	69,804,734	-	-
Percentage Change From 2021-23 Leg Approved Budget	-	-	17.08%	13.77%	585.82%	27.89%	18.76%	-	-
Percentage Change From 2023-25 Current Service Level	-	-	4.21%	3.84%	-	4.62%	5.81%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	3,968	3,929.13	29,531,899,912	3,185,591,717	18,122,529	9,309,562,903	16,875,893,712	40,000,000	102,729,051
2021-23 Emergency Boards	390	294.24	2,169,556,716	293,612,095	828,016	1,073,520,407	801,596,198	-	-
2021-23 Leg Approved Budget	4,358	4,223.37	31,701,456,628	3,479,203,812	18,950,545	10,383,083,310	17,677,489,910	40,000,000	102,729,051
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(57)	61.11	58,200,552	18,092,298	317,248	30,341,169	9,449,837	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	4,301	4,284.48	31,759,657,180	3,497,296,110	19,267,793	10,413,424,479	17,686,939,747	40,000,000	102,729,051
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(1,339,160)	(1,214,355)	3,124	(50,700)	(77,229)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	6,836,035	(6,345,161)	12,538	11,727,003	1,441,655	-	-
Subtotal	-	-	5,496,875	(7,559,516)	15,662	11,676,303	1,364,426	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	28	17.08	668,143,392	499,310,596	1,728,311	121,929,759	45,174,726	-	-
022 - Phase-out Pgm & One-time Costs	(6)	(6.00)	(1,972,654,182)	(248,116,989)	-	(1,349,675,051)	(374,862,142)	-	-
Subtotal	22	11.08	(1,304,510,790)	251,193,607	1,728,311	(1,227,745,292)	(329,687,416)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	1,954,327,565	182,883,712	833,879	588,727,560	1,181,882,414	-	-
Subtotal	-	-	1,954,327,565	182,883,712	833,879	588,727,560	1,181,882,414	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	(1,743,710,415)	(188,635,271)	-	56,164,930	(1,611,240,074)	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	1,009,401,202	-	(521,531,200)	(487,870,002)	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	11	-	-	11	-	-	-
Subtotal: 2023-25 Current Service Level	4,323	4,295.56	30,671,260,426	4,744,579,844	21,845,645	9,320,716,791	16,441,389,095	40,000,000	102,729,051

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	4,323	4,295.56	30,671,260,426	4,744,579,844	21,845,645	9,320,716,791	16,441,389,095	40,000,000	102,729,051
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	(28)	(28.00)	(7,910,436)	-	-	(7,910,436)	-	-	-
Modified 2023-25 Current Service Level	4,295	4,267.56	30,663,349,990	4,744,579,844	21,845,645	9,312,806,355	16,441,389,095	40,000,000	102,729,051
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	388,191,400	127,441,000	-	-	260,750,400	-	-
Subtotal Emergency Board Packages	-	-	388,191,400	127,441,000	-	-	260,750,400	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	1,843,000,000	397,000,000	-	-	1,446,000,000	-	-
202 - Basic Health Program	26	23.96	1,361,719,421	263,336,284	-	-	1,098,383,137	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	2	1.50	688,976	172,249	-	-	516,727	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	49	27.43	8,076,367	8,076,367	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	(1)	1.00	250,281	347,916	-	-	(97,635)	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	6	4.50	340,136,580	268,839,588	-	28,939	71,268,053	-	-
406 - Public Health Modernization	98	73.50	285,353,008	285,999,330	-	86,986	(733,308)	-	-
409 - Healthier Together Oregon	9	6.75	15,000,000	15,000,000	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	192	116.00	50,368,167	50,368,167	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	48	36.66	8,404,371	8,404,371	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	9	6.75	2,625,582	1,054,648	-	-	1,570,934	-	-
415 - Adult Intensive Services & Diversion	7	5.25	6,496,589	4,936,539	-	8,631	1,551,419	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	1	0.75	1,274,187	-	-	1,274,187	-	-	-
417 - Environmental Justice Mapping	1	0.75	191,854	191,854	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	4	3.00	10,771,678	10,385,839	-	-	385,839	-	-
419 - MMIS Infrastructure Replacement	-	-	11,323,720	1,387,180	-	-	9,936,540	-	-
420 - Pandemic Response Information System	11	11.00	10,808,044	10,808,044	-	-	-	-	-
421 - Fee For Service Transformation	25	19.00	7,385,272	2,996,295	-	25,727	4,363,250	-	-
422 - Reg'l Res Hospitals for Disaster Response	1	0.75	3,005,068	3,005,068	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	474,408	118,602	-	-	355,806	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	25,000	25,000	-	-	-	-	-
425 - Universally offered Home Visiting	5	3.75	6,080,320	5,924,191	-	-	156,129	-	-
426 - Child & Family BH Continuum of Care	6	4.50	13,515,774	11,503,382	-	31,708	1,980,684	-	-
427 - Medicaid Enterprise System Modularity	6	5.28	4,965,427	496,549	-	-	4,468,878	-	-
428 - PPE & Medical Supply Management	5	3.75	2,563,052	2,563,052	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	1	0.75	2,119,209	191,854	-	1,927,355	-	-	-
430 - Support for Health Care Market Oversight Pgm	4	4.00	1,240,524	1,240,524	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	2	2.00	452,866	452,866	-	-	-	-	-
432 - Domestic Well Safety Program	1	0.75	2,252,557	2,252,557	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	4	3.00	777,301	194,336	-	-	582,965	-	-
434 - Marketplace Outreach & Operations	3	2.50	526,331	-	-	526,331	-	-	-
435 - PEBB OEBS Benefits Mgt Sys Replacement	3	2.25	6,631,605	-	-	6,631,605	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	2	1.76	453,897	453,897	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	2	1.50	8,252,000	-	-	8,252,000	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	1	0.75	853,068	-	-	853,068	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	2,861,000	2,861,000	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	809,530	-	-	809,530	-	-	-
441 - Licensing of Temporary Staffing Agencies	2	2.00	394,482	394,482	-	-	-	-	-
442 - Children's Health Team	10	8.25	2,294,136	1,502,946	-	15,428	775,762	-	-
443 - Data Governance	5	3.75	5,256,101	1,314,048	-	-	3,942,053	-	-
444 - Regional Infection Prevention and Control	6	4.50	1,301,141	1,301,141	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	6	5.28	1,937,582	1,937,582	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	4	3.00	22,115,940	22,115,940	-	-	-	-	-
447 - Life Span Respite	2	1.50	7,705,523	3,894,051	-	-	3,811,472	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	15,000,000	15,000,000	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	22	22.00	6,587,395	6,587,395	-	-	-	-	-
450 - Deferred Maintenance	-	-	11,996,000	11,996,000	-	-	-	-	-
451 - FamilyCare Settlement	-	-	6,500,000	6,500,000	-	-	-	-	-
Subtotal Policy Packages	590	425.37	4,102,821,334	1,433,131,134	-	20,471,495	2,649,218,705	-	-
Total 2023-25 Agency Request Budget	4,885	4,692.93	35,154,362,724	6,305,151,978	21,845,645	9,333,277,850	19,351,358,200	40,000,000	102,729,051
Percentage Change From 2021-23 Leg Approved Budget	12.09%	11.12%	10.89%	81.22%	15.28%	-10.11%	9.47%	-	-
Percentage Change From 2023-25 Current Service Level	13.00%	9.25%	14.62%	32.89%	-	0.13%	17.70%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Division
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-01-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	437	424.00	23,392,362,553	2,602,694,351	18,096,546	4,365,280,908	16,406,290,748	-	-
2021-23 Emergency Boards	111	68.18	739,056,312	205,696,434	828,016	142,803,022	389,728,840	-	-
2021-23 Leg Approved Budget	548	492.18	24,131,418,865	2,808,390,785	18,924,562	4,508,083,930	16,796,019,588	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(19)	29.32	17,919,384	8,859,567	317,248	2,570,448	6,172,121	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	529	521.50	24,149,338,249	2,817,250,352	19,241,810	4,510,654,378	16,802,191,709	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(99,148)	(37,454)	3,124	(61,991)	(2,827)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	1,362,703	628,278	12,538	207,364	514,523	-	-
Subtotal	-	-	1,263,555	590,824	15,662	145,373	511,696	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	9	8.25	637,378,560	496,489,567	1,728,311	94,610,878	44,549,804	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(721,025,629)	(197,299,396)	-	(347,629,197)	(176,097,036)	-	-
Subtotal	9	8.25	(83,647,069)	299,190,171	1,728,311	(253,018,319)	(131,547,232)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	1,603,898,777	171,453,266	832,788	284,942,335	1,146,670,388	-	-
Subtotal	-	-	1,603,898,777	171,453,266	832,788	284,942,335	1,146,670,388	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Division
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-01-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	(1,743,710,415)	(188,635,271)	-	56,164,930	(1,611,240,074)	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	682,585,564	-	(195,470,301)	(487,115,263)	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	538	529.75	23,927,143,097	3,782,434,906	21,818,571	4,403,418,396	15,719,471,224	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Division
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-01-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	538	529.75	23,927,143,097	3,782,434,906	21,818,571	4,403,418,396	15,719,471,224	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	538	529.75	23,927,143,097	3,782,434,906	21,818,571	4,403,418,396	15,719,471,224	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	388,191,400	127,441,000	-	-	260,750,400	-	-
Subtotal Emergency Board Packages	-	-	388,191,400	127,441,000	-	-	260,750,400	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	1,843,000,000	397,000,000	-	-	1,446,000,000	-	-
202 - Basic Health Program	23	17.25	1,248,908,307	150,525,170	-	-	1,098,383,137	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	2	1.50	688,976	172,249	-	-	516,727	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	6	4.50	340,136,580	268,839,588	-	28,939	71,268,053	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	7	5.25	2,212,698	848,206	-	-	1,364,492	-	-
415 - Adult Intensive Services & Diversion	7	5.25	6,496,589	4,936,539	-	8,631	1,551,419	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Division
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-01-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	4	3.00	10,771,678	10,385,839	-	-	385,839	-	-
419 - MMIS Infrastructure Replacement	-	-	11,323,720	1,387,180	-	-	9,936,540	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	25	19.00	7,385,272	2,996,295	-	25,727	4,363,250	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	474,408	118,602	-	-	355,806	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	6	4.50	13,515,774	11,503,382	-	31,708	1,980,684	-	-
427 - Medicaid Enterprise System Modularity	6	5.28	4,965,427	496,549	-	-	4,468,878	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	1	0.75	191,854	191,854	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	2	2.00	452,866	452,866	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	4	3.00	777,301	194,336	-	-	582,965	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	2	1.76	453,897	453,897	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Systems Division
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-01-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	5	3.75	5,256,101	1,314,048	-	-	3,942,053	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	2	1.50	21,702,970	21,702,970	-	-	-	-	-
447 - Life Span Respite	2	1.50	7,705,523	3,894,051	-	-	3,811,472	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	15,000,000	15,000,000	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	6,500,000	6,500,000	-	-	-	-	-
Subtotal Policy Packages	104	79.79	3,547,919,941	898,913,621	-	95,005	2,648,911,315	-	-
Total 2023-25 Agency Request Budget	642	609.54	27,863,254,438	4,808,789,527	21,818,571	4,403,513,401	18,629,132,939	-	-
Percentage Change From 2021-23 Leg Approved Budget	17.15%	23.84%	15.46%	71.23%	15.29%	-2.32%	10.91%	-	-
Percentage Change From 2023-25 Current Service Level	19.33%	15.06%	16.45%	27.13%	-	-	18.51%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Policy & Analytics
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-02-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	194	190.08	229,675,988	55,515,071	25,983	127,420,711	46,714,223	-	-
2021-23 Emergency Boards	24	12.32	(52,863,608)	23,534,940	-	(78,207,520)	1,808,972	-	-
2021-23 Leg Approved Budget	218	202.40	176,812,380	79,050,011	25,983	49,213,191	48,523,195	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(22)	(8.58)	1,949,227	137,055	-	669,840	1,142,332	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	196	193.82	178,761,607	79,187,066	25,983	49,883,031	49,665,527	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	137,100	34,102	-	(48,314)	151,312	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	181,317	115,468	-	(17,458)	83,307	-	-
Subtotal	-	-	318,417	149,570	-	(65,772)	234,619	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	18	8.33	2,214,655	1,617,643	-	-	597,012	-	-
022 - Phase-out Pgm & One-time Costs	(6)	(6.00)	(33,206,075)	(19,226,672)	-	-	(13,979,403)	-	-
Subtotal	12	2.33	(30,991,420)	(17,609,029)	-	-	(13,382,391)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	5,154,432	1,856,568	1,091	1,940,989	1,355,784	-	-
Subtotal	-	-	5,154,432	1,856,568	1,091	1,940,989	1,355,784	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Policy & Analytics
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-02-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	(1,153,827)	-	1,153,827	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	40	39.50	36,393,102	-	-	36,393,102	-	-	-
Subtotal: 2023-25 Current Service Level	248	235.65	189,636,138	62,430,348	27,074	89,305,177	37,873,539	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Policy & Analytics
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-02-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	248	235.65	189,636,138	62,430,348	27,074	89,305,177	37,873,539	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	(4)	(4.00)	(1,153,827)	-	-	(1,153,827)	-	-	-
Modified 2023-25 Current Service Level	244	231.65	188,482,311	62,430,348	27,074	88,151,350	37,873,539	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	3	6.71	112,811,114	112,811,114	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	(1)	1.00	250,281	347,916	-	-	(97,635)	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	2	1.50	412,884	206,442	-	-	206,442	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Policy & Analytics
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-02-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	1	0.75	1,274,187	-	-	1,274,187	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	4	4.00	1,240,524	1,240,524	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	3	2.50	526,331	-	-	526,331	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	3	2.25	6,631,605	-	-	6,631,605	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	1	0.75	853,068	-	-	853,068	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Health Policy & Analytics
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-02-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	10	8.25	2,294,136	1,502,946	-	15,428	775,762	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	26	27.71	126,294,130	116,108,942	-	9,300,619	884,569	-	-
Total 2023-25 Agency Request Budget	270	259.36	314,776,441	178,539,290	27,074	97,451,969	38,758,108	-	-
Percentage Change From 2021-23 Leg Approved Budget	23.85%	28.14%	78.03%	125.86%	4.20%	98.02%	-20.12%	-	-
Percentage Change From 2023-25 Current Service Level	8.87%	10.06%	65.99%	185.98%	-	9.12%	2.34%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Employees Benefit Board (PEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-03-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	20	19.50	2,311,370,412	-	-	2,311,370,412	-	-	-
2021-23 Emergency Boards	-	-	15,231,441	-	-	15,231,441	-	-	-
2021-23 Leg Approved Budget	20	19.50	2,326,601,853	-	-	2,326,601,853	-	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	360,779	-	-	360,779	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	20	19.50	2,326,962,632	-	-	2,326,962,632	-	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	35,996	-	-	35,996	-	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	12,688	-	-	12,688	-	-	-
Subtotal	-	-	48,684	-	-	48,684	-	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	26,964,429	-	-	26,964,429	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(6,922,135)	-	-	(6,922,135)	-	-	-
Subtotal	-	-	20,042,294	-	-	20,042,294	-	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	158,713,011	-	-	158,713,011	-	-	-
Subtotal	-	-	158,713,011	-	-	158,713,011	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Employees Benefit Board (PEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-03-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	(20)	(19.50)	(18,716,343)	-	-	(18,716,343)	-	-	-
Subtotal: 2023-25 Current Service Level	-	-	2,487,050,278	-	-	2,487,050,278	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Employees Benefit Board (PEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-03-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	-	-	2,487,050,278	-	-	2,487,050,278	-	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	-	-	2,487,050,278	-	-	2,487,050,278	-	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Employees Benefit Board (PEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-03-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	1,110,916	-	-	1,110,916	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Employees Benefit Board (PEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-03-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	-	-	1,110,916	-	-	1,110,916	-	-	-
Total 2023-25 Agency Request Budget	-	-	2,488,161,194	-	-	2,488,161,194	-	-	-
Percentage Change From 2021-23 Leg Approved Budget	-100.00%	-100.00%	6.94%	-	-	6.94%	-	-	-
Percentage Change From 2023-25 Current Service Level	-	-	0.04%	-	-	0.04%	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Educators Benefit Board (OEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-04-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	20	20.00	1,874,846,839	-	-	1,874,846,839	-	-	-
2021-23 Emergency Boards	-	-	12,617,142	-	-	12,617,142	-	-	-
2021-23 Leg Approved Budget	20	20.00	1,887,463,981	-	-	1,887,463,981	-	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	246,837	-	-	246,837	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	20	20.00	1,887,710,818	-	-	1,887,710,818	-	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	32,088	-	-	32,088	-	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	14,801	-	-	14,801	-	-	-
Subtotal	-	-	46,889	-	-	46,889	-	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	-	-	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(6,478,477)	-	-	(6,478,477)	-	-	-
Subtotal	-	-	(6,478,477)	-	-	(6,478,477)	-	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	130,050,875	-	-	130,050,875	-	-	-
Subtotal	-	-	130,050,875	-	-	130,050,875	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Educators Benefit Board (OEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-04-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	(20)	(20.00)	(17,676,748)	-	-	(17,676,748)	-	-	-
Subtotal: 2023-25 Current Service Level	-	-	1,993,653,357	-	-	1,993,653,357	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Educators Benefit Board (OEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-04-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	-	-	1,993,653,357	-	-	1,993,653,357	-	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	-	-	1,993,653,357	-	-	1,993,653,357	-	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Educators Benefit Board (OEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-04-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	816,439	-	-	816,439	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBB Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon Educators Benefit Board (OEBB)
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-04-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	-	-	816,439	-	-	816,439	-	-	-
Total 2023-25 Agency Request Budget	-	-	1,994,469,796	-	-	1,994,469,796	-	-	-
Percentage Change From 2021-23 Leg Approved Budget	-100.00%	-100.00%	5.67%	-	-	5.67%	-	-	-
Percentage Change From 2023-25 Current Service Level	-	-	0.04%	-	-	0.04%	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Health Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-05-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	872	850.73	995,884,171	169,410,493	-	289,248,765	394,495,862	40,000,000	102,729,051
2021-23 Emergency Boards	22	22.53	1,419,984,983	31,624,498	-	980,638,181	407,722,304	-	-
2021-23 Leg Approved Budget	894	873.26	2,415,869,154	201,034,991	-	1,269,886,946	802,218,166	40,000,000	102,729,051
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(16)	(1.42)	10,880,104	5,231,242	-	4,502,889	1,145,973	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	878	871.84	2,426,749,258	206,266,233	-	1,274,389,835	803,364,139	40,000,000	102,729,051
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(259,144)	(144,268)	-	53,145	(168,021)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	1,267,443	316,618	-	239,747	711,078	-	-
Subtotal	-	-	1,008,299	172,350	-	292,892	543,057	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	1	0.50	672,884	311,393	-	354,452	7,039	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,202,461,466)	(31,314,321)	-	(986,361,442)	(184,785,703)	-	-
Subtotal	1	0.50	(1,201,788,582)	(31,002,928)	-	(986,006,990)	(184,778,664)	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	51,578,501	6,237,249	-	11,729,158	33,612,094	-	-
Subtotal	-	-	51,578,501	6,237,249	-	11,729,158	33,612,094	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Health Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-05-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	(6,756,609)	-	6,756,609	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	879	872.34	1,277,547,476	174,916,295	-	307,161,504	652,740,626	40,000,000	102,729,051

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Health Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-05-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	879	872.34	1,277,547,476	174,916,295	-	307,161,504	652,740,626	40,000,000	102,729,051
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	(24)	(24.00)	(6,756,609)	-	-	(6,756,609)	-	-	-
Modified 2023-25 Current Service Level	855	848.34	1,270,790,867	174,916,295	-	300,404,895	652,740,626	40,000,000	102,729,051
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	98	73.50	285,353,008	285,999,330	-	86,986	(733,308)	-	-
409 - Healthier Together Oregon	9	6.75	15,000,000	15,000,000	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Health Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-05-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	1	0.75	191,854	191,854	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	11	11.00	10,808,044	10,808,044	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	1	0.75	3,005,068	3,005,068	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	25,000	25,000	-	-	-	-	-
425 - Universally offered Home Visiting	5	3.75	6,080,320	5,924,191	-	-	156,129	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	5	3.75	2,563,052	2,563,052	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	1	0.75	2,252,557	2,252,557	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	2	1.50	8,252,000	-	-	8,252,000	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Public Health Programs
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-05-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	809,530	-	-	809,530	-	-	-
441 - Licensing of Temporary Staffing Agencies	2	2.00	394,482	394,482	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	6	4.50	1,301,141	1,301,141	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	2	1.50	412,970	412,970	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	22	22.00	6,587,395	6,587,395	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	165	132.50	343,036,421	334,465,084	-	9,148,516	(577,179)	-	-
Total 2023-25 Agency Request Budget	1,020	980.84	1,613,827,288	509,381,379	-	309,553,411	652,163,447	40,000,000	102,729,051
Percentage Change From 2021-23 Leg Approved Budget	14.09%	12.32%	-33.20%	153.38%	-	-75.62%	-18.70%	-	-
Percentage Change From 2023-25 Current Service Level	16.04%	12.44%	26.32%	191.21%	-	0.78%	-0.09%	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon State Hospital
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-06-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	2,425	2,424.82	727,759,949	357,971,802	-	341,395,268	28,392,879	-	-
2021-23 Emergency Boards	233	191.21	35,530,446	32,756,223	-	438,141	2,336,082	-	-
2021-23 Leg Approved Budget	2,658	2,616.03	763,290,395	390,728,025	-	341,833,409	30,728,961	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	41.79	26,844,221	3,864,434	-	21,990,376	989,411	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	2,658	2,657.82	790,134,616	394,592,459	-	363,823,785	31,718,372	-	-
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(1,186,052)	(1,066,735)	-	(61,624)	(57,693)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	3,997,083	(7,405,525)	-	11,269,861	132,747	-	-
Subtotal	-	-	2,811,031	(8,472,260)	-	11,208,237	75,054	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	912,864	891,993	-	-	20,871	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(2,560,400)	(276,600)	-	(2,283,800)	-	-	-
Subtotal	-	-	(1,647,536)	615,393	-	(2,283,800)	20,871	-	-
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	4,931,969	3,336,629	-	1,351,192	244,148	-	-
Subtotal	-	-	4,931,969	3,336,629	-	1,351,192	244,148	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon State Hospital
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-06-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	334,726,074	-	(333,971,335)	(754,739)	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	2,658	2,657.82	796,230,080	724,798,295	-	40,128,079	31,303,706	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon State Hospital
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-06-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	2,658	2,657.82	796,230,080	724,798,295	-	40,128,079	31,303,706	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	2,658	2,657.82	796,230,080	724,798,295	-	40,128,079	31,303,706	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	49	27.43	8,076,367	8,076,367	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	192	116.00	50,368,167	50,368,167	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	48	36.66	8,404,371	8,404,371	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon State Hospital
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-06-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	2,861,000	2,861,000	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Oregon State Hospital
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-030-06-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	6	5.28	1,937,582	1,937,582	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	11,996,000	11,996,000	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	295	185.37	83,643,487	83,643,487	-	-	-	-	-
Total 2023-25 Agency Request Budget	2,953	2,843.19	879,873,567	808,441,782	-	40,128,079	31,303,706	-	-
Percentage Change From 2021-23 Leg Approved Budget	11.10%	8.68%	15.27%	106.91%	-	-88.26%	1.87%	-	-
Percentage Change From 2023-25 Current Service Level	11.10%	6.97%	10.50%	11.54%	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Improvements
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-088-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	-	-	-	-	-	-	-	-	-
2021-23 Emergency Boards	-	-	-	-	-	-	-	-	-
2021-23 Leg Approved Budget	-	-	-	-	-	-	-	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	-	-	-	-	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	-	-	-	-	-	-	-	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	-	-	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Improvements
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-088-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	-	-	-	-	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Improvements
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-088-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Improvements
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-088-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	-	-	-	-	-	-	-	-	-
Total 2023-25 Agency Request Budget	-	-	-	-	-	-	-	-	-
Percentage Change From 2021-23 Leg Approved Budget	-	-	-	-	-	-	-	-	-
Percentage Change From 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Construction
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-089-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
2021-23 Leg Adopted Budget	-	-	7,992,750	-	-	7,992,750	-	-	-
2021-23 Emergency Boards	-	-	-	-	-	-	-	-	-
2021-23 Leg Approved Budget	-	-	7,992,750	-	-	7,992,750	-	-	-
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	-	-	-	-	-	-	-
Estimated Cost of Merit Increase	-	-	-	-	-	-	-	-	-
Base Debt Service Adjustment	-	-	-	-	-	-	-	-	-
Base Nonlimited Adjustment	-	-	-	-	-	-	-	-	-
Capital Construction	-	-	(7,992,750)	-	-	(7,992,750)	-	-	-
Subtotal 2023-25 Base Budget	-	-	-	-	-	-	-	-	-
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	-	-	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Construction
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-089-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
Subtotal: 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Policy Packages									
201 - Medicaid Waiver Placeholder	-	-	-	-	-	-	-	-	-
202 - Basic Health Program	-	-	-	-	-	-	-	-	-
203 - Mainframe Migration/Provider & Client Pmt Sys	-	-	-	-	-	-	-	-	-
401 - Eliminating Health Inequities	-	-	-	-	-	-	-	-	-
402 - OSH Specialized Treatment Svcs & Supports Pgm	-	-	-	-	-	-	-	-	-
403 - REALD & SOGI Implmtn: Getting to Data Justice	-	-	-	-	-	-	-	-	-
404 - 988/BH Crisis Sys: 988 Call Centers & CSCs	-	-	-	-	-	-	-	-	-
406 - Public Health Modernization	-	-	-	-	-	-	-	-	-
409 - Healthier Together Oregon	-	-	-	-	-	-	-	-	-
410 - Reg'l Health Equity Coalition Pgm Expansion	-	-	-	-	-	-	-	-	-
411 - OSH Sustainable Staffing	-	-	-	-	-	-	-	-	-
412 - Fixing IT Risks & Vulnerabilities	-	-	-	-	-	-	-	-	-
413 - Complex Case Management Unit	-	-	1,500,000	-	-	1,500,000	-	-	-
414 - Early & Periodic Screening, Diagnosis & Trmnt	-	-	-	-	-	-	-	-	-
415 - Adult Intensive Services & Diversion	-	-	-	-	-	-	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Construction
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-089-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
416 - Marketplace Transition from SBM-FP to SBM	-	-	-	-	-	-	-	-	-
417 - Environmental Justice Mapping	-	-	-	-	-	-	-	-	-
418 - Integrated Care Mod - Proj Nurture Expansion	-	-	-	-	-	-	-	-	-
419 - MMIS Infrastructure Replacement	-	-	-	-	-	-	-	-	-
420 - Pandemic Response Information System	-	-	-	-	-	-	-	-	-
421 - Fee For Service Transformation	-	-	-	-	-	-	-	-	-
422 - Reg'l Res Hospitals for Disaster Response	-	-	-	-	-	-	-	-	-
423 - 100% FMAP Tribal Savings and Reinvestment Pgm	-	-	-	-	-	-	-	-	-
424 - Oral Health Workforce Dental Pilot Proj Pgm	-	-	-	-	-	-	-	-	-
425 - Universally offered Home Visiting	-	-	-	-	-	-	-	-	-
426 - Child & Family BH Continuum of Care	-	-	-	-	-	-	-	-	-
427 - Medicaid Enterprise System Modularity	-	-	-	-	-	-	-	-	-
428 - PPE & Medical Supply Management	-	-	-	-	-	-	-	-	-
429 - 988/BH Crisis Sys: Payer Parity	-	-	-	-	-	-	-	-	-
430 - Support for Health Care Market Oversight Pgm	-	-	-	-	-	-	-	-	-
431 - Staffing for System of Care Advisory Council	-	-	-	-	-	-	-	-	-
432 - Domestic Well Safety Program	-	-	-	-	-	-	-	-	-
433 - MMIS Staffing Capacity for Compliance Changes	-	-	-	-	-	-	-	-	-
434 - Marketplace Outreach & Operations	-	-	-	-	-	-	-	-	-
435 - PEBB OEBC Benefits Mgt Sys Replacement	-	-	-	-	-	-	-	-	-
436 - ADPC: Oregon's Strategic Plan Implementation	-	-	-	-	-	-	-	-	-
437 - Newborn Bloodspot Screen Pgm Fee Ratification	-	-	-	-	-	-	-	-	-
438 - Affordable Care Act (ACA) Employer Reporting	-	-	-	-	-	-	-	-	-
439 - OSH Asset & Equipment Replacement	-	-	3,000,000	-	-	3,000,000	-	-	-

Summary of 2023-25 Biennium Budget

**Oregon Health Authority
Capital Construction
2023-25 Biennium**

**Agency Request Budget
Cross Reference Number: 44300-089-00-00-00000**

<i>Description</i>	<i>Positions</i>	<i>Full-Time Equivalent (FTE)</i>	<i>ALL FUNDS</i>	<i>General Fund</i>	<i>Lottery Funds</i>	<i>Other Funds</i>	<i>Federal Funds</i>	<i>Nonlimited Other Funds</i>	<i>Nonlimited Federal Funds</i>
440 - OR Environmental Lab Accreditation Pgm	-	-	-	-	-	-	-	-	-
441 - Licensing of Temporary Staffing Agencies	-	-	-	-	-	-	-	-	-
442 - Children's Health Team	-	-	-	-	-	-	-	-	-
443 - Data Governance	-	-	-	-	-	-	-	-	-
444 - Regional Infection Prevention and Control	-	-	-	-	-	-	-	-	-
445 - Electronic Health Record Replacement Planning	-	-	-	-	-	-	-	-	-
446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans	-	-	-	-	-	-	-	-	-
447 - Life Span Respite	-	-	-	-	-	-	-	-	-
448 - Behavioral Health Metrics Incentive Fund	-	-	-	-	-	-	-	-	-
449 - OR Psilocybin Services Regulatory Framework	-	-	-	-	-	-	-	-	-
450 - Deferred Maintenance	-	-	-	-	-	-	-	-	-
451 - FamilyCare Settlement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	-	-	4,500,000	-	-	4,500,000	-	-	-
Total 2023-25 Agency Request Budget	-	-	4,500,000	-	-	4,500,000	-	-	-
Percentage Change From 2021-23 Leg Approved Budget	-	-	-43.70%	-	-	-43.70%	-	-	-
Percentage Change From 2023-25 Current Service Level	-	-	-	-	-	-	-	-	-

PROGRAM PRIORITIZATION FOR 2023-25

Agency Name: Oregon Health Authority

2023-25 Biennium

The Oregon Health Authority is prioritizing the elimination of health inequities across a wide range of health outcomes in which people in communities of color experience greater health burdens than white people, due to the unfair effects of systemic racism. This requires the largest and most ambitious transformation in health care in the nation. OHA believes all divisions and programs of the agency must support equity and inclusion at every level; therefore health equity is not ranked as a specific program priority as it is an integral foundation of OHA's work.

Agency-Wide Priorities for 2023-25 Biennium

1	4		5	6	7	8	9	10	11	12	13	14	
Priority (ranked with highest priority first)	Program or Activity Initials	ORBITS DCR Title	Is Program leveraged for the DSHP Waiver?	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program- Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS
Agcy													
1	Health Programs	Health Programs Medicaid	No	This budget includes the Oregon Health Plan, which provides medical coverage for Medicaid under Title XIX of the Social Security Act, and Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. Medicaid has traditionally provided medical coverage to low-income seniors, people with disabilities, children, and pregnant women. Since January 2014, the Oregon Health Plan has also covered all Oregon adults with income at or below 138 percent of the federal poverty level.	Preventive services for OHP youth and adults, Preventive services for OHP children, Appropriate prenatal care for OHP clients, PQI Hospitalizations of OHP clients	12	3,808,510,259		3,921,436,137		18,276,863,635		26,006,810,031
2	Health Programs	Health Programs Non Medicaid	No	HSD administers contracts and agreements with local mental health authorities such as LMHAs, CMHPs, non-profit providers, and tribes to develop and administer community-based behavioral health services and supports that are not covered by Oregon's Medicaid program. HSD services restore functioning, promote resiliency, health and recovery, and protect public safety by serving adults, children and adolescents with substance use disorders, mental and emotional disorders and problem gambling disorders as well as providing resources to their families. These services and supports are delivered in outpatient, residential, school, hospital, justice and other community settings. Culturally specific statewide and regional programs provide services for Native American, Hispanic/Latino and African American populations. These programs are designed to deliver evidence-based services that restore individuals and their families to the highest level of functioning possible. These programs employ peer support specialists, qualified mental health associates (QMHA's), qualified mental health professionals (QMHPs), psychiatrists, psychiatric nurse practitioners, qualified health services (QHS) providers, psychologists and other independently licensed providers, Certified Alcohol and Drug Counselors (CADCs), Certified Gambling Addiction Counselors (CGACs), and personal care providers. Individual consumers and their families also are key partners. These partnerships are critical to successfully treating behavioral health conditions.	Completion of alcohol & drug treatment, Alcohol & drug treatment effectiveness: Employment, Child reunification, School performance	12	794,068,591	17,431,796	445,397,536		136,462,084		1,393,360,007
3	Public Health Programs	Center for Prevention and Health Promotion	No	Responsible for chronic disease prevention and health promotion, injury prevention, Prescription Drug Monitoring program, Women, Infants and children (WIC) Nutrition program, family planning, oral health, prenatal care, newborn hearing screening, and school-based health centers.	Teen suicide, Tobacco use, Cigarette packs sold, Teen pregnancy, Early prenatal care	10	56,769,472	-	36,700,598	40,000,000	91,064,027	101,929,051	326,463,148
4	Public Health Programs	State Public Health Director	No	Responsible for state emergency preparedness, planning, and response.		8, 10	307,169,224		676,625		26,861,105	-	334,706,954
5	Public Health Programs	Center for Public Health Practice	No	Responsible for state support to local health departments core capacity in disease control and surveillance, HIV/STD/TB, immunization, statewide communicable disease control and testing, maintaining vital records and health statistics.	HIV rate, child immunizations, Influenza vaccinations for seniors	8,10	3,921,652		22,741,715		34,675,052	-	61,338,419
6	Public Health Programs	Center for Health Protection	No	Responsible for the State Drinking Water Program (Primacy) and EPA Revolving Loan Fund which provides approx. \$12M annually to local water systems for capital improvement initiatives. Also identifying and preventing environmental and occupational safety hazards, and initiatives such as the health facilities licensure, quality improvement and regulation, medical marijuana, and Patient Safety Commission.		9,10	3,294,098		10,867,744		3,386,457	-	17,548,299

Priority (ranked with highest priority first)	Program or Activity Initials	ORBITS DCR Title	Is Program leveraged for the DSHP Waiver?	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program- Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS
7	Oregon State Hospital	State Hospital System	No	The State Hospital System - with locations in Salem and Junction City provide 24-hour supervised care to people with the most severe mental health disorders, many of whom have either been civilly committed to the Department as a danger to themselves or others, or have been found guilty except for insanity, or require hospital care to restore competency in order that they may aid and assist in their own defense during a criminal proceeding.	OSH restraint rate, OSH length of stay (others to consider might be ratio of # served/# of budgeted beds, and/or recidivism/revocation rates. These new measures should be vetted a bit with Cabinet and or AMH, in light of the fact that KPMs are part of a larger OHA/DHS picture)	12	800,956,310		39,083,572		25,467,846	-	865,507,728
8	Oregon State Hospital	State Delivered SRTF's	No	The state operated 16-bed facilities permit the safe movement of persons from the State Hospital(s) into the community that current providers choose not to serve.		12	6,667,031		226,066		5,835,860	-	12,728,957
9	Public Employee's Benefit Board	PEBB/Stabilization, Self Insurance, Flex Benefit, Fully insured Plans, and Optional Benefits	No	(1) There is created the Public Employees' Revolving Fund The balances of the Public Employees' Revolving Fund are continuously appropriated to cover expenses incurred in connection with the administration of ORS 243.105 to 243.285 and 292.051. Among other purposes, the board may retain the funds to control expenditures, stabilize benefit premium rates and self-insure. The board may establish subaccounts within the Public Employees' Revolving Fund. (2) There is appropriated to the Public Employees' Revolving Fund all unused employer contributions for employee benefits and all refunds, dividends, unused premiums and other payments attributable to any employee contribution or employer contribution made from any carrier or contractor that has provided employee benefits administered by the board, and all interest earned on such moneys. Fully insured premiums are treated as a pass-through account and funds are sent directly to the Fully Insured provider. (1) In addition to the powers and duties otherwise provided by law to provide employee benefits, the Public Employees' Benefit Board may provide, administer and maintain flexible benefit plans under which eligible employees of this state may choose among taxable and nontaxable benefits as provided in the federal Internal Revenue Code. (2) In providing flexible benefit plans, the board may offer: (a) Health or dental benefits as provided in ORS 243.125 and 243.135. (b) Other insurance benefits as provided in Optional benefits are insurance premiums paid by members and are treated as pass-through account and funds are sent directly to the Optional Benefit provider.	243.167 Public Employees' Revolving Fund; continuing appropriation to fund, 243.221 Options that may be offered under flexible benefit plan.	10			2,488,161,194				2,488,161,194
10	Oregon Educators Benefit Board (OEBB)	OEBB Stabilization	No	There is created the Oregon Educators Revolving Fund, separate and distinct from the General Fund. Moneys in the Oregon Educators Revolving Fund are continuously appropriated to the Oregon Educators Benefit Board to cover the board's expenses incurred in connection with the administration of ORS 243.860 to 243.886. Moneys in the Oregon Educators Revolving Fund may be retained for limited periods of time as established by the board by rule. Among other purposes, the board may retain the funds to pay premiums, control expenditures, stabilize premiums and self-insure.	243.884 Oregon Educators Revolving Fund; continuous appropriation to board; purposes; rules; moneys paid into fund	10			1,994,469,796				1,994,469,796
11	Health Policy Programs	OHIT Incentive Payments	No	The Medicaid Electronic Health Records Incentive Payment provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.							6,000,600		6,000,600
							5,781,356,637	17,431,796	8,959,760,983	40,000,000	18,606,616,666	101,929,051	\$ 33,507,095,133

Oregon Health Authority: 10 Percent Reduction Options

As supplemental information to the Agency Request Budget, Oregon law requires each state agency to include reduction options of 10 percent from the estimate of projected costs of continuing currently authorized activities and programs for the next biennium.

A large proportion of the Oregon Health Authority's (OHA) budget is expended for services directly provided to clients.

General criteria and principles applied to the reduction list included:

- Avoid reductions that have a negative impact on populations already disproportionately impacted by health inequities and health disparities.
- Identifying reductions that do the least harm to the fewest number of clients.
- Applying the OHA goals of containing costs, improving quality and increasing access to health care.
- Avoiding reductions that shift people to more costly service models within OHA or ODHS.
- Minimizing effect on OHA Health Systems Transformation efforts and the obligation to maintain the growth of health care costs to 3.4 percent per year or below.

Any reductions necessary would potentially affect the OHA programs in the following areas:

Central Office and Shared Services

Most of the Central Office and Shared Services General Fund is necessary for ongoing commitments for which OHA does not materially have the option to reduce. Central, Shared, State Government Service Charges, and Debt Service on Capital Construction authorized in prior biennium account for only about two percent of this budget.

The budget for facility projects would be reduced.

Inflation increases in Central Office service and supply budgets would be reduced. There would be less of an increase of funding for outreach activities and professional services. Inflation increases for State Government

Oregon Health Authority: 10 Percent Reduction Options

Service Charges, specifically Department of Administrative Service (DAS) usage-based invoices, would be reduced. There would be less of an increase of funding for DAS bills for IT services, unemployment benefits, administrative hearings, and other services.

Further Central Office service and supply reductions would mean less funding for training and professional development, and recruitment and retention activities. Further service and supply reductions to State Government Service Charges would mean less funding for agency bills for IT services, unemployment benefits, administrative hearings, postage and handling and other services.

DAS price list items would be reduced by 15 percent. This would have to be in alignment with a statewide DAS reduction.

Health Systems Division

Inflation increases for coordinated care organization capitation rates and Oregon Health Plan fee-for-service provider rates would be less than 3.4 percent annual inflation.

Indirect and Direct Medical Education payments to teaching hospitals would be eliminated — at the very time we need more trained medical professionals to serve our growing population.

Non-Medicaid inflation for substance use disorder treatment and community mental health programs would be eliminated.

Oregon Health Plan coverage would be reduced by limiting or eliminating non-emergent dental coverage for nonpregnant clients. The lack of dental care impacts an individual's overall health. Without dental, chronic diseases, such as diabetes, would worsen. Pregnant women would experience poorer outcomes. Emergency department visits would increase. Any reductions to the Oregon Health Plan would require approval by the Centers for Medicare & Medicaid Services (CMS) and most would be prohibited under the special terms and conditions previously agreed upon by OHA and CMS.

Oregon Health Authority: 10 Percent Reduction Options

Public Health

Service and Supply reductions would limit staff travel, and training and development activities. Staff support for the Advance Directive Adoption Committee would be eliminated and related educational materials would be limited.

Pass-through funding to the Patient Safety Commission would be reduced by 24 percent.

Farmers Market Food Voucher program for low-income seniors would be eliminated.

The Universally offered Home Visiting Program would be reduced to the minimally maintained level at initial implementation and not provide resources to re-engage communities that paused activities or expand into new communities.

Reductions to funding for local public health authorities, public health emerging events, and public health modernization would greatly affect OHA's ability to address health inequities and its fundamental mission in helping to protect and promote the health of all Oregonians and the communities where they live, work, play and learn.

Health Policy & Analytics

This division is critical to supporting the rest of the agency in addressing health disparities and health inequities.

Service and supply budget reduction would limit travel, and training and development activities.

The Transformation Center's technical assistance budget would be reduced almost 20 percent, significantly limiting support to CCOs on innovation and the development of strategies for value-based payments, social determinants of health and health equity, and behavioral health.

The Patient-Centered Primary Care Home (PCPCH) program would be reduced by 30 percent. This would lead to a significant scaling back of the program and its effectiveness in reducing costs across the health care system.

Oregon Health Authority: 10 Percent Reduction Options

Strategic Clinical Services would be reduced by 50 percent, significantly limiting support policy development and support in pharmacy and oral health, including oral health and physical health integration.

Contract funding for the statewide Collective Platform would be eliminated. The Collective Platform plays a critical role in ensuring that all health care organizations can coordinate care for high-risk patients when they have been in the emergency department or hospital. Without OHA's contract, Medicaid members and OHA/ODHS clients — those who typically experience disparities due to racism and other social factors — would face increased barriers to getting the care that they need.

Health Care Incentive Fund would be reduced by 35 percent, limiting incentives offered to health care providers in underserved areas.

Oregon State Hospital

OHA is not proposing any reductions to this budget. The Oregon State Hospital faces continued challenges in balancing the needs for individuals are referred to the hospital through a civil commitment and individuals ordered to the hospital by the courts for treatment that will help them to assist in their own defense. Because of the number of individuals requiring court-ordered treatment to assist in their own defense, there is a waiting list for hospital admission for individuals referred through a civil commitment.

Oregon Health Authority
Reduction Options: 2023-25 Agency Request Budget

10% General Fund / 10% Other & Federal Fund Reduction Options for the 2023-2025 Biennium
(Limited Other and Federal Funds only - does not include Non-Limited Funds)

Current Service Level Budget (OHA LEVEL)
10% Target

5,066,452,882	9,362,873,623	16,529,047,618	30,958,374,123
(506,645,288)	(936,287,362)	(1,652,904,762)	(3,095,837,412)

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-0.02%	1	SAEC: FACILITIES	Reduction thru inflation/savings in budget projections for Expendable Prop and Office Expense		(1,044,000)	(372,000)	(534,000)	(1,950,000)	-	-	
-0.85%	2	Medicaid	Reduce Oregon Health Plan inflation for managed care and fee-for-service from 3.4% to 3.0% per year.	N	(41,900,000)		(100,300,000)	(142,200,000)			This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-1.26%	3	Medicaid	Eliminate the Indirect Medical Education (IME) component of the Graduate Medical Education (GME) program. The agency would eliminate Medicaid payments to teaching hospitals that help offset indirect costs associated with their GME programs. IME includes indirect costs that arise from the inexperience of residents such as extra medical tests and reduced productivity. CMS APPROVAL REQUIRED.	Y	(20,710,000)		(30,231,000)	(50,941,000)			Oregon's teaching hospitals depend on these payments to supplement their teaching programs. Discontinuing payments would be a hardship on these ten teaching facilities and would de-incentivize hospitals from training new physicians. Discontinuing GME payment will also impact the physician workforce as there is already a shortage in the primary care specialty, which is one of the largest specialties in a teaching program. A reduction of trained providers may limit access to quality healthcare.
-1.33%	4	Medicaid	Eliminate the Direct Medical Education (DME) component of the Graduate Medical Education (GME) program. The agency would eliminate Medicaid payments to teaching hospitals that help offset costs associated with their graduate medical education programs. GME includes costs associated with stipends or salaries for residents, payments to supervising physicians, and direct program administration costs. CMS APPROVAL REQUIRED.	Y	(3,945,000)		(5,758,000)	(9,703,000)			Oregon's teaching hospitals depend on these payments to supplement their teaching programs. Discontinuing payments would be a hardship on these ten teaching facilities and would de-incentivize hospitals from training new physicians. Discontinuing GME payment will also impact the physician workforce as there is already a shortage in the primary care specialty, which is one of the largest specialties in a teaching program. A reduction of trained providers may limit access to quality healthcare.
-1.47%	5	Non-Medicaid	Remove inflation for Community Mental Health and Substance Use Disorder Programs.	N	(6,989,084)	(5,164,770)	(1,893,880)	(14,047,734)			Removal of inflation for the 2023-25 biennium will be devastating to the BH system. Programs reliant on OHP reimbursement for treating clients are in workforce crisis, with vacancies and tighter budgets impact availability of programming and services. Cuts disproportionately hurt the most susceptible to historic and contemporary racism and inequities, including BIPOC, those who are homeless, and children. Oregon has one of the highest rates of mental illness and addiction in the USA and drug overdose deaths in Oregon more than doubled between 2019 and 2021; suicide is the leading cause of death for children. Disruptions to daily life due to the COVID-19 pandemic have increased the need for behavioral health services that the system is not able to fully meet without continued investment and adequate funding levels in an economy that is experiencing substantial inflation. We will see an increase in costly services including EDs, inpatient care and pressure on a health system that doesn't have capacity to address the need. Oregon will be at increased risk for non-compliance with current lawsuits, audit findings and increase the risk of more judicial oversight.

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-2.09%	6	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 3.0% to 2.7% per year.	N	(31,200,000)		(74,600,000)	(105,800,000)			This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-2.70%	7	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 2.7% to 2.4% per year.	N	(31,000,000)		(74,400,000)	(105,400,000)			This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-2.70%	8	PH HST	Eliminate funding for Or-Epi	N	(21,000)	-	-	(21,000)	-	-	Eliminate of support for the annual Oregon Epidemiology Conference.
-2.70%	9	PH HST	Reduce services & supplies	N	(34,650)			(34,650)	-	-	Reduce training, travel and development support for internal and external partners.
-2.72%	10	PH OSPHD	Reduce Service and Supplies	N	(733,931)	0	(3,000,000)	(3,733,931)			Reduce ability to support office wide activities, including trainings and travel and greatly reducing supplies.
-2.72%	11	PH OSPHD	Eliminate Advance Directive activities	N	(51,490)	-	-	(51,490)	-	-	These funds would eliminate the ability to continue staffing and facilitating the Advance Directive Adoption Committee and would limit educational materials development related to the Oregon Advance Directive Form.
-2.72%	12	HPA	Reduce all staff supplies, development, travel to only essential activities (assume 90% reduction from previous expenditure)	N	(328,362)	-	(426,000)	(754,362)	-	-	The effectiveness of current staff would be greatly impacted by this reduction. Without continued training, knowledge of current best practices, innovation concepts, federal policy and program implementations, etc. may not be understood. Maintaining modernized programs would be extremely difficult.
-2.73%	13	HPA DSI / Transformation Center	Reduce Transformation Center technical assistance by 20%	N	(150,000)	-	(150,000)	(300,000)	-	-	These budget cuts will significantly impact the Transformation Center's capacity to support CCOs' innovation in key CCO 2.0 areas: value-based payment, social determinants of health and health equity, and behavioral health. The result will be an almost 20% decrease in the technical assistance CCOs receive, jeopardizing CCOs' ability to achieve CCO 2.0 goals. The remaining 80% of the program would shift reprioritize to focus first on health inequities.

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-2.74%	14	HPA DSI / PCPCH	Reduce PCPCH Program by 30%	N	(596,211)	-	(381,186)	(977,397)	-	-	These cuts to the Patient-centered Primary Care Home (PCPCH) Program would lead to a significant scaling back of the PCPCH program, resulting in a decrease in the ability of Oregon's primary care system to deliver high-quality, high-value, equitable care, which is especially essential during COVID. The model was designed to promote holistic, patient-centered care, and has recently been redesigned through the lens of promoting health equity and minimizing disparities. Further, according to a 2016 Portland State University evaluation, each patient receiving care from a PCPCH experiences \$162 lower annual total health care expenditures compared with a patient who receives care in a non-PCPCH clinic. Since almost 90% of all Oregonians currently receive care from a PCPCH, the program is associated with total annual savings of \$614 M—savings that would decrease substantially with a significantly smaller PCPCH program. These budget reductions would also prevent the launch of the Behavioral Health Home (BHH) program, which is a building block for the Governor's CCO 2.0 vision of establishing high-quality, integrated behavioral and primary health care at the clinic level and is particularly essential during COVID recovery.
-2.74%	15	HPA DSI/PCO	Eliminate HRSA Oral Health Workforce Grant	N	-	-	(841,458)	(841,458)	-	-	The grant program builds on previous federal grants to increase the oral health workforce and access to services in areas of Oregon with the highest unmet health care need. This grant will integrate teledentistry services into primary care clinics, utilize new technology to expand dental preceptor capacity for student clinical rotations, and develop a tiny mobile dental home to provide comprehensive services to underserved populations. Eliminating this grant will have a huge impact on the state's ability to introduce innovative care delivery models for meeting oral health service needs in areas experiencing health inequities.
-2.75%	16	HPA DSI/Pharmacy	Reduction in Strategic Clinical Services by 50%	N	(577,412)	-	(1,044,141)	(1,621,553)	-	-	These budget cuts would significantly impact two priority areas for clinical support: pharmacy and oral health. Strategies to ensure patients have access to—and the state pays for—high-value medication will not be implemented. In addition, Oregon will lack oral health leadership, resulting in a continued delay in robust oral health and physical health integration, which will contribute to statewide delays in access to oral health care. This reduction would significantly reduce support for the Center for Evidence-based Practice related to oral health and pharmacy.
-2.75%	17	PH OMMP	Monitor staffing and services and supplies for Oregon Cannabis Commission	N	(49,313)			(49,313)			Reducing this budget might have some small impact to work done for the Oregon Cannabis Commission. Given current budget trends and intent to fill both positions (AS1 and OPA3), this reduction might have some impact that will cause a reduction in S&S spending and/or a decrease in percent time that one of the staff can charge to this fund. If that happens, the percent time reduced in GF will be offset by the same percent time increase to the OMMP OF fee.
-2.75%	18	PH Admin	Reduce Center administrative activities	N	(209,900)	-	-	(209,900)	-	-	Reduce ability to support Center wide activities, including trainings and travel
-2.76%	19	PH ADMIN	CHP-Center for Health Protection Administration	N	(104,023)			(104,023)			This amount represents a cost shift from GF funding to OF and FF for the administration of the Center for Health Protection.

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-2.80%	20	Central Services	S&S reduction of Standard Inflation for all offices - pkg 31-01	N	(2,439,371)	(78,430)	(447,584)	(2,965,385)	-	-	
-2.84%	21	SAEC	S&S reduction of Standard Inflation for all offices - pkg 31-01	N	(1,723,384)	(562,888)	(727,509)	(3,013,781)	-	-	
-3.06%	22	SAEC: price list	SGSC, Risk, ETS - all DAS Price list items - reduce by 15%	N	(11,052,305)	(1,218,946)	(1,429,388)	(13,700,638)	-	-	This Comp Source Group, is directly audited to the Price list, if DAS doesn't pass along savings, this won't actualize. Achieved thru DAS lowering their invoice costs, and passing along their cuts to the agency's thru their invoicing.
-3.07%	23	HPA Health Information Technology	Eliminate contract for statewide Collective Platform	N	(769,338)	-	(2,308,008)	(3,077,346)	-	-	This contract covers Medicaid users on the statewide Collective Platform (aka Emergency Department Information Exchange (EDIE)/fka PreManage), including CCOs, Medicaid fee for service contractors, Tribal clinics, and OHA/ODHS programs. The Collective Platform plays a critical role in ensuring that all health care organizations working with high-risk patients to know when they have been in the emergency department or hospital, and coordinate their care across their primary care, CCO, behavioral health team, hospital, skilled nursing facilities, and OHA/ODHS programs. Without OHA's CMT contract, Medicaid members and OHA/ODHS clients would face increased barriers to coordination of care and worse health outcomes, including many people that typically face disparities due to racism and other social factors. OHA's funding is in partnership with all hospitals, CCOs and most commercial health plans, which together ensure participation by all hospitals and a huge swath of physical, behavioral, oral clinics and skilled nursing facilities across Oregon. OHA has also leveraged the Collective Platform infrastructure to support and promote health system transformation and health equity priorities, including behavioral health interventions, CCO metrics, and public health use cases including PDMP, MDRO, and COVID data sharing. OHA's participation is a cornerstone for this program – removing our participation will end the current statewide footprint for this infrastructure which would impact our public health, behavioral health, Medicaid and health system transformation work.
-3.21%	24	HPA DSI/PCO	Reduction in Funding for the Health Care Incentive Fund by 35%	N	(6,770,544)	(7,936,811)	-	(14,707,355)	-	-	The Health Care Incentive program provides financial and non-financial incentives to providers of physical, oral and behavioral health in underserved areas. The program has successfully established primary care providers in 20 of the 25 rural service areas that were lacking primary care services altogether. The program focuses on culturally competent health care - 36% of the providers receiving loan repayments speak a language other than English or come from a racial/ethnically diverse background. This reduction option would decrease funding by over 35%, significantly impacting multiple contracts currently in place and greatly reducing the intended outcomes of the program.

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-3.55%	25	Medicaid	Eliminate coverage for specific dental services for adult Oregon Health Plan (OHP) clients. The agency would no longer cover the following dental services for adults (including pregnant adults) on OHP: Crowns, full and partial dentures; scaling & root planning. CMS NEGOTIATION AND APPROVAL IS REQUIRED - The Health System Transformation waiver Special Terms and Conditions prohibit the state from reducing eligibility or benefits.	Y	(17,271,381)		(62,989,178)	(80,260,559)			Eliminate dental coverage for OHP non-pregnant adults, which would eliminate all services for non-pregnant adult dental coverage for the OHP benefit package. Legislative action and CMS negotiation and approval are required. The Health System Transformation waiver Special Terms and Conditions prohibit the state from reducing eligibility or benefits. Dental benefit reductions will impact an individual's over-all health. Reductions will create a worsening of chronic diseases such as diabetes, poor pregnancy outcomes, and create a shift in treatment need. Patients not receiving needed dental care will experience need to go to the Emergency Department, possibly elevating need for opioids and/or requests for opioids and higher ED costs. People will lose teeth unnecessarily with no means to replace them. People will experience more difficulty in getting jobs due to poor oral appearance and experience missed days from work due to oral disease and pain. Dental benefit reductions will hinder populations impacted by health inequities from achieving health equity or equitable health outcomes. Marginalized populations suffer the highest incidence or oral disease in all categories. It is well known these disease states also impact comorbid conditions, such as diabetes and high blood pressure, again, with the highest incidences in marginalized minority communities. Optimal diabetes care is vitally important for those individuals with diabetes, and as it relates to potential outcomes for those who become COVID involved, again with the minority and marginalized communities being the hardest hit.
-4.48%	26	Medicaid	Eliminate dental coverage for Oregon Health Plan (OHP) non-pregnant adults. The agency would eliminate the remaining non-pregnant adult dental coverage for the OHP benefit package. LEGISLATIVE ACTION REQUIRED. CMS NEGOTIATION AND APPROVAL IS REQUIRED - The Health System Transformation waiver Special Terms and Conditions prohibit the state from reducing eligibility or benefits.	Y	(47,117,013)		(190,394,609)	(237,511,622)			Eliminate coverage for specific dental services for adult Oregon Health Plan (OHP) clients, no longer covering the following dental services for adults (including pregnant adults) including: crowns, full and partial dentures, scaling and root planning. CMS negotiation and approval are required. The Health System Transformation waiver Special Terms and Conditions prohibit the state from reducing eligibility or benefits. Dental benefit reductions will impact an individual's over-all health. Reductions will create a worsening of chronic diseases such as diabetes, poor pregnancy outcomes, and create a shift in treatment need. Patients not receiving needed dental care will experience need to go to the Emergency Department, possibly elevating need for opioids and/or requests for opioids and higher ED costs. People will lose teeth unnecessarily with no means to replace them. People will experience more difficulty in getting jobs due to poor oral appearance and experience missed days from work due to oral disease and pain. Dental benefit reductions will hinder populations impacted by health inequities from achieving health equity or equitable health outcomes. Marginalized populations suffer the highest incidence or oral disease in all categories. It is well known these disease states also impact comorbid conditions, such as diabetes and high blood pressure, again, with the highest incidences in marginalized minority communities. Optimal diabetes care is vitally important for those individuals with diabetes, and as it relates to potential outcomes for those who become COVID involved, again with the minority and marginalized communities being the hardest hit.
-4.48%	27	Medicaid	Leverage Reduction	Y/N	-	(165,923,016)	(277,183,717)	(443,106,733)	-	-	Reduction of Leverage programs including: GME-OHSU, MAC School Based, DOE School Based, BRS, TCM, UMG, Poison Control, GEMT (HB2910), GEMT HB4030

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-5.29%	28	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 2.4% to 2.0% per year.	N	(41,300,000)		(98,900,000)	(140,200,000)			This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-5.90%	29	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 2.0% to 1.7% per year.	N	(30,900,000)		(73,800,000)	(104,700,000)	-	-	This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-5.91%	30	PH HCRQI	Oregon Patient Safety Commission.	N	(468,000)			(468,000)			Early Discussion Resolution program, pass-through funding. This will reduce the amount sent to the Patient Safety Commission. A 24% reduction to Early Discussion and Resolution program funding for OPSC's biennial budget would be accounted for with the following reduction strategies: <input type="checkbox"/> Eliminate in-person educational offerings <input type="checkbox"/> Share EDR personnel with our PSRP program that currently has a vacancy.
-5.91%	31	PHD/NHS	Elimination of the USDA/Senior Farmer's Market Program	N	(6,169)		(1,028,288)	(1,034,457)			Provides vouchers to 43,000 low income seniors each summer to purchase fresh locally grown fruits and vegetables. Additionally, there would be reduced income to local farmers as over 90% of the dollars of directly to 500+ local farmers; biennium; and reduced access to healthy choices for this population at risk for inadequate intake of fruits and vegetables and food insecurity. This program supports the SHIP priority: Slow the increase of obesity, Strategy 4: improve availability of affordable, healthy food and beverage choices for adults, a primary target group.

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-5.93%	32	PHD/MCH	Reduction in the Universally offered Home Visiting program	N	(1,032,119)			(1,032,119)			The Universally offered Home Visiting/Family Connects Oregon initiative will bring evidence-based nurse home visiting services and referrals to all families of newborns in Oregon. SB 526 mandates OHA design, implement and sustain the program and commercial health plans cover these services for their members. Four of 8 Early Adopter communities are currently engaged in providing services and referrals. COVID paused work in the other 4 communities. The proposed reductions would reduce the CSI GF funding levels from \$7,792,011 to \$6,544,615. This reduction would come from temporary staff vacancies, reduced Medicaid match needs due to the slower rollout, and temporary and reduced local support due to fewer implementing communities. We will also postpone establishing a Center of Excellence in Oregon for model implementation. We would maintain CSL for the TA contract for Family Connects International; program evaluation and current level of state infrastructure. The plan was to increase the 23-25 investment to continue the statewide rollout of the initiative. This reduction will minimally maintain the initial implementation started in the 21-23 biennium and not provide resources to re-engage the paused communities or expand into new communities. This will further lengthen the timeframe to statewide reach of the program.
-6.00%	33	OSPHD	Reduce state Support to Local Public Health Authorities	N	(3,700,000)		-	(3,700,000)	-	-	Local public health authorities (LPHAs) would receive 35% fewer dollars per capita for public health services. Funds are used to conduct early detection, epidemiological investigations and prevention activities to help report, monitor, and control communicable diseases, tuberculosis, sexually transmitted infections, influenza, foodborne illnesses, Zika and emerging infectious diseases such as Novel Coronavirus. Communicable diseases disproportionately impact BIPOC communities due to longstanding health inequities as a result of systemic racism and oppression. As a result, local public health authorities will have a decreased ability to prevent communicable diseases within BIPOC communities.
-6.01%	34	OSPHD	Reduce Planning and Response to Public Health Emerging Events	N	(300,000)	-	-	(300,000)	-	-	This would reduce the funds the public health division receives to address urgent issues. Examples of the work are wildfires, Vaping, COVID-19, and currently drinking water services. This funding provides \$1.0M GF state level support for the planning, and operational readiness for communicable disease preparedness and response, and mitigation for other disasters to Oregon communities. The PHD is funded largely through categorical federal grants and fee revenue statutorily dedicated to specific programs and activities which prevents the division from being able to plan, respond and help vulnerable Oregon communities respond to and recover from hazards and emergencies. Public health emergencies disproportionately impact BIPOC communities due to longstanding inequities rooted in systemic racism and oppression. Elimination of these funds will impact emergency response efforts targeting BIPOC communities.

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-6.08%	35	OSPHD	Reduce Public Health Modernization	N	(3,700,000)	-	-	(3,700,000)	-	-	Reduce the Local support to LPHA's by 11%. This reduction will greatly impact the critical work both the state and local partners are completing. A focus area of public health modernization is to transform governmental public health in the area of health equity and cultural responsiveness through internal and community policy and program change. This reduction would impact local public health work with the BIPOC community. The locals will have to reduce staff and be unable to address emerging events, provide critical support to Oregonians and will impact the work done to modernize the public health system. Currently, both the state and local partners are addressing COVID-19. Reducing funding will impact the state's ability to address this pandemic. At the state level reductions will impact our equity work with various communities and data collection, the BRFS survey will not be conducted, all health equity and learning collaborative work addressing health disparities will not occur and staffing will be reduced. Public Health is a critical component in ensuring Oregonians are healthy, safe and informed. Reducing any portion of these funds will greatly impact the ability of public health to be effective in Oregon.
-6.08%	36	OSPHD	Reduce Indirect Limitation	N	0	(500,000)	(4,000,000)	(4,500,000)			As PHD is working to create a division-wide indirect cost rate this limitation is needed to provide the technical accounting entries required to operationalize an indirect cost rate to ensure we do not have duplicative expenditure data in an internal services fund specific to tracking and reconciling indirect costs assessed to Public Health.
-6.12%	37	OSPHD	Reduce GF Inflation	N	(2,000,000)	-	-	(2,000,000)	-	-	This reduction in inflation would result in LPHAs receiving a 29 percent decrease on GF received for Modernization and State Support of Local Public Health.
-6.93%	38	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 1.4% to 1.0% per year.	N	(40,900,000)		(97,800,000)	(138,700,000)	-	-	This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-7.53%	39	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 1.0% to 0.7% per year.	N	(30,600,000)		(73,100,000)	(103,700,000)	-	-	This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.

Accumulative % Reduction of CSL GF	Program Priority	Program Area	Reduction Description	Federal Approval required? (Y/N)	GF & LF	OF	FF	TF	# of Employees Affected	BUDGET FTE	Impact of Reduction on Services and Outcomes (include other program areas, number of clients affected, etc)
-8.13%	40	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 0.7% to 0.4% per year.	N	(30,400,000)		(73,000,000)	(103,400,000)	-	-	This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-8.93%	41	Medicaid	Further reduce Medicaid inflation for managed care and fee-for-service from 0.4% to 0% per year.	N	(40,500,000)		(96,900,000)	(137,400,000)	-	-	This reduction is removing inflation that was built into the CSL 23-25 budget to meet the anticipated program growth. Removing this inflation will leave a greater gap between what is able to be reimbursed for Medicaid expenses in comparison to the reimbursement rate by other insurers. If the above inflation reduction were to take place it would require program expenses to be cut by a corresponding amount. There would be tough decisions to be made about which programs could be reduced or cut to stay with in budgetary constraints. In making these cuts Medicaid would work to prioritize protection of priority populations, however since Medicaid operates with virtually no reserve it will be impossible not to impact even priority populations. Less reimbursement for Medicaid services may make it harder to recruit providers to serve in demographics that service largely aged, disabled or impoverished areas where provider growth is noted as being needed most.
-9.39%	42	Medicaid	DRG Hospitals : DSH3.	Y	(23,000,000)		(34,000,000)	(57,000,000)			Reducing the reimbursement rate/level for DRG hospitals could adversely affect the Oregon Health Authority's relations with DRG hospitals that serve a large majority of our clients across the state. Reduced reimbursement could lead to a corresponding provider reduction of expenditures to adjust for the reduced amount of reimbursement, potentially leading to overall changes in the level of care or other service levels provided to Medicaid clients.
-9.52%	43	Non-Medicaid	SUD and CMH Inflation	Y/N	(6,693,791)			(6,693,791)	-	-	
-9.52%	44	PEBB	PEBB fully insured and self-insured plan reductions	N	-	(451,244,858)	-	(451,244,858)	-	-	PEBB contracts with insurance carriers for employee benefit plans. The operating budget for PEBB is 0.50%. The remaining 99.5% is program budget, which is dedicated funding for payment of self-insured and fully insured benefit plans. Taking reductions at any level may potentially default PEBB in its contractual obligations with carriers. Major plan design changes could possibly hit the reduction targets, but it would take a major reduction in medical plan coverage and would jeopardize the stabilization of the statewide risk pool. A major shift in cost sharing between employee, and employer could also potentially hit the reduction target but the reductions would have to be taken at the state agency budget level, as it passes employee benefit dedicated dollars through to PEBB.

2021-23

Legislatively Approved Budget

Oregon Health Authority
5,225 positions | 5,066.39 FTE

**Central Services, Shared Services,
State Assessments & Enterprise-wide Costs**
867 positions | 843.02 FTE

Health Systems Programs
4,358 positions | 4,223.37 FTE

2023-25 Agency Request Budget

Oregon Health Authority
5,920 positions | 5,691.26 FTE

**Central Services, Shared Services,
State Assessments & Enterprise-wide Costs**
1,035 positions | 998.33 FTE

Health Systems Programs
4,885 positions | 4,692.93 FTE

Summary Cross Reference Number	Cross Reference Description	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
010-40-00-00000	OHA Central Services						
	General Fund	44,358,311	59,271,743	76,700,344	131,446,394	-	-
	Lottery Funds	91,681	34,116	34,116	35,550	-	-
	Other Funds	53,283,725	9,155,539	4,643,153	7,795,332	-	-
	Federal Funds	10,835,883	18,087,728	19,431,290	37,299,559	-	-
	All Funds	108,569,600	86,549,126	100,808,903	176,576,835	-	-
010-45-00-00000	OHA Shared Services						
	Other Funds	175,178,776	205,885,021	222,924,593	254,040,306	-	-
010-50-00-00000	State Assessments and Enterprise-wide Costs						
	General Fund	199,921,599	238,946,009	249,021,997	283,309,972	-	-
	Lottery Funds	407,900	485,341	685,341	4,700,182	-	-
	Other Funds	255,245,235	28,029,779	31,069,453	39,735,543	-	-
	Federal Funds	45,781,755	50,953,028	58,780,272	69,804,734	-	-
	All Funds	501,356,489	318,414,157	339,557,063	397,550,431	-	-
030-01-00-00000	Health Systems Division						
	General Fund	1,463,100,156	2,602,694,351	2,808,390,785	4,808,789,527	-	-
	Lottery Funds	16,772,247	18,096,546	18,924,562	21,818,571	-	-
	Other Funds	3,370,875,287	4,365,280,908	4,508,083,930	4,403,513,401	-	-
	Federal Funds	13,104,558,231	16,406,290,748	16,796,019,588	18,629,132,939	-	-
	All Funds	17,955,305,921	23,392,362,553	24,131,418,865	27,863,254,438	-	-

Summary Cross Reference Number	Cross Reference Description	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
030-02-00-00000	Health Policy & Analytics						
	General Fund	41,111,181	55,515,071	79,050,011	178,539,290	-	-
	Lottery Funds	24,282	25,983	25,983	27,074	-	-
	Other Funds	25,836,748	127,420,711	49,213,191	97,451,969	-	-
	Federal Funds	47,887,880	46,714,223	48,523,195	38,758,108	-	-
	All Funds	114,860,091	229,675,988	176,812,380	314,776,441	-	-
030-03-00-00000	Public Employees Benefit Board (PEBB)						
	Other Funds	2,160,263,393	2,311,370,412	2,326,601,853	2,488,161,194	-	-
030-04-00-00000	Oregon Educators Benefit Board (OEBB)						
	Other Funds	1,728,878,933	1,874,846,839	1,887,463,981	1,994,469,796	-	-
030-05-00-00000	Public Health Programs						
	General Fund	92,382,780	169,410,493	201,034,991	509,381,379	-	-
	Other Funds	387,266,356	329,248,765	1,309,886,946	349,553,411	-	-
	Federal Funds	427,023,923	497,224,913	904,947,217	754,892,498	-	-
	All Funds	906,673,059	995,884,171	2,415,869,154	1,613,827,288	-	-
030-06-00-00000	Oregon State Hospital						
	General Fund	572,024,601	357,971,802	390,728,025	808,441,782	-	-
	Other Funds	34,821,744	341,395,268	341,833,409	40,128,079	-	-
	Federal Funds	26,845,663	28,392,879	30,728,961	31,303,706	-	-
	All Funds	633,692,008	727,759,949	763,290,395	879,873,567	-	-

Summary Cross Reference Number	Cross Reference Description	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
089-00-00-00000	Capital Construction						
	Other Funds	-	7,992,750	7,992,750	4,500,000	-	-
TOTAL AGENCY							
	General Fund	2,412,898,628	3,483,809,469	3,804,926,153	6,719,908,344	-	-
	Lottery Funds	17,296,110	18,641,986	19,670,002	26,581,377	-	-
	Other Funds	8,191,650,197	9,600,625,992	10,689,713,259	9,679,349,031	-	-
	Federal Funds	13,662,933,335	17,047,663,519	17,858,430,523	19,561,191,544	-	-
	All Funds	24,284,778,270	30,150,740,966	32,372,739,937	35,987,030,296	-	-

Oregon Health Authority Revenue Narrative

2023-25 Agency Request Budget

Revenue for the Oregon Health Authority (OHA) comes from multiple funding sources classified as the state General Fund, Other Funds, Lottery Funds and Federal Funds. Most General Fund revenue is used as match to receive Federal Funds, particularly for the Oregon Health Plan (OHP), Oregon’s Medicaid program. General Fund is also used to fund programs not eligible for Federal Fund match. General Fund is the primary funding source for the Oregon State Hospital. In addition to Medicaid, Federal Funds support a variety of grant programs across OHA. Lottery Funds finance gambling addiction, prevention, and treatment services. Other Funds revenues come from various sources, including hospital and insurer assessments, tobacco taxes, Tobacco Master Settlement Agreement funding, retail marijuana taxes, beer and wine taxes, licensing fees, grants, estate collections, health care premiums, third-party recoveries, pharmaceutical rebates, and charges for services.

Forecast methods and assumptions

There are several methodologies used to project OHA revenues:

To estimate Federal Funds from Medicaid and Children’s Health Insurance Program (CHIP), OHA uses caseload forecasts, cost per person, match rates, and state and federal policy changes. To estimate Federal Funds from block grants, OHA considers grant cycles and where they fall within the biennium and makes assumptions around prior grant averaging and the anticipated effect of federal budget changes. The historical receipt trends method is used for Other Funds sources, such as collections of overpayments and fees, unless the agency has additional information including anticipated special projects that would increase revenue. Where appropriate, OHA uses reports from the Office of Economic Analysis (Tobacco Tax and Lottery Funds, for example) and analyses from other state agencies that collect revenues for distribution to OHA, such as beer and wine tax revenues, for budget forecasting.

OHA projects revenues based on assumptions that consider:

- Essential packages that adjust the existing base budget to the 2023-25 modified current service level (MCSL) for all legislatively approved programs, where those adjustments would have an impact on revenues. Essential packages include phasing in or out program changes, one-time costs, Department of Administrative Services inflation factors, mandated caseload changes, and any needed fund shifts.
- Applicable federal funding limits and requirements, including the availability of state funds to meet matching or maintenance of effort (MOE) requirements.
- Changes in federal policies that affect federal revenues available for OHA programs.
- Policy packages that generate new sources of revenue.
- Expected non-mandated program caseload changes.
- Any recent changes in state or federal statutes and regulations that affect the availability or timing of revenue receipts.

Fee schedules and proposed increases

OHA uses many fees as funding sources. Most of these fees are in Public Health. See the Fee Listing Report for details on proposed fee changes.

OHA Health Policy & Analytics is proposing a new fee to begin January 1, 2023, to support the Health Care Market Oversight Program. House Bill 2365 (2021) requires OHA to review proposed transactions, such as mergers and acquisitions, that involve health care entities, including hospitals, health insurance companies, and provider groups. The Legislature fully funded the program with General Fund for the 2021-23 biennium.

Significant known revenue changes or risk factors

OHA received significant temporary federal funding in the 2019-21 and 2021-23 biennia in response to the COVID-19 pandemic as provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan Act of 2021 (ARPA). Some of the funding from ARPA will continue into the 2023-25 biennium.

- Several federal grants were awarded to the Public Health Division which include supplemental funding for the expansion of genomic sequencing, detection of COVID-19 in confinement facilities; maternal, infant and early

childhood home visiting; and funding to bolster the public health workforce in response to the public health crisis.

- Increased funding for the Health Systems Division through the Mental Health Block Grant and Substance Abuse Prevention & Treatment Block Grant (SAPT).
- OHA continues to seek reimbursement from the Federal Emergency Management Agency (FEMA) for eligible COVID-19 related expenses.

Major funding sources

The following section identifies the major funding sources for OHA. All references to a grant “Title” indicate the applicable chapter (i.e., title) of the federal Social Security Act (SSA).

Federal Funds

On March 18, 2020, the President signed into Law H.R. 6021, the Families First Coronavirus Response Act (FFCRA) which provided a temporary increase to each state’s Federal Medical Assistance Percentage (FMAP) effective January 1, 2020, and extending through the last day of the calendar quarter in which the public health emergency (PHE) terminates. We do not yet know when the PHE will end. At the time the Agency Request Budget was developed, it was assumed the increased FMAP would last through June 30, 2022.

Medicaid (Title XIX)

Medicaid provides reimbursement to states for medical care and related services to low income and other medically needy individuals. This includes financing for:

- Health care services provided under the Oregon Health Plan.
- Private insurance premiums.
- Long-term care in institutional and community-based care settings.
- Some client care provided in state hospitals.
- Residential treatment services to adults and youth.
- Central administration of alcohol and drug programs.

- Medical and non-medical transportation for Medicaid eligible individuals.
- Family planning services for individuals not enrolled in the Oregon Health Plan.
- Uncompensated care provided by hospitals serving a high proportion of Medicaid and uninsured individuals.

State General Fund or Other Funds must be used to match federal Medicaid dollars for administration and direct service payments. For Medicaid staffing and administrative expenditures, the match rate is generally 50 percent, but the agency can claim a 75 percent match rate for administrative activities directly related to eligibility determinations and enrollment. A 75 percent match rate is also available for skilled professional medical personnel, certification of nursing facilities, and related information systems activities, including the Medicaid Management Information System (MMIS) computer system support and Preadmission Screening and Resident Review (PASRR) activities.

Since 2009, OHA's health information technology (IT) efforts have been almost exclusively funded by federal 90/10 Medicaid match, under the HITECH Act, as well as some funding from Medicaid Enterprise Systems (MES) federal (formerly MMIS) matching dollars, and state General Fund. Federal 90/10 HITECH funding ended for all states in 2021, as the funds were attached to the Medicaid EHR Incentive Program, which closed at the end of 2021. The exception includes audit work for the Medicaid EHR Incentive Program, which continues to leverage 90/10 HITECH funding through September 2023. The Office of Health Information Technology anticipates all audits will be complete no later than June 30, 2023.

Federal health IT funding, which provided at 90/10 match, is sunsetting for all states in 2021. OHIT's work is poised to transition to ongoing 75/25 MES federal match (with some staff transitioning to 50/50 or 39 percent federal match). Federal match rates depend on several factors, including whether the money is spent on planning, implementation, or operations.

The Agency Request Budget assumes the Public Health Emergency (PHE) would end April 18, 2022, and enhanced FMAP would be available through June 30, 2022. With that assumption, the federal Title XIX match rate for service payments to providers is 59.35 percent for the 2023-25 biennium, down from the 2021-23 estimated average match rate of 63.44 percent. The match rate for the ACA expansion population is 90 percent and has been the same since

January 1, 2020. The cost of services and supplies for family planning is matched at 90 percent. The Breast and Cervical Cancer Treatment program, which is an optional Medicaid program, will receive the CHIP Title XXI match rate estimated to be 71.54 percent for the 2023-25 biennium, a decrease from the 2021-23 average estimated rate of 74.40 percent. The Title XIX match rate applies to OHP (non-ACA expansion), emergency medical care for non-citizens (CWM), and Qualified Medicare Beneficiary (QMB) caseloads.

Most of these services in Oregon are provided through Medicaid programs that require waivers of federal requirements. The Oregon Health Plan, authorized under Section 1115 of the SSA, is the largest of these waiver programs, followed by six waivers authorized under Section 1915(c). OHA must obtain approval from the federal Centers for Medicare and Medicaid Services (CMS) to make changes to its Medicaid program whether the changes are Medicaid state plan services or waiver services. This approval process can be lengthy, sometimes affecting the timing of program changes and the receipt of federal revenues.

Effective April 8, 2021, the CMS approved Oregon's new Substance Use Disorder (SUD) 1115 demonstration waiver. It provides additional federal revenue for the Health System Division by allowing federal financial participation for SUD services provided in SUD residential settings that have been designated as Institutions for Mental Disease, which were previously paid with General Fund dollars only.

Medicaid currently funds services in all OHA program areas. The projection method used to calculate funding is expenditures based on caseload forecasts, cost per person, match rates, and state and federal policy changes.

Children's Health Insurance Program (Title XXI)

The Children's Health Insurance Program (CHIP) provides federal matching funds to the state for medical care of children through age 18 who do not have insurance but whose parents earn too much for traditional Medicaid. These services are covered through the Oregon Health Plan administered by the Health Systems Division. The average federal Title XXI match rate for the 2023-25 biennium is estimated to be 71.54 percent, a decrease from the 2021-23 average enhanced rate of 74.40 percent.

The projection method used to calculate available funds are expenditures based on caseload forecasts, cost per person, match rates, and state and federal policy changes.

Oregon is moving from a separate CHIP (S-CHIP) designation to a Medicaid expansion (M-CHIP) designation in 2021-23. The Agency Request Budget includes newly available federal CHIP matching funds due this designation change. It allows Oregon to claim higher match rates for certain individuals and claim drug rebates on CHIP expenditures not previously allowed.

Temporary Assistance for Needy Families (TANF; Title IV-A)

Under the Personal Responsibility and Work Act of 1996 (PRWOA), Oregon is eligible to receive an annual Temporary Assistance for Needy Families (TANF) federal block grant. OHA uses TANF revenue to fund Non-Medicaid programs in the Health Services Division such as alcohol and drug treatment services. The Oregon Department of Human Services (ODHS) uses TANF revenues to fund cash assistance for single and two parent families, domestic violence emergency assistance, and employment and training (JOBS) services. Other agencies use TANF revenue to fund transportation, and housing assistance for homeless persons. Administrative and direct service costs can also be reimbursed using TANF revenues. Administrative costs are limited to no more than 15 percent of total TANF expenditures, with certain limited exceptions.

To qualify for this grant, states must expend a minimum of state and local revenues on TANF-related services to meet federal maintenance of effort (MOE) requirements. The block grant concept also places restraints on service delivery. Federal Funds are capped, which means no federal revenue is available for increasing program costs. This limitation on revenue requires Oregon to essentially self-fund any program increases. The method used to project revenue is the grant cycle.

Center for Mental Health Services block grant (CMHS)

Federal CMHS funds are granted to states to carry out activities for providing comprehensive community mental health services. These program dollars administered by the Health Systems Division are targeted towards helping adults with serious mental illness and children with serious emotional disturbances. Funds for children are

contracted in all counties throughout the state. At least ten percent of the funding must support evidence-based programs that address the needs of individuals with early serious mental illness. The funding projection is based on the grant cycle.

Maternal and Child Health Grant (Title V)

The Maternal and Child Health Grant (MCHG) enables states to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and children, including children with special health care needs. Grant funds also promote leadership in providing health services for mothers and children who do not have access to adequate health care. MCHG is a formula grant partially based on the state's population of children in poverty. States must expend \$3 for every \$4 of Federal Funds they receive.

This grant currently funds Public Health Division programs. The grant will request approximately \$12.3 million Federal Funds for the 2023-25 fiscal years. Presently, 30 percent (\$3.65 million) of the award is transferred to the Oregon Health & Science University Institute on Development and Disability (IDD) as an earmark requirement for health services for children with special health care needs.

Nutrition and Health Screening (WIC) program

The Public Health Division Center for Prevention and Health Promotion receives funding through the Nutrition and Health Screening – Woman, Infants & Children (WIC) program, which is a fully federally funded program that provides individual assessment of growth and health, as well as education and counseling on nutrition and physical activity. This includes promoting a healthy lifestyle and preventing chronic diseases such as obesity. The program also provides breastfeeding education and support, as well as referrals to other preventive health and social services.

Public Health Federal Funds grants

The Public Health Division receives over 72 categorical Federal Funds grants targeting specific activities. The variety of programs administered by Public Health using Federal Funds include, but are not limited to: Cancer Prevention, Emerging Infections, Immunization, HIV prevention and care; Water System Revolving Fund; Beach

Safety Assessment and Monitoring; Diabetes Reduction; and SAMSHA Zero Suicide and Disaster Preparedness.

Public Health received enhanced funding from the Centers for Disease Control and Prevention (CDC) through the Epidemiology and Laboratory Capacity (ELC) grant, Emerging Infections Program, Immunizations and Vaccines for Children grant, National Initiative to Address COVID-19 Health Disparities (Equity) grant, and the CDC Public Health Crisis Cooperative Agreement for Emergency Response grant in the 2021-23 biennium to combat COVID-19. Public Health received a no cost extension for those grants and will spend down them through the 2023-25 biennium. The division projects Federal Funds grant revenues using applicable federal funding limits and requirements, including the availability of state funds to meet matching or maintenance of effort (MOE) requirements.

Substance Abuse Prevention Treatment grant (SAPT)

The Substance Abuse Prevention and Treatment grant (SAPT) funds alcohol and drug programs and some administrative costs in the Health Systems Division. To qualify for this grant, states must expend a minimum of state and local revenues on SAPT-related services to meet the maintenance of effort requirement. States must also spend 20 percent of the grant on prevention and service levels must be maintained for specified populations, such as women and women with children. The grant funds projection is based on grant cycle methodology.

Health Policy and Analytics Federal Funds grants

Health Policy and Analytics has been awarded several federal grants. The primary grants are from the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) that help support a variety of health reform and transformation activities across several areas of OHA. These activities include an ongoing cooperative agreement with HRSA's Primary Care Office to support state efforts to expand access to primary care by helping communities recruit providers and sustain clinical resources.

Oregon State Hospital

The largest source of federal funds for the Oregon State Hospital is the Disproportionate Share Hospital entitlement, which grants Federal Funds to hospitals that serve a large percentage of patients that are unable to meet their expenses through any other source. This is an expected annual entitlement of \$19 to \$20 million that the hospital

requests in quarterly distributions. These payments are subject to a federal fund match at the FMAP rate, with the hospital receiving federal fund revenue for the FMAP percentage of the quarterly entitlement requests. An increase or decrease in the FMAP rate will result in a corresponding decrease or increase in the matching General Fund need, although the quarterly total entitlement remains the same.

The state hospital also receives Medicaid revenue, primarily from the Pendleton campus. As a 16-bed secure residential treatment facility, Pendleton is not subject to the Institute for Mental Disease exclusion that limits revenue from Medicaid at the other two campuses.

Other Funds

Hospital Assessment

The hospital assessment provides funding for the Oregon Health Plan, enhanced reimbursement to hospitals, and qualified directed payments to Type A and Type B hospitals to maintain quality and access for rural hospitals. House Bill 2391 (2017) revised the structure of the hospital assessment program by establishing an assessment for Type A and Type B rural hospitals and exempting the Oregon Health and Sciences University (OHSU) from the assessment. The bill also increased the assessment rate paid by diagnostic related group (DRG) hospitals from 5.3 percent to 6.0 percent by adding a 0.7 percent true tax. This additional assessment was set to sunset June 30, 2019, prior to the start of the 2019-21 biennium; however, House Bill 2010 (2019) extended the DRG hospital assessment at 6.0 percent, but the additional 0.7 percent will no longer be a true tax. House Bill 2010 also extended both the assessment on DRG and Type A and Type B hospitals through September 30, 2025. The Type A and Type B rural hospital tax rate increased from 5.5 percent to 6.0 percent in 2021-23.

The assessment is imposed on both inpatient and outpatient net revenues of each hospital subject to the assessment. As required by Oregon law, the OHA Director sets the hospital assessment rate after consulting with hospital representatives. The assessment rate is continually evaluated to determine if any adjustment to the rate is needed to meet funding targets.

Oregon Health & Science University (OHSU) Intergovernmental Transfer Program

The Legislature exempted OHSU from the hospital assessment program in House Bill 2391 (2017). The bill also required that OHA ensure OHSU receives net reimbursement of at least 84 percent of its cost of providing services. House Bill 2010 (2019) increased that reimbursement requirement to at least 87 percent. In lieu of their participation in the assessment, OHA and OHSU established a separate intergovernmental transfer funding program in 2019-21 collapsing several Medicaid payments into the new program. This change generates additional Other Funds and Federal Funds revenue to support the Oregon Health Plan.

Tobacco Tax

Oregon imposes a per pack cigarette tax, a percent of the wholesale price tax on other tobacco products and cigars, and a per ounce tax on moist snuff, subject to adjustment by the Legislature and collected by the Department of Revenue. A portion of Tobacco Tax funds are used to support the Oregon Health Plan in the Health Systems Division and the Public Health Division.

The Office of Economic Analysis forecasts tobacco tax revenue using a 12-month moving average consumption level developed from the Department of Revenue's tax distribution record data. Price effects and per capita consumption effects are applied, as well as the forecast for the 21-year-old and older population.

In November 2020, voters approved Measure 108 to increase the state's cigarette tax by \$2.00 per pack, extend the existing wholesale tax on other tobacco products to vaping products and increase other non-cigarette tobacco taxes effective January 1, 2021. After administration costs, 90 percent of the additional revenues will support the Oregon Health Plan and 10 percent will support tobacco use prevention and cessation programs.

Tobacco Master Settlement Agreement (TMSA)

On November 23, 1998, Oregon and 45 other states, and the four largest domestic tobacco manufacturers (referred to as the Original Participating Manufacturers or OPMs) ended a four-year legal battle over past, present, and future smoking-related claims made by the states by executing the Tobacco Master Settlement Agreement (TMSA). In exchange, the OPMs agreed to make annual payments (due each April) to the settling states in perpetuity beginning

with the year 2000. Funds are deposited to the Tobacco Settlement Funds Account, administered by the Department of Administrative Services. Although not dedicated to medical assistance programs, OHA receives a portion of the settlement to fund programs in Health Systems Division and Public Health Tobacco Prevention.

Retail Recreational Marijuana Tax

Measure 110, passed by voters in November 2020 and modified by Senate Bill 755 (2021), decriminalizes certain drug possession offenses. It also redistributes a significant portion of marijuana tax revenue and transfers law enforcement savings to the Drug Treatment and Recovery Services Fund, which can be used for operating new Behavioral Health Resource Networks (BHRNs) and a grants program to expand access to treatment and recovery services. The Health Systems Division will continue to receive marijuana revenue each biennium for community mental health and community substance use disorder services and for alcohol and drug abuse, early intervention, and treatment services. With the passage of House Bill 4056 (2022), the amounts will be increased annually based on the change in Consumer Price Index (CPI).

Insurers Assessment

House Bill 2010 (2019) increased the tax on insurer and managed care premiums from 1.5 percent to 2.0 percent and broadened the tax base by including stop-loss coverage effective January 1, 2020. A portion of these revenues help fund a reinsurance program for eligible health benefit plans, while the remaining revenue supports the Oregon Health Plan. The insurer assessment will sunset on December 31, 2026.

OHA projects the revenue from coordinated care organizations contracted to provide health coverage to Oregon Health Plan members, Oregon Educators' Benefit Board health plans, and Public Employers' Benefit Board self-insured and contracted health plans. OHA projects the revenue based on member enrollment forecasts and cost trends. The Department of Consumer and Business Services projects the revenue from the insurer assessment for commercial insurers.

Beer and Wine Taxes

The Oregon Liquor and Cannabis Commission (OLCC) collects beer and wine revenue based on a set percentage

of tax revenues. The Health Systems Division uses the revenue for alcohol and drug programs. The Department of Administrative Services Office of Economic Analysis provides projections for beer and wine tax revenues.

Public Employees' Benefit Board (PEBB) Administrative Assessment and Revolving Fund

PEBB administrative expenses are paid through a 1.30 percent administrative assessment added to medical and insurance premiums and premium equivalents. Per ORS 243.185, the assessment amount cannot exceed two percent of the monthly employer and employee contributions to benefits and is appropriated to the Public Employees' Benefit Account.

In recent years, the administrative fee was not an adequate source of revenue to cover the development of the Benefit Management System (BMS) project and the increase in system programming costs. A main goal of the boards was to construct the new BMS without having to borrow the funds to do it. As the new system development project ends and the old system is phased out, the administrative fee is likely to decrease back to under 1 percent.

ORS 243.167 continuously appropriates to the Public Employees' Revolving Fund balances to cover expenses incurred for the administration of employee benefits. Revenues from this account are used to control costs; subsidize premiums; self-insure, and pay premiums and premium equivalents for medical, dental, and optional benefits.

Revenue estimates are based on an actuarial projection of a premium composite rate per employee per month.

Oregon Educators Benefit Board (OEBB) Administrative Assessment and Revolving Fund

OEBB has two sources of revenue authorized in statute for funding operating expenses and establishing a stabilization fund. ORS 243.880 authorizes the Oregon Educators Benefit Account to cover administration expenses. The account's revenue is generated by a 1.30 percent administrative assessment paid by members along with their premiums. The administrative assessment cannot exceed two percent of total monthly premiums. Per ORS 243.882, the balance in the account cannot exceed five percent of the monthly total of employer and employee contributions for more than 120 days.

In recent years, the administrative fee was not an adequate source of revenue to cover the development of the Benefit Management System (BMS) project and the increase in system programming costs. A main goal of the boards was to construct the new BMS without having to borrow the funds to do it. As the new system development project ends and the old system is phased out, the administrative fee is likely to decrease back closer to 1 percent.

ORS 243.884 establishes the Oregon Educators Revolving Fund to pay premiums, control expenditures, provide self-insurance and subsidize premiums. The revenue source is the monthly premium collections which are reconciled and passed through to the insurance carriers for payment of premiums. The interest earnings retained on the premium collection pass-through enable OEBB to generate a reserve fund for stabilizing premiums.

Health Care Provider Incentive Fund

ORS 676.450 establishes and continuously appropriates to the Health Care Provider Incentive Fund to fund the Health Care Provider Incentive Program for the purpose of assisting qualified health care providers who commit to serving medical assistance and Medicare enrollees in rural or medically underserved areas of this state. Contributions are also received to expand this program.

Health Licensing Office (HLO) Administrative Fees

The office collects fees for applications, examinations, issuance and renewals of licenses and registration, disciplinary actions and other administrative fees. Each board, council and program has its own fees, which are used to cover their administrative costs and HLO. The boards collect more than \$9 million in fees, which continues to increase as new boards, programs or license types are added to HLO. Estimated revenues are based on projected trends in the 2021-23 biennium.

Drug Rebates

The Medicaid Drug Rebate Program includes CMS, state Medicaid agencies, and participating drug manufacturers. It helps to offset federal and state costs of most outpatient prescription drugs dispensed to Medicaid patients. Approximately 600 drug manufacturers participate in this program. The program requires a drug manufacturer to

enter, and have in effect, a national rebate agreement with the Secretary of the Department of Health and Human Services in exchange for state Medicaid coverage of most of the manufacturer's drugs. Manufacturers are then responsible for paying a rebate on those drugs. Drug rebate revenues offset General Fund support of the Oregon Health Plan in the Health Systems Division.

With Oregon moving from a separate CHIP (S-CHIP) designation to a Medicaid expansion (M-CHIP) designation in 2021-23, OHA will be able to claim drug rebates on CHIP expenditures not previously allowed.

The Health Systems Division projects drug rebates using past expenditure history and expected future trends. Rebates are collected monthly based upon rates CMS transmits to the states. Drug rebate revenue is based on the OHP drug expenditures forecast and uses the historical percentage of revenue compared to expenditures.

Fees and Premiums

The Public Health Division generates Other Funds revenue from fees for activities in such areas as licensing of facilities, including hospital and special inpatient care facilities; registration inspection and testing of X-ray equipment; and testing and certification of Emergency Medical Technicians.

Fees from Measure 109, passed by voters in November 2020, will be used to support costs in regulating the administration of psilocybin in supervised settings.

Health Policy and Analytics generates Other Funds revenue from fees. The Other Funds include a fee-supported program for the Conrad J-1 Visa Program (ORS 409.745). Other Funds revenue is also generated from fees for Healthcare Workforce Data Collection and Reporting and Health Care Data Reporting.

Health Insurance Marketplace (HIM)

The Oregon Health Insurance Marketplace is funded through a per-member-per-month (PMPM) fee charged to insurance companies for medical plans and dental plans purchased through the marketplace. This funding is used

to administer the program. The Health Insurance Marketplace was transferred from Department of Consumer and Business Services to the Oregon Health Authority in the 2021-23 biennium.

Intoxicated Driver Program Fund (IDPF)

Court fines, fees and assessments related to driving under the influence of intoxicants are statutorily dedicated by ORS 813.270 to provide education, treatment, and financial assistance to intoxicated driving offenders and are deposited into the Intoxicated Driver Prevention Fund. The Health Systems Division provides this funding to counties for intoxicated driver services, as well as contracting with Guardian Interlock to provide breathalyzer machines for IDPF clients.

Law Enforcement Medical Liability Account (LEMLA)

LEMLA is funded with Other Funds revenue from assessments added to fines and bail forfeitures paid into the courts system. The Health Systems Division makes payments from this account to medical providers for services to persons injured as a result of law enforcement efforts. A small portion of this fund is used to administer the program. Projections are based on estimates from Department of Revenue and Department of Justice.

Community Housing Trust Account

This trust fund was established with the sale of the Dammasch hospital property (ORS 413.101). Interest from the fund is dedicated to new housing and facility maintenance to benefit people with mental illness. These funds are budgeted in the Health Systems Division.

Third-Party Liability Recoveries

The Third-Party Recovery Program recovers medical portions of the collections from insurance companies, providers, and clients, and cash assistance by filing liens on personal injury settlements when clients are involved in accidents. The state's share of the recovery becomes Other Funds revenue used in Health Systems Division to offset Medicaid expenditures.

Efforts to increase cost avoidance through provider education and an emphasis on up-front payment accuracy and

coordination of benefits will impact recoveries in the coming biennium. The systematic early identification of clients with third-party insurance coverage will increase cost avoidance, reduce program expenditures and directly impact the expected amount of recovery.

Public Health Other Funds Sources

The Public Health Division has more than 126 sources of Other Funds revenue. These revenue sources include negotiated agreements to provide services, lab fees, inspection fees, certification fees, grant awards, client co-pays and other charges. The large number of revenue streams reflects the variety of programs and services administered by Public Health. These diverse programs include: Cavity Prevention, Tobacco Prevention, Juvenile Violence Prevention, Medical Marijuana Certification, Environmental Laboratory Accreditation, Coordinated School Health, Breast Cancer Screening, Radiation Control, Drinking Water Operator Certification, Health Records and Statistics, Newborn Screening, and Cross Connection, Backflow Inspection, the Health Licensing Office, which regulates over 75,000 authorizations among 18 boards and councils, including 5,300 facilities, and the Oregon Psilocybin Services section which will began collecting fees in the 2021-23 biennium. See Fee Listing Report for full details.

The largest Other Funds revenue source supporting Public Health programs is the non-limited Women, Infants, and Children (WIC) infant formula rebate. Public Health projects Other Funds revenue sources using historic data, contract agreements, anticipated levels of service and changes to fees.

Medicare Revenue

Medicare revenue is based on submitted claims for services rendered to Oregon State Hospital patients. Claims are submitted upon patient discharge or exhaustion of insurance benefits, whichever comes first. Medicare Part A provides limited days of lifetime coverage per patient, regardless of length of stay or number of admissions. These revenues are contingent upon the patients having those benefits and vary based upon payor mix and applicable Medicare provisions. A decline or increase in patients with available benefits will correlate to a decline or increase in hospital revenue.

Local Revenue

The Oregon State Hospital has several areas of Local Revenue that account for a small portion of other fund revenue. These include patient supported employment programs for various activities such as fabrication of wood products and bench work, as well as patient stores, campus cafeterias and coffee shops.

Lottery Funds

One percent of the state's lottery proceeds are allotted by ORS 461.549 to OHA for problem gambling treatment and prevention services in the Health Systems Division. The Oregon Constitution requires that 1.5 percent of lottery proceeds be distributed to the Veterans' Services Fund. OHA started receiving an allocation from this fund to support veterans' behavioral health services in 2019-21 and to support veteran's dental care in 2021-23. The Department of Administrative Services Office of Economic Analysis provides projection of lottery funds.

Detail of Fee, License, or Assessment Revenue Increase

Proposed for Increase/Establishment

Purpose or Type of Fee, License or Assessment	Who Pays	2021-23 Estimated Revenue	2023-25 Agency Request	2023-25 Governor's Budget	2023-25 Legislatively Adopted	Explanation
Cosmetology - Facility Application	Business owner	160,200	224,280			Increase in rule
Cosmetology - NHC Application	Business owner	1,260	1,890			Increase in rule
Cosmetology - Barber	Business owner	4,820	7,230			Increase in rule
Cosmetology - Hair	Business owner	20,200	30,330			Increase in rule
Cosmetology - Esthetics	Business owner	41,820	62,730			Increase in rule
Cosmetology - Nail	Business owner	25,260	37,890			Increase in rule
Cosmetology - Temporary Facility Application	Business owner	50	70			Increase in rule
Cosmetology - Independent Contractor Application	Business owner	94,850	132,790			Increase in rule
Cosmetology Application - Freelance	Business owner	16,900	23,660			Increase in rule
Cosmetology - Barber	Business owner	19,565	25,155			Increase in rule
Cosmetology - Hair	Business owner	65,975	84,825			Increase in rule
Cosmetology - Esthetics	Business owner	107,765	138,555			Increase in rule
Cosmetology - Nail	Business owner	65,170	83,790			Increase in rule
Cosmetology - NHC Original	Business owner	1,425	1,995			Increase in rule
Cosmetology - Barber	Business owner	4,625	6,475			Increase in rule
Cosmetology - Hair	Business owner	22,650	31,710			Increase in rule
Cosmetology - Esthetics	Business owner	44,025	61,635			Increase in rule
Cosmetology - Nail	Business owner	27,050	37,870			Increase in rule
Cosmetology - Original Facility License	Business owner	176,770	249,085			Increase in rule
Cosmetology - Original Independent Contractor Registration	Business owner	189,800	265,720			Increase in rule
Cosmetology Original Freelance - 1 Year	Business owner	66,500	93,100			Increase in rule
Cosmetology - Original Practitioner Certificate by Reciprocity	Business owner	1,620	2,340			Increase in rule
Cosmetology - Original Practitioner Certificate by Reciprocity- Barbering	Business owner	13,995	20,215			Increase in rule
Cosmetology - Original Practitioner Certificate by Reciprocity- Hair Design	Business owner	7,380	10,660			Increase in rule
Cosmetology - Original Practitioner Certificate by Reciprocity- Esthetics	Business owner	4,095	5,915			Increase in rule
Cosmetology - Online Practitioner Renewal	Business owner	65,205	94,185			Increase in rule
Cosmetology - Online Practitioner Renewal - Barbering	Business owner	530,595	766,415			Increase in rule
Cosmetology - Online Practitioner Renewal - Hair Design	Business owner	411,885	594,945			Increase in rule
Cosmetology - Online Practitioner Renewal - Esthetics	Business owner	374,265	540,605			Increase in rule

Detail of Fee, License, or Assessment Revenue Increase

Proposed for Increase/Establishment

Purpose or Type of Fee, License or Assessment	Who Pays	2021-23 Estimated Revenue	2023-25 Agency Request	2023-25 Governor's Budget	2023-25 Legislatively Adopted	Explanation
Cosmetology - Facility License Renewal	Business owner	500,800	776,240			Increase in rule
Cosmetology - Online Practitioner Renewal - Natural Hair	Business owner	2,340	3,380			Increase in rule
Cosmetology Online Renewal - Independent Contractor	Business owner	664,830	1,034,180			Increase in rule
Cosmetology - Renewal - Certificate of ID	Business owner	25,600	35,840			Increase in rule
Cosmetology Reactivation - Independent Contractor	Business owner	319,300	447,020			Increase in rule
Cosmetology Reactivation - Freelance	Business owner	11,800	16,520			Increase in rule
Cosmetology - Replacement	Business owner	20,900	29,260			Increase in rule
Cosmetology - Delinquency	Business owner	212,070	353,450			Increase in rule
Cosmetology - Affidavit of Licensure	Business owner	58,750	58,750			Increase in rule
Cosmetology - Affidavit of Licensure	Business owner	27,100	27,100			Increase in rule
Cosmetology - Certificate of Identification renewal	Business owner	100	140			Increase in rule
Cosmetology - Temporary Facility Permit	Business owner	100	140			Increase in rule
Cosmetology - Examinations	Business owner	195,160	250,920			Increase in rule
Cosmetology - NHC Renewal	Business owner	1,755	2,535			Increase in rule
Cosmetology - Barber	Business owner	66,015	95,355			Increase in rule
Cosmetology - Hair	Business owner	418,005	603,785			Increase in rule
Cosmetology - Esthetics	Business owner	227,745	328,965			Increase in rule
Cosmetology - Nail	Business owner	197,460	285,220			Increase in rule
Cosmetology Renewal - Facility - 1 Year	Business owner	411,950	580,475			Increase in rule
Cosmetology - Independent Contractor Registration Renewal	Business owner	290,000	406,000			Increase in rule
Cosmetology Renewal - Freelance - 1 Year	Business owner	24,000	33,600			Increase in rule
Respiratory Therapists - Application Fee	Business owner	21,900	43,800			Increase in rule
Respiratory Therapists - Application for Temporary License	Business owner	1,800	3,600			Increase in rule
Respiratory Therapists - Oregon Laws and Rules Examination	Business owner	10,050	20,100			Increase in rule

Detail of Fee, License, or Assessment Revenue Increase

Proposed for Increase/Establishment

Purpose or Type of Fee, License or Assessment	Who Pays	2021-23 Estimated Revenue	2023-25 Agency Request	2023-25 Governor's Budget	2023-25 Legislatively Adopted	Explanation
Respiratory Therapists - Original Practitioners License	Business owner	19,850	39,700			Increase in rule
Respiratory Therapists - Practitioners License ONLINE Renewal	Business owner	150,435	300,870			Increase in rule
Respiratory Therapists - Practitioners License Renewal	Business owner	16,050	32,100			Increase in rule
Respiratory Therapists - Examination - Polysomnographic Technologist OR Laws & Rules	Business owner	10,050	20,100			Increase in rule
PHL-ORELAP Tier 1 Out of State Lab Application Fee - Annual - Primary	Laboratories	80,350	126,750			Increase in rule

Detail of Fee, License, or Assessment Revenue Increase

Proposed for Increase/Establishment

Purpose or Type of Fee, License or Assessment	Who Pays	2021-23 Estimated Revenue	2023-25 Agency Request	2023-25 Governor's Budget	2023-25 Legislatively Adopted	Explanation
PHL-ORELAP Tier 2 Out of State Lab Application Fee - Annual - Primary	Laboratories	79,320	123,520			Increase in rule
PHL-ORELAP Tier 3 Out of State Lab Application Fee - Annual - Primary	Laboratories	314,290	220,050			Increase in rule
PHL-ORELAP Tier 4 Out of State Lab Application Fee - Annual - Primary	Laboratories	171,950	461,550			Establish in rule
PHL-ORELAP Tier 5 Out of State Lab Application Fee - Annual - Primary	Laboratories	144,950	390,250			Establish in rule
PHL-ORELAP Basic Field of Testing Assessment Fee - Out of State - First Program	Laboratories	15,040	22,240			Increase in rule
PHL-ORELAP Moderate Field of Testing Assessment - Out of State - First Program	Laboratories	92,202	115,662			Increase in rule
PHL-ORELAP Complex Field of Testing Assessment - Out of State - First Program	Laboratories	156,160	218,040			Increase in rule
PHL-ORELAP Advanced Technology Field of Testing Assessment - Out of State - First Program	Laboratories	19,840	19,280			Decrease in rule
PHL-ORELAP Tier 1 Oregon Lab Application Fee - Annual	Laboratories	40,950	75,450			Increase in rule
PHL-ORELAP Tier 2 Oregon Lab Application Fee - Annual	Laboratories	46,000	82,400			Increase in rule
PHL-ORELAP Tier 3 Oregon Lab Application Fee - Annual	Laboratories	70,000	97,200			Increase in rule
PHL-ORELAP Tier 4 Oregon Lab Application Fee - Annual	Laboratories	23,000	59,800			Establish in rule
PHL-ORELAP Tier 5 Oregon Lab Application Fee - Annual	Laboratories	5,800	17,400			Establish in rule
PHL-ORELAP Basic Field of Testing Assessment Fee - Oregon - First Program	Laboratories	9,050	15,540			Increase in rule
PHL-ORELAP Moderate Field of Testing Assessment - Oregon - First Program	Laboratories	58,900	88,650			Increase in rule
PHL-ORELAP Complex Field of Testing Assessment - Oregon - First Program	Laboratories	37,000	60,500			Increase in rule
PHL-ORELAP Advanced Technology Field of Testing Assessment - Oregon - First Program	Laboratories	52,000	68,800			Increase in rule
PHL-ORELAP Oregon On-Site Trip Fee - Tier 1	Laboratories	3,500	-5,250			Decrease (eliminate) in rule
PHL-ORELAP Oregon On-Site Trip Fee - Tier 2	Laboratories	3,000	-4,000			Decrease (eliminate) in rule
PHL-ORELAP Oregon On-Site Trip Fee - Tier 3	Laboratories	9,000	-12,000			Decrease (eliminate) in rule
PHL-Newborn Screening One Specimen Test Kit	Oregon submitters	155,583	237,583			Increase
PHL-Newborn Screening Two Specimen Test Kit	Oregon submitters	10,501,042	18,576,042			Increase
PHL-Newborn Screening Three Specimen Test Kit	Oregon submitters	123,542	218,542			Increase
Genetic Counseling - Application Fee	Practitioner	9,000	9,000			Newly established, no new fee increase
Genetic Counseling - Temporary Application Fee	Practitioner	0	0			Newly established, no new fee increase
Genetic Counseling - Original License Fee	Practitioner	3,000	3,000			Newly established, no new fee increase



PUBLIC HEALTH DIVISION
Center for Health Protection

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Suite 640
Portland, OR 97232
Voice 971-673-0490
FAX 971-673-0553

August 30, 2022

Katy Coba
Department of Administrative Services
Chief Operating Officer
155 Cottage Street NE
Salem, OR 97301-3972

RE: Approval of Fees for Oregon Psilocybin Services Section

Dear Ms. Coba:

Attached, please find form 107BF21 and 107BF22 for establishment of fees by the Oregon Psilocybin Services Section (OPS). OPS is a new section within the Public Health Division Center for Health Protection at the Oregon Health Authority. OPS is requesting your review and approval to establish new license, permit, and change fees.

Explanation of Fee Changes.

OPS was created to implement the Oregon Psilocybin Services Act, passed by voters in 2020 and now codified as ORS 475A. The Oregon Psilocybin Services Act directs the Oregon Health Authority to license and regulate the production of psilocybin products and the provision of psilocybin services over a two-year development period, from January 1, 2021 to December 31, 2022. During the development process, OPS has been working with the Oregon Psilocybin Advisory Board to establish recommendations for rules and regulations for the implementation of Measure 109 and the use of psilocybin products and services. The proposed fees are required to cover the section's costs of operations and are established under authority in ORS 475A.235(2)(d)(G) and ORS 475A.483.

Summary of Program Funding

Oregon Psilocybin Services will be entirely fee funded once the program begins receiving license fees. All revenue will come from Other Funds without any additional General Fund or Federal Funds. The Legislature has provided funding for program start-up costs for 2021-23. Beyond the 2021-23 biennium, the Oregon Psilocybin Services Section will work with the Legislature on any General Fund needs until fee revenue sustains the section as OPS works to become entirely fee-funded pursuant to the requirements of the ballot measure. These fees are for manufacturer, service center, facilitator, and laboratory licenses. We are also requesting approval for license change fees and worker permit fees.

Fee Sustainability

Because this is a new program, OPS is uncertain of the exact number of applicants who will apply or how many licenses will be issued. Currently, OPS has used estimates from the OPS Community Interest Survey Findings Report as well as information from working with partners and community members. The revenue and the estimated expenditures may fluctuate. OPS will closely monitor revenue and expenditures for this new program throughout the 2021-2023 and 2023-2025 biennia.

Basis for Establishment of Fees

The fees will be paid by licensees and permittees who manufacture psilocybin products, test psilocybin products, and provide psilocybin services to clients. The reduced fees are not based on a sliding scale, but licensees who meet certain conditions are eligible to pay a reduced fee. Stakeholders include license and permit holders as well as clients who wish to receive psilocybin services. OPS will begin receiving license and permit applications on January 2, 2023.

Fee Payer and Stakeholder Participation

A Rules Advisory Committee will consider these fees from September 12–30, 2022. The proposed rules will be open for public comment November 1–21, 2022. Because the statutory authority to adopt fees is derived from a ballot measure, there has been no legislative discussion of the proposed fees.

Please contact Angie Allbee, Oregon Psilocybin Services Section Manager, or Mai Quach, Program Support Manager, if you have any questions. They may be reached email at angie.allbee@dhsosha.state.or.us and mai.quach@dhsosha.state.or.us.

Sincerely,

Nadia Davidson
Director of Finance
Public Health Division

Attachments:

Form 107BF21, Request for Fee Increase/Establishment/Decrease
Form 107BF22, Fee Change Detail Report

Fee Approval Form

REQUEST FOR FEE INCREASE/ESTABLISHMENT/DECREASE

PART 1 (State agencies: Complete when requesting authority to increase or establish fees administratively, or when notifying DAS of a fee decrease.)

Agency Name: <u>Oregon Health Authority</u>	Agency Number: <u>44300</u>	Date received:
Division/Program: <u>Public Health Division, Psilocybin Services Section</u>	Contact: <u>Angie Albee</u> <small>(Name and phone number.)</small>	
Brief Description of Fee Change: Fees for required application and licenses for the production and use of psilocybin products and services described in Ballot Measure 109 (2020).	<u>800 NE Oregon St., Suite 640</u> <small>(Address)</small>	
	<u>Portland OR 97232</u> <small>(City, State, Zip)</small>	
Check one: <input type="checkbox"/> Fee Increase <input checked="" type="checkbox"/> Fee Establishment <input type="checkbox"/> Fee Decrease Statutory Authority for fee: <u>ORS 475A.235(2)(d)(G)</u>		
Please check all statements that apply and provide the anticipated date(s) below:		
<input checked="" type="checkbox"/> Date proposed rule(s), or rule(s) change, to be filed with the Secretary of State: <u>November 1, 2022</u>		
<input checked="" type="checkbox"/> Anticipated rule adoption date: <u>December 30, 2022</u>		
<input checked="" type="checkbox"/> Date fee schedule becomes effective: <u>December 31, 2022</u>		
<input type="checkbox"/> Date of proposed E-Board Action: _____		

REQUIRED - Attach Form 107BF22 and cover letter, with information on each fee affected. (See instructions on back.)

Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date: ____/____/____	By: _____ Director, Department of Administrative Services
<input type="checkbox"/> Reviewed by: _____			

PART 2 (State agencies: Complete following rule adoption or fee effective date.)

Administrative Rule Reference: _____	Date rule adopted or fee effective: ____/____/____*
Actual fee amount(s) adopted: _____	
Authorized agency signature: _____	Date: ____/____/____

*Form must be returned to DAS within 10 days of the date rule is adopted or fee is effective.
 DAS Contact for questions: Kristin Keith via email at: Kristin.Keith@oregon.gov

Note: Approval good only through July 1 of the next odd-numbered year or sine die, whichever is later, unless approved in legislation by the Regular Session of the Legislative Assembly.

FEE CHANGE DETAIL REPORT

Fee Title/Description	ORS/OAR	Who Pays Fee	Increase, Establish, or Decrease	Date of Last Change	Amount of Last Change	Effective Date of Requested Change	Current Fee	Proposed Fee	Amount of Proposed Fee Change	Number of 2021-23 Transactions with New Fee	Estimated Impact on 2021-23 Revenue	Total 2021-23 Revenue	Projected 2023-25 Transactions with New Fee	Impact on 2023-25 Revenue	Total 2023-25 Revenue	Legislative Concept Number	Policy Package Number
OPS - Psilocybin Application Fee - Service Center, Manufacturer, Laboratory	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060	service center, manufacturer, laboratory	Establish	n/a	n/a	12/31/2022	-	500	500	-	-	-	66	33,000	33,000		
OPS - Psilocybin Application Fee - Facilitator	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060	facilitator	Establish	n/a	n/a	12/31/2022	-	150	150	-	-	-	750	112,500	112,500		
OPS - Psilocybin License Fee Original - Facilitator	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060	facilitator	Establish	n/a	n/a	12/31/2022	-	2,000	2,000	-	-	-	1,200	2,400,000	2,400,000		
OPS - Psilocybin License Fee Original - Facilitator Reduced	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	1,000	1,000	-	-	-	300	300,000	300,000		
OPS - Psilocybin License Fee Original - Service Center	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	10,000	10,000	-	-	-	46	460,000	460,000		
OPS - Psilocybin License Fee Original - Service Center Reduced	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	5,000	5,000	-	-	-	10	50,000	50,000		
OPS - Psilocybin License Fee Original - Testing Lab	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	10,000	10,000	-	-	-	26	260,000	260,000		
OPS - Psilocybin License Fee Original - Manufacturer	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	10,000	10,000	-	-	-	46	460,000	460,000		
OPS - Psilocybin License Fee Original - Manufacturer Reduced	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	5,000	5,000	-	-	-	6	30,000	30,000		
OPS - Psilocybin Worker Permit Application Fee	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	25	25	-	-	-	200	5,000	5,000		
OPS - Psilocybin Change Request Fee	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	-	-	-	-	-	-	-	-		
OPS - Psilocybin Civil Penalty	ORS 475A.235(2)(d)(G), draft OAR 333-333-4060		Establish	n/a	n/a	12/31/2022	-	250	250	-	-	-	-	-	-		
									-		-			-			
									-		-			-			

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-000-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Interest Income	60,053	-	-	-	-	-
Transfer In - Intrafund	10,603,015	-	-	-	-	-
Transfer In Lottery Proceeds	8	-	-	-	-	-
Tsfr From Administrative Svcs	17,173,344	18,641,986	19,670,002	27,090,814	-	-
Transfer Out - Intrafund	(10,603,015)	-	-	-	-	-
Total Lottery Funds	\$17,233,405	\$18,641,986	\$19,670,002	\$27,090,814	-	-
Other Funds						
Personal Income Taxes	-	-	37,200,000	37,200,000	-	-
Other Selective Taxes	1,558,431,925	1,294,406,098	1,294,406,098	1,433,235,092	-	-
Business Lic and Fees	21,824,791	17,388,400	17,388,400	17,388,400	-	-
Non-business Lic. and Fees	12,484,000	12,297,950	12,297,950	12,297,950	-	-
Charges for Services	20,070,881	23,117,699	23,117,699	22,994,778	-	-
Admin and Service Charges	2,385,179,270	4,157,064,707	4,184,913,290	4,497,454,272	-	-
Care of State Wards	21,742,626	2,369,042	2,369,042	2,369,042	-	-
Fines and Forfeitures	6,043,317	1,140,607	1,140,607	1,140,607	-	-
Rents and Royalties	152,400	-	-	-	-	-
General Fund Obligation Bonds	-	7,992,750	7,992,750	4,500,000	-	-
Cert of Participation	-	-	-	80,000	-	-
Interest Income	11,393,517	4,976,604	4,976,604	4,976,604	-	-
Sales Income	8,383,023	9,797,241	9,797,241	9,797,241	-	-
Grants (Non-Fed)	3,664,056	108,333	108,333	108,333	-	-
Other Revenues	2,732,519,954	1,894,443,464	2,913,357,722	1,821,198,223	-	-
Transfer In - Intrafund	137,485,250	785,452	785,452	818,441	-	-
Transfer In Other	-	13,270,230	18,411,772	78,411,772	-	-

 X Agency Request
2023-25 Biennium

 Governor's Budget
Page 1

 Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

**Oregon Health Authority
2023-25 Biennium**

**Agency Number: 44300
Cross Reference Number: 44300-000-00-00-00000**

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Transfer from General Fund	-	10,785,452	10,785,452	818,441	-	-
Tsfr From Human Svcs, Dept of	1,500,000	750,000	750,000	-	-	-
Tsfr From Administrative Svcs	314,673,637	560,452,800	560,452,800	104,267,000	-	-
Tsfr From Mental Health Reg Agy	26,404	30,974	30,974	34,981	-	-
Tsfr From Licensed Social Wkrs	21,384	22,000	22,000	22,000	-	-
Tsfr From Revenue, Dept of	613,426,371	974,157,708	974,157,708	1,010,027,668	-	-
Tsfr From Military Dept, Or	110,719,859	-	-	-	-	-
Tsfr From Energy, Dept of	73,826	89,000	89,000	89,000	-	-
Tsfr From Environmental Quality	166,619	995,681	995,681	1,037,499	-	-
Tsfr From Or Youth Authority	-	260,507	260,507	271,448	-	-
Tsfr From Consumer/Bus Svcs	136,513,420	500,234,585	500,234,585	549,421,635	-	-
Tsfr From Oregon Health Authority	17,729,706	-	-	-	-	-
Tsfr From Education, Dept of	1,532,872	1,328,170	1,328,170	-	-	-
Tsfr From Early Learning and Care, Dept. of	-	-	-	1,383,953	-	-
Tsfr From Agriculture, Dept of	236,250	273,992	273,992	273,992	-	-
Tsfr From Transportation, Dept	59,185	-	-	-	-	-
Tsfr From Chiropractic Exam, Bd	10,576	11,600	11,600	11,600	-	-
Tsfr From Health Rel Lic Bds	119,854	75,961	75,961	87,750	-	-
Tsfr From Board of Dentistry	203,675	226,800	226,800	267,000	-	-
Tsfr From OLCC	17,655,680	20,296,910	20,296,910	21,489,000	-	-
Tsfr From Oregon Medical Board	1,024,654	1,059,487	1,059,487	1,547,393	-	-
Tsfr From Nursing, Bd of	510,939	607,318	607,318	708,421	-	-
Tsfr From Board of Pharmacy	425,643	443,120	443,120	617,120	-	-
Tsfr From Housing and Com Svcs	1,026,640	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-000-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Transfer Out - Intrafund	(139,400,458)	(785,452)	(785,452)	(818,441)	-	-
Transfer to Other	(525,019)	-	-	-	-	-
Transfer to Counties	(7,121,912)	-	-	-	-	-
Tsfr To Administrative Svcs	(10)	-	-	-	-	-
Tsfr To OLCC	-	(528,000)	(528,000)	(528,000)	-	-
Total Other Funds	\$7,989,984,805	\$9,509,947,190	\$10,599,051,573	\$9,635,000,215	-	-
Federal Funds						
Federal Funds	13,627,417,316	16,963,774,534	17,774,541,538	19,477,612,243	-	-
Tsfr From Corrections, Dept of	114,000	-	-	-	-	-
Tsfr To Human Svcs, Dept of	(20,998)	-	-	-	-	-
Tsfr To OR Business Development	(21,425,074)	(17,432,000)	(17,432,000)	(17,432,000)	-	-
Tsfr To Environmental Quality	(1,711,922)	(1,408,066)	(1,408,066)	(1,599,898)	-	-
Tsfr To HECC	(20,000)	-	-	-	-	-
Tsfr To Agriculture, Dept of	-	-	-	(117,852)	-	-
Total Federal Funds	\$13,604,353,322	\$16,944,934,468	\$17,755,701,472	\$19,458,462,493	-	-
Nonlimited Other Funds						
Refunding Bonds	232,954,693	-	-	-	-	-
Other Revenues	31,032,499	40,000,000	40,000,000	40,000,000	-	-
Transfer In - Intrafund	1,915,208	-	-	-	-	-
Tsfr From Oregon Health Authority	13,774,000	-	-	-	-	-
Tsfr To Oregon Health Authority	(13,774,000)	-	-	-	-	-
Total Nonlimited Other Funds	\$265,902,400	\$40,000,000	\$40,000,000	\$40,000,000	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-000-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Nonlimited Federal Funds						
Federal Funds	58,607,977	102,729,051	102,729,051	102,729,051	-	-
Total Nonlimited Federal Funds	\$58,607,977	\$102,729,051	\$102,729,051	\$102,729,051	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	499,580	-	-	-	-	-
Transfer In Lottery Proceeds	8	-	-	-	-	-
Tsfr From Administrative Svcs	-	519,457	719,457	4,735,732	-	-
Total Lottery Funds	\$499,588	\$519,457	\$719,457	\$4,735,732	-	-
Other Funds						
Charges for Services	4,177	-	-	-	-	-
Admin and Service Charges	171,986,970	-	-	-	-	-
Cert of Participation	-	-	-	80,000	-	-
Interest Income	1,923,771	-	-	-	-	-
Grants (Non-Fed)	2,418,914	-	-	-	-	-
Other Revenues	19,716,543	243,070,339	258,637,199	301,491,181	-	-
Transfer In - Intrafund	222,872	-	-	-	-	-
Tsfr From Administrative Svcs	54,688,230	-	-	-	-	-
Transfer Out - Intrafund	(1,923,646)	-	-	-	-	-
Tsfr To Administrative Svcs	(10)	-	-	-	-	-
Total Other Funds	\$249,037,821	\$243,070,339	\$258,637,199	\$301,571,181	-	-
Federal Funds						
Federal Funds	55,731,976	69,040,756	78,211,562	107,104,293	-	-
Total Federal Funds	\$55,731,976	\$69,040,756	\$78,211,562	\$107,104,293	-	-
Nonlimited Other Funds						
Refunding Bonds	232,954,693	-	-	-	-	-
Transfer In - Intrafund	1,915,208	-	-	-	-	-
Tsfr From Oregon Health Authority	13,774,000	-	-	-	-	-

Agency Request
2023-25 Biennium

Governor's Budget
Page 5

Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Nonlimited Other Funds						
Tsfr To Oregon Health Authority	(13,774,000)	-	-	-	-	-
Total Nonlimited Other Funds	\$234,869,901	-	-	-	-	-
Nonlimited Federal Funds						
Federal Funds	887,859	-	-	-	-	-
Total Nonlimited Federal Funds	\$887,859	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-40-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	91,688	-	-	-	-	-
Tsfr From Administrative Svcs	-	34,116	34,116	35,550	-	-
Total Lottery Funds	\$91,688	\$34,116	\$34,116	\$35,550	-	-
Other Funds						
Charges for Services	371	-	-	-	-	-
Grants (Non-Fed)	258,005	-	-	-	-	-
Other Revenues	2,549,563	9,155,539	4,643,153	7,795,332	-	-
Tsfr From Administrative Svcs	50,475,788	-	-	-	-	-
Total Other Funds	\$53,283,727	\$9,155,539	\$4,643,153	\$7,795,332	-	-
Federal Funds						
Federal Funds	10,835,885	18,087,728	19,431,290	37,299,559	-	-
Total Federal Funds	\$10,835,885	\$18,087,728	\$19,431,290	\$37,299,559	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-45-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Admin and Service Charges	171,986,970	-	-	-	-	-
Grants (Non-Fed)	11	-	-	-	-	-
Other Revenues	227,417	205,885,021	222,924,593	254,040,306	-	-
Tsfr From Administrative Svcs	2,964,377	-	-	-	-	-
Total Other Funds	\$175,178,775	\$205,885,021	\$222,924,593	\$254,040,306	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-50-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	407,892	-	-	-	-	-
Transfer In Lottery Proceeds	8	-	-	-	-	-
Tsfr From Administrative Svcs	-	485,341	685,341	4,700,182	-	-
Total Lottery Funds	\$407,900	\$485,341	\$685,341	\$4,700,182	-	-
Other Funds						
Charges for Services	3,806	-	-	-	-	-
Cert of Participation	-	-	-	80,000	-	-
Interest Income	1,923,771	-	-	-	-	-
Grants (Non-Fed)	2,160,898	-	-	-	-	-
Other Revenues	16,939,563	28,029,779	31,069,453	39,655,543	-	-
Transfer In - Intrafund	222,872	-	-	-	-	-
Tsfr From Administrative Svcs	1,248,065	-	-	-	-	-
Transfer Out - Intrafund	(1,923,646)	-	-	-	-	-
Tsfr To Administrative Svcs	(10)	-	-	-	-	-
Total Other Funds	\$20,575,319	\$28,029,779	\$31,069,453	\$39,735,543	-	-
Federal Funds						
Federal Funds	44,896,091	50,953,028	58,780,272	69,804,734	-	-
Total Federal Funds	\$44,896,091	\$50,953,028	\$58,780,272	\$69,804,734	-	-
Nonlimited Other Funds						
Refunding Bonds	232,954,693	-	-	-	-	-
Transfer In - Intrafund	1,915,208	-	-	-	-	-
Tsfr From Oregon Health Authority	13,774,000	-	-	-	-	-
Tsfr To Oregon Health Authority	(13,774,000)	-	-	-	-	-
Total Nonlimited Other Funds	\$234,869,901	-	-	-	-	-

Agency Request
2023-25 Biennium

Governor's Budget
Page 9

Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-010-50-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Nonlimited Federal Funds						
Federal Funds	887,859	-	-	-	-	-
Total Nonlimited Federal Funds	\$887,859	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-030-00-00-00000

Source	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Interest Income	60,053	-	-	-	-	-
Transfer In - Intrafund	10,103,435	-	-	-	-	-
Tsfr From Administrative Svcs	17,173,344	18,122,529	18,950,545	22,355,082	-	-
Transfer Out - Intrafund	(10,603,015)	-	-	-	-	-
Total Lottery Funds	\$16,733,817	\$18,122,529	\$18,950,545	\$22,355,082	-	-
Other Funds						
Personal Income Taxes	-	-	37,200,000	37,200,000	-	-
Other Selective Taxes	1,558,431,925	1,294,406,098	1,294,406,098	1,433,235,092	-	-
Business Lic and Fees	21,824,791	17,388,400	17,388,400	17,388,400	-	-
Non-business Lic. and Fees	12,484,000	12,297,950	12,297,950	12,297,950	-	-
Charges for Services	20,066,704	23,117,699	23,117,699	22,994,778	-	-
Admin and Service Charges	2,213,192,300	4,157,064,707	4,184,913,290	4,497,454,272	-	-
Care of State Wards	21,742,626	2,369,042	2,369,042	2,369,042	-	-
Fines and Forfeitures	6,043,317	1,140,607	1,140,607	1,140,607	-	-
Rents and Royalties	152,400	-	-	-	-	-
Interest Income	9,469,746	4,976,604	4,976,604	4,976,604	-	-
Sales Income	8,383,023	9,797,241	9,797,241	9,797,241	-	-
Grants (Non-Fed)	1,245,142	108,333	108,333	108,333	-	-
Other Revenues	2,712,803,411	1,651,373,125	2,654,720,523	1,519,707,042	-	-
Transfer In - Intrafund	137,262,378	785,452	785,452	818,441	-	-
Transfer In Other	-	13,270,230	18,411,772	78,411,772	-	-
Transfer from General Fund	-	10,785,452	10,785,452	818,441	-	-
Tsfr From Human Svcs, Dept of	1,500,000	750,000	750,000	-	-	-
Tsfr From Administrative Svcs	259,985,407	560,452,800	560,452,800	104,267,000	-	-

Agency Request
2023-25 Biennium

Governor's Budget
Page 11

Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

**Oregon Health Authority
2023-25 Biennium**

**Agency Number: 44300
Cross Reference Number: 44300-030-00-00-00000**

Source	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Tsfr From Mental Health Reg Agy	26,404	30,974	30,974	34,981	-	-
Tsfr From Licensed Social Wkrs	21,384	22,000	22,000	22,000	-	-
Tsfr From Revenue, Dept of	613,426,371	974,157,708	974,157,708	1,010,027,668	-	-
Tsfr From Military Dept, Or	110,719,859	-	-	-	-	-
Tsfr From Energy, Dept of	73,826	89,000	89,000	89,000	-	-
Tsfr From Environmental Quality	166,619	995,681	995,681	1,037,499	-	-
Tsfr From Or Youth Authority	-	260,507	260,507	271,448	-	-
Tsfr From Consumer/Bus Svcs	136,513,420	500,234,585	500,234,585	549,421,635	-	-
Tsfr From Oregon Health Authority	17,729,706	-	-	-	-	-
Tsfr From Education, Dept of	1,532,872	1,328,170	1,328,170	-	-	-
Tsfr From Early Learning and Care, Dept. of	-	-	-	1,383,953	-	-
Tsfr From Agriculture, Dept of	236,250	273,992	273,992	273,992	-	-
Tsfr From Transportation, Dept	59,185	-	-	-	-	-
Tsfr From Chiropractic Exam, Bd	10,576	11,600	11,600	11,600	-	-
Tsfr From Health Rel Lic Bds	119,854	75,961	75,961	87,750	-	-
Tsfr From Board of Dentistry	203,675	226,800	226,800	267,000	-	-
Tsfr From OLCC	17,655,680	20,296,910	20,296,910	21,489,000	-	-
Tsfr From Oregon Medical Board	1,024,654	1,059,487	1,059,487	1,547,393	-	-
Tsfr From Nursing, Bd of	510,939	607,318	607,318	708,421	-	-
Tsfr From Board of Pharmacy	425,643	443,120	443,120	617,120	-	-
Tsfr From Housing and Com Svcs	1,026,640	-	-	-	-	-
Transfer Out - Intrafund	(137,476,812)	(785,452)	(785,452)	(818,441)	-	-
Transfer to Other	(525,019)	-	-	-	-	-
Transfer to Counties	(7,121,912)	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-030-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Tsfr To OLCC	-	(528,000)	(528,000)	(528,000)	-	-
Total Other Funds	\$7,740,946,984	\$9,258,884,101	\$10,332,421,624	\$9,328,929,034	-	-
Federal Funds						
Federal Funds	13,571,685,340	16,894,733,778	17,696,329,976	19,370,507,950	-	-
Tsfr From Corrections, Dept of	114,000	-	-	-	-	-
Tsfr To Human Svcs, Dept of	(20,998)	-	-	-	-	-
Tsfr To OR Business Development	(21,425,074)	(17,432,000)	(17,432,000)	(17,432,000)	-	-
Tsfr To Environmental Quality	(1,711,922)	(1,408,066)	(1,408,066)	(1,599,898)	-	-
Tsfr To HECC	(20,000)	-	-	-	-	-
Tsfr To Agriculture, Dept of	-	-	-	(117,852)	-	-
Total Federal Funds	\$13,548,621,346	\$16,875,893,712	\$17,677,489,910	\$19,351,358,200	-	-
Nonlimited Other Funds						
Other Revenues	31,032,499	40,000,000	40,000,000	40,000,000	-	-
Total Nonlimited Other Funds	\$31,032,499	\$40,000,000	\$40,000,000	\$40,000,000	-	-
Nonlimited Federal Funds						
Federal Funds	57,720,118	102,729,051	102,729,051	102,729,051	-	-
Total Nonlimited Federal Funds	\$57,720,118	\$102,729,051	\$102,729,051	\$102,729,051	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-01-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Interest Income	60,053	-	-	-	-	-
Transfer In - Intrafund	10,079,150	-	-	-	-	-
Tsfr From Administrative Svcs	17,173,344	18,096,546	18,924,562	22,328,008	-	-
Transfer Out - Intrafund	(10,603,015)	-	-	-	-	-
Total Lottery Funds	\$16,709,532	\$18,096,546	\$18,924,562	\$22,328,008	-	-
Other Funds						
Personal Income Taxes	-	-	37,200,000	37,200,000	-	-
Other Selective Taxes	1,558,431,925	1,294,406,098	1,294,406,098	1,433,235,092	-	-
Business Lic and Fees	712,625	575,631	575,631	575,631	-	-
Interest Income	5,764,818	15,360	15,360	15,360	-	-
Grants (Non-Fed)	34,065	-	-	-	-	-
Other Revenues	949,665,983	1,406,053,365	1,427,664,620	1,233,091,073	-	-
Transfer In - Intrafund	43,230,534	-	-	-	-	-
Transfer In Other	-	12,915,399	18,056,941	78,056,941	-	-
Tsfr From Human Svcs, Dept of	1,500,000	750,000	750,000	-	-	-
Tsfr From Administrative Svcs	126,099,804	178,169,000	257,079,225	103,177,225	-	-
Tsfr From Revenue, Dept of	613,051,663	916,677,984	916,635,100	958,353,000	-	-
Tsfr From Or Youth Authority	-	260,507	260,507	271,448	-	-
Tsfr From Consumer/Bus Svcs	136,513,420	485,364,304	485,364,304	534,551,354	-	-
Tsfr From Oregon Health Authority	50,000	-	-	-	-	-
Tsfr From Education, Dept of	1,306,085	1,328,170	1,328,170	-	-	-
Tsfr From Early Learning and Care, Dept. of	-	-	-	1,383,953	-	-
Tsfr From OLCC	16,949,453	20,296,910	20,296,910	21,489,000	-	-
Transfer Out - Intrafund	(74,243,395)	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-030-01-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Transfer to Counties	(7,121,912)	-	-	-	-	-
Total Other Funds	\$3,371,945,068	\$4,316,812,728	\$4,459,632,866	\$4,401,400,077	-	-
Federal Funds						
Federal Funds	13,104,469,993	16,406,290,748	16,796,019,588	18,629,132,939	-	-
Tsfr From Corrections, Dept of	114,000	-	-	-	-	-
Total Federal Funds	\$13,104,583,993	\$16,406,290,748	\$16,796,019,588	\$18,629,132,939	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-02-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	24,285	-	-	-	-	-
Tsfr From Administrative Svcs	-	25,983	25,983	27,074	-	-
Total Lottery Funds	\$24,285	\$25,983	\$25,983	\$27,074	-	-
Other Funds						
Non-business Lic. and Fees	112,000	-	-	-	-	-
Admin and Service Charges	-	-	-	43,877,775	-	-
Interest Income	816,026	-	-	-	-	-
Other Revenues	5,045,806	31,816,924	32,519,629	36,860,548	-	-
Tsfr From Administrative Svcs	1,600,798	80,000,000	1,089,775	1,089,775	-	-
Tsfr From Mental Health Reg Agy	26,404	30,974	30,974	34,981	-	-
Tsfr From Licensed Social Wkrs	21,384	22,000	22,000	22,000	-	-
Tsfr From Consumer/Bus Svcs	-	14,870,281	14,870,281	14,870,281	-	-
Tsfr From Oregon Health Authority	17,679,706	-	-	-	-	-
Tsfr From Chiropractic Exam, Bd	10,576	11,600	11,600	11,600	-	-
Tsfr From Health Rel Lic Bds	44,704	44,707	44,707	45,000	-	-
Tsfr From Board of Dentistry	29,660	40,000	40,000	40,000	-	-
Tsfr From Oregon Medical Board	85,594	89,105	89,105	94,689	-	-
Tsfr From Nursing, Bd of	309,744	430,000	430,000	430,000	-	-
Tsfr From Board of Pharmacy	54,348	65,120	65,120	75,320	-	-
Total Other Funds	\$25,836,750	\$127,420,711	\$49,213,191	\$97,451,969	-	-
Federal Funds						
Federal Funds	47,907,885	46,714,223	48,523,195	38,758,108	-	-
Tsfr To HECC	(20,000)	-	-	-	-	-
Total Federal Funds	\$47,887,885	\$46,714,223	\$48,523,195	\$38,758,108	-	-

Agency Request
2023-25 Biennium

Governor's Budget
Page 16

Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-03-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Admin and Service Charges	2,198,308,084	2,282,069,272	2,297,300,713	2,458,835,184	-	-
Fines and Forfeitures	5,527,261	-	-	-	-	-
Interest Income	845,836	4,961,244	4,961,244	4,961,244	-	-
Other Revenues	18,514,806	24,364,766	24,364,766	24,364,766	-	-
Transfer In - Intrafund	63,000,000	-	-	-	-	-
Tsfr From Administrative Svcs	67,409	-	-	-	-	-
Transfer Out - Intrafund	(63,000,000)	-	-	-	-	-
Total Other Funds	\$2,223,263,396	\$2,311,395,282	\$2,326,626,723	\$2,488,161,194	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-030-04-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Charges for Services	-	122,921	122,921	-	-	-
Admin and Service Charges	13,275,000	1,874,723,918	1,887,341,060	1,994,469,796	-	-
Interest Income	1,991,263	-	-	-	-	-
Other Revenues	1,713,612,671	-	-	-	-	-
Total Other Funds	\$1,728,878,934	\$1,874,846,839	\$1,887,463,981	\$1,994,469,796	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

**Oregon Health Authority
2023-25 Biennium**

Agency Number: 44300

Cross Reference Number: 44300-030-05-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	21,093,653	16,812,769	16,812,769	16,812,769	-	-
Non-business Lic. and Fees	12,363,074	12,297,950	12,297,950	12,297,950	-	-
Charges for Services	20,066,704	22,994,778	22,994,778	22,994,778	-	-
Admin and Service Charges	1,600,706	-	-	-	-	-
Fines and Forfeitures	516,056	1,140,607	1,140,607	1,140,607	-	-
Interest Income	51,803	-	-	-	-	-
Sales Income	6,824,937	7,237,854	7,237,854	7,237,854	-	-
Grants (Non-Fed)	1,211,077	108,333	108,333	108,333	-	-
Other Revenues	25,320,364	156,012,000	1,136,607,297	191,280,963	-	-
Transfer In - Intrafund	30,278,774	-	-	-	-	-
Transfer In Other	-	354,831	354,831	354,831	-	-
Transfer from General Fund	-	10,000,000	10,000,000	-	-	-
Tsfr From Administrative Svcs	122,333,544	-	-	-	-	-
Tsfr From Revenue, Dept of	374,708	57,479,724	57,522,608	51,674,668	-	-
Tsfr From Military Dept, Or	110,142,860	-	-	-	-	-
Tsfr From Energy, Dept of	73,826	89,000	89,000	89,000	-	-
Tsfr From Environmental Quality	166,619	995,681	995,681	1,037,499	-	-
Tsfr From Education, Dept of	226,787	-	-	-	-	-
Tsfr From Agriculture, Dept of	236,250	273,992	273,992	273,992	-	-
Tsfr From Transportation, Dept	59,185	-	-	-	-	-
Tsfr From Health Rel Lic Bds	75,150	31,254	31,254	42,750	-	-
Tsfr From Board of Dentistry	174,015	186,800	186,800	227,000	-	-
Tsfr From OLCC	706,227	-	-	-	-	-
Tsfr From Oregon Medical Board	939,060	970,382	970,382	1,452,704	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-05-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Tsfr From Nursing, Bd of	201,195	177,318	177,318	278,421	-	-
Tsfr From Board of Pharmacy	371,295	378,000	378,000	541,800	-	-
Tsfr From Housing and Com Svcs	1,026,640	-	-	-	-	-
Transfer Out - Intrafund	(233,417)	-	-	-	-	-
Tsfr To OLCC	-	(528,000)	(528,000)	(528,000)	-	-
Total Other Funds	\$356,201,092	\$287,013,273	\$1,267,651,454	\$307,317,919	-	-
Federal Funds						
Federal Funds	392,461,799	413,335,928	821,058,232	671,313,197	-	-
Tsfr To Human Svcs, Dept of	(20,998)	-	-	-	-	-
Tsfr To OR Business Development	(21,425,074)	(17,432,000)	(17,432,000)	(17,432,000)	-	-
Tsfr To Environmental Quality	(1,711,922)	(1,408,066)	(1,408,066)	(1,599,898)	-	-
Tsfr To Agriculture, Dept of	-	-	-	(117,852)	-	-
Total Federal Funds	\$369,303,805	\$394,495,862	\$802,218,166	\$652,163,447	-	-
Nonlimited Other Funds						
Other Revenues	31,032,499	40,000,000	40,000,000	40,000,000	-	-
Total Nonlimited Other Funds	\$31,032,499	\$40,000,000	\$40,000,000	\$40,000,000	-	-
Nonlimited Federal Funds						
Federal Funds	57,720,118	102,729,051	102,729,051	102,729,051	-	-
Total Nonlimited Federal Funds	\$57,720,118	\$102,729,051	\$102,729,051	\$102,729,051	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-030-06-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	18,513	-	-	-	-	-
Non-business Lic. and Fees	8,926	-	-	-	-	-
Admin and Service Charges	8,510	271,517	271,517	271,517	-	-
Care of State Wards	21,742,626	2,369,042	2,369,042	2,369,042	-	-
Rents and Royalties	152,400	-	-	-	-	-
Sales Income	1,558,086	2,559,387	2,559,387	2,559,387	-	-
Other Revenues	643,781	33,126,070	33,564,211	34,109,692	-	-
Transfer In - Intrafund	753,070	785,452	785,452	818,441	-	-
Transfer from General Fund	-	785,452	785,452	818,441	-	-
Tsfr From Administrative Svcs	9,883,852	302,283,800	302,283,800	-	-	-
Tsfr From Military Dept, Or	576,999	-	-	-	-	-
Transfer Out - Intrafund	-	(785,452)	(785,452)	(818,441)	-	-
Transfer to Other	(525,019)	-	-	-	-	-
Total Other Funds	\$34,821,744	\$341,395,268	\$341,833,409	\$40,128,079	-	-
Federal Funds						
Federal Funds	26,845,663	28,392,879	30,728,961	31,303,706	-	-
Total Federal Funds	\$26,845,663	\$28,392,879	\$30,728,961	\$31,303,706	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-089-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
General Fund Obligation Bonds	-	7,992,750	7,992,750	4,500,000	-	-
Total Other Funds	-	\$7,992,750	\$7,992,750	\$4,500,000	-	-

2021-23

Legislatively Approved Budget

**Central Services, Shared Services,
State Assessment and Enterprise-wide Costs**
867 positions | 843.02 FTE

Central Services
246 positions | 230.70 FTE

Shared Services
621 positions | 612.32 FTE

**State Assessments and
Enterprise-wide Costs**
(no positions)

2023-25

Agency Request Budget

**Central Services, Shared Services,
State Assessment and Enterprise-wide Costs**
1,035 positions | 998.33 FTE

Central Services
356 positions | 330.42 FTE

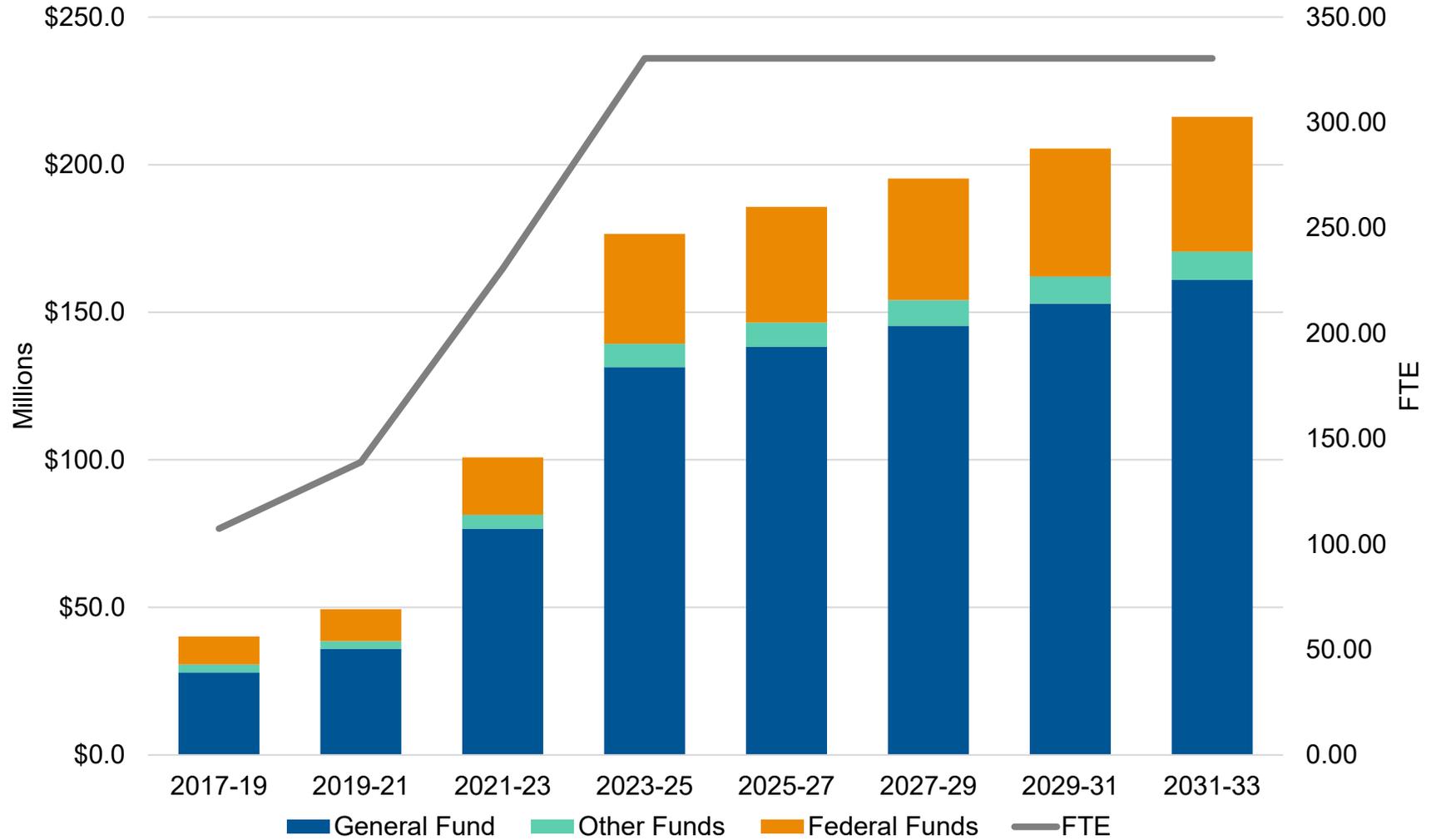
Shared Services
679 positions | 667.91 FTE

**State Assessments and
Enterprise-wide Costs**
(no positions)

Oregon Health Authority: Central Services

Executive Summary

Program Contact: Janell Evans, Budget Director
503-945-5775



Oregon Health Authority: Central Services

Executive Summary

Division overview

Central Services supports the Oregon Health Authority's (OHA) mission by providing leadership in key policy and business areas. It includes:

- Director's Office
- Fiscal Division
- Agency Operations Division
- Equity and Inclusion Division
- External Relations Division

Funding request

The Agency Request Budget of \$176.6 million Total Funds for Central Services continues funding at the current service level for the 2023-25 biennium. The budget includes policy packages to invest in closing the gap on health inequities that prevent the opportunity for all people in Oregon to achieve optimal health, including staffing and resources across Central Services; expanding Regional Health Equity Coalitions; and continuing the expansion of race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI) data.

Program descriptions

The Director's Office is responsible for overall leadership, policy and development, and administrative oversight for the Oregon Health Authority. This office coordinates with the Governor's Office, the Legislature, other state and federal agencies, Tribes, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The Director's Office provides leadership in achieving the agency's mission. In developing OHA's strategic plan, the agency has adopted the strategic goal of eliminating health inequities by 2030. And, to achieve that goal, the agency has adopted the following definition of health equity:

Oregon Health Authority: Central Services

Executive Summary

“Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power, and
- Recognizing, reconciling and rectifying historical and contemporary injustices.”

OHA still has a clear direction to innovate, improve and transform the state health care system to meet three goals noted below. However, OHA recognizes, now, more than ever, that a health equity framework rectifying structural historical and contemporary injustices and racism must be incorporated into all components of the work, committees, and action plans to move these three goals forward:

- Improve the lifelong health of all Oregonians.
- Increase the quality, reliability and availability of care for all Oregonians.
- Lower or contain the cost of care so it is affordable to everyone.

The **Agency Operations Division** provides operational support and human resources services to the Oregon Health Authority. The division includes the following functional areas:

- Central Operations — Supports agency operations including public records requests, facility coordination, performance system management, Tribal Affairs and shared services coordination with the Oregon Department of Human Services.
- Human Resources — Provides recruitment, classification and compensation, employee relations, labor relations, organizational development, and business operational support across the agency.

Oregon Health Authority: Central Services

Executive Summary

Tribal Affairs is responsible for ensuring that the relationship between OHA and the nine federally recognized Tribes of Oregon is built on trust and mutual respect. It is important that the agency understands and follows the requirements laid out in Senate Bill 770 (2001, Relating to government-to-government relations between the State of Oregon and American Indian tribes in Oregon).

Tribal Affairs supports Tribal Health Programs and the Urban Indian Health Program to successfully deliver health care services including physical, oral, behavioral and public health, so that the triple aim objectives of better care, better health, and lower costs are met. This includes implementing programs, policies, legislation and coordinating funding opportunities for Tribes to better serve their membership. Tribal Affairs provides training for various levels of staff in the agency and outside partners to enhance knowledge and understanding of tribal issues and federal mandates. Tribal Affairs provides leadership on agency-wide efforts to improve access, service equity, and outcomes for American Indian and Alaska Native people.

The **Fiscal Division** provides leadership and oversight of financing policies and coordinates budget development and execution for the Oregon Health Authority. The division includes three functional areas: budget, actuarial services, and program integrity.

- Budget — Developing, coordinating, executing, monitoring and managing OHA budgets within divisions and across the agency. Developing and updating the agency budget as it progresses through the statewide budget process, including Agency Request Budget, Governor’s Budget, the Legislatively Adopted Budget, rebalance reports and various Emergency Board actions.

While the Office of Actuarial and Financial Analytics Unit and Office of Program Integrity are functionally within the Fiscal Division of Central Services, they are budgeted in the Health Systems Division Program Support and Administration unit.

The **Equity and Inclusion Division** works on behalf of the Oregon Health Authority and the broader health system in Oregon to ensure the elimination of avoidable health gaps caused by social inequities and to promote optimal health in Oregon for everyone. The work is carried out in four major work units:

Executive Summary

- Equity and Policy
- Diversity, Inclusion, Training, Compliance & Civil Rights
- Race, Ethnicity, Language, Disability/Sexual Orientation, Gender Identity (REALD/SOGI)
- Business Support and Administration

These units develop programs and initiatives relating to health equity policy, data and practice using an anti-racism framework and including the social determinants of health and equity; universal access for people with disabilities, people with limited English proficiency, etc.; diversity and inclusion; non-discrimination; the development of culturally and linguistically responsive practices and services; collection and analysis of race, ethnicity, language, disability, sexual orientation, gender identity and gender expression demographic data; and training among other work and initiatives. The division engages community partners and uses qualitative and quantitative data, best practice research and practice-based evidence to carry out its work. The division's policy, data and program initiatives address contemporary and historical injustices experienced predominantly by racially, ethnically, culturally and linguistically diverse populations, including people with disabilities so that all people can reach their greatest health potential and well-being, and participate in a more robust and inclusive health delivery system. This division has also led the adoption of an anti-racism framework for the agency including anti-racism training, statewide community engagement with diverse communities for the agency's strategic plan, the development of OHA's strategic goal to eliminate health inequities in Oregon and the health equity definition quoted above.

The **External Relations Division** has three sub-divisions: Communications, Government Relations, and Member and Stakeholder Support which includes the Community Partner Outreach Program (CPOP), Ombuds Program, and Innovator Agents. Together, they are responsible for building strong relationships with the public, community partners, media, the Legislature, and other agencies at the state and federal levels, as well as creating a broad understanding of the many ways in which OHA contributes to the health and well-being of Oregonians. Within OHA's commitment to partner directly with community to eliminate health inequities, each ERD team carries the voice and feedback from

Oregon Health Authority: Central Services

Executive Summary

community, with a focus on communities and individuals in Oregon facing health inequities, internal to all agency operations, policies and programs to integrate community voice into agency work.

- Communications provides accurate and accessible information about OHA's mission and programs, responds to requests for information from the public and media, and produces content for a wide range of agency publications, websites and other channels for keeping the public informed. They elevate media channels and communications to best reach populations in Oregon most impacted by health inequities.
- Government Relations provides timely health data and analysis to the Legislature, federal partners, and local elected officials to inform evidence-based health policies and legislation. It also develops OHA legislative concepts to ensure access to quality health care, contain costs of health care, ensure legislative concepts advance eliminating health inequities, and improve overall health for Oregonians.
- The Community Partner Outreach Program has built a one-of-a-kind network of Community Partner Organizations serving all Oregonians in every county in Oregon. The work CPOP and Community Partners do on behalf of OHA is essential to support health system transformation and adequately serve Oregonians to eliminate health inequities, ensure access to quality health care, contain costs of health care, and improve overall health for Oregonians. CPOP is the backbone and network from which individuals enroll in the Oregon Health Plan (OHP), understand how to use services and support equity-centered, transformative care.
- The Ombuds Program advocates for OHP member access to care and quality of care provided through OHP; uses learnings from individual member issues to elevate OHP member voice through the OHA so Medicaid programs, policies, and operations are based on member experience; and elevates identified issues for system improvement. As required by legislation the program reports data and recommendations for improvement to the OHA Director, the Oregon Health Policy Board, and the Governor.
- The Innovator Agents work closely with Oregon's 15 coordinated care organizations (CCOs) as required by legislation and Oregon's Medicaid Waiver to coordinate between OHA, the community, and CCOs to ensure local adaptation and implementation of statewide health priorities. They understand the health needs of the region, the strengths and gaps of the health resources in the CCO and articulate these needs and gaps to OHA to ensure statewide and local coordination. They prioritize elevating OHP member voice within CCO operations and in

Executive Summary

CCO 2.0 they elevate local work with CCOs in health equity, Tribe relationships, behavioral health, and emerging statewide priorities.

Program justification and link to long-term outcomes

OHA Central Services provide critical business support necessary to achieve the agency's mission: helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care.

Program performance

The Agency Operations Division's **Human Resources** activities include but aren't limited to the following (average yearly metrics):

- **27,473** applications for positions, each of which HR manually grades to determine minimum qualifications
- **1,309** hires
- **358** promotions and **502** internal transfers
- **56** HR investigations, **50** that required corrective action
- **69** manager fact findings, **57** that required corrective action
- **24** grievances responded to at step 2
- **414** managers trained on Performance Accountability & Feedback Module 1, 419 on Module 2, 416 on Module 3
- **7,977** quarterly performance check-ins completed
- **187** classification reviews, 306 positions reclassified after ORPICS update
- **1,743** pay equity analyses completed

The Office of Human Resources serves as a business partner to its customers. Through this partnership HR provides proactive, comprehensive human resource services that support the agency in achieving its mission and goals. HR works closely with internal customers on workforce initiatives and strategies at the program and agency level. It promotes a healthy workplace culture of ongoing development and feedback to ensure the workforce has the needed

Oregon Health Authority: Central Services

Executive Summary

skills to be successful and engaged. HR is committed to assisting the agency in moving toward the vision of a healthy Oregon and eliminating health inequities by 2030.

Within the **Fiscal Division**, budget staff implement and monitor the OHA budget of more than \$33 billion Total Funds and nearly \$4 billion in General Fund dollars. The Health Care Finance staff provided financial oversight of coordinated care organizations, which receive over \$5 billion dollars annually in gross premiums.

In 2021, accomplishments for the **Equity and Inclusion Division** include but are not limited to:

Sponsored the Coalition of Communities of Color (CCC) to research, develop, publish and release the first statewide, community-based Behavioral Health report centering the Culturally and Linguistically Appropriate Services (CLAS) standards and health equity.

Created a four-person equity-focused Behavioral Health team in the division to focus on community engagement and cross-divisional systems change.

Graduated two cohorts of the Developing Equity Leadership Through Training and Action (DELTA) program focusing on building health equity leadership capacity within community, coordinated care organizations (CCOs), provider organizations and OHA.

Streamlined the invoicing process for telephonic interpretation services.

Provided workforce and health equity technical assistance and consultation across the agency and health system at unprecedented levels.

Oregon Health Authority: Central Services

Executive Summary

Increased collaboration between Human Resources, the Office of Information Services, the COVID Response and Recovery Unit (CRRU) and the Accessibility (A) Team to more effectively serve disability communities and people with disabilities.

Collected, compiled and evaluated health equity plans contractually required of the coordinated care organizations (report pending).

Passage of Senate Bill (SB) 70 which has been 3 years in the making to codify the Regional Health Equity Coalition (RHEC) model in statute and define key terms related to health equity work including: Regional Health Equity Coalitions, communities of color, priority populations, cross-sector, culturally specific, and community-led.

- Requested and received expansion resources for the RHEC program to add four more RHECs, plus three new staff.
- Continued capacity building with RHECs related to navigate legislative session, advocacy, rules processes, and policy and systems change.
- The RHECs successfully advocated for House Resolution 6 and House Bill 4052 to declare racism a public health crisis. This provides resources to support development of a mobile health unit to serve communities most harmed by health inequities.
- RHECs successfully advocated for House Bill 3353 to allocate resources to community partners to address health inequities through allocation of coordinated care organization resources. It also develops a Community Oversight Committee which will be composed of community partners who have decision-making authority to award resources to communities across the state.

Researched and developed report, per House Bill 2359, on the impact of sight translation requirements for Health Care Interpreters (HCI), determining options and optimal conditions for this requirement which has been creating difficulties in service delivery (report submitted 2022).

Oregon Health Authority: Central Services

Executive Summary

Researched and developed report, per House Bill 2359, the feasibility of an interactive web portal for HCIs determining options and optimal models for greater ease of scheduling for HCIs to better serve community (report submitted 2022).

Cross-divisional collaboration on House Bill 3159 successfully led to adoption of Sexual Orientation and Gender Identity (SOGI) data collection standards to be added to the OARs associated with House Bill 2134 (Race, Ethnicity, Language and Disability-REALD) data collection standards, and for OHA to create a centralized registry for providers, insurers and coordinated care organizations (CCOs). The passage of House Bill 3159 also set forth requirements to collect REALD and SOGI data from providers and insurers in a consistent manner and develop a centralized registry/repository for information and data collected (initial repository will be built by December 2022).

Developed processes, strategically, operationally and culturally to prepare for and expand the Equity and Inclusion Division from 22 to 71 team members.

Worked collaboratively with Fiscal, Tribal Affairs and the Community Partner Outreach Program (External Relations) to distribute \$11 million to non-profit and community-based organizations throughout the state to extend 2020 COVID-19 related relief, prioritizing tribal communities and communities of color.

The External Relations Division, according to average annual metrics:

- Responds to more than 1,000 media requests per year.
- Issues more than 250 news releases per year.
- Produces a wide variety of publications, including a health newsletter with more than 200,000 subscribers in Oregon and some of the most-visited websites in the state.
- Advocates for over 2,000 concerns on an individual and systems level for Medicaid and OHP members through the Ombuds Program.

Oregon Health Authority: Central Services

Executive Summary

- Identifies through the Ombuds Program over 100 systemic issues, in nearly every service type in OHP, that have been monitored and shared with Health Systems Division to improve overall access to and quality of OHP-provided services.
- Developed and staffed the COVID-19 feedback team which handled 2,533 pieces of feedback. Of those, 6 percent (153) were related to a systems issue. Five percent (127) were equity-related. In addition, in late 2021, ERD responded to 13,336 pieces of feedback with questions or comments about the upcoming Digital Vaccination Records Project (now known as My Electronic Vaccine Card).
- Supports, through the CPOP Team, 1,482 active community partner assisters representing over 322 different community-based organizations, clinics and hospitals across Oregon. This network assists OHP applicants and members in over 80 different languages. Over half of all OHP members have been assisted by a CPOP-certified community partner. This number rises to as high as 70 percent in communities that have historically been under-resourced and underrepresented.
- Assisted, during the 7 seven months of 2022, through the community partner network, 116,227 incidences of assisting OHP members with health care system navigation to help members understand how to use and access benefits, encourage preventative care, improve health and reduce costs to the health care system.

Enabling legislation/program authorization

The Legislature created and authorized the Oregon Health Authority under House Bill 2009 during the 2009 legislative session. All OHA program areas have accompanying federal and state legislative authority for the operations of their respective programs. See program unit summaries for specific enabling legislation.

Funding streams

OHA Central Services receives funding through a federally-approved cost allocation plan. A grant allocation module aggregates costs on a monthly basis and charges those costs, as outlined in the federally approved plan, to the various state and federal funding sources.

Executive Summary

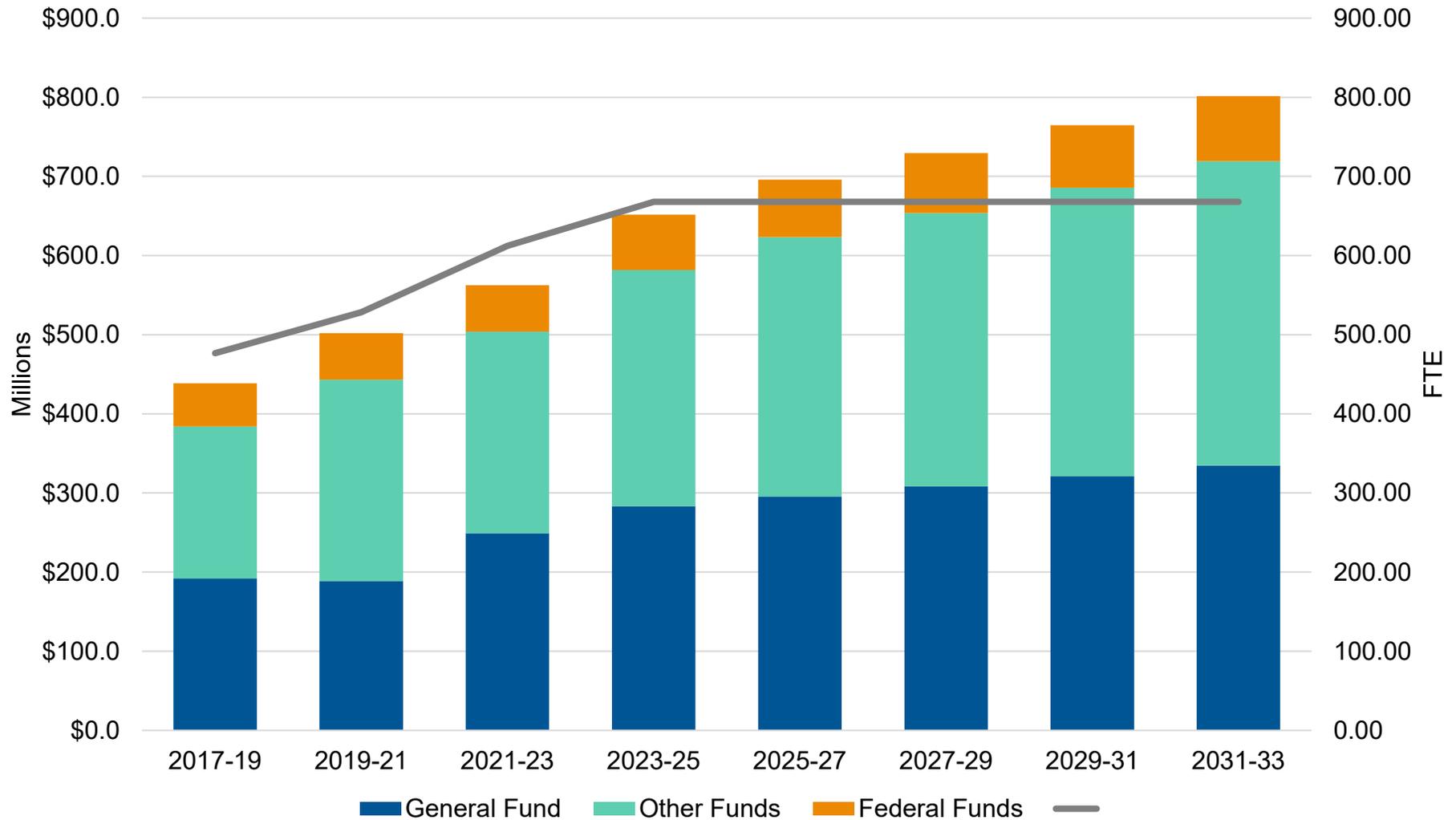
Significant proposed program changes from 2021-23

The Agency Request Budget includes policy package #401 proposed by the Central Services and the agency to provide the additional assets necessary to achieve the state's and agency's imperative for health systems transformation and close the gap on health inequities that prevent the opportunity for all people in Oregon to achieve optimal health. This primary package includes additional investment in the Equity and Inclusion Division, the External Relations Division, the Strategic Action Team, Fiscal Division and Human Resources to right-size existing staffing and grow expertise in equity and inclusion throughout the agency. Additional packages are being proposed for the staffing and programmatic expansion necessary to implement the intent of Senate Bill 70 furthering the expansion of the Regional Health Equity Coalitions, and the continued expansion of REALD & SOGI put forth in House Bill 4212 and House Bill 3154.

Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

Program Contact: Sara Singer, ODHS | OHA Shared Services Budget Administrator
503-385-7537



Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

Expenditures by fund type, positions, and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$249.02	\$254.68	\$58.78	\$562.48	621	612.32
Agency Request 2023-25	\$283.31	\$298.48	\$69.80	\$651.59	679	667.91
Difference	\$34.29	\$43.80	\$11.02	\$89.11	58	55.59
Percent Change	14%	17%	19%	16%	9%	9%

Division overview

Shared Services supports the Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) by providing leadership in the delivery of efficient, consistent, and coordinated infrastructure services to all programs in both departments.

Funding request

OHA Shared Services contains the Office of Information Services. The Agency Request Budget of \$254.0 million Total Funds continues funding for the Office of Information Services for 2023-25 at current service level. It also includes several policy packages, including one to support mainframe migration and provider and client payment systems (#203) and another to improve the risk and vulnerability posture of ODHS and OHA data and information systems (#412).

OHA State Assessments and Enterprise-wide Costs (SA&EC) includes the budget for costs that affect the entire agency. The Agency Request Budget of \$397.6 million Total Funds continues the SA&EC budget for 2023-25 at current service level.

State government service charges (SGSC), price list

The Department of Administrative Services (DAS) charges a mandatory assessment to all state agencies (SGSC) and an estimated fee-for-service charge provided by the following programs and others not listed here:

Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

- DAS — Chief Financial Office (CFO)
- DAS — Capitol Planning Comm.
- DAS — Enterprise Asset Management Offices
- DAS — Chief Operating Office
- DAS — Chief Human Resources Office
- DAS — Enterprise Information Services
- Secretary of State Audits & Archives Divisions
- State Controllers Division
- Enterprise Goods and Services (EGS)
- State Library of Oregon
- All others

Risk Management Program, price list

Under ORS 278.405, DAS manages state government risk management and insurance programs. It has responsibility to:

- Provide insurance coverage for tort liability, state property, and workers' compensation.
- Purchase insurance policies, develop and administer self-insurance programs.
- Purchase risk management, actuarial and other required professional services.
- Provide technical services in risk management and insurance.
- Adopt rules and policies governing the administration of the state's insurance and risk management activities.

Enterprise Information Services (EIS), price list

Enterprise Information Services, formerly known as the State Data Center, provides and manages a common computing and network infrastructure for state agencies and local governments. EIS provides services in the following service areas:

- Mainframe
- Distributed services
- Midrange
- Disaster recovery
- Storage
- Network
- Voice

Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

Telecom, price list and usage based

The telecommunications budget is the cost per IBM headset budget and DAS financing charges for the IBM telecommunications system. Expenditures for work contracted to IBM for phone system adjustments is paid out of this budget as well.

Facilities

Facilities provides coordination for ODHS and OHA offices. Expenditures include:

- Rent or lease workspace for staff (includes escalations and reconciliation costs).
- Lease building maintenance management (janitorial, repair and maintenance).
- Fuels and utilities (includes rate increases).
- DAS leasing fees and building rent.
- Copier maintenance.
- Professional services for furniture movers, installers and emergency repairs.
- Attorney General cost for legal sufficiency reviews for leases, negotiations related to legal issues for facility related matters and legal opinions.
- Inventory replenishment.
- Costs of systems furniture reconfigurations, building remodels, facilities relocations and staff moves.

IT direct – internal computer replacement

Lifecycle replacement, repairs, and new computers for new positions. If the agency requests an upgrade or purchase that is not considered replacement, repair or a new computer for an existing employee, the purchase is charged to the program.

Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

Shared Services funding

Funding is based on cost allocation statistics as applied to Shared Services office expenditures. The allocation method determines distribution of expenditures between OHA and ODHS and the revenue distribution by General Fund, Lottery Funds, Other Funds or Federal Funds.

Debt service

Debt service is the obligation to repay principal and interest on funds borrowed through the sale of certificates of participation (COPs) and bonds. The state uses proceeds of COPs and bonds to build and improve its facilities. They also are used to provide staff support for related activities including project management, community development coordination and fiscal services support. Repayment periods range from 6 to 26 years depending on the nature and value of the project. The Department of Administrative Services Capital Finance Section provides schedules of debt service obligations for each sale; these are the values used to develop the budget. Occasionally, the Capital Finance Section can refinance existing debt, which can reduce or delay debt obligations.

Mass transit

Transit taxes are employer taxes used to fund a mass transit district. These are not deducted from employee pay. The transit tax is imposed directly on the employer. The tax is figured only on the amount of gross payroll for services performed within the TriMet or Lane Transit Districts. This includes traveling sales representatives and employees working from home. The Oregon Department of Revenue administers tax programs. Nearly every employer who pays wages for services performed in these districts must pay transit payroll tax. It is based on state-only (General Fund) funding.

Unemployment insurance

Benefits provide temporary financial assistance to workers unemployed through no fault of their own who meet Oregon's eligibility requirements. Invoiced and paid quarterly.

Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

Office of Administrative Hearings

The Employment Department bills all state agencies for actual expenses incurred due to utilization of Administrative Hearings.

Program descriptions

Office of Information Services (OIS) is a shared service provider for ODHS and OHA. It provides information technology (IT) systems and services for nearly 25,000 agency and partner staff at 162 local offices, Oregon State Hospital locations, and the public health laboratory.

OIS provides support for more than 21,000 desktop/laptop computers and 1,520 printers. The Service Desk responds to more than 14,000 service requests each month.

OIS provides information systems and services to ODHS and OHA staff and partners statewide in support of programs that:

- Determine client eligibility.
- Provide medical, housing, food and job assistance.
- Provide addiction, mental health, and vocational and rehabilitative services.
- Protect children, seniors and people with physical and developmental disabilities.
- Process claims and benefits.
- Manage provider licensing and state hospital facilities.
- Promote and protect public health.
- Respond to and coordinate statewide disasters and health emergencies and support Health Alert Network and emergency preparedness activities.

OIS also supports partners around the state that use ODHS and OHA systems. Many of the IT systems used by ODHS, OHA and agency partners are needed 24 hours a day, seven days a week.

Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

OIS now also provides a sub-section of services which were formerly provided by the Information Security and Privacy Office (ISPO), primarily the IT security functions.

Program justification and link to long-term outcomes

OHA Shared Services provides critical business supports necessary for OHA programs to achieve the agency's mission.

Its budget is structured and administered according to the following principles:

Control over major costs. OHA centrally manages many major costs. Some, such as many DAS charges, are essentially fixed to the agency. Others, such as facility rents, are managed centrally to control the costs. OHA Shared Services supports both ODHS and OHA by providing leadership in the delivery of efficient, consistent and coordinated administrative services to all programs within both departments.

Customer-driven shared services. With the creation of separate agencies, ODHS and OHA agreed to maintain many infrastructure functions as shared services to minimize costs, avoid duplication of effort, maintain centers of excellence, and preserve standards that help the agencies work together.

ODHS and OHA govern their shared services through a board of the two agencies' operational leaders. This approach ensures that shared services are prioritized and managed to support program needs. The board and its chartered subgroups have:

- Established service-level agreements and performance measures for each service.
- Selectively implemented mandated budget cuts and budget investments.
- Managed staff within the shared services to deliver services in a rational way.
- Started implementing more integrated systems to support the performance of all our employees.

Oregon Health Authority: Shared Services & State Assessments & Enterprise-wide Costs

Executive Summary

Program performance

OIS performance measures focus on customer service, system performance, responsiveness and information security. Other support areas have their own performance measures based on their systems and the services they provide.

Enabling legislation/program authorization

House Bill 2009 created the Oregon Health Authority in 2009.

Funding streams

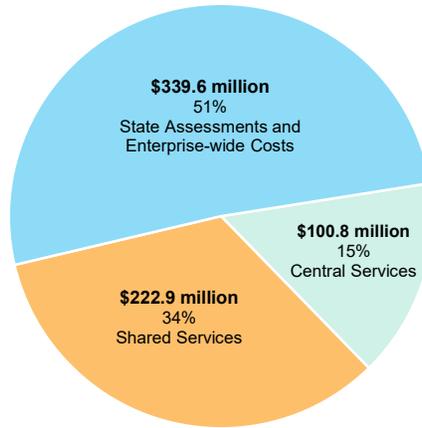
Funding streams in support of Shared Services are billed through a federally approved cost allocation plan. The model contains a billing allocation module and a grant allocation module. The billing allocation module first allocates Shared Services costs to the two agencies. The billing module then allocates the costs to customers within each agency. The grant allocation module allocates those costs to their respective state and federal funding sources. Both modules allocate aggregated costs monthly as outlined in the federally approved plan.

Significant proposed program changes from 2021-23

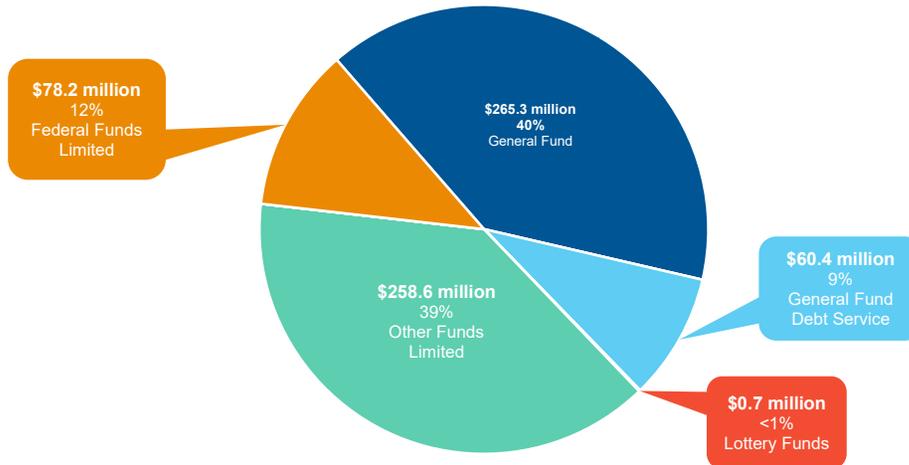
None.

Oregon Health Authority 2021-23 Legislatively Approved Budget

Central & Shared Services, State Assessments & Enterprise-Wide Costs by Program
\$663.3 million Total Funds

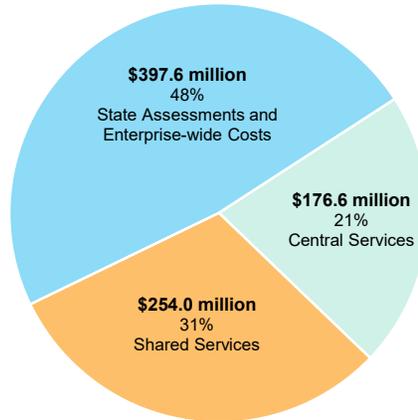


Central & Shared Services, State Assessments & Enterprise-Wide Costs by Program
\$663.3 million Total Funds

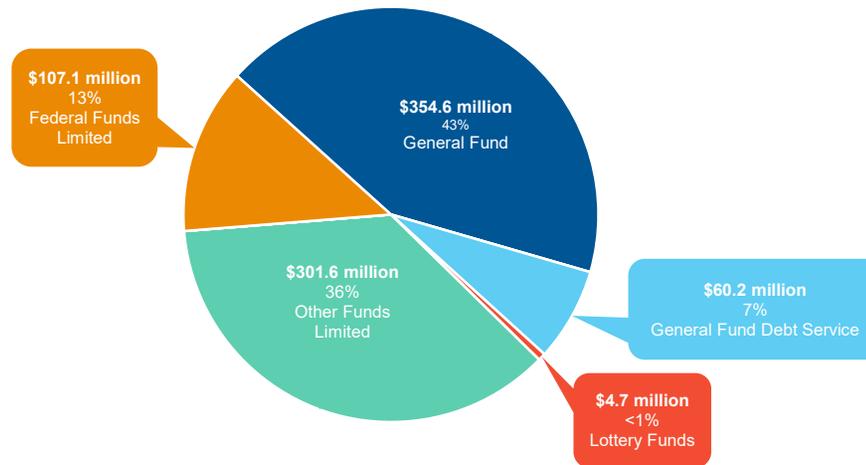


Oregon Health Authority 2023-25 Agency Request Budget

Central & Shared Services, State Assessments and Enterprise-Wide Costs by Program
\$828.2 million Total Funds



Central & Shared Services, State Assessments and Enterprise-Wide Costs by Program
\$828.2 million Total Funds



ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(509,812)	-	-	-	-	-	(509,812)
Other Revenues	-	-	2,986,894	-	-	-	2,986,894
Federal Funds	-	-	-	179,948	-	-	179,948
Tsfr From Administrative Svcs	-	213	-	-	-	-	213
Total Revenues	(\$509,812)	\$213	\$2,986,894	\$179,948	-	-	\$2,657,243
Personal Services							
Temporary Appointments	30,700	-	48,129	6,617	-	-	85,446
Overtime Payments	363	-	4,083	59	-	-	4,505
Shift Differential	2,057	-	9,475	-	-	-	11,532
All Other Differential	122,160	-	45,900	47,741	-	-	215,801
Public Employees' Retire Cont	22,324	-	10,655	8,567	-	-	41,546
Pension Obligation Bond	573,993	-	534,414	111,452	-	-	1,219,859
Social Security Taxes	11,879	-	8,230	4,162	-	-	24,271
Unemployment Assessments	90,173	213	53,756	16,404	-	-	160,546
Paid Family Medical Leave Insurance	499	-	237	192	-	-	928
Mass Transit Tax	(1,248,883)	-	2,543,866	-	-	-	1,294,983
Vacancy Savings	(115,077)	-	(271,851)	(15,246)	-	-	(402,174)
Total Personal Services	(\$509,812)	\$213	\$2,986,894	\$179,948	-	-	\$2,657,243
Total Expenditures							
Total Expenditures	(509,812)	213	2,986,894	179,948	-	-	2,657,243
Total Expenditures	(\$509,812)	\$213	\$2,986,894	\$179,948	-	-	\$2,657,243

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,219,365	-	-	-	-	-	1,219,365
Other Revenues	-	-	486,130	-	-	-	486,130
Federal Funds	-	-	-	347,189	-	-	347,189
Total Revenues	\$1,219,365	-	\$486,130	\$347,189	-	-	\$2,052,684

Personal Services							
Class/Unclass Sal. and Per Diem	-	-	82,776	-	-	-	82,776
Empl. Rel. Bd. Assessments	-	-	26	-	-	-	26
Public Employees' Retire Cont	-	-	14,833	-	-	-	14,833
Social Security Taxes	-	-	6,332	-	-	-	6,332
Paid Family Medical Leave Insurance	-	-	331	-	-	-	331
Worker's Comp. Assess. (WCD)	-	-	23	-	-	-	23
Flexible Benefits	-	-	19,800	-	-	-	19,800
Total Personal Services	-	-	\$124,121	-	-	-	\$124,121

Services & Supplies							
Instate Travel	119,106	-	33,255	36,853	-	-	189,214
Out of State Travel	-	-	-	1	-	-	1
Employee Training	113,668	-	32,039	44,235	-	-	189,942
Office Expenses	125,811	-	78,645	23,062	-	-	227,518
Telecommunications	150,414	-	29,746	50,604	-	-	230,764
Data Processing	-	-	1,658	-	-	-	1,658
Facilities Rental and Taxes	590,804	-	155,113	152,971	-	-	898,888
Agency Program Related S and S	59,128	-	12,634	15,069	-	-	86,831

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Other Services and Supplies	7,869	-	5,544	2,275	-	-	15,688
Expendable Prop 250 - 5000	29,692	-	7,830	13,776	-	-	51,298
IT Expendable Property	-	-	3,107	-	-	-	3,107
Total Services & Supplies	\$1,196,492	-	\$359,571	\$338,846	-	-	\$1,894,909
Special Payments							
Other Special Payments	22,873	-	2,438	8,343	-	-	33,654
Total Special Payments	\$22,873	-	\$2,438	\$8,343	-	-	\$33,654
Total Expenditures							
Total Expenditures	1,219,365	-	486,130	347,189	-	-	2,052,684
Total Expenditures	\$1,219,365	-	\$486,130	\$347,189	-	-	\$2,052,684
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							0.50
Total FTE	-	-	-	-	-	-	0.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(634,142)	-	-	-	-	-	(634,142)
Other Revenues	-	-	(791,601)	-	-	-	(791,601)
Federal Funds	-	-	-	(429,553)	-	-	(429,553)
Total Revenues	(\$634,142)	-	(\$791,601)	(\$429,553)	-	-	(\$1,855,296)
Personal Services							
All Other Differential	-	-	-	(154,031)	-	-	(154,031)
Public Employees' Retire Cont	-	-	-	(27,602)	-	-	(27,602)
Social Security Taxes	-	-	-	(11,783)	-	-	(11,783)
Paid Family Medical Leave Insurance	-	-	-	(616)	-	-	(616)
Total Personal Services	-	-	-	(\$194,032)	-	-	(\$194,032)
Services & Supplies							
Instate Travel	-	-	-	(2,467)	-	-	(2,467)
Employee Training	-	-	-	(678)	-	-	(678)
Office Expenses	(19,093)	-	(142)	(13,563)	-	-	(32,798)
Telecommunications	(7,708)	-	(57)	(5,120)	-	-	(12,885)
Data Processing	(206,277)	-	(70,312)	(54,056)	-	-	(330,645)
Professional Services	(120,000)	-	(10,500)	(19,500)	-	-	(150,000)
IT Professional Services	-	-	(591,356)	-	-	-	(591,356)
Facilities Rental and Taxes	(154,012)	-	(1,143)	(71,566)	-	-	(226,721)
Other Services and Supplies	-	-	(117,250)	(427)	-	-	(117,677)
Expendable Prop 250 - 5000	(77,575)	-	(512)	(42,070)	-	-	(120,157)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Expendable Property	(40,645)	-	(268)	(21,709)	-	-	(62,622)
Total Services & Supplies	(\$625,310)	-	(\$791,540)	(\$231,156)	-	-	(\$1,648,006)
Special Payments							
Other Special Payments	(8,832)	-	(61)	(4,365)	-	-	(13,258)
Total Special Payments	(\$8,832)	-	(\$61)	(\$4,365)	-	-	(\$13,258)
Total Expenditures							
Total Expenditures	(634,142)	-	(791,601)	(429,553)	-	-	(1,855,296)
Total Expenditures	(\$634,142)	-	(\$791,601)	(\$429,553)	-	-	(\$1,855,296)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	23,695,716	-	-	-	-	-	23,695,716
Other Revenues	-	-	6,066,334	-	-	-	6,066,334
Federal Funds	-	-	-	6,352,023	-	-	6,352,023
Tsfr From Administrative Svcs	-	30,006	-	-	-	-	30,006
Total Revenues	\$23,695,716	\$30,006	\$6,066,334	\$6,352,023	-	-	\$36,144,079

Services & Supplies

Instate Travel	13,034	-	58,035	4,063	-	-	75,132
Out of State Travel	97	-	4,465	13	-	-	4,575
Employee Training	11,691	-	107,973	3,536	-	-	123,200
Office Expenses	116,201	-	97,805	54,882	-	-	268,888
Telecommunications	209,694	1,434	73,563	69,074	-	-	353,765
State Gov. Service Charges	14,731,460	-	2,150,400	3,209,723	-	-	20,091,583
Data Processing	386,146	-	1,108,313	114,345	-	-	1,608,804
Publicity and Publications	418	-	511	77	-	-	1,006
Professional Services	2,219,362	-	240,741	425,854	-	-	2,885,957
IT Professional Services	-	-	649,757	-	-	-	649,757
Attorney General	142,272	-	13,551	20,363	-	-	176,186
Employee Recruitment and Develop	17,842	-	1,855	3,448	-	-	23,145
Dues and Subscriptions	1,875	-	55,962	538	-	-	58,375
Facilities Rental and Taxes	1,918,682	-	659,118	1,014,084	-	-	3,591,884
Fuels and Utilities	9,113	-	2,873	2,985	-	-	14,971
Facilities Maintenance	9,514	-	4,671	2,404	-	-	16,589
Food and Kitchen Supplies	8,320	-	203	1,767	-	-	10,290
Medical Services and Supplies	-	-	1,114	-	-	-	1,114

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Agency Program Related S and S	10,472	-	7,574	1,909	-	-	19,955
Other Services and Supplies	184,275	-	12,789	28,044	-	-	225,108
Expendable Prop 250 - 5000	86,065	-	42,674	46,455	-	-	175,194
IT Expendable Property	47,330	-	271,320	30,896	-	-	349,546
Total Services & Supplies	\$20,123,863	\$1,434	\$5,565,267	\$5,034,460	-	-	\$30,725,024
Special Payments							
Dist to Non-Gov Units	5,257	-	460	854	-	-	6,571
Other Special Payments	3,566,596	28,572	500,607	1,316,709	-	-	5,412,484
Total Special Payments	\$3,571,853	\$28,572	\$501,067	\$1,317,563	-	-	\$5,419,055
Total Expenditures							
Total Expenditures	23,695,716	30,006	6,066,334	6,352,023	-	-	36,144,079
Total Expenditures	\$23,695,716	\$30,006	\$6,066,334	\$6,352,023	-	-	\$36,144,079
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 032 - Above Standard Inflation

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	632,374	-	-	-	-	-	632,374
Other Revenues	-	-	211,576	-	-	-	211,576
Federal Funds	-	-	-	334,394	-	-	334,394
Total Revenues	\$632,374	-	\$211,576	\$334,394	-	-	\$1,178,344
Services & Supplies							
Facilities Rental and Taxes	613,507	-	205,776	324,126	-	-	1,143,409
Other Services and Supplies	18,867	-	5,800	10,268	-	-	34,935
Total Services & Supplies	\$632,374	-	\$211,576	\$334,394	-	-	\$1,178,344
Total Expenditures							
Total Expenditures	632,374	-	211,576	334,394	-	-	1,178,344
Total Expenditures	\$632,374	-	\$211,576	\$334,394	-	-	\$1,178,344
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 033 - Exceptional Inflation

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	3,092,058	-	-	-	-	-	3,092,058
Other Revenues	-	-	436,461	-	-	-	436,461
Federal Funds	-	-	-	956,166	-	-	956,166
Tsfr From Administrative Svcs	-	9,116	-	-	-	-	9,116
Total Revenues	\$3,092,058	\$9,116	\$436,461	\$956,166	-	-	\$4,493,801
Special Payments							
Other Special Payments	3,092,058	9,116	436,461	956,166	-	-	4,493,801
Total Special Payments	\$3,092,058	\$9,116	\$436,461	\$956,166	-	-	\$4,493,801
Total Expenditures							
Total Expenditures	3,092,058	9,116	436,461	956,166	-	-	4,493,801
Total Expenditures	\$3,092,058	\$9,116	\$436,461	\$956,166	-	-	\$4,493,801
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	-	-	-	-	-
Public Employees' Retire Cont	-	-	-	-	-	-	-
Social Security Taxes	-	-	-	-	-	-	-
Paid Family Medical Leave Insurance	-	-	-	-	-	-	-
Worker's Comp. Assess. (WCD)	-	-	-	-	-	-	-
Flexible Benefits	-	-	-	-	-	-	-
Total Personal Services	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	4,933,647	-	-	-	-	-	4,933,647
Other Selective Taxes	-	-	-	-	-	-	-
Other Revenues	-	-	87,805	-	-	-	87,805
Federal Funds	-	-	-	4,269,358	-	-	4,269,358
Total Revenues	\$4,933,647	-	\$87,805	\$4,269,358	-	-	\$9,290,810
Personal Services							
Class/Unclass Sal. and Per Diem	607,169	-	50,330	226,548	-	-	884,047
All Other Differential	4,572	-	400	743	-	-	5,715
Empl. Rel. Bd. Assessments	234	-	21	87	-	-	342
Public Employees' Retire Cont	109,623	-	9,092	40,732	-	-	159,447
Social Security Taxes	46,798	-	3,881	17,389	-	-	68,068
Paid Family Medical Leave Insurance	2,447	-	203	908	-	-	3,558
Worker's Comp. Assess. (WCD)	203	-	15	73	-	-	291
Flexible Benefits	177,185	-	14,850	65,365	-	-	257,400
Total Personal Services	\$948,231	-	\$78,792	\$351,845	-	-	\$1,378,868
Services & Supplies							
Instate Travel	14,528	-	1,215	5,363	-	-	21,106
Employee Training	4,078	-	343	1,488	-	-	5,909
Office Expenses	27,644	-	2,315	10,196	-	-	40,155
Telecommunications	9,038	-	757	3,335	-	-	13,130
Publicity and Publications	846,000	-	-	846,000	-	-	1,692,000
Professional Services	108,000	-	-	108,000	-	-	216,000

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Professional Services	2,925,000	-	-	2,925,000	-	-	5,850,000
Food and Kitchen Supplies	43,741	-	3,820	14,970	-	-	62,531
Other Services and Supplies	3,444	-	213	1,854	-	-	5,511
Expendable Prop 250 - 5000	3,943	-	350	1,307	-	-	5,600
Total Services & Supplies	\$3,985,416	-	\$9,013	\$3,917,513	-	-	\$7,911,942
Total Expenditures							
Total Expenditures	4,933,647	-	87,805	4,269,358	-	-	9,290,810
Total Expenditures	\$4,933,647	-	\$87,805	\$4,269,358	-	-	\$9,290,810
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							8
Total Positions	-	-	-	-	-	-	8
Total FTE							
Total FTE							6.50
Total FTE	-	-	-	-	-	-	6.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 203 - Mainframe Migration/Provider & Client Pmt Sys

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	6,577,246	-	-	-	-	-	6,577,246
Other Revenues	-	-	5,128,468	-	-	-	5,128,468
Federal Funds	-	-	-	2,086,326	-	-	2,086,326
Total Revenues	\$6,577,246	-	\$5,128,468	\$2,086,326	-	-	\$13,792,040

Personal Services

Class/Unclass Sal. and Per Diem	-	-	2,453,592	-	-	-	2,453,592
Empl. Rel. Bd. Assessments	-	-	681	-	-	-	681
Public Employees' Retire Cont	-	-	439,680	-	-	-	439,680
Social Security Taxes	-	-	187,697	-	-	-	187,697
Paid Family Medical Leave Insurance	-	-	9,815	-	-	-	9,815
Worker's Comp. Assess. (WCD)	-	-	596	-	-	-	596
Flexible Benefits	-	-	514,800	-	-	-	514,800
Total Personal Services	-	-	\$3,606,861	-	-	-	\$3,606,861

Services & Supplies

Instate Travel	-	-	42,215	-	-	-	42,215
Employee Training	-	-	113,266	-	-	-	113,266
Office Expenses	-	-	80,316	-	-	-	80,316
Telecommunications	-	-	26,260	-	-	-	26,260
Food and Kitchen Supplies	94,436	-	15,051	25,345	-	-	134,832
Other Services and Supplies	-	-	7,308	-	-	-	7,308

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 203 - Mainframe Migration/Provider & Client Pmt Sys

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	-	-	13,300	-	-	-	13,300
Total Services & Supplies	\$94,436	-	\$297,716	\$25,345	-	-	\$417,497
Special Payments							
Other Special Payments	6,482,810	-	1,223,891	2,060,981	-	-	9,767,682
Total Special Payments	\$6,482,810	-	\$1,223,891	\$2,060,981	-	-	\$9,767,682
Total Expenditures							
Total Expenditures	6,577,246	-	5,128,468	2,086,326	-	-	13,792,040
Total Expenditures	\$6,577,246	-	\$5,128,468	\$2,086,326	-	-	\$13,792,040
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							19
Total Positions	-	-	-	-	-	-	19
Total FTE							
Total FTE							13.00
Total FTE	-	-	-	-	-	-	13.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 401 - Eliminating Health Inequities

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Beginning Balance							
Beginning Balance	-	-	-	-	-	-	-
Total Beginning Balance	-	-	-	-	-	-	-
Revenues							
General Fund Appropriation	20,469,154	-	-	-	-	-	20,469,154
Other Revenues	-	-	1,227,863	-	-	-	1,227,863
Federal Funds	-	-	-	8,588,093	-	-	8,588,093
Total Revenues	\$20,469,154	-	\$1,227,863	\$8,588,093	-	-	\$30,285,110
Personal Services							
Class/Unclass Sal. and Per Diem	8,215,990	-	647,204	1,948,406	-	-	10,811,600
All Other Differential	141,704	-	10,751	38,832	-	-	191,287
Empl. Rel. Bd. Assessments	2,761	-	218	677	-	-	3,656
Public Employees' Retire Cont	1,497,682	-	117,910	356,114	-	-	1,971,706
Social Security Taxes	639,374	-	50,334	152,032	-	-	841,740
Paid Family Medical Leave Insurance	33,436	-	2,633	7,945	-	-	44,014
Worker's Comp. Assess. (WCD)	2,411	-	174	586	-	-	3,171
Flexible Benefits	2,093,899	-	162,525	515,609	-	-	2,772,033
Total Personal Services	\$12,627,257	-	\$991,749	\$3,020,201	-	-	\$16,639,207
Services & Supplies							
Instate Travel	270,694	-	21,969	58,382	-	-	351,045
Out of State Travel	16,000	-	1,400	2,600	-	-	20,000
Employee Training	200,205	-	17,056	36,541	-	-	253,802

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 401 - Eliminating Health Inequities

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Office Expenses	326,682	-	25,326	80,446	-	-	432,454
Telecommunications	106,814	-	8,278	26,330	-	-	141,422
Professional Services	6,058,410	-	92,611	5,171,993	-	-	11,323,014
Food and Kitchen Supplies	539,520	-	41,921	132,465	-	-	713,906
Other Services and Supplies	29,755	-	2,325	7,305	-	-	39,385
Expendable Prop 250 - 5000	48,640	-	3,773	11,987	-	-	64,400
IT Expendable Property	245,177	-	21,455	39,843	-	-	306,475
Total Services & Supplies	\$7,841,897	-	\$236,114	\$5,567,892	-	-	\$13,645,903
Debt Service							
Interest - Bonds	-	-	-	-	-	-	-
Total Debt Service	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	20,469,154	-	1,227,863	8,588,093	-	-	30,285,110
Total Expenditures	\$20,469,154	-	\$1,227,863	\$8,588,093	-	-	\$30,285,110
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 401 - Eliminating Health Inequities

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Positions							
Total Positions							92
Total Positions	-	-	-	-	-	-	92
Total FTE							
Total FTE							70.17
Total FTE	-	-	-	-	-	-	70.17

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 403 - REALD & SOGI Implmnt: Getting to Data Justice

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	16,498,125	-	-	-	-	-	16,498,125
Other Revenues	-	-	1,443,579	-	-	-	1,443,579
Federal Funds	-	-	-	2,680,937	-	-	2,680,937
Total Revenues	\$16,498,125	-	\$1,443,579	\$2,680,937	-	-	\$20,622,641

Personal Services

Class/Unclass Sal. and Per Diem	839,274	-	73,436	136,381	-	-	1,049,091
All Other Differential	9,850	-	862	1,601	-	-	12,313
Empl. Rel. Bd. Assessments	270	-	26	44	-	-	340
Public Employees' Retire Cont	152,161	-	13,314	24,724	-	-	190,199
Social Security Taxes	64,961	-	5,683	10,555	-	-	81,199
Paid Family Medical Leave Insurance	3,397	-	297	551	-	-	4,245
Worker's Comp. Assess. (WCD)	236	-	18	36	-	-	290
Flexible Benefits	205,920	-	18,018	33,462	-	-	257,400
Total Personal Services	\$1,276,069	-	\$111,654	\$207,354	-	-	\$1,595,077

Services & Supplies

Instate Travel	16,884	-	1,474	2,746	-	-	21,104
Employee Training	43,883	-	3,841	7,130	-	-	54,854
Office Expenses	32,126	-	2,808	5,218	-	-	40,152
Telecommunications	10,504	-	918	1,708	-	-	13,130
Food and Kitchen Supplies	50,812	-	4,445	8,255	-	-	63,512
Other Services and Supplies	2,928	-	258	476	-	-	3,662
Expendable Prop 250 - 5000	4,480	-	392	728	-	-	5,600

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 403 - REALD & SOGI Implmnt: Getting to Data Justice

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Expendable Property	15,060,439	-	1,317,789	2,447,322	-	-	18,825,550
Total Services & Supplies	\$15,222,056	-	\$1,331,925	\$2,473,583	-	-	\$19,027,564
Total Expenditures							
Total Expenditures	16,498,125	-	1,443,579	2,680,937	-	-	20,622,641
Total Expenditures	\$16,498,125	-	\$1,443,579	\$2,680,937	-	-	\$20,622,641
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							8
Total Positions	-	-	-	-	-	-	8
Total FTE							
Total FTE							6.50
Total FTE	-	-	-	-	-	-	6.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 410 - Reg'l Health Equity Coalition Pgm Expansion

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	2,098,305	-	-	-	-	-	2,098,305
Other Revenues	-	-	40,801	-	-	-	40,801
Federal Funds	-	-	-	75,772	-	-	75,772
Total Revenues	\$2,098,305	-	\$40,801	\$75,772	-	-	\$2,214,878
Personal Services							
Class/Unclass Sal. and Per Diem	219,902	-	19,242	35,734	-	-	274,878
All Other Differential	6,680	-	584	1,085	-	-	8,349
Empl. Rel. Bd. Assessments	93	-	9	15	-	-	117
Public Employees' Retire Cont	40,603	-	3,553	6,597	-	-	50,753
Social Security Taxes	17,333	-	1,517	2,817	-	-	21,667
Paid Family Medical Leave Insurance	906	-	79	147	-	-	1,132
Worker's Comp. Assess. (WCD)	81	-	6	12	-	-	99
Flexible Benefits	71,280	-	6,237	11,583	-	-	89,100
Total Personal Services	\$356,878	-	\$31,227	\$57,990	-	-	\$446,095
Services & Supplies							
Instate Travel	5,844	-	510	951	-	-	7,305
Employee Training	1,608	-	141	261	-	-	2,010
Office Expenses	11,121	-	972	1,809	-	-	13,902
Telecommunications	3,636	-	318	591	-	-	4,545
Professional Services	1,664,000	-	2,800	5,200	-	-	1,672,000
Attorney General	14,520	-	1,271	2,360	-	-	18,151
Food and Kitchen Supplies	18,204	-	1,592	2,957	-	-	22,753

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 410 - Reg'l Health Equity Coalition Pgm Expansion

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Other Services and Supplies	1,014	-	90	162	-	-	1,266
Expendable Prop 250 - 5000	1,680	-	147	273	-	-	2,100
IT Expendable Property	19,800	-	1,733	3,218	-	-	24,751
Total Services & Supplies	\$1,741,427	-	\$9,574	\$17,782	-	-	\$1,768,783
Total Expenditures							
Total Expenditures	2,098,305	-	40,801	75,772	-	-	2,214,878
Total Expenditures	\$2,098,305	-	\$40,801	\$75,772	-	-	\$2,214,878
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							3
Total Positions	-	-	-	-	-	-	3
Total FTE							
Total FTE							2.25
Total FTE	-	-	-	-	-	-	2.25

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 412 - Fixing IT Risks & Vulnerabilities

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	3,908,627	-	-	-	-	-	3,908,627
Other Revenues	-	-	2,946,033	-	-	-	2,946,033
Federal Funds	-	-	-	1,745,284	-	-	1,745,284
Total Revenues	\$3,908,627	-	\$2,946,033	\$1,745,284	-	-	\$8,599,944
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	1,595,634	-	-	-	1,595,634
Empl. Rel. Bd. Assessments	-	-	425	-	-	-	425
Public Employees' Retire Cont	-	-	285,936	-	-	-	285,936
Social Security Taxes	-	-	122,069	-	-	-	122,069
Paid Family Medical Leave Insurance	-	-	6,381	-	-	-	6,381
Worker's Comp. Assess. (WCD)	-	-	370	-	-	-	370
Flexible Benefits	-	-	321,750	-	-	-	321,750
Total Personal Services	-	-	\$2,332,565	-	-	-	\$2,332,565
Services & Supplies							
Instate Travel	-	-	26,380	-	-	-	26,380
Employee Training	-	-	72,291	-	-	-	72,291
Office Expenses	-	-	50,200	-	-	-	50,200
Telecommunications	-	-	16,415	-	-	-	16,415
Food and Kitchen Supplies	53,124	-	8,223	13,847	-	-	75,194
Other Services and Supplies	-	-	4,570	-	-	-	4,570

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 412 - Fixing IT Risks & Vulnerabilities

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	-	-	7,000	-	-	-	7,000
Total Services & Supplies	\$53,124	-	\$185,079	\$13,847	-	-	\$252,050
Special Payments							
Other Special Payments	3,855,503	-	428,389	1,731,437	-	-	6,015,329
Total Special Payments	\$3,855,503	-	\$428,389	\$1,731,437	-	-	\$6,015,329
Total Expenditures							
Total Expenditures	3,908,627	-	2,946,033	1,745,284	-	-	8,599,944
Total Expenditures	\$3,908,627	-	\$2,946,033	\$1,745,284	-	-	\$8,599,944
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							10
Total Positions	-	-	-	-	-	-	10
Total FTE							
Total FTE							8.15
Total FTE	-	-	-	-	-	-	8.15

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 413 - Complex Case Management Unit

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Cert of Participation	-	-	35,000	-	-	-	35,000
Total Revenues	-	-	\$35,000	-	-	-	\$35,000
Services & Supplies							
Other COP Costs	-	-	35,000	-	-	-	35,000
Total Services & Supplies	-	-	\$35,000	-	-	-	\$35,000
Total Expenditures							
Total Expenditures	-	-	35,000	-	-	-	35,000
Total Expenditures	-	-	\$35,000	-	-	-	\$35,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 416 - Marketplace Transition from SBM-FP to SBM

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	785,677	-	-	-	785,677
Total Revenues	-	-	\$785,677	-	-	-	\$785,677
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	490,536	-	-	-	490,536
Empl. Rel. Bd. Assessments	-	-	132	-	-	-	132
Public Employees' Retire Cont	-	-	87,904	-	-	-	87,904
Social Security Taxes	-	-	37,526	-	-	-	37,526
Paid Family Medical Leave Insurance	-	-	1,962	-	-	-	1,962
Worker's Comp. Assess. (WCD)	-	-	115	-	-	-	115
Flexible Benefits	-	-	99,000	-	-	-	99,000
Total Personal Services	-	-	\$717,175	-	-	-	\$717,175
Services & Supplies							
Instate Travel	-	-	8,118	-	-	-	8,118
Employee Training	-	-	11,864	-	-	-	11,864
Office Expenses	-	-	15,445	-	-	-	15,445
Telecommunications	-	-	5,050	-	-	-	5,050
Intra-agency Charges	-	-	24,520	-	-	-	24,520
Other Services and Supplies	-	-	1,405	-	-	-	1,405
Expendable Prop 250 - 5000	-	-	2,100	-	-	-	2,100
Total Services & Supplies	-	-	\$68,502	-	-	-	\$68,502

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 416 - Marketplace Transition from SBM-FP to SBM

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	785,677	-	-	-	785,677
Total Expenditures	-	-	\$785,677	-	-	-	\$785,677
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							3
Total Positions	-	-	-	-	-	-	3
Total FTE							
Total FTE							2.50
Total FTE	-	-	-	-	-	-	2.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 420 - Pandemic Response Information System

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	-	-	-	-	-	-	-
Other Revenues	-	-	8,026,541	-	-	-	8,026,541
Total Revenues	-	-	\$8,026,541	-	-	-	\$8,026,541
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	2,832,864	-	-	-	2,832,864
Empl. Rel. Bd. Assessments	-	-	795	-	-	-	795
Public Employees' Retire Cont	-	-	507,647	-	-	-	507,647
Social Security Taxes	-	-	216,717	-	-	-	216,717
Paid Family Medical Leave Insurance	-	-	11,331	-	-	-	11,331
Worker's Comp. Assess. (WCD)	-	-	690	-	-	-	690
Flexible Benefits	-	-	594,000	-	-	-	594,000
Total Personal Services	-	-	\$4,164,044	-	-	-	\$4,164,044
Services & Supplies							
Instate Travel	-	-	48,705	-	-	-	48,705
Employee Training	-	-	112,327	-	-	-	112,327
Office Expenses	-	-	92,670	-	-	-	92,670
Telecommunications	-	-	30,300	-	-	-	30,300
Professional Services	-	-	3,430,000	-	-	-	3,430,000
Food and Kitchen Supplies	-	-	129,565	-	-	-	129,565
Other Services and Supplies	-	-	8,430	-	-	-	8,430

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 420 - Pandemic Response Information System

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	-	-	10,500	-	-	-	10,500
Total Services & Supplies	-	-	\$3,862,497	-	-	-	\$3,862,497
Total Expenditures							
Total Expenditures	-	-	8,026,541	-	-	-	8,026,541
Total Expenditures	-	-	\$8,026,541	-	-	-	\$8,026,541
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							15
Total Positions	-	-	-	-	-	-	15
Total FTE							
Total FTE							15.00
Total FTE	-	-	-	-	-	-	15.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 421 - Fee For Service Transformation

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	-	-	-	-	-
Public Employees' Retire Cont	-	-	-	-	-	-	-
Social Security Taxes	-	-	-	-	-	-	-
Paid Family Medical Leave Insurance	-	-	-	-	-	-	-
Worker's Comp. Assess. (WCD)	-	-	-	-	-	-	-
Flexible Benefits	-	-	-	-	-	-	-
Total Personal Services	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions	-	-	-	-	-	-	-
Total Positions	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 421 - Fee For Service Transformation

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							-
Total FTE							-
Total FTE	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 427 - Medicaid Enterprise System Modularity

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	1,325,387	-	-	-	1,325,387
Total Revenues	-	-	\$1,325,387	-	-	-	\$1,325,387
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	835,896	-	-	-	835,896
Empl. Rel. Bd. Assessments	-	-	209	-	-	-	209
Public Employees' Retire Cont	-	-	149,792	-	-	-	149,792
Social Security Taxes	-	-	63,947	-	-	-	63,947
Paid Family Medical Leave Insurance	-	-	3,343	-	-	-	3,343
Worker's Comp. Assess. (WCD)	-	-	182	-	-	-	182
Flexible Benefits	-	-	158,400	-	-	-	158,400
Total Personal Services	-	-	\$1,211,769	-	-	-	\$1,211,769
Services & Supplies							
Instate Travel	-	-	12,987	-	-	-	12,987
Employee Training	-	-	21,423	-	-	-	21,423
Office Expenses	-	-	24,714	-	-	-	24,714
Telecommunications	-	-	8,081	-	-	-	8,081
Food and Kitchen Supplies	-	-	40,663	-	-	-	40,663
Other Services and Supplies	-	-	2,250	-	-	-	2,250
Expendable Prop 250 - 5000	-	-	3,500	-	-	-	3,500
Total Services & Supplies	-	-	\$113,618	-	-	-	\$113,618

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 427 - Medicaid Enterprise System Modularity

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	1,325,387	-	-	-	1,325,387
Total Expenditures	-	-	\$1,325,387	-	-	-	\$1,325,387
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							5
Total Positions	-	-	-	-	-	-	5
Total FTE							
Total FTE							4.01
Total FTE	-	-	-	-	-	-	4.01

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 439 - OSH Asset & Equipment Replacement

Cross Reference Name: OHA Central & Shared Services
 Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Cert of Participation	-	-	45,000	-	-	-	45,000
Total Revenues	-	-	\$45,000	-	-	-	\$45,000
Services & Supplies							
Other COP Costs	-	-	45,000	-	-	-	45,000
Total Services & Supplies	-	-	\$45,000	-	-	-	\$45,000
Total Expenditures							
Total Expenditures	-	-	45,000	-	-	-	45,000
Total Expenditures	-	-	\$45,000	-	-	-	\$45,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 443 - Data Governance

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	1,151,168	-	-	-	1,151,168
Total Revenues	-	-	\$1,151,168	-	-	-	\$1,151,168
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	700,146	-	-	-	700,146
Empl. Rel. Bd. Assessments	-	-	195	-	-	-	195
Public Employees' Retire Cont	-	-	125,465	-	-	-	125,465
Social Security Taxes	-	-	53,563	-	-	-	53,563
Paid Family Medical Leave Insurance	-	-	2,801	-	-	-	2,801
Worker's Comp. Assess. (WCD)	-	-	170	-	-	-	170
Flexible Benefits	-	-	148,500	-	-	-	148,500
Total Personal Services	-	-	\$1,030,840	-	-	-	\$1,030,840
Services & Supplies							
Instate Travel	-	-	12,175	-	-	-	12,175
Employee Training	-	-	32,421	-	-	-	32,421
Office Expenses	-	-	23,170	-	-	-	23,170
Telecommunications	-	-	7,575	-	-	-	7,575
Food and Kitchen Supplies	-	-	39,377	-	-	-	39,377
Other Services and Supplies	-	-	2,110	-	-	-	2,110
Expendable Prop 250 - 5000	-	-	3,500	-	-	-	3,500
Total Services & Supplies	-	-	\$120,328	-	-	-	\$120,328

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 443 - Data Governance

Cross Reference Name: OHA Central & Shared Services
Cross Reference Number: 44300-010-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	1,151,168	-	-	-	1,151,168
Total Expenditures	-	-	\$1,151,168	-	-	-	\$1,151,168
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							5
Total Positions	-	-	-	-	-	-	5
Total FTE							
Total FTE							3.75
Total FTE	-	-	-	-	-	-	3.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	648,898	-	-	-	-	-	648,898
Other Revenues	-	-	29,221	-	-	-	29,221
Federal Funds	-	-	-	163,544	-	-	163,544
Total Revenues	\$648,898	-	\$29,221	\$163,544	-	-	\$841,663
Personal Services							
Temporary Appointments	30,700	-	3,984	6,617	-	-	41,301
Overtime Payments	363	-	32	59	-	-	454
Shift Differential	2,057	-	214	-	-	-	2,271
All Other Differential	122,160	-	5,643	47,741	-	-	175,544
Public Employees' Retire Cont	22,324	-	1,055	8,567	-	-	31,946
Pension Obligation Bond	573,993	-	25,502	111,452	-	-	710,947
Social Security Taxes	11,879	-	755	4,162	-	-	16,796
Paid Family Medical Leave Insurance	499	-	23	192	-	-	714
Vacancy Savings	(115,077)	-	(7,987)	(15,246)	-	-	(138,310)
Total Personal Services	\$648,898	-	\$29,221	\$163,544	-	-	\$841,663
Total Expenditures							
Total Expenditures	648,898	-	29,221	163,544	-	-	841,663
Total Expenditures	\$648,898	-	\$29,221	\$163,544	-	-	\$841,663

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: OHA Central Services
 Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	501,885	-	-	-	-	-	501,885
Other Revenues	-	-	25,679	-	-	-	25,679
Federal Funds	-	-	-	159,312	-	-	159,312
Total Revenues	\$501,885	-	\$25,679	\$159,312	-	-	\$686,876
Services & Supplies							
Instate Travel	119,106	-	3,154	36,853	-	-	159,113
Out of State Travel	-	-	-	1	-	-	1
Employee Training	113,668	-	3,028	44,235	-	-	160,931
Office Expenses	52,545	-	2,124	4,102	-	-	58,771
Telecommunications	119,877	-	3,236	43,001	-	-	166,114
Agency Program Related S and S	59,128	-	12,634	15,069	-	-	86,831
Other Services and Supplies	7,869	-	332	2,275	-	-	10,476
Expendable Prop 250 - 5000	29,692	-	1,171	13,776	-	-	44,639
Total Services & Supplies	\$501,885	-	\$25,679	\$159,312	-	-	\$686,876
Total Expenditures							
Total Expenditures	501,885	-	25,679	159,312	-	-	686,876
Total Expenditures	\$501,885	-	\$25,679	\$159,312	-	-	\$686,876
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(120,000)	-	-	-	-	-	(120,000)
Other Revenues	-	-	(10,500)	-	-	-	(10,500)
Federal Funds	-	-	-	(223,979)	-	-	(223,979)
Total Revenues	(\$120,000)	-	(\$10,500)	(\$223,979)	-	-	(\$354,479)
Personal Services							
All Other Differential	-	-	-	(154,031)	-	-	(154,031)
Public Employees' Retire Cont	-	-	-	(27,602)	-	-	(27,602)
Social Security Taxes	-	-	-	(11,783)	-	-	(11,783)
Paid Family Medical Leave Insurance	-	-	-	(616)	-	-	(616)
Total Personal Services	-	-	-	(\$194,032)	-	-	(\$194,032)
Services & Supplies							
Instate Travel	-	-	-	(2,467)	-	-	(2,467)
Employee Training	-	-	-	(678)	-	-	(678)
Office Expenses	-	-	-	(4,694)	-	-	(4,694)
Telecommunications	-	-	-	(1,535)	-	-	(1,535)
Professional Services	(120,000)	-	(10,500)	(19,500)	-	-	(150,000)
Other Services and Supplies	-	-	-	(427)	-	-	(427)
Expendable Prop 250 - 5000	-	-	-	(646)	-	-	(646)
Total Services & Supplies	(\$120,000)	-	(\$10,500)	(\$29,947)	-	-	(\$160,447)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: OHA Central Services
 Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	(120,000)	-	(10,500)	(223,979)	-	-	(354,479)
Total Expenditures	(\$120,000)	-	(\$10,500)	(\$223,979)	-	-	(\$354,479)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	2,444,628	-	-	-	-	-	2,444,628
Other Revenues	-	-	78,430	-	-	-	78,430
Federal Funds	-	-	-	448,438	-	-	448,438
Tsfr From Administrative Svcs	-	1,434	-	-	-	-	1,434
Total Revenues	\$2,444,628	\$1,434	\$78,430	\$448,438	-	-	\$2,972,930

Services & Supplies

Instate Travel	11,717	-	880	3,238	-	-	15,835
Out of State Travel	97	-	6	13	-	-	116
Employee Training	11,691	-	609	3,536	-	-	15,836
Office Expenses	35,089	-	2,101	5,590	-	-	42,780
Telecommunications	9,333	1,434	745	2,797	-	-	14,309
Data Processing	222	-	16	104	-	-	342
Publicity and Publications	418	-	32	77	-	-	527
Professional Services	2,179,032	-	58,609	400,655	-	-	2,638,296
Attorney General	141,963	-	10,704	20,112	-	-	172,779
Employee Recruitment and Develop	17,842	-	1,855	3,448	-	-	23,145
Dues and Subscriptions	1,875	-	284	538	-	-	2,697
Food and Kitchen Supplies	7,948	-	203	1,711	-	-	9,862
Agency Program Related S and S	10,472	-	1,204	1,909	-	-	13,585
Other Services and Supplies	5,228	-	206	2,131	-	-	7,565
Expendable Prop 250 - 5000	3,020	-	184	1,097	-	-	4,301

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Expendable Property	3,424	-	332	628	-	-	4,384
Total Services & Supplies	\$2,439,371	\$1,434	\$77,970	\$447,584	-	-	\$2,966,359
Special Payments							
Dist to Non-Gov Units	5,257	-	460	854	-	-	6,571
Total Special Payments	\$5,257	-	\$460	\$854	-	-	\$6,571
Total Expenditures							
Total Expenditures	2,444,628	1,434	78,430	448,438	-	-	2,972,930
Total Expenditures	\$2,444,628	\$1,434	\$78,430	\$448,438	-	-	\$2,972,930
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	-	-	-	-	-
Public Employees' Retire Cont	-	-	-	-	-	-	-
Social Security Taxes	-	-	-	-	-	-	-
Paid Family Medical Leave Insurance	-	-	-	-	-	-	-
Worker's Comp. Assess. (WCD)	-	-	-	-	-	-	-
Flexible Benefits	-	-	-	-	-	-	-
Total Personal Services	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	4,933,647	-	-	-	-	-	4,933,647
Other Selective Taxes	-	-	-	-	-	-	-
Other Revenues	-	-	87,805	-	-	-	87,805
Federal Funds	-	-	-	4,269,358	-	-	4,269,358
Total Revenues	\$4,933,647	-	\$87,805	\$4,269,358	-	-	\$9,290,810
Personal Services							
Class/Unclass Sal. and Per Diem	607,169	-	50,330	226,548	-	-	884,047
All Other Differential	4,572	-	400	743	-	-	5,715
Empl. Rel. Bd. Assessments	234	-	21	87	-	-	342
Public Employees' Retire Cont	109,623	-	9,092	40,732	-	-	159,447
Social Security Taxes	46,798	-	3,881	17,389	-	-	68,068
Paid Family Medical Leave Insurance	2,447	-	203	908	-	-	3,558
Worker's Comp. Assess. (WCD)	203	-	15	73	-	-	291
Flexible Benefits	177,185	-	14,850	65,365	-	-	257,400
Total Personal Services	\$948,231	-	\$78,792	\$351,845	-	-	\$1,378,868
Services & Supplies							
Instate Travel	14,528	-	1,215	5,363	-	-	21,106
Employee Training	4,078	-	343	1,488	-	-	5,909
Office Expenses	27,644	-	2,315	10,196	-	-	40,155
Telecommunications	9,038	-	757	3,335	-	-	13,130
Publicity and Publications	846,000	-	-	846,000	-	-	1,692,000
Professional Services	108,000	-	-	108,000	-	-	216,000

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Professional Services	2,925,000	-	-	2,925,000	-	-	5,850,000
Food and Kitchen Supplies	43,741	-	3,820	14,970	-	-	62,531
Other Services and Supplies	3,444	-	213	1,854	-	-	5,511
Expendable Prop 250 - 5000	3,943	-	350	1,307	-	-	5,600
Total Services & Supplies	\$3,985,416	-	\$9,013	\$3,917,513	-	-	\$7,911,942
Total Expenditures							
Total Expenditures	4,933,647	-	87,805	4,269,358	-	-	9,290,810
Total Expenditures	\$4,933,647	-	\$87,805	\$4,269,358	-	-	\$9,290,810
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							8
Total Positions	-	-	-	-	-	-	8
Total FTE							
Total FTE							6.50
Total FTE	-	-	-	-	-	-	6.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 401 - Eliminating Health Inequities

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Beginning Balance							
Beginning Balance	-	-	-	-	-	-	-
Total Beginning Balance	-	-	-	-	-	-	-
Revenues							
General Fund Appropriation	20,469,154	-	-	-	-	-	20,469,154
Other Revenues	-	-	1,227,863	-	-	-	1,227,863
Federal Funds	-	-	-	8,588,093	-	-	8,588,093
Total Revenues	\$20,469,154	-	\$1,227,863	\$8,588,093	-	-	\$30,285,110
Personal Services							
Class/Unclass Sal. and Per Diem	8,215,990	-	647,204	1,948,406	-	-	10,811,600
All Other Differential	141,704	-	10,751	38,832	-	-	191,287
Empl. Rel. Bd. Assessments	2,761	-	218	677	-	-	3,656
Public Employees' Retire Cont	1,497,682	-	117,910	356,114	-	-	1,971,706
Social Security Taxes	639,374	-	50,334	152,032	-	-	841,740
Paid Family Medical Leave Insurance	33,436	-	2,633	7,945	-	-	44,014
Worker's Comp. Assess. (WCD)	2,411	-	174	586	-	-	3,171
Flexible Benefits	2,093,899	-	162,525	515,609	-	-	2,772,033
Total Personal Services	\$12,627,257	-	\$991,749	\$3,020,201	-	-	\$16,639,207
Services & Supplies							
Instate Travel	270,694	-	21,969	58,382	-	-	351,045
Out of State Travel	16,000	-	1,400	2,600	-	-	20,000
Employee Training	200,205	-	17,056	36,541	-	-	253,802

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 401 - Eliminating Health Inequities

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Office Expenses	326,682	-	25,326	80,446	-	-	432,454
Telecommunications	106,814	-	8,278	26,330	-	-	141,422
Professional Services	6,058,410	-	92,611	5,171,993	-	-	11,323,014
Food and Kitchen Supplies	539,520	-	41,921	132,465	-	-	713,906
Other Services and Supplies	29,755	-	2,325	7,305	-	-	39,385
Expendable Prop 250 - 5000	48,640	-	3,773	11,987	-	-	64,400
IT Expendable Property	245,177	-	21,455	39,843	-	-	306,475
Total Services & Supplies	\$7,841,897	-	\$236,114	\$5,567,892	-	-	\$13,645,903
Debt Service							
Interest - Bonds	-	-	-	-	-	-	-
Total Debt Service	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	20,469,154	-	1,227,863	8,588,093	-	-	30,285,110
Total Expenditures	\$20,469,154	-	\$1,227,863	\$8,588,093	-	-	\$30,285,110
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 401 - Eliminating Health Inequities

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Positions							
Total Positions							92
Total Positions	-	-	-	-	-	-	92
Total FTE							
Total FTE							70.17
Total FTE	-	-	-	-	-	-	70.17

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 403 - REALD & SOGI Implmnt: Getting to Data Justice

Cross Reference Name: OHA Central Services
 Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	16,498,125	-	-	-	-	-	16,498,125
Other Revenues	-	-	1,443,579	-	-	-	1,443,579
Federal Funds	-	-	-	2,680,937	-	-	2,680,937
Total Revenues	\$16,498,125	-	\$1,443,579	\$2,680,937	-	-	\$20,622,641
Personal Services							
Class/Unclass Sal. and Per Diem	839,274	-	73,436	136,381	-	-	1,049,091
All Other Differential	9,850	-	862	1,601	-	-	12,313
Empl. Rel. Bd. Assessments	270	-	26	44	-	-	340
Public Employees' Retire Cont	152,161	-	13,314	24,724	-	-	190,199
Social Security Taxes	64,961	-	5,683	10,555	-	-	81,199
Paid Family Medical Leave Insurance	3,397	-	297	551	-	-	4,245
Worker's Comp. Assess. (WCD)	236	-	18	36	-	-	290
Flexible Benefits	205,920	-	18,018	33,462	-	-	257,400
Total Personal Services	\$1,276,069	-	\$111,654	\$207,354	-	-	\$1,595,077
Services & Supplies							
Instate Travel	16,884	-	1,474	2,746	-	-	21,104
Employee Training	43,883	-	3,841	7,130	-	-	54,854
Office Expenses	32,126	-	2,808	5,218	-	-	40,152
Telecommunications	10,504	-	918	1,708	-	-	13,130
Food and Kitchen Supplies	50,812	-	4,445	8,255	-	-	63,512
Other Services and Supplies	2,928	-	258	476	-	-	3,662
Expendable Prop 250 - 5000	4,480	-	392	728	-	-	5,600

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 403 - REALD & SOGI Implmnt: Getting to Data Justice

Cross Reference Name: OHA Central Services
 Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Expendable Property	15,060,439	-	1,317,789	2,447,322	-	-	18,825,550
Total Services & Supplies	\$15,222,056	-	\$1,331,925	\$2,473,583	-	-	\$19,027,564
Total Expenditures							
Total Expenditures	16,498,125	-	1,443,579	2,680,937	-	-	20,622,641
Total Expenditures	\$16,498,125	-	\$1,443,579	\$2,680,937	-	-	\$20,622,641
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							8
Total Positions	-	-	-	-	-	-	8
Total FTE							
Total FTE							6.50
Total FTE	-	-	-	-	-	-	6.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 410 - Reg'l Health Equity Coalition Pgm Expansion

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	2,098,305	-	-	-	-	-	2,098,305
Other Revenues	-	-	40,801	-	-	-	40,801
Federal Funds	-	-	-	75,772	-	-	75,772
Total Revenues	\$2,098,305	-	\$40,801	\$75,772	-	-	\$2,214,878
Personal Services							
Class/Unclass Sal. and Per Diem	219,902	-	19,242	35,734	-	-	274,878
All Other Differential	6,680	-	584	1,085	-	-	8,349
Empl. Rel. Bd. Assessments	93	-	9	15	-	-	117
Public Employees' Retire Cont	40,603	-	3,553	6,597	-	-	50,753
Social Security Taxes	17,333	-	1,517	2,817	-	-	21,667
Paid Family Medical Leave Insurance	906	-	79	147	-	-	1,132
Worker's Comp. Assess. (WCD)	81	-	6	12	-	-	99
Flexible Benefits	71,280	-	6,237	11,583	-	-	89,100
Total Personal Services	\$356,878	-	\$31,227	\$57,990	-	-	\$446,095
Services & Supplies							
Instate Travel	5,844	-	510	951	-	-	7,305
Employee Training	1,608	-	141	261	-	-	2,010
Office Expenses	11,121	-	972	1,809	-	-	13,902
Telecommunications	3,636	-	318	591	-	-	4,545
Professional Services	1,664,000	-	2,800	5,200	-	-	1,672,000
Attorney General	14,520	-	1,271	2,360	-	-	18,151
Food and Kitchen Supplies	18,204	-	1,592	2,957	-	-	22,753

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 410 - Reg'l Health Equity Coalition Pgm Expansion

Cross Reference Name: OHA Central Services
 Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Other Services and Supplies	1,014	-	90	162	-	-	1,266
Expendable Prop 250 - 5000	1,680	-	147	273	-	-	2,100
IT Expendable Property	19,800	-	1,733	3,218	-	-	24,751
Total Services & Supplies	\$1,741,427	-	\$9,574	\$17,782	-	-	\$1,768,783
Total Expenditures							
Total Expenditures	2,098,305	-	40,801	75,772	-	-	2,214,878
Total Expenditures	\$2,098,305	-	\$40,801	\$75,772	-	-	\$2,214,878
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							3
Total Positions	-	-	-	-	-	-	3
Total FTE							
Total FTE							2.25
Total FTE	-	-	-	-	-	-	2.25

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 421 - Fee For Service Transformation

Cross Reference Name: OHA Central Services
 Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	-	-	-	-	-
Public Employees' Retire Cont	-	-	-	-	-	-	-
Social Security Taxes	-	-	-	-	-	-	-
Paid Family Medical Leave Insurance	-	-	-	-	-	-	-
Worker's Comp. Assess. (WCD)	-	-	-	-	-	-	-
Flexible Benefits	-	-	-	-	-	-	-
Total Personal Services	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							-
Total Positions	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 421 - Fee For Service Transformation

Cross Reference Name: OHA Central Services
Cross Reference Number: 44300-010-40-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							-
Total FTE							-
Total FTE	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	360,051	-	-	-	360,051
Total Revenues	-	-	\$360,051	-	-	-	\$360,051
Personal Services							
Temporary Appointments	-	-	44,145	-	-	-	44,145
Overtime Payments	-	-	4,051	-	-	-	4,051
Shift Differential	-	-	9,261	-	-	-	9,261
All Other Differential	-	-	40,257	-	-	-	40,257
Public Employees' Retire Cont	-	-	9,600	-	-	-	9,600
Pension Obligation Bond	-	-	508,912	-	-	-	508,912
Social Security Taxes	-	-	7,475	-	-	-	7,475
Paid Family Medical Leave Insurance	-	-	214	-	-	-	214
Vacancy Savings	-	-	(263,864)	-	-	-	(263,864)
Total Personal Services	-	-	\$360,051	-	-	-	\$360,051
Total Expenditures							
Total Expenditures	-	-	360,051	-	-	-	360,051
Total Expenditures	-	-	\$360,051	-	-	-	\$360,051
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	264,561	-	-	-	264,561
Total Revenues	-	-	\$264,561	-	-	-	\$264,561
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	82,776	-	-	-	82,776
Empl. Rel. Bd. Assessments	-	-	26	-	-	-	26
Public Employees' Retire Cont	-	-	14,833	-	-	-	14,833
Social Security Taxes	-	-	6,332	-	-	-	6,332
Paid Family Medical Leave Insurance	-	-	331	-	-	-	331
Worker's Comp. Assess. (WCD)	-	-	23	-	-	-	23
Flexible Benefits	-	-	19,800	-	-	-	19,800
Total Personal Services	-	-	\$124,121	-	-	-	\$124,121
Services & Supplies							
Instate Travel	-	-	30,101	-	-	-	30,101
Employee Training	-	-	28,395	-	-	-	28,395
Office Expenses	-	-	57,267	-	-	-	57,267
Telecommunications	-	-	18,736	-	-	-	18,736
Other Services and Supplies	-	-	5,212	-	-	-	5,212
Expendable Prop 250 - 5000	-	-	729	-	-	-	729
Total Services & Supplies	-	-	\$140,440	-	-	-	\$140,440

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	264,561	-	-	-	264,561
Total Expenditures	-	-	\$264,561	-	-	-	\$264,561
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.50
Total FTE	-	-	-	-	-	-	0.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: OHA Shared Services
 Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	(623,756)	-	-	-	(623,756)
Total Revenues	-	-	(\$623,756)	-	-	-	(\$623,756)
Services & Supplies							
Data Processing	-	-	(32,400)	-	-	-	(32,400)
IT Professional Services	-	-	(591,356)	-	-	-	(591,356)
Total Services & Supplies	-	-	(\$623,756)	-	-	-	(\$623,756)
Total Expenditures							
Total Expenditures	-	-	(623,756)	-	-	-	(623,756)
Total Expenditures	-	-	(\$623,756)	-	-	-	(\$623,756)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	2,361,572	-	-	-	2,361,572
Total Revenues	-	-	\$2,361,572	-	-	-	\$2,361,572
Services & Supplies							
Instate Travel	-	-	56,888	-	-	-	56,888
Out of State Travel	-	-	4,459	-	-	-	4,459
Employee Training	-	-	107,364	-	-	-	107,364
Office Expenses	-	-	57,591	-	-	-	57,591
Telecommunications	-	-	44,332	-	-	-	44,332
Data Processing	-	-	903,800	-	-	-	903,800
Publicity and Publications	-	-	479	-	-	-	479
Professional Services	-	-	170,358	-	-	-	170,358
IT Professional Services	-	-	649,757	-	-	-	649,757
Attorney General	-	-	2,772	-	-	-	2,772
Dues and Subscriptions	-	-	55,678	-	-	-	55,678
Facilities Rental and Taxes	-	-	13,450	-	-	-	13,450
Facilities Maintenance	-	-	1,368	-	-	-	1,368
Medical Services and Supplies	-	-	1,114	-	-	-	1,114
Agency Program Related S and S	-	-	6,370	-	-	-	6,370
Other Services and Supplies	-	-	9,088	-	-	-	9,088
Expendable Prop 250 - 5000	-	-	15,311	-	-	-	15,311
IT Expendable Property	-	-	261,393	-	-	-	261,393
Total Services & Supplies	-	-	\$2,361,572	-	-	-	\$2,361,572

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	2,361,572	-	-	-	2,361,572
Total Expenditures	-	-	\$2,361,572	-	-	-	\$2,361,572
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 203 - Mainframe Migration/Provider & Client Pmt Sys

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	3,889,526	-	-	-	3,889,526
Total Revenues	-	-	\$3,889,526	-	-	-	\$3,889,526
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	2,453,592	-	-	-	2,453,592
Empl. Rel. Bd. Assessments	-	-	681	-	-	-	681
Public Employees' Retire Cont	-	-	439,680	-	-	-	439,680
Social Security Taxes	-	-	187,697	-	-	-	187,697
Paid Family Medical Leave Insurance	-	-	9,815	-	-	-	9,815
Worker's Comp. Assess. (WCD)	-	-	596	-	-	-	596
Flexible Benefits	-	-	514,800	-	-	-	514,800
Total Personal Services	-	-	\$3,606,861	-	-	-	\$3,606,861
Services & Supplies							
Instate Travel	-	-	42,215	-	-	-	42,215
Employee Training	-	-	113,266	-	-	-	113,266
Office Expenses	-	-	80,316	-	-	-	80,316
Telecommunications	-	-	26,260	-	-	-	26,260
Other Services and Supplies	-	-	7,308	-	-	-	7,308
Expendable Prop 250 - 5000	-	-	13,300	-	-	-	13,300
Total Services & Supplies	-	-	\$282,665	-	-	-	\$282,665

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 203 - Mainframe Migration/Provider & Client Pmt Sys

Cross Reference Name: OHA Shared Services
 Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	3,889,526	-	-	-	3,889,526
Total Expenditures	-	-	\$3,889,526	-	-	-	\$3,889,526
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							19
Total Positions	-	-	-	-	-	-	19
Total FTE							
Total FTE							13.00
Total FTE	-	-	-	-	-	-	13.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 412 - Fixing IT Risks & Vulnerabilities

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	2,509,421	-	-	-	2,509,421
Total Revenues	-	-	\$2,509,421	-	-	-	\$2,509,421
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	1,595,634	-	-	-	1,595,634
Empl. Rel. Bd. Assessments	-	-	425	-	-	-	425
Public Employees' Retire Cont	-	-	285,936	-	-	-	285,936
Social Security Taxes	-	-	122,069	-	-	-	122,069
Paid Family Medical Leave Insurance	-	-	6,381	-	-	-	6,381
Worker's Comp. Assess. (WCD)	-	-	370	-	-	-	370
Flexible Benefits	-	-	321,750	-	-	-	321,750
Total Personal Services	-	-	\$2,332,565	-	-	-	\$2,332,565
Services & Supplies							
Instate Travel	-	-	26,380	-	-	-	26,380
Employee Training	-	-	72,291	-	-	-	72,291
Office Expenses	-	-	50,200	-	-	-	50,200
Telecommunications	-	-	16,415	-	-	-	16,415
Other Services and Supplies	-	-	4,570	-	-	-	4,570
Expendable Prop 250 - 5000	-	-	7,000	-	-	-	7,000
Total Services & Supplies	-	-	\$176,856	-	-	-	\$176,856

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 412 - Fixing IT Risks & Vulnerabilities

Cross Reference Name: OHA Shared Services
 Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	2,509,421	-	-	-	2,509,421
Total Expenditures	-	-	\$2,509,421	-	-	-	\$2,509,421
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							10
Total Positions	-	-	-	-	-	-	10
Total FTE							
Total FTE							8.15
Total FTE	-	-	-	-	-	-	8.15

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 416 - Marketplace Transition from SBM-FP to SBM

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	785,677	-	-	-	785,677
Total Revenues	-	-	\$785,677	-	-	-	\$785,677
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	490,536	-	-	-	490,536
Empl. Rel. Bd. Assessments	-	-	132	-	-	-	132
Public Employees' Retire Cont	-	-	87,904	-	-	-	87,904
Social Security Taxes	-	-	37,526	-	-	-	37,526
Paid Family Medical Leave Insurance	-	-	1,962	-	-	-	1,962
Worker's Comp. Assess. (WCD)	-	-	115	-	-	-	115
Flexible Benefits	-	-	99,000	-	-	-	99,000
Total Personal Services	-	-	\$717,175	-	-	-	\$717,175
Services & Supplies							
Instate Travel	-	-	8,118	-	-	-	8,118
Employee Training	-	-	11,864	-	-	-	11,864
Office Expenses	-	-	15,445	-	-	-	15,445
Telecommunications	-	-	5,050	-	-	-	5,050
Intra-agency Charges	-	-	24,520	-	-	-	24,520
Other Services and Supplies	-	-	1,405	-	-	-	1,405
Expendable Prop 250 - 5000	-	-	2,100	-	-	-	2,100
Total Services & Supplies	-	-	\$68,502	-	-	-	\$68,502

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 416 - Marketplace Transition from SBM-FP to SBM

Cross Reference Name: OHA Shared Services
 Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	785,677	-	-	-	785,677
Total Expenditures	-	-	\$785,677	-	-	-	\$785,677
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							3
Total Positions	-	-	-	-	-	-	3
Total FTE							
Total FTE							2.50
Total FTE	-	-	-	-	-	-	2.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 420 - Pandemic Response Information System

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	-	-	-	-	-	-	-
Other Revenues	-	-	8,026,541	-	-	-	8,026,541
Total Revenues	-	-	\$8,026,541	-	-	-	\$8,026,541
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	2,832,864	-	-	-	2,832,864
Empl. Rel. Bd. Assessments	-	-	795	-	-	-	795
Public Employees' Retire Cont	-	-	507,647	-	-	-	507,647
Social Security Taxes	-	-	216,717	-	-	-	216,717
Paid Family Medical Leave Insurance	-	-	11,331	-	-	-	11,331
Worker's Comp. Assess. (WCD)	-	-	690	-	-	-	690
Flexible Benefits	-	-	594,000	-	-	-	594,000
Total Personal Services	-	-	\$4,164,044	-	-	-	\$4,164,044
Services & Supplies							
Instate Travel	-	-	48,705	-	-	-	48,705
Employee Training	-	-	112,327	-	-	-	112,327
Office Expenses	-	-	92,670	-	-	-	92,670
Telecommunications	-	-	30,300	-	-	-	30,300
Professional Services	-	-	3,430,000	-	-	-	3,430,000
Food and Kitchen Supplies	-	-	129,565	-	-	-	129,565
Other Services and Supplies	-	-	8,430	-	-	-	8,430

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 420 - Pandemic Response Information System

Cross Reference Name: OHA Shared Services
 Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	-	-	10,500	-	-	-	10,500
Total Services & Supplies	-	-	\$3,862,497	-	-	-	\$3,862,497
Total Expenditures							
Total Expenditures	-	-	8,026,541	-	-	-	8,026,541
Total Expenditures	-	-	\$8,026,541	-	-	-	\$8,026,541
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							15
Total Positions	-	-	-	-	-	-	15
Total FTE							
Total FTE							15.00
Total FTE	-	-	-	-	-	-	15.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 427 - Medicaid Enterprise System Modularity

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	1,325,387	-	-	-	1,325,387
Total Revenues	-	-	\$1,325,387	-	-	-	\$1,325,387
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	835,896	-	-	-	835,896
Empl. Rel. Bd. Assessments	-	-	209	-	-	-	209
Public Employees' Retire Cont	-	-	149,792	-	-	-	149,792
Social Security Taxes	-	-	63,947	-	-	-	63,947
Paid Family Medical Leave Insurance	-	-	3,343	-	-	-	3,343
Worker's Comp. Assess. (WCD)	-	-	182	-	-	-	182
Flexible Benefits	-	-	158,400	-	-	-	158,400
Total Personal Services	-	-	\$1,211,769	-	-	-	\$1,211,769
Services & Supplies							
Instate Travel	-	-	12,987	-	-	-	12,987
Employee Training	-	-	21,423	-	-	-	21,423
Office Expenses	-	-	24,714	-	-	-	24,714
Telecommunications	-	-	8,081	-	-	-	8,081
Food and Kitchen Supplies	-	-	40,663	-	-	-	40,663
Other Services and Supplies	-	-	2,250	-	-	-	2,250
Expendable Prop 250 - 5000	-	-	3,500	-	-	-	3,500
Total Services & Supplies	-	-	\$113,618	-	-	-	\$113,618

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 427 - Medicaid Enterprise System Modularity

Cross Reference Name: OHA Shared Services
 Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	1,325,387	-	-	-	1,325,387
Total Expenditures	-	-	\$1,325,387	-	-	-	\$1,325,387
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							5
Total Positions	-	-	-	-	-	-	5
Total FTE							
Total FTE							4.01
Total FTE	-	-	-	-	-	-	4.01

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 443 - Data Governance

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	1,151,168	-	-	-	1,151,168
Total Revenues	-	-	\$1,151,168	-	-	-	\$1,151,168
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	700,146	-	-	-	700,146
Empl. Rel. Bd. Assessments	-	-	195	-	-	-	195
Public Employees' Retire Cont	-	-	125,465	-	-	-	125,465
Social Security Taxes	-	-	53,563	-	-	-	53,563
Paid Family Medical Leave Insurance	-	-	2,801	-	-	-	2,801
Worker's Comp. Assess. (WCD)	-	-	170	-	-	-	170
Flexible Benefits	-	-	148,500	-	-	-	148,500
Total Personal Services	-	-	\$1,030,840	-	-	-	\$1,030,840
Services & Supplies							
Instate Travel	-	-	12,175	-	-	-	12,175
Employee Training	-	-	32,421	-	-	-	32,421
Office Expenses	-	-	23,170	-	-	-	23,170
Telecommunications	-	-	7,575	-	-	-	7,575
Food and Kitchen Supplies	-	-	39,377	-	-	-	39,377
Other Services and Supplies	-	-	2,110	-	-	-	2,110
Expendable Prop 250 - 5000	-	-	3,500	-	-	-	3,500
Total Services & Supplies	-	-	\$120,328	-	-	-	\$120,328

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 443 - Data Governance

Cross Reference Name: OHA Shared Services
Cross Reference Number: 44300-010-45-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	1,151,168	-	-	-	1,151,168
Total Expenditures	-	-	\$1,151,168	-	-	-	\$1,151,168
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							5
Total Positions	-	-	-	-	-	-	5
Total FTE							
Total FTE							3.75
Total FTE	-	-	-	-	-	-	3.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: State Assessments and Enterprise-wide Costs
 Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(1,158,710)	-	-	-	-	-	(1,158,710)
Other Revenues	-	-	2,597,622	-	-	-	2,597,622
Federal Funds	-	-	-	16,404	-	-	16,404
Tsfr From Administrative Svcs	-	213	-	-	-	-	213
Total Revenues	(\$1,158,710)	\$213	\$2,597,622	\$16,404	-	-	\$1,455,529
Personal Services							
Unemployment Assessments	90,173	213	53,756	16,404	-	-	160,546
Mass Transit Tax	(1,248,883)	-	2,543,866	-	-	-	1,294,983
Total Personal Services	(\$1,158,710)	\$213	\$2,597,622	\$16,404	-	-	\$1,455,529
Total Expenditures							
Total Expenditures	(1,158,710)	213	2,597,622	16,404	-	-	1,455,529
Total Expenditures	(\$1,158,710)	\$213	\$2,597,622	\$16,404	-	-	\$1,455,529
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	717,480	-	-	-	-	-	717,480
Other Revenues	-	-	195,890	-	-	-	195,890
Federal Funds	-	-	-	187,877	-	-	187,877
Total Revenues	\$717,480	-	\$195,890	\$187,877	-	-	\$1,101,247
Services & Supplies							
Employee Training	-	-	616	-	-	-	616
Office Expenses	73,266	-	19,254	18,960	-	-	111,480
Telecommunications	30,537	-	7,774	7,603	-	-	45,914
Data Processing	-	-	1,658	-	-	-	1,658
Facilities Rental and Taxes	590,804	-	155,113	152,971	-	-	898,888
Expendable Prop 250 - 5000	-	-	5,930	-	-	-	5,930
IT Expendable Property	-	-	3,107	-	-	-	3,107
Total Services & Supplies	\$694,607	-	\$193,452	\$179,534	-	-	\$1,067,593
Special Payments							
Other Special Payments	22,873	-	2,438	8,343	-	-	33,654
Total Special Payments	\$22,873	-	\$2,438	\$8,343	-	-	\$33,654
Total Expenditures							
Total Expenditures	717,480	-	195,890	187,877	-	-	1,101,247
Total Expenditures	\$717,480	-	\$195,890	\$187,877	-	-	\$1,101,247

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(514,142)	-	-	-	-	-	(514,142)
Other Revenues	-	-	(157,345)	-	-	-	(157,345)
Federal Funds	-	-	-	(205,574)	-	-	(205,574)
Total Revenues	(\$514,142)	-	(\$157,345)	(\$205,574)	-	-	(\$877,061)
Services & Supplies							
Office Expenses	(19,093)	-	(142)	(8,869)	-	-	(28,104)
Telecommunications	(7,708)	-	(57)	(3,585)	-	-	(11,350)
Data Processing	(206,277)	-	(37,912)	(54,056)	-	-	(298,245)
Facilities Rental and Taxes	(154,012)	-	(1,143)	(71,566)	-	-	(226,721)
Other Services and Supplies	-	-	(117,250)	-	-	-	(117,250)
Expendable Prop 250 - 5000	(77,575)	-	(512)	(41,424)	-	-	(119,511)
IT Expendable Property	(40,645)	-	(268)	(21,709)	-	-	(62,622)
Total Services & Supplies	(\$505,310)	-	(\$157,284)	(\$201,209)	-	-	(\$863,803)
Special Payments							
Other Special Payments	(8,832)	-	(61)	(4,365)	-	-	(13,258)
Total Special Payments	(\$8,832)	-	(\$61)	(\$4,365)	-	-	(\$13,258)
Total Expenditures							
Total Expenditures	(514,142)	-	(157,345)	(205,574)	-	-	(877,061)
Total Expenditures	(\$514,142)	-	(\$157,345)	(\$205,574)	-	-	(\$877,061)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	21,251,088	-	-	-	-	-	21,251,088
Other Revenues	-	-	3,626,332	-	-	-	3,626,332
Federal Funds	-	-	-	5,903,585	-	-	5,903,585
Tsfr From Administrative Svcs	-	28,572	-	-	-	-	28,572
Total Revenues	\$21,251,088	\$28,572	\$3,626,332	\$5,903,585	-	-	\$30,809,577
Services & Supplies							
Instate Travel	1,317	-	267	825	-	-	2,409
Office Expenses	81,112	-	38,113	49,292	-	-	168,517
Telecommunications	200,361	-	28,486	66,277	-	-	295,124
State Gov. Service Charges	14,731,460	-	2,150,400	3,209,723	-	-	20,091,583
Data Processing	385,924	-	204,497	114,241	-	-	704,662
Professional Services	40,330	-	11,774	25,199	-	-	77,303
Attorney General	309	-	75	251	-	-	635
Facilities Rental and Taxes	1,918,682	-	645,668	1,014,084	-	-	3,578,434
Fuels and Utilities	9,113	-	2,873	2,985	-	-	14,971
Facilities Maintenance	9,514	-	3,303	2,404	-	-	15,221
Food and Kitchen Supplies	372	-	-	56	-	-	428
Other Services and Supplies	179,047	-	3,495	25,913	-	-	208,455
Expendable Prop 250 - 5000	83,045	-	27,179	45,358	-	-	155,582
IT Expendable Property	43,906	-	9,595	30,268	-	-	83,769
Total Services & Supplies	\$17,684,492	-	\$3,125,725	\$4,586,876	-	-	\$25,397,093

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Other Special Payments	3,566,596	28,572	500,607	1,316,709	-	-	5,412,484
Total Special Payments	\$3,566,596	\$28,572	\$500,607	\$1,316,709	-	-	\$5,412,484
Total Expenditures							
Total Expenditures	21,251,088	28,572	3,626,332	5,903,585	-	-	30,809,577
Total Expenditures	\$21,251,088	\$28,572	\$3,626,332	\$5,903,585	-	-	\$30,809,577
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 032 - Above Standard Inflation

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	632,374	-	-	-	-	-	632,374
Other Revenues	-	-	211,576	-	-	-	211,576
Federal Funds	-	-	-	334,394	-	-	334,394
Total Revenues	\$632,374	-	\$211,576	\$334,394	-	-	\$1,178,344
Services & Supplies							
Facilities Rental and Taxes	613,507	-	205,776	324,126	-	-	1,143,409
Other Services and Supplies	18,867	-	5,800	10,268	-	-	34,935
Total Services & Supplies	\$632,374	-	\$211,576	\$334,394	-	-	\$1,178,344
Total Expenditures							
Total Expenditures	632,374	-	211,576	334,394	-	-	1,178,344
Total Expenditures	\$632,374	-	\$211,576	\$334,394	-	-	\$1,178,344
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 033 - Exceptional Inflation

Cross Reference Name: State Assessments and Enterprise-wide Costs
Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	3,092,058	-	-	-	-	-	3,092,058
Other Revenues	-	-	436,461	-	-	-	436,461
Federal Funds	-	-	-	956,166	-	-	956,166
Tsfr From Administrative Svcs	-	9,116	-	-	-	-	9,116
Total Revenues	\$3,092,058	\$9,116	\$436,461	\$956,166	-	-	\$4,493,801
Special Payments							
Other Special Payments	3,092,058	9,116	436,461	956,166	-	-	4,493,801
Total Special Payments	\$3,092,058	\$9,116	\$436,461	\$956,166	-	-	\$4,493,801
Total Expenditures							
Total Expenditures	3,092,058	9,116	436,461	956,166	-	-	4,493,801
Total Expenditures	\$3,092,058	\$9,116	\$436,461	\$956,166	-	-	\$4,493,801
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 203 - Mainframe Migration/Provider & Client Pmt Sys

Cross Reference Name: State Assessments and Enterprise-wide Costs
 Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	6,577,246	-	-	-	-	-	6,577,246
Other Revenues	-	-	1,238,942	-	-	-	1,238,942
Federal Funds	-	-	-	2,086,326	-	-	2,086,326
Total Revenues	\$6,577,246	-	\$1,238,942	\$2,086,326	-	-	\$9,902,514
Services & Supplies							
Food and Kitchen Supplies	94,436	-	15,051	25,345	-	-	134,832
Total Services & Supplies	\$94,436	-	\$15,051	\$25,345	-	-	\$134,832
Special Payments							
Other Special Payments	6,482,810	-	1,223,891	2,060,981	-	-	9,767,682
Total Special Payments	\$6,482,810	-	\$1,223,891	\$2,060,981	-	-	\$9,767,682
Total Expenditures							
Total Expenditures	6,577,246	-	1,238,942	2,086,326	-	-	9,902,514
Total Expenditures	\$6,577,246	-	\$1,238,942	\$2,086,326	-	-	\$9,902,514
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 412 - Fixing IT Risks & Vulnerabilities

Cross Reference Name: State Assessments and Enterprise-wide Costs
 Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	3,908,627	-	-	-	-	-	3,908,627
Other Revenues	-	-	436,612	-	-	-	436,612
Federal Funds	-	-	-	1,745,284	-	-	1,745,284
Total Revenues	\$3,908,627	-	\$436,612	\$1,745,284	-	-	\$6,090,523
Services & Supplies							
Food and Kitchen Supplies	53,124	-	8,223	13,847	-	-	75,194
Total Services & Supplies	\$53,124	-	\$8,223	\$13,847	-	-	\$75,194
Special Payments							
Other Special Payments	3,855,503	-	428,389	1,731,437	-	-	6,015,329
Total Special Payments	\$3,855,503	-	\$428,389	\$1,731,437	-	-	\$6,015,329
Total Expenditures							
Total Expenditures	3,908,627	-	436,612	1,745,284	-	-	6,090,523
Total Expenditures	\$3,908,627	-	\$436,612	\$1,745,284	-	-	\$6,090,523
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 413 - Complex Case Management Unit

Cross Reference Name: State Assessments and Enterprise-wide Costs
 Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Cert of Participation	-	-	35,000	-	-	-	35,000
Total Revenues	-	-	\$35,000	-	-	-	\$35,000
Services & Supplies							
Other COP Costs	-	-	35,000	-	-	-	35,000
Total Services & Supplies	-	-	\$35,000	-	-	-	\$35,000
Total Expenditures							
Total Expenditures	-	-	35,000	-	-	-	35,000
Total Expenditures	-	-	\$35,000	-	-	-	\$35,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 439 - OSH Asset & Equipment Replacement

Cross Reference Name: State Assessments and Enterprise-wide Costs
 Cross Reference Number: 44300-010-50-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Cert of Participation	-	-	45,000	-	-	-	45,000
Total Revenues	-	-	\$45,000	-	-	-	\$45,000
Services & Supplies							
Other COP Costs	-	-	45,000	-	-	-	45,000
Total Services & Supplies	-	-	\$45,000	-	-	-	\$45,000
Total Expenditures							
Total Expenditures	-	-	45,000	-	-	-	45,000
Total Expenditures	-	-	\$45,000	-	-	-	\$45,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

POS116 - Net Package Fiscal Impact Report

OHA Central Services

2023-25 Biennium

Cross Reference Number: 44300-010-40-00-00000

Agency Request Budget

Package Number: 202

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025360	1433030		MMN X0856 A P	PROJECT MANAGER 3	32	PF	24	3	7,630	183,120	87,258	270,378	1	1.00
1025361	1433031		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	3	3,964	95,136	64,408	159,544	1	1.00
1025362	1433032		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,456	173,756	1	0.75
1025363	1433033		OAH C0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,503	99,054	55,496	154,550	1	0.75
1025364	1433034		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,456	173,756	1	0.75
1025365	1433035		MMS X7196 A P	Supervisor 2	28X	PF	18	3	5,985	107,730	57,749	165,479	1	0.75
1025366	1433036		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,353	48,301	119,654	1	0.75
1025367	1433037		OAH C0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
General Funds										607,169	335,302	942,471		
Lottery Funds										0	0	0		
Other Funds										50,330	27,957	78,288		
Federal Funds										226,548	124,362	350,911		
Total Funds										884,047	487,621	1,371,670	8	6.50

POS116 - Net Package Fiscal Impact Report

OHA Central Services

2023-25 Biennium

Cross Reference Number: 44300-010-40-00-0000

Agency Request Budget

Package Number: 401

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1021201	1406313	140039	MMS X7204 A P	DIVERSITY EQUITY AND INCLUSIO	33X	PF	0	3	7,630	16,800	4,364	21,164	0	0.00
1024660	1432331		MMS X7083 A P	BUSINESS OPERATIONS MANAGEI	35X	PF	24	3	8,408	201,792	92,105	293,897	1	1.00
1024661	1432332		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024662	1432333		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024663	1432334		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024664	1432335		MMN X0856 A P	PROJECT MANAGER 3	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024665	1432336		MMN X0856 A P	PROJECT MANAGER 3	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024666	1432337		MMN X0856 A P	PROJECT MANAGER 3	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024667	1432338		MMN X0856 A P	PROJECT MANAGER 3	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024668	1432339		MMN X0856 A P	PROJECT MANAGER 3	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024669	1432340		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	24	3	6,930	166,320	82,892	249,212	1	1.00
1024670	1432341		MMN X0856 A P	PROJECT MANAGER 3	32	PF	18	3	7,630	137,340	65,439	202,779	1	0.75
1024671	1432342		MMN X1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	18	3	5,985	107,730	57,750	165,480	1	0.75
1024672	1432343		MMN X1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	18	3	5,985	107,730	57,750	165,480	1	0.75
1024673	1432344		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,353	48,302	119,655	1	0.75
1024674	1432345		MMN X1320 A P	HUMAN RESOURCE ANALYST 1	23	PF	18	3	4,941	88,938	52,870	141,808	1	0.75
1024675	1432346		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,930	124,740	62,168	186,908	1	0.75
1024676	1432347		MMN X1163 A P	ECONOMIST 3	30	PF	18	3	6,930	124,740	62,167	186,907	1	0.75
1024677	1432348		MMN X1245 A P	FISCAL ANALYST 3	30	PF	18	3	6,930	124,740	62,167	186,907	1	0.75
1024678	1432349		MMS X7204 A P	DIVERSITY EQUITY AND INCLUSIO	33X	PF	21	3	7,630	160,230	76,349	236,579	1	0.88
1024679	1432350		MMN X1321 A P	HUMAN RESOURCE ANALYST 2	26	PF	21	3	5,700	119,700	65,824	185,524	1	0.88
1024680	1432351		MMN X0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	4,277	76,986	49,765	126,751	1	0.75
1024681	1432352		MMN X0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	4,277	76,986	49,765	126,751	1	0.75
1024682	1432353		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	18	3	7,630	137,340	65,438	202,778	1	0.75
1024683	1432354		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	18	3	7,630	137,340	65,438	202,778	1	0.75
1024684	1432355		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	18	3	7,630	137,340	65,438	202,778	1	0.75
1024685	1432356		OAH C0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024686	1432357		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,496	154,550	1	0.75
1024687	1432358		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024688	1432359		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024689	1432360		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024690	1432361		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024691	1432362		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63

POS116 - Net Package Fiscal Impact Report

OHA Central Services

2023-25 Biennium

Cross Reference Number: 44300-010-40-00-0000

Agency Request Budget

Package Number: 401

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024692	1432363		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024693	1432364		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024694	1432365		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024695	1432366		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024696	1432367		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024697	1432368		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024698	1432369		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024699	1432370		OAH C1244 A P	FISCAL ANALYST 2	27	PF	15	3	5,503	82,545	46,249	128,794	1	0.63
1024700	1432371		OAH C0438 A P	PROCUREMENT & CONTRACT SPE	29	PF	15	3	6,051	90,765	48,383	139,148	1	0.63
1024701	1432372		OAH C2512 A P	ELECTRONIC PUBLISHING DESIGN	24	PF	15	3	4,776	71,640	43,417	115,057	1	0.63
1024702	1432373		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	15	3	3,964	59,460	40,253	99,713	1	0.63
1024703	1432374		MMS X7204 A P	DIVERSITY EQUITY AND INCLUSIO	33X	PF	21	3	7,630	160,230	76,349	236,579	1	0.88
1024704	1432375		MMN X0863 A P	PROGRAM ANALYST 4	31	PF	18	3	7,274	130,932	63,774	194,706	1	0.75
1024705	1432376		MMN X0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	4,277	76,986	49,765	126,751	1	0.75
1024706	1432377		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,930	103,951	51,809	155,760	1	0.63
1024707	1432378		OAH C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	15	3	5,503	82,545	46,249	128,794	1	0.63
1024708	1432379		OAH C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	15	3	5,503	82,545	46,249	128,794	1	0.63
1024709	1432380		MMS X7204 A P	DIVERSITY EQUITY AND INCLUSIO	33X	PF	21	3	7,630	160,230	76,349	236,579	1	0.88
1024710	1432381		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,930	124,740	62,167	186,907	1	0.75
1024711	1432382		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,930	124,740	62,167	186,907	1	0.75
1024712	1432383		MMN X0119 A P	EXECUTIVE SUPPORT SPECIALIST	20	PF	21	3	4,277	89,817	58,062	147,879	1	0.88
1024713	1432384		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	21	3	6,930	145,530	72,531	218,061	1	0.88
1024714	1432385		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	21	3	6,930	145,530	72,531	218,061	1	0.88
1024715	1432386		MMS X7205 A P	DIVERSITY EQUITY AND INCLUSIO	31X	PF	21	3	6,930	145,530	72,531	218,061	1	0.88
1024716	1432387		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	21	3	3,964	83,244	56,354	139,598	1	0.88
1024717	1432388		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,456	173,756	1	0.75
1024718	1432389		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,456	173,756	1	0.75
1024719	1432390		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,456	173,756	1	0.75
1024720	1432391		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,456	173,756	1	0.75
1024721	1432392		OAH C1216 A P	ACCOUNTANT 1	23	PF	18	3	4,555	81,990	51,068	133,058	1	0.75
1024722	1432393		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1024723	1432394		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1024724	1432395		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75

POS116 - Net Package Fiscal Impact Report

OHA Central Services

2023-25 Biennium

Cross Reference Number: 44300-010-40-00-0000

Agency Request Budget

Package Number: 401

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024725	1432396		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1024726	1432397		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1024727	1432398		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1024728	1432399		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,930	124,740	62,172	186,912	1	0.75
1024729	1432400		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,930	124,740	62,172	186,912	1	0.75
1024730	1432401		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,930	124,740	62,172	186,912	1	0.75
1024731	1432402		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1024732	1432403		MMN X0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	4,277	76,986	49,768	126,754	1	0.75
1024733	1432404		MMN X0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,985	107,730	57,750	165,480	1	0.75
1024734	1432405		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,352	48,302	119,654	1	0.75
1024735	1432406		MMN X0856 A P	PROJECT MANAGER 3	32	PF	18	3	7,630	137,340	65,438	202,778	1	0.75
1024736	1432407		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,438	202,778	1	0.75
1024737	1432408		MMN X0855 A P	PROJECT MANAGER 2	30	PF	18	3	6,930	124,740	62,167	186,907	1	0.75
1024738	1432409		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,930	124,740	62,167	186,907	1	0.75
1024739	1432410		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,456	173,756	1	0.75
1024740	1432411		OAH C0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024741	1432412		OAH C0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024742	1432413		OAH C0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024743	1432414		OAH C0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024744	1432415		OAH C0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024745	1432416		OAH C0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024746	1432417		MMS X7034 A P	ACCOUNTING MANAGER 2	33X	PF	21	3	7,630	160,230	76,350	236,580	1	0.88
1024747	1432418		MMN X1321 A P	HUMAN RESOURCE ANALYST 2	26	PF	21	3	5,700	119,700	65,824	185,524	1	0.88
1024748	1432419		OAH C0855 A P	PROJECT MANAGER 2	30	PF	15	3	6,350	95,251	49,550	144,801	1	0.63
1024749	1432420		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	15	3	6,350	95,251	49,550	144,801	1	0.63
1024750	1432421		OAH C1486 I P	INFORMATION SYSTEMS SPECIALIST	29	PF	15	3	6,230	93,451	49,080	142,531	1	0.63
1024751	1432422		OAH C1486 I P	INFORMATION SYSTEMS SPECIALIST	29	PF	15	3	6,230	93,451	49,080	142,531	1	0.63
General Funds										8,216,007	4,232,776	12,448,783		
Lottery Funds										0	0	0		
Other Funds										647,204	330,999	978,183		
Federal Funds										1,948,406	1,022,872	2,971,282		
Total Funds										10,811,617	5,586,647	16,398,248	92	70.17

POS116 - Net Package Fiscal Impact Report

OHA Central Services

2023-25 Biennium

Cross Reference Number: 44300-010-40-00-00000

Agency Request Budget

Package Number: 403

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024801	1432472		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024802	1432473		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024803	1432474		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024804	1432475		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,438	202,778	1	0.75
1024805	1432476		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,438	202,778	1	0.75
1024806	1432477		OAH C1486 I P	INFORMATION SYSTEMS SPECIALIST	29	PF	18	3	6,230	112,140	58,894	171,034	1	0.75
1024807	1432478		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024808	1432479		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
General Funds										839,274	424,379	1,263,653		
Lottery Funds										0	0	0		
Other Funds										73,436	37,134	110,567		
Federal Funds										136,381	68,963	205,344		
Total Funds										1,049,091	530,476	1,579,564	8	6.50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024657	1432031		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,917	58,058	166,975	1	0.75
1024658	1432032		OAH C1117 A P	RESEARCH ANALYST 3	26	PF	18	3	5,256	94,608	54,341	148,949	1	0.75
1024659	1432033		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,353	48,301	119,654	1	0.75
General Funds										219,902	128,560	348,462		
Lottery Funds										0	0	0		
Other Funds										19,242	11,249	30,490		
Federal Funds										35,734	20,891	56,625		
Total Funds										274,878	160,700	435,577	3	2.25

POS116 - Net Package Fiscal Impact Report

OHA Shared Services

2023-25 Biennium

Cross Reference Number: 44300-010-45-00-00000

Agency Request Budget

Package Number: 203

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024825	1432495		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	12	9	10,573	126,876	52,799	179,675	1	0.50
1024826	1432496		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	12	3	6,898	82,776	41,345	124,121	1	0.50
1024827	1432497		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	12	3	6,898	82,776	41,345	124,121	1	0.50
1024828	1432498		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	12	3	6,898	82,776	41,345	124,121	1	0.50
1024829	1432499		OAH C1245 A P	FISCAL ANALYST 3	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024830	1432500		OAH C1484 I P	INFORMATION SYSTEMS SPECIAL	25	PF	12	3	5,214	62,568	36,097	98,665	1	0.50
1024831	1432501		OAH C1484 I P	INFORMATION SYSTEMS SPECIAL	25	PF	12	3	5,214	62,568	36,097	98,665	1	0.50
1024832	1432502		OAH C1485 I P	INFORMATION SYSTEMS SPECIAL	28	PF	12	3	5,825	69,900	38,002	107,902	1	0.50
1024833	1432503		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	12	3	6,898	82,776	41,345	124,121	1	0.50
1024834	1432504		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	12	9	10,573	126,876	52,799	179,675	1	0.50
1024835	1432505		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	18	9	10,573	190,314	79,197	269,511	1	0.75
1024836	1432506		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	18	9	10,573	190,314	79,197	269,511	1	0.75
1024837	1432507		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024838	1432508		OAH C0855 A P	PROJECT MANAGER 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024839	1432509		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
1024840	1432510		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	24	9	10,573	253,752	105,598	359,350	1	1.00
1024841	1432511		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	24	9	10,573	253,752	105,598	359,350	1	1.00
1024842	1432512		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024843	1432513		MMS X7010 I P	PRINCIPAL EXECUTIVE/MANAGER	35X	PF	24	3	9,718	233,232	100,269	333,501	1	1.00
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										2,453,592	1,153,269	3,606,861		
Federal Funds										0	0	0		
Total Funds										2,453,592	1,153,269	3,606,861	19	13.00

POS116 - Net Package Fiscal Impact Report

OHA Shared Services

2023-25 Biennium

Cross Reference Number: 44300-010-45-00-00000

Agency Request Budget

Package Number: 412

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1024811	1432482		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	21	9	10,573	222,033	92,398	314,431	1	0.88	
1024812	1432483		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	21	9	10,573	222,033	92,398	314,431	1	0.88	
1024813	1432484		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	21	9	10,573	222,033	92,398	314,431	1	0.88	
1024814	1432485		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	21	9	10,573	222,033	92,398	314,431	1	0.88	
1024815	1432486		OAH C1482 I P	INFORMATION SYSTEMS SPECIAL	21	PF	18	3	4,201	75,618	49,411	125,029	1	0.75	
1024816	1432487		OAH C1485 I P	INFORMATION SYSTEMS SPECIAL	28	PF	18	3	5,825	104,850	57,002	161,852	1	0.75	
1024817	1432488		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	18	3	6,898	124,164	62,019	186,183	1	0.75	
1024818	1432489		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	21	3	6,898	144,858	72,356	217,214	1	0.88	
1024819	1432490		MMS X7008 I P	PRINCIPAL EXECUTIVE/MANAGER	33X	PF	18	3	8,831	158,958	71,054	230,012	1	0.75	
1024820	1432491		OAH C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75	
General Funds										0	0	0			
Lottery Funds										0	0	0			
Other Funds										1,595,634	736,931	2,332,565			
Federal Funds										0	0	0			
Total Funds										1,595,634	736,931	2,332,565	10	8.15	

POS116 - Net Package Fiscal Impact Report

OHA Shared Services

2023-25 Biennium

Cross Reference Number: 44300-010-45-00-00000

Agency Request Budget

Package Number: 416

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024821	1432492		OAH C0438 A P	PROCUREMENT & CONTRACT SPE	29	PF	24	3	6,051	145,224	77,414	222,638	1	1.00
1024822	1432493		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	24	9	10,573	253,752	105,598	359,350	1	1.00
1024823	1432494		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	12	3	7,630	91,560	43,627	135,187	1	0.50
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										490,536	226,639	717,175		
Federal Funds										0	0	0		
Total Funds										490,536	226,639	717,175	3	2.50

POS116 - Net Package Fiscal Impact Report

OHA Shared Services

2023-25 Biennium

Cross Reference Number: 44300-010-45-00-00000

Agency Request Budget

Package Number: 420

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024844	1432514		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024845	1432515		MMN X0856 A P	PROJECT MANAGER 3	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024846	1432516		MMS X7006 I P	PRINCIPAL EXECUTIVE/MANAGER 31X	31X	PF	24	3	8,015	192,360	89,655	282,015	1	1.00
1024847	1432517		MMS X7008 I P	PRINCIPAL EXECUTIVE/MANAGER 33X	33X	PF	24	3	8,831	211,944	94,741	306,685	1	1.00
1024848	1432518		OAH C1484 I P	INFORMATION SYSTEMS SPECIALIST 25	25	PF	24	3	5,214	125,136	72,197	197,333	1	1.00
1024849	1432519		OAH C1484 I P	INFORMATION SYSTEMS SPECIALIST 25	25	PF	24	3	5,214	125,136	72,197	197,333	1	1.00
1024850	1432520		OAH C1487 I P	INFORMATION SYSTEMS SPECIALIST 31	31	PF	24	3	6,898	165,552	82,693	248,245	1	1.00
1024851	1432521		OAH C1487 I P	INFORMATION SYSTEMS SPECIALIST 31	31	PF	24	3	6,898	165,552	82,693	248,245	1	1.00
1024852	1432522		OAH C1487 I P	INFORMATION SYSTEMS SPECIALIST 31	31	PF	24	3	6,898	165,552	82,693	248,245	1	1.00
1024853	1432523		OAH C1487 I P	INFORMATION SYSTEMS SPECIALIST 31	31	PF	24	3	6,898	165,552	82,693	248,245	1	1.00
1024854	1432524		OAH C1487 I P	INFORMATION SYSTEMS SPECIALIST 31	31	PF	24	3	6,898	165,552	82,693	248,245	1	1.00
1024855	1432525		MMN X1488 I P	INFORMATION SYSTEMS SPECIALIST 32	32	PF	24	9	10,573	253,752	105,598	359,350	1	1.00
1024856	1432526		MMN X1488 I P	INFORMATION SYSTEMS SPECIALIST 32	32	PF	24	9	10,573	253,752	105,598	359,350	1	1.00
1024857	1432527		MMN X1488 I P	INFORMATION SYSTEMS SPECIALIST 32	32	PF	24	9	10,573	253,752	105,598	359,350	1	1.00
1024858	1432528		MMN X1488 I P	INFORMATION SYSTEMS SPECIALIST 32	32	PF	24	9	10,573	253,752	105,598	359,350	1	1.00
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										2,832,864	1,331,180	4,164,044		
Federal Funds										0	0	0		
Total Funds										2,832,864	1,331,180	4,164,044	15	15.00

POS116 - Net Package Fiscal Impact Report

OHA Shared Services

2023-25 Biennium

Cross Reference Number: 44300-010-45-00-0000

Agency Request Budget

Package Number: 427

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1024859	1432529		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	18	9	10,573	190,314	79,197	269,511	1	0.75	
1024860	1432530		MMN X0856 A P	PROJECT MANAGER 3	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75	
1024861	1432531		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75	
1024862	1432532		MMS X7008 I P	PRINCIPAL EXECUTIVE/MANAGER	33X	PF	21	3	8,831	185,451	82,898	268,349	1	0.88	
1024863	1432533		MMS X7008 I P	PRINCIPAL EXECUTIVE/MANAGER	33X	PF	21	3	8,831	185,451	82,898	268,349	1	0.88	
General Funds											0	0	0		
Lottery Funds											0	0	0		
Other Funds											835,896	375,873	1,211,769		
Federal Funds											0	0	0		
Total Funds											835,896	375,873	1,211,769	5	4.01

POS116 - Net Package Fiscal Impact Report

OHA Shared Services

2023-25 Biennium

Cross Reference Number: 44300-010-45-00-00000

Agency Request Budget

Package Number: 443

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1024864	1432534		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	18	9	10,573	190,314	79,197	269,511	1	0.75	
1024865	1432535		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	18	3	6,898	124,164	62,019	186,183	1	0.75	
1024866	1432536		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	18	3	6,898	124,164	62,019	186,183	1	0.75	
1024867	1432537		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	18	3	6,898	124,164	62,019	186,183	1	0.75	
1024868	1432538		MMN X0856 A P	PROJECT MANAGER 3	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75	
										General Funds	0	0	0		
										Lottery Funds	0	0	0		
										Other Funds	700,146	330,694	1,030,840		
										Federal Funds	0	0	0		
										Total Funds	700,146	330,694	1,030,840	5	3.75

POS116 - Net Package Fiscal Impact Report

OHA Shared Services

2023-25 Biennium

Cross Reference Number: 44300-010-45-00-00000

Current Service Level

Package Number: 21

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022302	1417751		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	12	3	6,898	82,776	41,345	124,121	1	0.50
				General Funds						0	0	0		
				Lottery Funds						0	0	0		
				Other Funds						82,776	41,345	124,121		
				Federal Funds						0	0	0		
				Total Funds						82,776	41,345	124,121	1	0.50

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	499,580	-	-	-	-	-
Transfer In Lottery Proceeds	8	-	-	-	-	-
Tsfr From Administrative Svcs	-	519,457	719,457	4,735,732	-	-
Total Lottery Funds	\$499,588	\$519,457	\$719,457	\$4,735,732	-	-
Other Funds						
Charges for Services	4,177	-	-	-	-	-
Admin and Service Charges	171,986,970	-	-	-	-	-
Cert of Participation	-	-	-	80,000	-	-
Interest Income	1,923,771	-	-	-	-	-
Grants (Non-Fed)	2,418,914	-	-	-	-	-
Other Revenues	19,716,543	243,070,339	258,637,199	301,491,181	-	-
Transfer In - Intrafund	222,872	-	-	-	-	-
Tsfr From Administrative Svcs	54,688,230	-	-	-	-	-
Transfer Out - Intrafund	(1,923,646)	-	-	-	-	-
Tsfr To Administrative Svcs	(10)	-	-	-	-	-
Total Other Funds	\$249,037,821	\$243,070,339	\$258,637,199	\$301,571,181	-	-
Federal Funds						
Federal Funds	55,731,976	69,040,756	78,211,562	107,104,293	-	-
Total Federal Funds	\$55,731,976	\$69,040,756	\$78,211,562	\$107,104,293	-	-
Nonlimited Other Funds						
Refunding Bonds	232,954,693	-	-	-	-	-
Transfer In - Intrafund	1,915,208	-	-	-	-	-
Tsfr From Oregon Health Authority	13,774,000	-	-	-	-	-

Agency Request
2023-25 Biennium

Governor's Budget
Page 1

Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Nonlimited Other Funds						
Tsfr To Oregon Health Authority	(13,774,000)	-	-	-	-	-
Total Nonlimited Other Funds	\$234,869,901	-	-	-	-	-
Nonlimited Federal Funds						
Federal Funds	887,859	-	-	-	-	-
Total Nonlimited Federal Funds	\$887,859	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-40-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	91,688	-	-	-	-	-
Tsfr From Administrative Svcs	-	34,116	34,116	35,550	-	-
Total Lottery Funds	\$91,688	\$34,116	\$34,116	\$35,550	-	-
Other Funds						
Charges for Services	371	-	-	-	-	-
Grants (Non-Fed)	258,005	-	-	-	-	-
Other Revenues	2,549,563	9,155,539	4,643,153	7,795,332	-	-
Tsfr From Administrative Svcs	50,475,788	-	-	-	-	-
Total Other Funds	\$53,283,727	\$9,155,539	\$4,643,153	\$7,795,332	-	-
Federal Funds						
Federal Funds	10,835,885	18,087,728	19,431,290	37,299,559	-	-
Total Federal Funds	\$10,835,885	\$18,087,728	\$19,431,290	\$37,299,559	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-45-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Admin and Service Charges	171,986,970	-	-	-	-	-
Grants (Non-Fed)	11	-	-	-	-	-
Other Revenues	227,417	205,885,021	222,924,593	254,040,306	-	-
Tsfr From Administrative Svcs	2,964,377	-	-	-	-	-
Total Other Funds	\$175,178,775	\$205,885,021	\$222,924,593	\$254,040,306	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-010-50-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	407,892	-	-	-	-	-
Transfer In Lottery Proceeds	8	-	-	-	-	-
Tsfr From Administrative Svcs	-	485,341	685,341	4,700,182	-	-
Total Lottery Funds	\$407,900	\$485,341	\$685,341	\$4,700,182	-	-
Other Funds						
Charges for Services	3,806	-	-	-	-	-
Cert of Participation	-	-	-	80,000	-	-
Interest Income	1,923,771	-	-	-	-	-
Grants (Non-Fed)	2,160,898	-	-	-	-	-
Other Revenues	16,939,563	28,029,779	31,069,453	39,655,543	-	-
Transfer In - Intrafund	222,872	-	-	-	-	-
Tsfr From Administrative Svcs	1,248,065	-	-	-	-	-
Transfer Out - Intrafund	(1,923,646)	-	-	-	-	-
Tsfr To Administrative Svcs	(10)	-	-	-	-	-
Total Other Funds	\$20,575,319	\$28,029,779	\$31,069,453	\$39,735,543	-	-
Federal Funds						
Federal Funds	44,896,091	50,953,028	58,780,272	69,804,734	-	-
Total Federal Funds	\$44,896,091	\$50,953,028	\$58,780,272	\$69,804,734	-	-
Nonlimited Other Funds						
Refunding Bonds	232,954,693	-	-	-	-	-
Transfer In - Intrafund	1,915,208	-	-	-	-	-
Tsfr From Oregon Health Authority	13,774,000	-	-	-	-	-
Tsfr To Oregon Health Authority	(13,774,000)	-	-	-	-	-
Total Nonlimited Other Funds	\$234,869,901	-	-	-	-	-

Agency Request
2023-25 Biennium

Governor's Budget
Page 5

Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-010-50-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Nonlimited Federal Funds						
Federal Funds	887,859	-	-	-	-	-
Total Nonlimited Federal Funds	\$887,859	-	-	-	-	-

2021-23

Legislatively Approved Budget

Health Systems Programs

4,358 positions | 4,223.37 FTE

Health Systems Division

548 positions | 492.18 FTE

Health Policy & Analytics

218 positions | 202.40 FTE

Public Employees' Benefit Board

20 positions | 19.50 FTE

Oregon Educators Benefits Board

20 positions | 20.00 FTE

Public Health

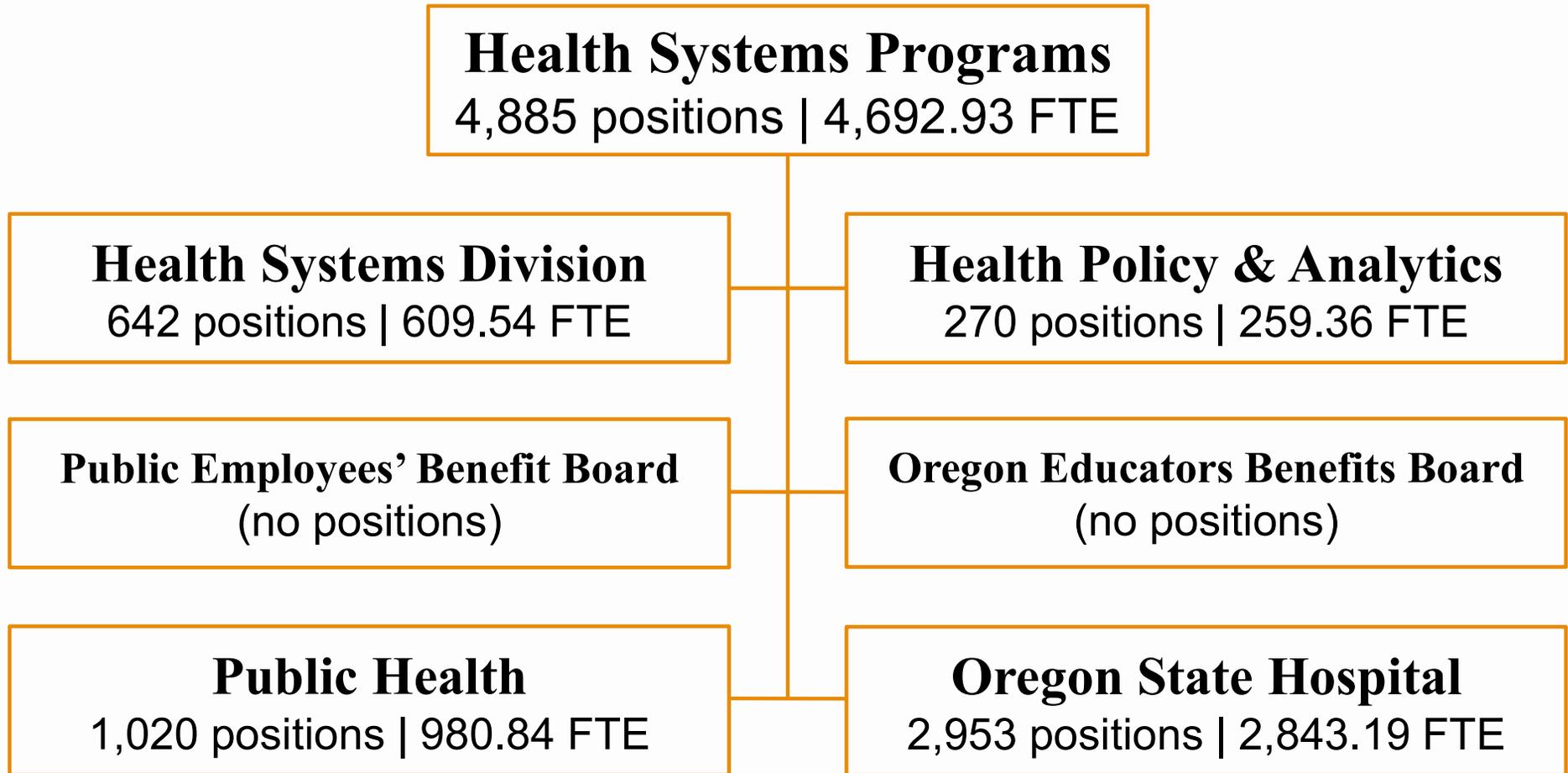
894 positions | 873.26 FTE

Oregon State Hospital

2,658 positions | 2,616.03 FTE

2023-25

Agency Request Budget



2021-23

Legislatively Approved Budget

Health Systems Division

548 positions | 492.18 FTE

Program Support & Administration

548 positions | 492.18.00 FTE

Health Programs – Medicaid

(no position)

Health Programs – Non-Medicaid

(no positions)

2023-25

Agency Request Budget

Health Systems Division

642 positions | 609.54 FTE

Program Support & Administration

642 positions | 609.54 FTE

Health Programs – Medicaid

(no positions)

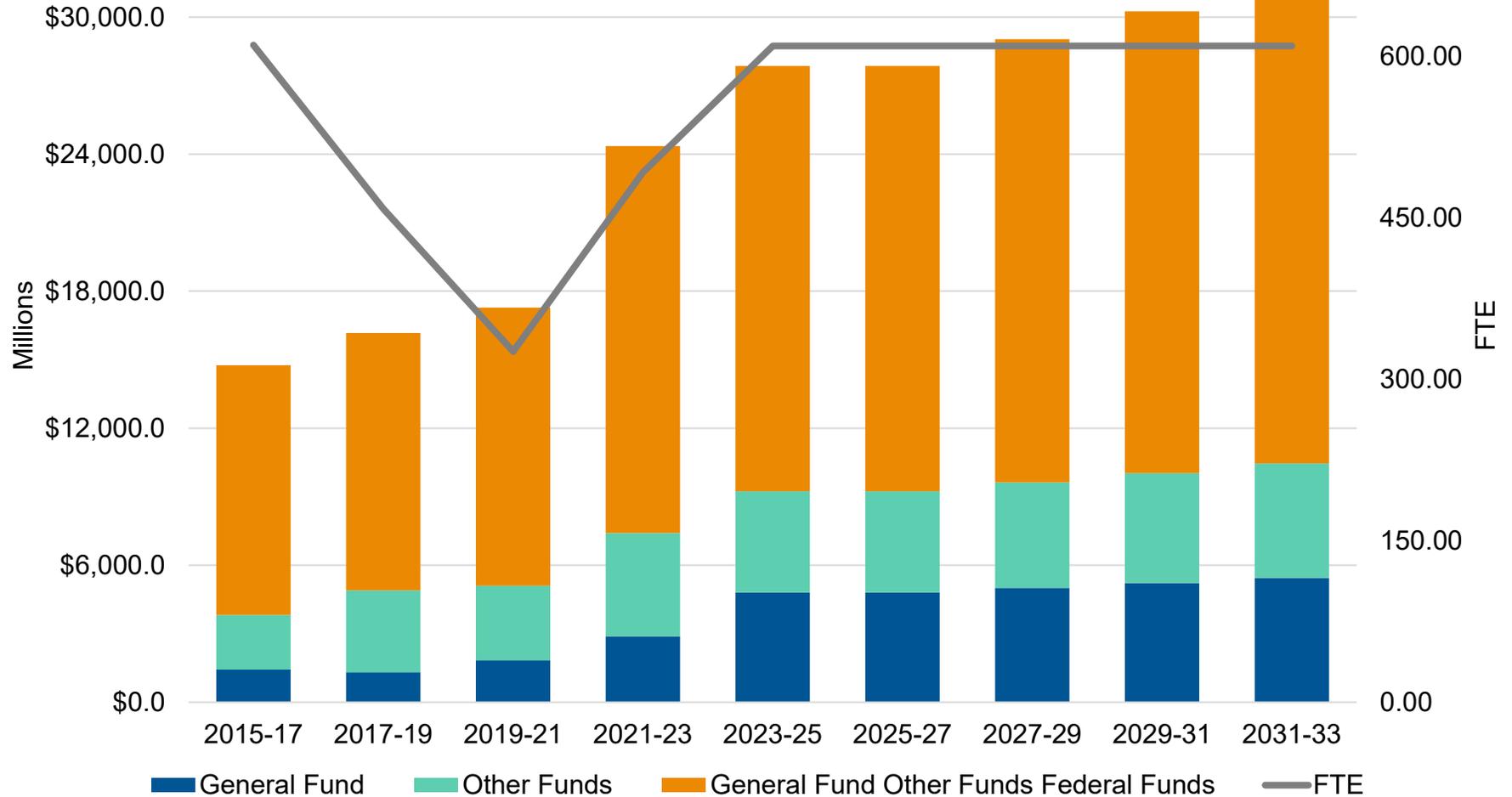
Health Programs – Non-Medicaid

(no positions)

Oregon Health Authority: Health Services Division

Executive Summary

Program Contact: Margie Stanton, Director
503-947-2658



Executive Summary

Division Overview

The Health Systems Division (HSD) is responsible for developing and maintaining a statewide system of integrated physical, behavioral, and oral health care. HSD serves to complement the larger efforts of OHA to eliminate health inequities in Oregon by 2030. HSD operationalizes access to health care for all people in Oregon, with the triple aim of better health, better care, and lower costs.

To do this, HSD is committed to establishing a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state and Tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

HSD works with partners statewide to build and advance a system of care to create a healthy Oregon. This includes managing the Oregon Health Plan (OHP), Oregon's Medicaid and Children's Health Insurance Program, and maintaining and providing oversight for Oregon's health care system in several ways, including:

- Making the OHP member experience simpler and easier
- Developing business and operational policies for the OHP, addiction services and behavioral health delivery systems
- Contracting with coordinated care organizations (CCOs), behavioral health programs and other partners to support community-based health services and oversee compliance with state and federal regulations
- Implementing technologies and information systems that support HSD programs
- Reducing behavioral health inequities and elevating quality and accountability
- Facilitating community-centered engagement and person-directed services
- Increasing overall capacity, coverage and integration across settings and services

Executive Summary

- Incentivizing trauma-informed, culturally responsive & linguistically specific services
- Improving workforce diversity and increasing staff retention

Funding request

The Agency Request Budget of \$463.1 million Total Funds continues funding for the Health Systems Divisions' (HSD) Medicaid and Behavioral Health Non-Medicaid programs at the current service level for the 2023-25 biennium. The current service level budget includes the expansion of the Healthier Oregon program to all adults, regardless of age, who would qualify for Medicaid except for immigration status. Additionally, HSD proposes the following policy packages to decrease health inequities:

- **Policy package #404** would enhance existing services and expand the current system to provide a “no wrong door” approach to ensure individuals in crisis receive the appropriate level of care through three programs: a statewide 988 call center, expanding mobile crisis team outreach, creating crisis stabilization centers (CSCs) within each county, and developing a seamless continuity of care through follow-up service referral and tracking.
- **Policy package #203** More than one million Oregonians count on the state’s current mainframe platform to receive their benefit and provider payments. There is increasing risk OHA will be unable to make timely payments to Oregonians, potentially for an extended period. ODHS and OHA are therefore jointly requesting resources to upgrade the mainframe platform and ensure continuity of payments and benefits.
- **Policy package #201** Oregon is in the process of applying for a new CMS 1115 waiver for 2022–2027. The new waiver will seek to build on Oregon’s strong history of innovation in health care, and make progress toward creating a more equitable, culturally- and linguistically- responsive health care system, helping contain costs by providing quality health care, investing in equitable and culturally appropriate health care, and ensuring everyone can get the coverage they need.
- **Policy package #202** In 2022, the Legislature passed House Bill 4035 to fund federally mandated redetermination process to help maintain health care coverage when the Public Health Emergency expires by funding short-term coverage for people who earn too much for Medicaid but not enough to afford other

Executive Summary

coverage and authorize development of a sustainable long-term solution in the form of a Basic Health Program (BHP). This policy package would fund the remaining critical elements needed to implement a redetermination process. This package includes extensive investment in engagement with community partners to ensure OHA meets the needs of diverse Oregon communities.

- **Policy package #414** In response to strong community feedback that Oregon’s longstanding waiver from federal Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) requirements is harmful and needs to end, with recognition that this waiver is a barrier to meeting OHA’s goal to eliminate health inequities by 2030, this policy package funds the staff and system updates necessary for OHA to build an EPSDT program that will meet federal regulations and ensure children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services required by EPSDT.
- **Policy package #415** would addresses inequities in access to and quality of mental health and substance use treatment for Oregonians at risk of entering the criminal justice system through the expansion of jail diversion programs and an overhaul of the civil commitment system.
- **Policy package #418** would fund an expansion of Project Nurture, which combines maternity care, substance use disorder treatment, peer/doula support, and case management in a single setting. Access to these services in a single care setting reduces barriers to care and facilitates increased collaboration among providers, which creates a more supportive environment with realistic expectations for mothers.
- **Policy package #421** would transform the Fee For Service (FFS) element of OHP to provide person-centered care and coordination. FFS is not resourced to provide person-centered care and coordination to meet the unique needs of the people it serves. FFS does not have systemic standards and metrics for accountability and outcomes, flexible funding, or localized knowledge of support networks and partners to address wider supports and social determinants of health. This policy package funds a transformation in FFS to create a statewide, person-centered system of care that will reduce health inequities.
- **Policy package #423** would ensure OHA has resources for system automation to operate and support the 100 percent FMAP Tribal Savings and Reinvestment Program.

Executive Summary

- **Policy package #426** would address gaps identified by youth and families to strategically expand the continuum of services available to children, youth and families experiencing behavioral health challenges, using low barrier procurement processes centering communities of color and people with lived experience in the development and implementation of investment and infrastructure. This proposal would expand access to services in Behavior Rehabilitation Services, Youth Hubs, and improve availability of both child psychiatry and developmental pediatrics services for youth in Oregon.
- **Policy package #446** would address Oregon’s high suicide rate across the lifespan and fuel prevention work grounded in local communities. It would fully fund the Youth Suicide Intervention and Prevention Plan (YSIPP), launch the currently unfunded Adult Suicide Intervention and Prevention Plan (ASIPP) and creates an OHA Suicide Prevention unit. The YSIPP and ASIPP plans represent a comprehensive approach to suicide prevention, intervention and postvention needed to produce long-lasting decreases in suicide rates.
- **Policy package #447** Life Span Respite, to ensure placement and independence for people with behavioral health conditions of all ages, based in a person’s own home and within their community, that is person-centered, person driven, effective, and culturally and linguistically responsive.
Policy package #448 would provide funding for the Behavioral Health Metrics Incentive Fund, which would further support the implementation of quality metrics for behavioral health services provided by CCOs, health care providers, counties and other government entities to incentivize system changes that address the equitable redistribution of power and resources to communities impacted by social injustice and health inequities.

Program descriptions

The Health Systems Division’s (HSD) is comprised of three different program units – Program Support & Administration, Medicaid and Non-Medicaid. Across all three program units, the shared mission is to build and advance a system of care to help all people in Oregon be healthier. The division is conducting innovative programming and ambitious community-led efforts to change the quality and access to care, as is necessary to

Executive Summary

eliminate health inequities in Oregon and to ensure the health system serves and respects the diversity, cultures, and languages across Oregon communities.

HSD works with the federal government, Tribes, health care providers, community partners, public health programs, community behavioral health programs, and other state agencies to maintain and improve access to physical, behavioral, and oral health care. HSD administers state and federal funds to deliver and pay for health care services to over 1.4 million people in Oregon, primarily through the Oregon Health Plan (OHP). This enrollment includes a significant increase resulting from federal policies to ensure people maintain their coverage during the COVID-19 pandemic, and the recent addition of Oregonians through Healthier Oregon who would qualify for Medicaid except for their immigration status.

HSD is also guiding transformational change in the behavioral health system through the historic investments made during the 2021-23 biennium by the Oregon legislature and the investments in substance use disorder treatment from Ballot Measure 110 (2021). The investments made in Behavioral Health for the 2021-23 biennium include:

- **Behavioral Health Accountability and Quality** enhanced support for culturally-specific peer led services, including support for Tribal-based practices; integrated treatment for co-occurring disorders (substance addiction and mental health disorders together); reduction of administrative burdens in behavioral health clinical documentation and reporting; an analysis of pay and equity disparities affecting the behavioral health workforce; high quality and rapid access to alcohol and drug treatment as guided by the Alcohol & Drug Policy Commission; specialized housing navigation assistance; expansion and enhancement of the child, family and adolescent behavioral health system specific to access of services at all levels of care that is driven by real-time data.
- **Behavioral Health Workforce Diversity and Stability** provide incentives to increase the recruitment and retention of providers in the behavioral health care workforce who are people of color, Tribal members, or residents of rural areas in this state, to provide culturally responsive care for diverse communities.
- **Behavioral Health Rates and Financial Sustainability** support an increase in fee-for-service payment rates for behavioral health services, raising rates by an average of 30 percent, contingent on federal approval. This

Executive Summary

includes a 22 percent differential for culturally and linguistically specific services with an extra 5 percent differential for these services when provided in a rural setting.

- **Behavioral Health Infrastructure Expansion and Capacity Building** directly distribute to community mental health programs (CMHPs) via a formula using existing funding mechanisms such as County Financial Assistance Agreements (CFAA). These funds are primarily to repurpose or build new secure behavioral health residential treatment facilities, residential treatment homes, and other types of necessary housing.
- **Behavioral Health Services Integration and Community-led Innovation**, which includes:
 - Establishing 988 as the National Suicide Prevention Hotline (similar to 911 for emergencies) effective July 16, 2022, call centers and enhanced mobile crisis services.
 - Community restoration and clinical services, rental assistance and wraparound support, and OHA operations for supporting individuals who have been ordered by a court to receive services enabling them to “aid and assist” in their own criminal defense.
 - Making screening health assessment, treatment and recovery services for substance use disorder and harmful substance use available to all those who need and want access to those services and adopting a health approach to substance use by removing criminal penalties for low-level drug possession.
 - Establishment of an Opioid Settlement Prevention, Treatment and Recovery Fund to receive settlement monies from lawsuits against opioid distributors, manufacturers, and pharmacies.
 - The System of Care (SOC) Advisory Council, which is directed to improve the effectiveness and efficacy of child serving state agencies and the continuum of care that provides services to youth ages 0–25 by providing centralized and impartial forum for statewide policy development, funding strategy recommendations and planning.

Services are delivered through Tribal programs, community mental health programs, individual health care provider agreements, coordinated care organizations (CCO), other managed care plans, and funding opportunities to support additional housing for individuals with severe and persistent mental illness.

Oregon Health Authority: Health Services Division

Executive Summary

As OHA looks to the 2023-25 biennium, HSD forecasts the following areas of growth to meet Oregonians' needs and help eliminate health inequities:

- Maintain the COVID-19 pandemic gains in health care access, especially for communities of color.
- Expand health care access through the full implementation of Healthier Oregon, a program to provide Oregon Health Plan (OHP) services to Oregonians who would qualify for Medicaid except for immigration status.
- Meet increased demand for community-based behavioral health services with clear outcome metrics and goals.
- Fully operationalize the Behavioral Health Resource Networks (BHRNs) in each county as envisioned by Measure 110 partners to improve outcomes for Oregonians with substance use disorder.
- Increase health care workforce investments and incentives to attract and retain workers, especially those who can meet a diversity of culturally and linguistically specific needs.
- Provide additional coordination of health services for justice-involved Oregonians as they transition back to their communities.
- Expand community partnership and investments in social determinants of health.
- Build-out climate-related health services and supports for Oregonians most at risk of being harmed by climate change impacts.

Program justification and link to long-term outcomes

People with health care coverage and access to care are more likely to receive preventive care and to seek care quickly when they are sick, both of which help avoid or minimize many serious health conditions. Losing that coverage contributes to poorer health and health inequities, from short-term acute health problems as well as long-term chronic ones, and to higher expenses for the individual and the entire health care system. A statewide, integrated system of care is essential to eliminate health inequities, drive down health care costs, and improve behavioral and physical health outcomes. HSD incentivizes preventive practices and quality care through quality payments to CCOs and hospitals.

Executive Summary

HSD works with community partners to develop and strengthen culturally, and linguistically appropriate and responsive services aligned with social determinants of health. Examples of this include; the Problem Gambling Program’s partnership with Asian-American and Latino advisory councils; and applying the race, ethnicity, language and disability (REALD) and sexual orientation and gender identity (SOGI) data collection standards to assess how racism, disablism, lack of language access, sexism and heteronormative dominance impact individual and community health as well as to close the significant gaps in health inequities experienced by populations that remain invisible.

Program performance

As established in House Bill 2086, the Behavioral Health Committee (“the Committee”) is authorized to increase the quality of services and transform the behavioral health system through outcomes, metrics, and incentives. The Committee is tasked with the following:

- **Establishing metrics and incentives** for behavioral health services provided by CCOs, health care providers, counties, and other government entities and establishing incentives to improve the quality of behavioral health services
- **Qualifications for quality metrics and incentives** that improve timely access to behavioral health care; reduce hospitalizations; reduce overdoses; improve the integration of physical and behavioral health care; and ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

To show how well CCOs are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care, OHA has implemented the following:

- **CCO incentive measures** for which CCOs are eligible to receive payments based on their performance each year (CCO Quality Incentive Program pay-for-performance measures)

Oregon Health Authority: Health Services Division

Executive Summary

- **State quality measures** which OHA has agreed to report to the Centers for Medicare and Medicaid Services (CMS) as part of Oregon's 1115 Medicaid waiver

Additionally, the 2022-2027 1115 Medicaid waiver will establish new metrics focused on health equity.

In contrast to CCOs, Fee For Service (FFS) does not have systemic standards and metrics in place to ensure FFS members receive timely (responsive and proactive) and quality care. FFS is not currently resourced to provide the level of care and coordination — especially to identify and eliminate health inequities — to meet the unique needs of the people it serves. OHA plans to establish FFS measures and metrics that align with the health equity metrics being developed under the 2022-2027 1115 Medicaid waiver.

Enabling legislation/program authorization

Chapters 309, 413, 414, 426, 427, 428 and 430 of the Oregon Revised Statutes authorize the Oregon Health Authority to administer Oregon's medical assistance and behavioral health programs. Federally funded programs, such as Medicaid, the Children's Health Insurance Program (CHIP), and programs funded through federal grants, are implemented according to federal laws and requirements.

Funding streams

For the 2023-25 biennium, HSD's budget comprises 67 percent Federal Funds, 17 percent General Fund, and 16 percent Other/Lottery Funds. Federal revenue sources include Medicaid and the Children's Health Insurance Program for approximately 1.4 million OHP members, as well as various federal mental health and substance use disorder grants.

HSD's Other Funds include a hospital tax, insurers tax, an intergovernmental transfer from Oregon Health & Sciences University, tobacco taxes, the Tobacco Master Settlement Agreement, recreational marijuana taxes, the Community Housing Trust Fund, beer and wine taxes, the Intoxicated Driver Program Fund and state lottery revenues.

Executive Summary

Significant proposed program changes from 2021-23

In the 2023-25 biennium, HSD plans to expand a robust system of care that is culturally and linguistically appropriate. Specifically, with this budget request, HSD proposes to:

- Create and operationalize a Basic Health Program to maintain coverage for people in Oregon who would otherwise lose health insurance during the Public Health Emergency unwinding expected in 2023.
- Transform the Fee For Service health care delivery program to be person-centered and accountable for better health outcomes.
- Transform health care delivery for Oregonians with complex health needs who receive Medicaid benefits through a fee-for-service model to person-centered, quality care with a focus on improved health outcomes.
- Fully implement the 988 behavioral health crisis system, including establishing crisis stabilization centers.
- Provide better and more comprehensive care for the behavioral health of children.
- Operationalize a new waiver from CMS to provide care and coordination for justice-involved Oregonians.
- Implement federal Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) requirements, to ensure children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.
- Establish Community Investment Collaboratives as envisioned in the 1115 Medicaid waiver application (2022-2027) and House Bill 3353 to expand investments in social determinants of health in a community-led process.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$135.73	\$37.14	\$146.70	\$319.57	548	492.18
Agency Request 2023-25	\$206.21	\$41.07	\$215.81	\$463.08	642	609.54
Difference	\$70.48	\$3.93	\$69.11	\$143.52	94	117.36
Percent Change	52%	11%	47%	45%	17%	24%

The Agency Request Budget of \$463.1 million Total Funds continues funding for Program Support and Administration at the current level for the 2023-25 biennium and includes funding and positions to support several policy packages for both the Medicaid and Non-Medicaid Behavioral Health programs.

Activities, programs, and issues in the program unit base budget

The Program Support and Administration budget includes funding for administrative support, services, and oversight for the Health Systems Division (HSD), including both Medicaid and Non-Medicaid (Behavioral Health) programs. The Division is supported by Business Operations, Government and Process Improvement, the Office of Actuarial and Financial Analytics, and the Office of Program Integrity.

This budget also includes staff supporting the Oregon Health Plan, including Medicaid Programs; Provider and Member Services; Eligibility Policy; Quality Assurance; and Hearings. For Non-Medicaid Behavioral Health, this budget includes staff for Addiction Treatment, Recovery and Prevention Services; Adult Mental Health and Housing Services; Behavioral Health Policy; Child and Family Behavioral Health Services; and Licensing and Certification. It

Oregon Health Authority: Health Systems Division

Program Support and Administration

also includes funding and staff for information systems, such as the Medicaid Management Information System (MMIS) and the Community Outcome Management and Performance Accountability Support System (COMPASS).

Division Administration and Support

Business Operations

The Business Office oversees the administrative budget, program budget, position management, hiring and facilities, office management, complaints and both program and administrative invoices and settlements.

The Contracts Unit oversees county contracts and grants that fund mental health and substance use disorder programs. These include intergovernmental agreements with local mental health authorities (LMHA) and community mental health programs (CMHP), direct contracts with Tribes and Tribal organizations, and contracts administered by the Oregon Health Authority (OHA). Program Support and Administration works directly with staff, program, leadership, community mental health programs and other agency partners to support effective programs and successful agency outcomes.

Governance and Process Improvement

The Governance & Performance Improvement unit has several areas of work:

- The Risk Management portion of this unit works to ensure audit findings are resolved, complaints are handled appropriately and timely, and issues on the Issues Resolution list are completed thoroughly. This team also tracks internal issues to elevate for leadership prioritization. It also provides additional assistance when high-priority, highly visible initiatives are being implemented. Measure 110 has been an integral part of our workload since it passed. The team focuses on Medicaid and Behavioral Health oversight with the intent of ensuring all state and federal regulations are met. This includes process overview, ensuring the adoption of new rules, and evaluating deliverables. The unit works closely with the Medicaid and Behavioral Health teams to ensure they complete requirements as efficiently as possible. It also supports the development of

Program Support and Administration

compliance programs within the different areas and will facilitate process development and brainstorming as needed. The team is in the process of developing a risk assessment process for HSD teams to quantify risk and mitigate it prior to crisis status.

- The Performance System is a methodology adopted by OHA to ensure coordination of work priorities with the agency's vision. This methodology includes metrics development and coordination across the agency horizontally and vertically. This unit supports the Performance System actions for HSD, working closely with the Tier 1 team and external consultants. The Performance System will be integral in the implementation of OHA's 2030 strategic goal of eliminating health inequities in Oregon.
- The Project Management team focuses on the highest priority and most complex HSD projects. They utilize project management tools to facilitate operationalizing projects within HSD. In addition, this team trains and consults with HSD staff on implementing their own business initiatives. Not every project requires full project management support so ensuring HSD staff are trained on the proper processes results in the standardization and streamlining of new initiatives and changes to current initiatives. This team regularly consults with HSD staff and ensures metrics are developed to track progress. This team also coordinates the utilization of the PMO Bank, which allows for small, focused bursts of contracting assistance for project management, facilitation, and report writing and analysis through a 5-year price agreement. This unit has also created and continues to maintain several resources for HSD teams to utilize for short-term help, but that also creates future employment opportunities for participants. These programs include: the Oregon State University MPH Internship program through an affiliation agreement; Portland State University Fellowship program also through an affiliation agreement; and the AmeriCorps VISTA volunteer program through the OHA Public Health program.

Oregon Health Authority: Health Systems Division

Program Support and Administration

- Process Documentation is integral to all functions of this unit. This team has identified and developed the standard HSD processes that apply to all teams and has prioritized their standardization, documentation, and completion for the utilization of all HSD teams.
- This team prioritizes areas needing Process Improvement that affect those living in Oregon every day. For example, improvements to our OHP Complaints process and developing a more comprehensive Behavioral Health Complex Case Escalation pathway. This team is also championing the utilization of division-wide tools for implementation tracking and coordination of work. Because HSD is so large, it is imperative that intentional focus be put on division-wide standardization to ensure collaboration and coordination.

Business Information Systems

Business Information Systems (BIS) works on OHA and enterprise-wide data quality and integrity projects with ODHS and OIS, including coordination of efforts with the Oregon State Data Officer to support efforts to identify and eliminate health inequities and provide a 360-degree view of Oregonians receiving services. This work to treat data as an asset increases OHA's ability to support work on antiracism, health equity, workforce development, system transparency and community engagement. These efforts also support OHA's compliance with DAS policy (107-004-160) on Data Governance and Transparency.

BIS functions also include Medicaid Management Information System (MMIS) Business Support Unit and the Community Outcome Management and Performance Accountability Support System Unit (COMPASS).

The MMIS team manages benefits, drug and pharmacy programs, enrollment, claim processing, provider portal, prior authorizations and plans of care issues, user training, MMIS security protocols, including system access agreements, third party liability functions, and payments for services delivered through the Oregon Health Plan. The MMIS also issues payments to coordinated care organizations (CCO) and individual providers.

Oregon Health Authority: Health Systems Division

Program Support and Administration

MMIS staff coordinate system changes mandated by state and federal requirements, as well as system improvements. This work includes the design, planning, testing and implementation of enhancements. Staff work to ensure proper processing of claims and support mandated and business-critical changes and activities. To accomplish these functions, staff work with multiple state agencies and the contracted MMIS vendor, Gainwell, to make these changes.

For MMIS, the major cost drivers are the number of and rising cost for required MMIS system changes, and the increased number and scale of changes that have been mandated over the past three years. The existing system requires a variety of changes to implement any single policy or benefit change, as well as intensive work by MMIS staff and Gainwell. Some examples include:

- Drug rebate changes mandated by the Centers for Medicare and Medicaid Services (CMS)
- COVID-19 changes in claims coding and rules, and financial configurations in MMIS
- Healthier Oregon Program
- Veteran's Dental Program
- DCO's to a CCO-F model
- COFA Dental Program
- Redetermination changes mandated when the Public Health Emergency ends
- SOGI (Sexual Orientation & Gender Identity) changes
- Daily Auto Assignment change that will allow for faster enrollment into a CCO
- FFS Transformation system change work
- 1115 Medicaid demonstration waiver system change work.

Compass (Community Outcome Management and Performance Accountability Support System) is charged with two vital bodies of work: the operation of existing Health Systems Division (HSD) non-Medicaid Behavioral Health systems,

Oregon Health Authority: Health Systems Division

Program Support and Administration

and the migration and modernization of those systems. The Compass Team collects and reports data on behavioral health, substance use disorder, and problem gambling services provided to people in Oregon through approximately 400 behavioral health agencies and providers. Compass staff collaborate with the Office of Information Services, HSD Behavioral Health program staff, MMIS team members, and behavioral health providers to maintain the systems and improve data submission quality.

The Compass team provides support for the following data systems:

- Measures and Outcomes Tracking System (MOTS) is used by providers to submit client status and non-Medicaid service data for required state and federal reporting for continued funding and to report client trends and outcomes. As of August 15, 2022, MOTS tracks over 137,000 people with an active behavioral health treatment status. The system is scheduled for replacement in Winter 2023.
- Acute Care Reporting System (ACS) is the system used by acute care hospitals to submit client information for civil commitment admissions and discharges to HSD.
- The Problem Gambling Network (PG Net) is the system collects gambling treatment data for client enrollment, assessment, diagnosis, termination, and surveys to measure outcomes. In 2021, PG Net replaced the Gambling Participant Monitoring System (GPMS) and replaces a largely manual process.

The Compass team also manages an ongoing portfolio of work to modernize the behavioral health data systems. Many of the outdated computer systems require time-consuming and costly manual workarounds to meet the data and reporting needs of HSD behavioral health programs. Existing information systems do not easily integrate with providers' external systems (including electronic health records systems) or with OHA internal systems, which affects reporting frequency and accuracy. Upgrading these systems would decrease system and administrative costs for behavioral health programs and their partners. The Compass modernization work includes leading projects, gathering and prioritizing IT system requirements that align with federal and state policies, and determining short and long-term technology strategies that support OHA's goals.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Compass supports the following major modernization projects:

- The Behavioral Health Data Warehouse (BHDW) is the central repository for all Agency behavioral health data that interfaces with behavioral health program applications and databases, and provides comprehensive analysis and reporting for state, federal, and ad hoc data requests. The data in this system will be used to report out on progress of Measure 110. This project is in development and expected to go-live in early 2023 with seven data sources and will begin preparations for ingesting additional critical data sets.
- The Resilience Outcomes Analysis and Data Submission (ROADS) System will replace the aging MOTS data collection with a completely modernized interface and process for behavioral health providers to submit client level data. This new system will migrate the paper-based CANS assessment (Child and Adolescent Needs and Strengths) from a paper-based system to an electronic system to facilitate data collection and reporting. This system will also gather the required data to support Measure 110. The ROADS System is in development and expected to go-live in late 2023.

The Program Support and Administration budget also includes the following analytical and oversight units supporting HSD's Medicaid and Behavioral Health programs.

Office of Actuarial and Financial Analytics

OHA's Fiscal Division of Central Services oversees the Office of Actuarial and Financial Analytics (OFA), which develops OHA's capitation rates for the Program of All-inclusive Care for the Elderly (PACE) and Healthier Oregon (HOP). OFA also supports rate development for Medicaid managed care entities (coordinated care organizations and dental care organizations). Also known as a "per member per month" payment, capitation rates are based on the cost of care and services provided to the members each organization serves.

OFA supports OHA and CCOs through data analysis and collaboration; analysis and communication of rates-related and financial information; budgetary impact analyses for legislative and program change proposals;

Oregon Health Authority: Health Systems Division

Program Support and Administration

calculation of CCO financial incentives and settlements; development and implementation of cost-containment strategies; review and analysis of fee-for-service reimbursement rates; evaluation of alternative payment methodologies; and policy development in support of Oregon's health system transformation. OAFAs also collect, reviews, consolidates, and publishes CCOs' quarterly and annual financial reports. Under CCO 2.0, OAFAs regulate CCOs' financial reporting, fiscal solvency, risk-based capital measurement, and financial solvency under NAIC standards. OAFAs are authorized to design and establish a reinsurance program for CCOs. Finally, OAFAs monitor and assesses CCO contract compliance.

Office of Program Integrity

OHA's Fiscal Division of Central Services oversees the Office of Program Integrity (OPI), which ensures Oregon's Medicaid program and its providers, either through contract or by fee-for-service, follow federal and state Medicaid service and billing regulations. OPI also oversees programs supported by state funds only. OPI detects, prevents and investigates Medicaid and non-Medicaid fraud, waste and abuse.

OPI's work is pivotal to ensuring public resources maximize the health care benefits delivered to the people of Oregon. Investment in this office enables OHA to mature and improve its programs for investigating Medicaid and non-Medicaid fraud, waste and abuse; provide better oversight of how the state's health care partners spend public resources; and comply with federal and state Medicaid regulations and requirements.

Non-Medicaid (Behavioral Health)

The Office of Behavioral Health Services (OBHS) includes the following areas: Behavioral Health Administration; Behavioral Health Strategic Operations; Adult Behavioral Health Services; and Child and Family Behavioral Health Services. The staff of the OBHS focus on Medicaid- and non-Medicaid-funded community-based behavioral health program development, operations, policy, and special project.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Adult Behavioral Health Services consists of the Addictions Services, Adult Mental Health, Intensive Services and Measure 110 units. Specific activities of the units include:

Addiction Treatment, Recovery and Prevention Services promote treatment for addictive and co-occurring disorders, recovery and prevention, coordinate state opioid use and misuse initiatives, houses the State Opioid Treatment Authority, and oversees the training and certification of the people who monitor Driving Under the Influence of Intoxicants (DUI) offenders, and DUI treatment programs. Effective substance use disorder (SUD) treatment results in decreased criminal activity and recidivism rates for people who complete treatment. Oregon's Problem Gambling Services program, which provides treatment for people impacted by gambling disorders and prevention services in every county and with every Tribe is included, as well as veteran's behavioral health and Tribal alcohol, tobacco and other drug prevention.

This work includes:

- Oversight of intoxicated driver services.
- Oversight of problem gambling treatment and prevention programs in all 36 counties in Oregon through community mental health programs and by for-profit and non-profit providers. The state also has one residential treatment program for people with gambling disorders.
- Funding, development, and oversight of several initiatives to address opioid use and misuse issues, in partnership with the Public Health Division and community partners throughout the state. This includes increasing patient access to Naloxone and office-based opioid treatment options, especially in underserved, rural and frontier areas.
- Oversight of peer-delivered addiction treatment and recovery services. This is an evidence-based practice that uses trained and certified recovery mentors as part of a comprehensive recovery support team.
- Oversight of outpatient, intensive outpatient, crisis, and residential treatment programs for people with substance use disorders.

Oregon Health Authority: Health Systems Division

Program Support and Administration

- Implementation of a statewide program to provide enhanced payment rates for integrated co-occurring disorder services.
- Oversight of Tribal Substance Misuse Prevention Services in Oregon (includes set up, technical assistance, compliance).
- Collaboration with stakeholders and program implementation regarding Veterans' Behavioral Health Issues
- Establishing a more health-based, equitable, and effective approach to treating substance use disorders by shifting the response to drug possession from criminalization to treatment and recovery.
- The State Opioid Authority (SOTA), which is responsible for:
 - Federal oversight of 19 state and federally licensed opioid treatment programs (OTPs) in Oregon, ensures compliance with state and federal regulations regarding medication assisted treatment (MAT) in the OTP setting, including site visitation, technical assistance, diversion prevention, and approval of clinically appropriate requests for deviation from Federally regulated take-home medication limits.
 - Training, education, and work with a variety of federal agencies to support patient care in the OTP setting and MAT throughout Oregon, including approving Substance Abuse and Mental Health Services Administration (SAMHSA) certifications for OTPs in Oregon.
 - Primary Addiction Treatment, Recovery and Prevention (ATRP) and HSD point of contact for topics related to opioid use, misuse, and treatment in Oregon, including working with internal and external stakeholders on topics such as expansion of MAT in residential and primary care settings, prescription and illicit opioid overdose prevention, community awareness of opioid misuse, evidenced based treatment and education around opioid use and misuse.
 - Principal investigator and subject matter expert on the State Opioid Response (SOR) and State Targeted Response (STR) grants, increasing capacity to address opioid use disorder (OUD) through enhanced treatment, prevention, and recovery services.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Adult Mental Health Services promotes the health, well-being, and safety of Oregonians over age 18 living with mental illness. The unit:

- Supports community-based crisis intervention services such as transportation, assessment, de-escalation and referral to treatment. This helps people experiencing a mental health crisis avoid needing a higher level of care their community may not offer.
- Supports the funding of Behavioral Health Housing for capital, start-up, and operational costs related to increasing statewide capacity of licensed residential facilities and housing for people with behavioral health needs as well as Certified Community Behavioral Health Clinics.
- Monitors, funds, and develops strategies to expedite discharge of Oregon State Hospital (OSH) residents and prevent re-hospitalization. This includes ensuring safety and stability in housing, employment and community integration. This unit works with the Psychiatric Security Review Board, OSH treatment teams and community mental health programs to ensure individuals are placed in the appropriate level of care and receive the treatments and services needed to live as independently as possible. Supports the provision of evidence-based practices including Assertive Community Treatment, Supported Employment, Suicide Prevention, and Peer Delivered Services.
- Oversees the Senior Behavioral Health Investment and provides technical assistance to 24 care coordinators throughout Oregon. The coordinators help seniors and people with disabilities access care, navigate multiple systems and learn about the resources in their community.
- Monitors evaluation and restoration services for people with mental illness who have been accused or convicted of a crime. For people accused of a crime, restoration services can be court-ordered to restore them to a condition in which they can assist in their defense. For those convicted of a crime, restoration services divert them from jail and into treatment. Restoration services can be provided in the community or at the Oregon State Hospital.

Program Support and Administration

- Supports Oregon’s crisis care system, which includes the 988 phone line (like 911 but focused on behavioral health) to provide behavioral health crisis intervention services and crisis care coordination anywhere in the state 24 hours per day, seven days per week, 365 days per year.

Behavioral Health Administration is comprised of the Behavioral Health Director, Behavioral Health Deputy Director, Behavioral Health Equity and Community Partnership unit, Office of Recovery and Resilience, and Behavioral Health Tribal Liaison. This unit and individual unit directors provide overall vision, direction and leadership for all of Oregon’s publicly funded behavioral health activities, as described below:

The Behavioral Health Equity and Community Partnership Unit leads OHA’s efforts to reduce disparities in behavioral health services across populations. This includes meeting OHA’s 2030 goals of eliminating health inequities. This work includes:

- Gathering, analyzing and utilizing federal, state and community data to identify, monitor, and lead efforts to reduce behavioral health disparities.
- Promoting and executing policy initiatives that strengthen the impact of OHA programs in advancing behavioral health equity as directed by community and those with lived experience.
- Providing training, technical assistance and other resources so that the behavioral health workforce is prepared to transform the behavioral health system to achieve the goal of eliminating health inequities.
- Increasing awareness and access to information about behavioral health inequity and create and implement strategies that promote behavioral health equity.
- Promoting trauma-informed approaches that acknowledge the traumatizing impact of structural racism and oppression and engage in community centered healing and sustainable structural change.

Program Support and Administration

The Behavioral Health Equity and Community Partnership area also consists of the Behavioral Health Metrics and Committee unit and the Behavioral Health Workforce units.

The Behavioral Health Metrics and Committee unit does the following:

- Provides Medicaid expertise to facilitate the development and implementation of programs created and/or enhanced by the Behavioral Health Metrics and Incentives Committee, established by House Bill 2086 (2021).
- Takes a transformative approach across the agency and with partners to ensure that all work supports health-based, equitable and effective approaches to behavioral health system transformation.
- Provides operational and technical expertise as it relates to optimizing Behavioral Health Medicaid policy, funding, accountability, and integration, in coordination and consultation with subject matter experts across all behavioral health services, programs, and administrative rules, as well as federal and state regulations and policies that impact Medicaid.
- Reviews and advise on policy issues involving related system changes to the behavioral health continuum of care and accountability measures to meet the mission, vision, values and goals of the Oregon Health Authority and the Health Systems Division. These include, improving behavioral health outcomes, reducing behavioral health disparities, promoting trauma-informed approaches, and advancing behavioral health equity as directed by community and those with lived experience.
- Develops methods to gather data and analyzes collected data to monitor and manage contract/program efficacy. This evaluation and assessment will synthesize quantitative and qualitative data insights to facilitate appreciative inquiry and to identify relational and experiential dynamics as much as financial and operational impacts.
- Provides a health equity lens to the development and implementation of programs created and/or enhanced by the Behavioral Health Metrics and Incentives Committee

Program Support and Administration

- Applies large concepts to the local level for program implementation, as well as articulate the concepts and their application to a wide variety of interested persons and communities.
- Ensures mental health parity by ensuring that treatment and services for mental health and substance use disorders are provided in a broadly similar manner to comparable physical health services, including provider reimbursement. The bill requires CCOs to provide information to OHA on treatment limitations and denials of behavioral health services, and requires OHA to annually report on CCO compliance with federal parity law, adequacy of provider networks, and coverage of behavioral health services (House Bill 3046).

The Behavioral Health Workforce Unit was set up in June 2021 under Oregon Legislative House Bill (House Bill) 2949 to increase the recruitment and retention of behavioral health providers who are people of color, Tribal community members, or residents of rural areas in this state, in order to provide culturally responsive care for diverse communities. This included funding to develop a diverse behavioral health workforce in licensed and non-licensed occupations through workforce incentives (e.g. scholarships, loan repayment), and a grant program to licensed behavioral health providers to provide supervised clinical experience to associates or other individuals so they may obtain a license or certification to practice. Aligned with the aims of House Bill 2949, the focus of this unit is to:

- Increase the behavioral health system's capacity to provide culturally responsive care that is deeply embedded in equity-centered cultural responsiveness, de-stigmatization of services, promotion of restorative healing and community empowerment.
- Develop and invest in culturally specific workforce and increase access to culturally responsive services and interventions.
- Engage communities in shared decision-making to build structures, processes, resources and supports for increasing recruitment and retention of a culturally specific behavioral health workforce.

Oregon Health Authority: Health Systems Division

Program Support and Administration

The Office of Recovery and Resilience (ORR) is a team of policy and program analysts who all have lived experience with behavioral health needs. The ORR team serves as the bridge between OHA behavioral health and behavioral health service users in the community and is responsible for ensuring that the voices of people with lived experience – including youth, families of youth, and adults - guide all aspects of Oregon’s behavioral health system. The ORR is also responsible for oversight, strategy, and support for peer delivered services throughout the state.

The team accomplishes their work by:

- Representing the voice of lived and living experience within OHA behavioral health, throughout HSD, and across the agency. Applying lived experience to program and policy analysis, development, and implementation. Identifying and implementing necessary changes to create a more person-directed, equitable, and effective behavioral health system.
- Facilitating meaningful involvement of people with lived experience at all levels of behavioral health policy creation, service delivery, and program evaluation. This includes provision of training and technical assistance to OHA colleagues, community partners, and people with lived experience. Responsible for oversight and coordination of HSD behavioral health advisory groups.
- Promoting continued growth and incorporation of Peer Delivered Services (PDS) in Oregon’s behavioral health system. Exercising oversight of all peer-delivered services programming in Oregon, including youth support, family support, and adult peer support. Providing technical assistance and support to members of the PDS workforce and other system partners. Collaborating with members of the PDS workforce and other partners for strategic planning related to peer services, workforce development, and identifying and promoting sustainable funding for PDS in Oregon.
- Connecting with and building meaningful partnerships between OHA behavioral health and the communities we serve. Building community, connection, and relationships that contribute to the elimination of stigma and discrimination faced by people who experience mental health or addiction needs and their families. Creating culture change within OHA and in our communities.

Program Support and Administration

- In collaboration with the behavioral health equity team, work to advance an equitable behavioral health system that offers individualized, person-directed, culturally and linguistically appropriate services and supports.

Behavioral Health Strategic Operations Unit staff provide strategic and operational support for the Behavioral Health enterprise to ensure best practices in program and policy development and execution. Staff collaborate extensively with stakeholders including the Legislature and Governor's Office, behavioral health consumers and families, provider associations and contractors, academia, clinical staff and advisors, Community Mental Health Programs (CMHPs) and payors including Oregon Health Plan CCOs and private insurers, and staff from other OHA divisions, including the Director's Office, Budget, DHS Shared Services, Public Health, as well as other federal, state and local agencies including CMS, SAMHSA, CDC, USDOJ, Department of Human Services, Housing and Community Services, Department of Education and schools, Judicial, Corrections, and Law Enforcement. Specific activities of the unit include:

Behavioral Health Medicaid, Policy and Planning provides overall policy direction for behavioral health services.

This unit:

- Plans and administers federal behavioral health block grants and State Opioid Response grant for non-Medicaid services.
- Plans, coordinates, and oversees the County Financial Assistance Agreements (CFAA) and the SUD Medicaid Waiver
- Plans and coordinates efforts to fill gaps in services through federal grants and CCO partnerships
- Ensures consumers provide input into the planning and delivery of services and supports at state and local levels through the Office of Consumer Activities.
- Ensures service planning centers equity and intentionally work towards the elimination of health inequities
- Advances equity and consumer voice through policy decision making related to rates, rules and project deliverables

Oregon Health Authority: Health Systems Division

Program Support and Administration

- Monitors and directs the implementation of the services to reach metrics identified in the US-DOJ Oregon Performance Plan, which seeks to improve mental health services for adults with serious and persistent mental illness.
- Develops and supports policies that foster the integration of behavioral and physical health care. Specifically responsible for expansion and oversight of Certified Community Behavioral Health Centers.
- Advances policies and supports implementation of behavioral health integration through CCOs to improve the behavioral health system.
- Manages administrative rulemaking for Behavioral Health programs.
- Reviews and provides technical assistance to CCOs related to behavioral health deliverables
- Plans and analyzes behavioral health funding streams to inform policy decisions related to behavioral health transformation

Child and Family Behavioral Health Services use System of Care values and principles, developmental science, and trauma-informed approaches and best practices to champion effective and efficient statewide behavioral health services, supports and safety for Oregonians ages 0–25 and their families.

System of Care is “a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”¹

Serving children, youth and their families in their local communities through robust community-based interventions that can safely support youth, including assessing them for suicide risk, in their homes; and that can reinforce out of home

¹ Source: https://gucchd.georgetown.edu/productGs/Toolkit_SOC_Resource1.pdf (accessed Dec. 13, 2018).

Program Support and Administration

care, including foster homes and residential-based interventions, serving those who need specialized or substitute care. Child and Family Behavioral Health Services accomplishes these goals in the following ways:

- Provide support for the Governor’s System of Care Advisory Council created by Senate Bill 1 (2019); tasked with forming policy to improve Oregon’s System of Care.
- Administer funding and oversight of technical support in coordinating care for children, youth and young adults with emotional and behavioral disorders served across multiple systems such as the juvenile justice, education, child welfare, and mental health.
- Have created investments that support early identification and community-based treatment, such as the Early Assessment Support Alliance for young adults with psychosis and the Oregon Psychiatric Access Line about Kids (OPAL-K) and the Oregon Psychiatric Access Line about Adults (OPAL-A) to provide clinical consultation to primary care physicians about their patients’ behavioral health needs.
- Administer funding, promotion and oversight of effective interventions that improve outcomes for children and their families experiencing parent-child relationship problems, behavioral problems, or mental health/addiction disorders to include addiction and problem gambling.
- Parent-Child Interaction Therapy (PCIT) is a preferred treatment for families with young children.
- Collaborative Problem Solving reduces the use of seclusion and restraint in child programs and improves parent-child communication.
- “Triple P” is an evidence-based positive parenting program utilized to prevent behavioral and emotional problems for children and youth at home, in school and in the community, creating family environments that encourage children to realize their potential.
- Parent Management Training of Oregon (PMTO)
- Trauma Focused Cognitive Behavioral Treatment (TFCBT)
- Wraparound

Program Support and Administration

- Administer funding for Crisis and Acute Transition Services (CATS), a community- based alternative to psychiatric hospitalization for children and their families presenting with a mental health crisis to the emergency room. CATS providers respond to the emergency room within 3 hours of referral and work directly with the child and family to assess the clinical and safety needs of the family. The existing CATS program will be integrated into the new Mobile Response Stabilization Services (MRSS) being launched in January 2023, to provide mobile crisis response under the 988 Crisis Response program across the lifespan.
- Promoting peer-delivered services, where a person with lived experience provides supports and services to parents, caregivers and youth experiencing behavioral health challenges.
- Provide funds for a statewide Parent/Caregiver/family audio and virtual help line to support positive solutions to parenting issues and connection with formal and informal resources to reduce the use of crisis services by de-escalation of tension and stress.
- Engaging youth and their families in policy development, planning and oversight of youth behavioral health programs and systems through engagement with the Children’s System Advisory Council, the Youth and Young Adult Engagement Advisory group and the System of Care Advisory Council.
- Provide robust reporting, coordination, and oversight to implement the action items in Oregon’s Youth Suicide Intervention and Prevention Plan, 2021-2025 per ORS 418.704. This includes contract management and coordination of the Big River suicide prevention programs, suicide prevention work with school districts, and evaluation efforts.
- Administer funding and technical assistance for community mental health programs to bring behavioral health care to children and their families in the schools through School Based Mental Health services and supports.
- Provide funding and technical assistance to local communities for mental wellness, mental health promotion and prevention, and reduction of stigma for utilizing behavioral health and peer-delivered services when needed. This includes but is not limited to suicide prevention, addiction prevention, and community connections which enhance social and emotional determinants of health, provide support and prevent isolation and other types of marginalization.

Oregon Health Authority: Health Systems Division

Program Support and Administration

- Administer funding of the Commercial Sexual Exploitation of Children residential program, which works with law enforcement, child welfare, Oregon Youth Authority, faith-based organizations, service providers, survivors and advocates to disrupt exploitation and provide survivors with skills and opportunities which hopefully prevent further victimization upon return to the community.
- Administer funding and provide oversight of juvenile Fitness to Proceed services for youth who have been charged with a crime and have been found to be not competent to fully participate in their court process, due to their inability to understand the nature of the court proceedings, inability to assist and cooperate with counsel, and/or ability to participate in their own defense. This program provides Restorative Services to assist youth in gaining competency in these areas.
- Provide training, funding and oversight for Intensive In-Home Behavioral Health Treatment (IIBHT) –a level of care serving children and youth up to age 17. IIBHT offers intensive mental health treatment for children and their families to children with complex mental health needs who are at risk of being placed out of their home or who are stepping down from facility-based care. IIBHT services may include individual and family therapy, family support services, skills training, psychiatric services and 24/7 crisis response.
- Collaborate with Portland State University in funding and administering Trauma Informed Oregon, a resource for trauma informed approaches for organizations in care and service delivery.

Senate Bill 4 (2021) – System of Care Advisory Council. The System of Care (SOC) Advisory Council is directed under Senate Bill 1 (2019) to improve the effectiveness and efficacy of child serving state agencies and the continuum of care that provides services to youth ages 0 to 25 by providing centralized and impartial forum for statewide policy development, funding strategy recommendations and planning. Senate Bill 4 gives the Council authority to award grants from funds appropriated by the Legislature; appoint an Executive Director; and requires OHA, ODHS, and the Council to submit joint biennial report on funding for system of care services and supports.

Oregon Health Authority: Health Systems Division

Program Support and Administration

The Licensing and Certification Unit regulates provider compliance with state laws related to residential and outpatient behavioral health facilities and programs. This includes licensing, certification and oversight of over 1,100 behavioral health providers, including:

- Adult Foster Homes
- Community Mental Health Providers (CMHP)
- Child and Adolescent Programs: Intensive Treatment Services (ITS) including Psychiatric Residential Treatment Facilities and Children’s Emergency Safety Intervention Specialists (CESIS)
- Civil Commitment, including Training and Certifying Examiners and Investigators, the certification of acute care psychiatric units and hold rooms, hold rooms within Emergency Departments, as well as certifying 5-day hold hospitals, transport custody hospitals, and secure transport.
- Community-Based Structured Housing
- Outpatient Programs: Mental Health, Substance Use Disorders, Medication Assisted Treatment (MAT) including Opioid Treatment Programs (OTP), Driving Under the Influence of Intoxicants (DUII), and Problem Gambling, and Co-Occurring disorders
- Alcohol and Other Drug Screening Specialists (ADSS); Residential Treatment Facilities: Mental Health Residential Treatment Homes and Facilities and Secure Residential Treatment Facilities (SRTF) for adults; Substance Use Disorders (SUD) for adults and youth, and Problem Gambling programs for adults.
- Sobering Facilities

Medical Assistance Programs

Medicaid Programs staff are responsible for all aspects of maintaining and managing the more than 27 Oregon Administrative Rules divisions, over 500 rules, that govern Oregon Health Plan (OHP)-covered health care services, eligible health care providers and participating managed care plans, including CCOs.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Staff work with provider associations, community partners, the CMS, ODHS, other state agencies, and other OHA divisions to implement and promote changes to benefits or programs. Recent efforts include establishing policy and issuing guidance for COVID-19 response. This response included adding OHP coverage for COVID-19 testing and treatment, expanding access to telehealth services, and working with providers and partners to address financial challenges. COVID-19 response has been an all-hands-on-deck effort that came on top of the tremendous work involved with implementing new CCO 2.0 contracts and several other major initiatives. Other notable efforts include working with Oregon's Tribes to develop first in the nation Indian Managed Care Entities, working with ODHS and OYA to update rates and improve operations for the Behavioral Rehabilitation Services program serving

The Medicaid program (including the CCO, Fee For Service (FFS) and Eligibility Policy and Program Policy teams) oversees the following elements of Oregon's medical assistance program administration:

- Implementation and monitoring of the CCO contracts including the new CCO 2.0 contracts that began January 1, 2020.
- Fee For Service Transformation of the delivery of person-centered services to OHP members who are best served by a state-wide system (people with complex behavioral or physical health needs, dual eligible members, Tribal members).
- The policies, rules and processes that govern Oregon Health Plan eligibility, covered health care services, eligible health care providers and participating managed care health plans, including CCOs.
- Contracts and agreements with CCOs, health care providers, and other vendors that approve, coordinate and/or deliver care to members.
- Changes to Oregon's Medicaid and Children's Health Insurance Program (CHIP) State Plans and the Medicaid 1115 Demonstration Waiver. Combined, these documents explain how Oregon administers its federally funded medical assistance programs and the requirements for members and providers to participate in these programs.
- Implementation of Healthier Oregon (formerly Cover all People).

Oregon Health Authority: Health Systems Division

Program Support and Administration

The state's Medicaid Management Information System (MMIS), which manages benefits, enrollment, claim processing and payments for services delivered through the Oregon Health Plan. The MMIS also issues payments to managed care entities (coordinated care organizations, dental care organizations and mental health organization), individual providers and organizational providers.

- Customer service for participating health care providers and plans to ensure they meet state and federal requirements. This includes provider enrollment, a provider services call center, clinical review staff, claim processing and reporting.
- Customer service for members.
- Contested case hearings for OHP members who disagree with a state or CCO decision to deny, reduce or their medical assistance is terminated.
- Administrative reviews for OHP providers who disagree with a state or CCO decision to deny, reduce or end coverage of a specific health care service.

The Medicaid program also provides administrative oversight of all Medicaid-funded programs operated by the Oregon Department of Human Services, including, but not limited to Long-Term Services and Supports (LTSS) and developmentally disabled (DD).

Additionally, Medicaid staff work with CCOs, community partners, Tribes, and other state agencies to develop and strengthen culturally and linguistically responsive services and applying the Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data collection standards mandated by House Bill 2134 (2013) and The Data Justice Act House Bill 3159 (2021) to assess how racism, disablism, lack of language access, sexism and heteronormative dominance impact individual and community health as well as to close the significant gaps in health inequities experienced by populations that remain invisible.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Other successes include system improvements, benefit expansions, value-based payments to reduce rural health costs, investments in Oregon's Tribes and the first Indian Managed Care Entity (IMCE), investments in improving FFS dental access and implementation of CCO 2.0 Request for Application (RFA) process and member transition.

With CCO 2.0, social determinants of health are a primary focus for the Medicaid program. As part of CCO 2.0, HSD is involved in the implementation and operationalization of social determinants of health activities as they relate to the CCO service delivery system. HSD is responsible for assuring that social determinants of health activities undertaken by the agency, and for which Medicaid funding is claimed, align with the goals and requirements set forth in the 1115 OHP Demonstration Waiver. This is a critical function to ensure ongoing compliance and continued federal Medicaid-funding. The RFA for CCO 2.0 specifically called out the following areas:

- **Community Engagement:** Engaging key collaborators including OHP consumers, community-based organizations that address disparities and social determinants of health, providers within the delivery system, local public health authorities, Tribes, and other partners.
- **Social Determinants of Health and Equity Spending, Priorities, and Partnership:** Investing in services and initiatives to address the Social Determinants of Health and Health Equity in line with community priorities through a transparent decision-making process that involves the CCO's Community Advisory Council (CAC) and other partners. For the first two years of Social Determinants of Health and Health Equity spending, priority for spending has been designated on housing related services and supports.

Fee For Service (FFS) Operations Unit develops and maintains policies and services that directly impact more than 100,000 people that receive their Medicaid benefit through Fee For Service. This unit also provides the foundation for CCO policies and directly guides FFS contracts and services, maintains FFS rate schedules and works with community partners to identify gaps in policy and services and collaborate on solutions. HSD is transforming Fee For Service to create a statewide, person-centered system of care to aid in eliminating health inequities by 2030.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Provider Services staff provide customer service for over 103,000 health care providers. Services include but are not limited to clinical and technical review of health care claims and requests to approve payment of health care services; enrollment of participating providers; and the Provider Services customer service line for help with billing, provider enrollment, prior authorization requests and MMIS access. Provider Services staff also work with Oregon's contracted managed care entities to ensure they submit data about the health care encounters they coordinate for OHP members, and review provider appeals of OHA and CCO coverage decisions through claim redeterminations and administrative reviews.

Member Services staff assist all members. Client Services Unit (CSU) assists members in getting access to care, explaining OHP coverage and how to navigate the care OHP covers, and connects members with their CCOs as appropriate. CSU assists members with billing concerns and helps resolve any complaints or concerns. Client Enrollment Services (CES) team ensures accurate and timely enrollment of members into CCOs, they fix any enrollment or dis-enrollment errors for all Medicaid programs

Eligibility Policy staff work with Medicaid Programs and Department of Human Services staff to coordinate updates in state policies, programs, and information systems when federal Medicaid and CHIP eligibility rules change. Staff inform system enhancements, such as the integrated eligibility system in 2020. Enhancements not only improved accuracy but also allow for faster, more automated, and more consistent determinations.

Hearings staff work with members, health care providers, CCOs and Oregon's Office of Administrative Hearings to coordinate the contested case hearing process for Oregon Health Plan members. From July 2021 through June 2022, staff processed approximately 900 hearing requests.

Quality Assurance staff work with Oregon's External Quality Review Organization (EQRO) to provide technical assistance and oversight to help CCOs demonstrate compliance with state and federal requirements.

Oregon Health Authority: Health Systems Division

Program Support and Administration

Claims and Encounter Data Services staff work with CCOs on submitting encounter data. This includes enrolling CCO providers, identifying and correcting errors and submitting necessary backup documentation. The unit also includes staff who work on fee-for-service claims and appeals that need to be handled manually. Electronic Data Interchange is also housed within CEDSU. Those staff work with providers and clearinghouses on being set up, testing and production issues around the submission and retrieval of electronic claims, enrollment and eligibility data. Other functions in this unit are enrollment and capitation reconciliation with the CCOs, Administrative Reviews requested by providers who disagree with claims determinations made by CCOs and running queries of DSSURS data utilized internally by other teams within HSD.

Innovator Agents work closely with Oregon's 15 CCOs as required by legislation and Oregon's Medicaid Waiver to coordinate between OHA, the community, and CCOs to ensure local adaptation and implementation of statewide health priorities. They understand the health needs of the region, the strengths and gaps of the health resources in the CCO and articulate these needs and gaps to OHA to ensure statewide and local coordination. Their in-depth knowledge of local communities and CCOs helps inform Medicaid operations and policy staff to ensure policies, programs and operations are designed and implemented in way that advances health equity, increases access to care and support OHP members. In addition, Innovator Agents prioritize elevating OHP member voice within CCO operations, supports CCOs to advance health equity work, strengthen Tribe relationships, implement behavioral health initiatives, and understand and act on emerging statewide priorities such as the COVID-19 response, wildfire response, heat events, etc.

Background information

Program Support and Administration provides the following services to support administrative, behavioral health and Medicaid programs:

- Administrative support for nearly 300 permanent full-time employees.
- Oversight and support for Medicaid, non-Medicaid services and administrative budget and invoices.

Oregon Health Authority: Health Systems Division

Program Support and Administration

- Development and support for over 270 non-Medicaid contracts and grants.
- Managing and monitoring the implementation of legislative initiatives.
- Monitoring and improving division compliance and performance.
- Development and management of capitation rates.
- Ensures Oregon's Medicaid program and its providers, either through contract or by fee-for-service, follow federal and state Medicaid service and billing regulations
- Development and maintenance of behavioral health and Medicaid data and reporting systems.

Medicaid Management Information System (MMIS)

Currently provides more than 120 annual trainings to end users and completes hundreds of system changes per year. In the next few years, the MMIS system will undergo modular changes, which will allow for future changes without replacing an entire system. Modularity is approved and encouraged by CMS and will also affect the cost of change requests and change orders.

Community Outcome Management and Performance Accountability Support System (COMPASS)

Provides more than 30 annual trainings to end users and up to 3 monthly reports to 250 behavioral health agencies.

For COMPASS, the outdated computer systems require time-consuming and costly manual workarounds to meet the data and reporting needs of OHA-HSD Behavioral Health Programs. Existing information systems do not easily integrate with providers' external systems (including electronic health records systems) or with OHA internal systems, which affects reporting frequency and accuracy. Upgrading these systems would decrease system and administrative costs for Behavioral Health Programs and their partners. COMPASS will also be migrating the CANS assessment (Child and Adolescent Needs and Strengths) from a paper-based system to an electronic system to facilitate data collection and reporting.

Program Support and Administration

Revenue Sources

The 2021-23 budget for Program Support and Administration comprises 47 percent Federal Funds, 44 percent General Fund, and 9 percent Other/Lottery Funds.

General Fund revenue funds administrative support, staffing, services and supplies, and the maintenance and operations of the information technology systems for the division's Medicaid and behavioral health programs.

Program Support and Administration receives Federal Funds through Medicaid administrative match, small amounts of federal block grants to meet administrative requirements, and other federal grants to fulfill the grant obligations. Medicaid provides a 50 percent Federal Funds match for staff and administrative expenditures that support the Medicaid program and a 75 percent Federal Funds match for administrative expenditures directly related to eligibility determinations and enrollment.

Other Funds include allocations from Medicaid and non-Medicaid funding sources for admin, including:

- The Tobacco Master Settlement Agreement
- Tobacco taxes
- Marijuana taxes
- A portion of court fines, fees and assessments related to Driving Under the Influence of Intoxicants program
- Licensing revenue and small contracts for data reporting to the federal government and education about the U.S. Supreme Court's Olmstead decision
- Drug Treatment and Recovery Services Fund (Measure 110)
- Lottery Funds

Program Support and Administration

Proposed new laws that apply to the program unit

Please see the HSD Medicaid and Non-Medicaid Behavioral Health program unit narratives for new laws impacting this program unit.

Oregon Health Authority: Health Systems Division

Medicaid

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$2,050.01	\$3,917.47	\$16,624.18	\$22,591.66	0	0.00
Agency Request 2023-25	\$3,808.51	\$3,921.44	\$18,276.86	\$26,006.81	0	0.00
Difference	\$1,758.50	\$3.97	\$1,652.68	\$3,415.15	0	0.00
Percent change	86%	0%	10%	15%	0%	0%

The Agency Request Budget of \$26,006.8 million Total Funds continues funding for Oregon’s medical assistance programs at the current service level for the 2023-25 biennium and requests additional investments that include funding to maintain health care coverage gains in the Oregon Health Plan, advance health equity, and support the renewal of the 1115 Medicaid demonstration waiver.

Activities, programs, and issues in the program unit base budget

The Medicaid budget includes state and Federal Funds used to deliver and pay for health care services to over 1.4 million Oregon Health Plan (OHP) members. The OHP includes Medicaid, the Children’s Health Insurance Program (CHIP), Cover All Kids, Reproductive Health Equity Act (RHEA), Healthier Oregon Program (HOP), and other related services. Payments are made to individual health care providers as Fee For Service (FFS) and to the Coordinated Care Organizations (CCOs) in the form of a global budget. CCOs serve over 90 percent of all OHP members and FFS covers the remainder of Oregonians receiving OHP.

Healthier Oregon is a program for children and youth under 19 as well as adults who are eligible for full Oregon Health Plan (OHP) and other medical assistance benefits, regardless of their immigration status. This is possible because House Bill 3352 (2021) put into law a program called “Cover All People.” The program is now known as Healthier Oregon. During the first year of the program, it will be open to people under 26 and 55 and older.

Oregon Health Authority: Health Systems Division

Medicaid

Beginning in July 2023, OHA expects to open the program to all age groups as allowed current statute and the Medicaid budget.

The Medicaid budget is based on caseload forecasts and cost estimates projected for the coming two years. Because of the budget's size, even minor changes from forecasted caseload numbers to actual caseload numbers can result in significant changes from the projected budget—either shortfalls or savings. During the COVID-19 Public Health Emergency (PHE), in accordance with the federal Families First Coronavirus Response Act (FFCRA), OHA has not removed OHP members based on eligibility, leading to an increase in caseload from about 1.0 million to about 1.4 million Oregonians. Forecasting the caseload for the upcoming biennium is complicated by the redeterminations that will be required upon the expiration of the PHE, when the extension of Medicaid eligibility allowed during the emergency will end. As intended by the Oregon Legislature in House Bill 4035 (2022), OHA is developing a redeterminations plan to maintain OHP coverage for Oregonians who are currently receiving health care access through OHP, including the implementation of a Basic Health Program, to ensure Oregonians under 200 Federal Poverty Level (FPL) have uninterrupted access to health services.

The managed care plans capitation rates are also a significant budget driver. According to federal managed care regulations, OHA cannot set the capitation rates. Instead, each calendar year an independent actuary certifies the capitation rates, and the federal government approves for actuarial soundness.

Background information

By 2030, Oregon's mission is to have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

Oregon Health Authority: Health Systems Division

Medicaid

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

As part of Oregon's current 1115 Medicaid demonstration waiver negotiations, OHA has an opportunity to further this goal over the next five years. In July 2012, the Centers for Medicare & Medicaid Services (CMS) approved Oregon's 1115 Medicaid Demonstration waiver that was necessary to implement coordinated care organizations and initiate health system transformation for the Oregon Health Plan. This waiver was for a five-year period, running from July 2012 through June 2017. CMS approved Oregon's Medicaid demonstration renewal request that ran from January 12, 2017 through June 30, 2022. CMS has extended the waiver period while CMS and the state negotiate Oregon's five-year renewal application for the 2022 to 2027 waiver period.

Revenue sources and changes

The 2023-25 Medicaid budget comprises 70 percent Federal Funds, 15 percent General Fund, and 15 percent Other Funds. Additionally, the current 2021-23 HSD Budget includes the PHE Bonus FMAP through June 2022.

The Medicaid program (OHP) receives Federal Funds for services provided to Medicaid-eligible individuals. On March 18, 2020, the President signed into Law H.R. 6021, the Families First Coronavirus Response Act (FFCRA), which provided a temporary increase to each state's Federal Medical Assistance Percentage (FMAP) effective January 1, 2020, and extending through the last day of the calendar quarter in which the PHE terminates. The Agency Request Budget assumes the increased FMAP will last through June 2022. State General Fund or Other Funds must be used to match federal Medicaid dollars for direct service payments. The Agency Request Budget assumes Oregon's non-enhanced (i.e., base) match rates averaged over the biennium, as follows:

- For health care services to Medicaid members not eligible under the Affordable Care Act (ACA) Medicaid expansion, 59.35 percent.
- For health care services to Medicaid members eligible under the ACA Medicaid expansion, 90.00 percent.

Oregon Health Authority: Health Systems Division

Medicaid

- For health care services to CHIP members, 71.54 percent.

Other Funds revenues include tobacco tax revenues, hospital assessments, an intergovernmental transfer agreement with the Oregon Health & Science University (OHSU), insurers assessments, grants, third party recoveries, pharmaceutical rebates, and the Tobacco Master Settlement Agreement (TMSA).

Proposed new laws that apply to the program unit

- Legislative Concept #44300-010: Medicaid Waiver
- Legislative Concept #44300-011: House Bill 4035/Bridge Program
- Legislative Concept #44300-014: FMAP Tribal Savings and Reinvestment Program
- Legislative Concept #44300-022: Fee for Service Transformation
- Legislative Concept #44300-001: Advancing Health Equity and Furthering OHAs Mission
- Legislative Concept #44300-003: REALD and SOGI Data Confidentiality
- Legislative Concept #44300-004: OHA Committee Membership Reimbursement

Oregon Health Authority: Health Systems Division

Non-Medicaid

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$695.15	\$572.40	\$182.14	\$1,449.69	0	0.00
Agency Request 2023-25	\$794.07	\$462.83	\$136.46	\$1,393.36	0	0.00
Difference	\$98.92	-\$109.57	-\$45.68	-\$56.33	0	0.00
Percent Change	14%	-19%	-25%	-4%	0%	0%

The Agency Request Budget of \$1,393.4 million Total Funds continues funding for Non-Medicaid Behavioral Health programs at the current service level for the 2023-25 and requests additional investments that include funding to address health inequities, expand the behavioral health crisis system and address gaps across the continuum of behavioral health care.

Activities, programs and issues in the program unit base budget

The programs and services in this budget will advance the OHA strategic goal to eliminate inequities in health outcomes, particularly for people who need behavioral health services. Further, OHA seeks to ensure behavioral health services are simple to access, responsive to people's needs, and result in meaningful outcomes for people. COVID-19 has had a profound impact on people who receive behavioral health services and how services are provided. The extended duration of the pandemic continues to exacerbate a workforce crisis fueled both by limited availability of staffing resources, flexibility, and scalability as well as the heightened demand for services. Thus, the need for enhanced and expanded behavioral health services and supports continues into 2023-2025.

Overall, Policy Priorities seek to lay the foundation and create the financial conditions to:

- Reduce behavioral health inequities and elevate quality and accountability.

Oregon Health Authority: Health Systems Division

Non-Medicaid

- Result in community-centered engagement and person-directed services.
- Result in better care coordination for people with intensive Behavioral Health Service needs.
- Increase overall capacity, coverage and integration across settings and services.
- Incentivize trauma-informed, culturally responsive & linguistically specific services.
- Improve workforce diversity and increase staff retention.

Non-Medicaid Behavioral Health programs help all Oregonians achieve physical, mental and social well-being through access to mental health and addiction services and support for adults and children including:

- A safety net of behavioral health crisis services.
- Supports and services for people who are uninsured or underinsured to improve their ability to be successful with their family, education, employment, and in their community.
- Timely access to behavioral health care that is a critical aspect for increasing protective factors and reducing risk factors that lead to suicide.
- Assistance with housing and other social determinants of health.

The Non-Medicaid Behavioral Health service system is a community-based continuum that relies on numerous partnerships. Services are delivered in outpatient, residential, school, acute, hospital, and criminal justice and community settings. Partners include consumers and people with lived experience, Community-Based Organizations (CBOs), coordinated care organizations (CCOs), county governments, service providers, families, and local community stakeholders.

Cost drivers:

Issues driving cost for behavioral health services in the current base budget include:

- Increased need for behavioral health services in response to COVID-19.
- A youth suicide rate that has been increasing since 2011 and remains well above the national average.

Oregon Health Authority: Health Systems Division

Non-Medicaid

- Stigma and bias present barriers to tribal communities, communities of color, people with low-income, people with disabilities, people who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex and two spirit (LGBTQIA2S+), immigrants and refugees, and people living in rural areas of the seeking or receiving behavioral health care. Stigma and bias present barriers to tribal communities, and communities, communities, communities of color and other priority populations seeking or receiving behavioral health care.
- Need for more services options in people's home communities.
- The number of people entering mental health treatment through crisis services, including emergency departments and arrest.
- The number of people entering treatment who have multiple and complex physical and mental health needs.
- Behavioral health workforce shortage across all provider types.
- Access to methamphetamines and opioids, which drives social problems including overdose, death and the demand for treatment.
- Increased alcohol misuse, which drives health problems and costs as well as driving demand for treatment.
- Lack of safe, affordable and drug-free housing.
- Ease of access to highly addictive gambling games.

The 2023-25 continuing caseload is forecast for a biennial average of 74,855 clients, which 3.4 percent higher than the 2021-23 biennium. The caseload includes clients in forensic, aid and assist, guilty except for insanity (GEI), civil commitments, previously committed, never committed populations.

Opportunities for improvement:

- Expanding access to a range of mental health and addiction services that engage people in the community with the services and supports they need, when they need them, where they need them, and at the right intensity.

Oregon Health Authority: Health Systems Division

Non-Medicaid

- Increasing members of tribal communities and communities of color in our stakeholder and advisory groups to create an equitable behavioral health system.
- Since 2016, Oregon has experienced a shortage of beds for youth under age 18 at the intensive psychiatric residential level of care. OHA is actively working with the Oregon Department of Human Services (ODHS) on capacity, developing a short-term strategy to address needs. Additionally, OHA and ODHS are engaging CCOs, counties, stakeholders and partners in investigating mid- to long-term solutions for meeting the intensive service needs of our youth and families in the state while conceptualizing alternatives to the current model.

Orchestrated interdependently, and reliant on collaborative action with community, current programs and new investments serve as a meaningful mechanism to further elevate our strategic goal to eliminate health inequities in Oregon by 2030.

Background information

In 2019, over 145,400 people received mental health services and over 42,600 received substance use disorder treatment and support services. Following is a non-exhaustive list of program highlights funded through the current service level budget.

Adult Mental Health Services includes critical safety net services as well as intensive behavioral health services for adults with severe and persistent mental illness (SPMI)

- Mobile Crisis and Jail Diversion services in every county to assist people in getting services prior to encounters with law enforcement and to encourage treatment options instead of jail.
- Assertive Community Treatment (ACT) services for people in their homes and communities.
- Supported Employment (SE).
- Older Adult Programs.

Oregon Health Authority: Health Systems Division

Non-Medicaid

- Community services for people under the jurisdiction of the Psychiatric Security Review Board
- Care coordination and Intensive Care Coordination.
- 114 Residential Programs serve 869 people in the community in various levels of licensed care including Residential Treatment Homes and Facilities as well as Secure Residential Treatment Homes.

Child and Family Behavioral Health Services includes critical safety net services as well as intensive behavioral health services for children and their families with serious emotional disturbances (SED).

- Early and young childhood training and interventions with parents
- School-based mental health
- Early assessment and support for young adults experiencing initial onset of behavioral health symptoms
- Long-term stabilization and treatment program for survivors of commercial sexual exploitation
- Emergency room diversion with children and families to reintegrate child home as quickly as possible
- Residential service for young adults to transition into adulthood

Addiction Treatment and Substance Use Disorder Services and Supports includes critical safety net services as well as intensive treatment and support programs, for people experiencing substance use disorders (SUD). This includes Residential Treatment and Withdrawal Management facilities.

- Full continuum of care for people experiencing substance use disorder or harms related to substance misuse
- Oversight of federally licensed opioid treatment programs (OTPs).
- Opioid Response: The SAMHSA State Opioid Response Grant provides Oregon with targeted funds to address the opioid epidemic.
- Housing Services: OHA and Oregon Housing and Community Services (OHCS) are engaged in an ongoing collaborative effort to expand Permanent Supportive Housing. Rental assistance is available statewide for up to 1,254 people.

Oregon Health Authority: Health Systems Division

Non-Medicaid

- Problem Gambling Services: Lottery revenues fund problem gambling treatment and prevention services. Fifty treatment programs ensure problem gambling treatment services are offered in every county. These programs include traditional outpatient, residential, respite, home-based, and prison-based programs as well as a full-service help line. In state fiscal year 2021, 341 Oregonians received problem gambling treatment services, including people with gambling disorders and their family members at a cost of \$1,743 per case. Of the people in outpatient services, 28 percent successfully completed treatment. Of those who completed treatment, 51 percent reported they were still abstaining from gambling six months later and 45 percent reported gambling much less. NOTE: OHA's Problem Gambling Services program transitioned from our longstanding external data collection system in mid-2021. This impacted the accuracy of data reporting. The number of clients served in 2019, before the severe impact to system capacity from the COVID pandemic, was 1,026.

Revenue sources and changes

The 2023-25 Non-Medicaid Behavioral Health revenues include 57 percent General Fund, 32 percent Other Funds, 10 percent Federal Funds, and 1 percent Lottery Funds.

Behavioral health programs receive Federal Funds through the following federal grants:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant
- SAMHSA State Opioid Treatment funds
- Opioid Settlement Funds
- The SAMHSA Community Mental Health Services Block Grant
- The SAMHSA Projects for Assistance in Transition from Homelessness formula grant
- The Department of Health & Human Services Temporary Assistance for Needy Families (TANF) Block Grant
- Other Funds revenues include:

Oregon Health Authority: Health Systems Division

Non-Medicaid

- Statutorily dedicated funds under the Tobacco Use Reduction Account (TURA), Intoxicated Driver Program Fund (IDPF), Community Housing Trust Funds, and Lottery Fund.
- Tax revenue from beer, wine, tobacco and marijuana sales.
- Miscellaneous revenue from contract settlements, sponsored travel reimbursements, and the Tobacco Master Settlement Agreement (TMSA).

Proposed new laws that apply to the program unit

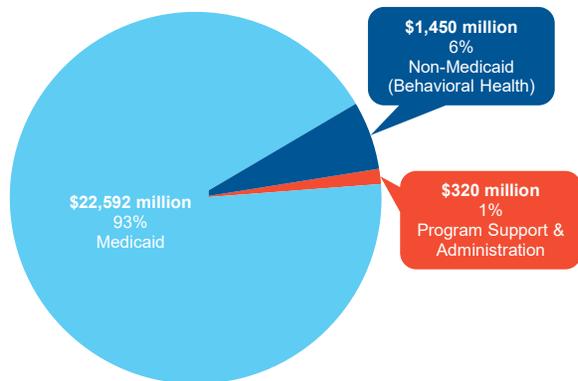
Legislative concept #44300-001: Advancing Health Equity and Furthering OHAs Mission

Legislative concept #44300-003: REALD and SOGI Data Confidentiality

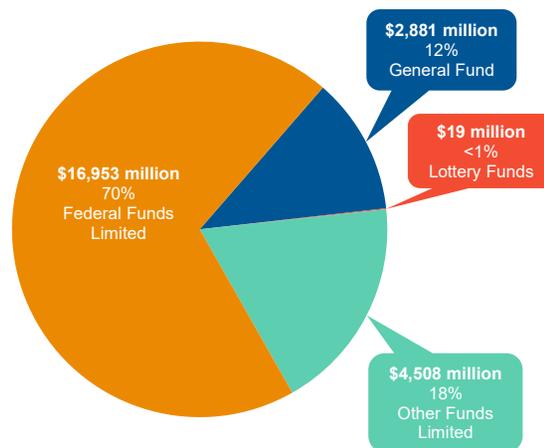
Legislative concept #44300-004: OHA Committee Membership Reimbursement

Oregon Health Authority 2021-23 Legislatively Approved Budget

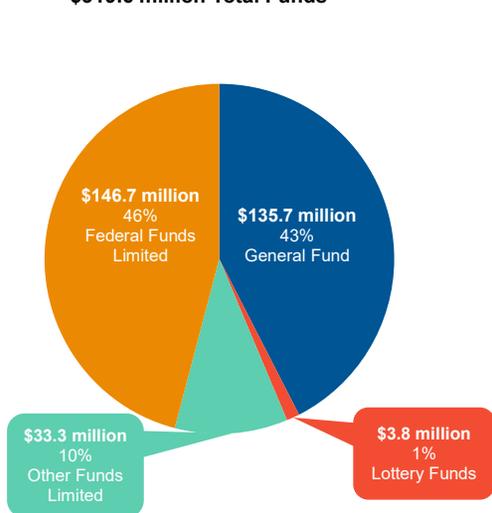
**Health Systems Division by Program
\$24,361 million Total Funds**



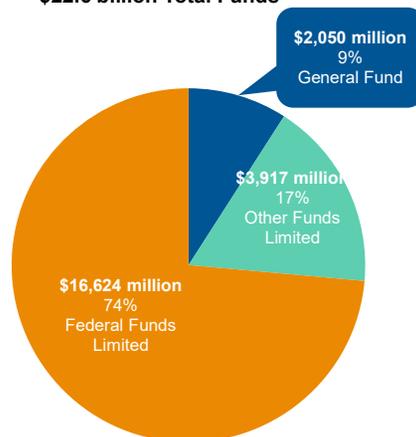
**Health Systems Division by Fund Type
\$24,361 million Total Funds**



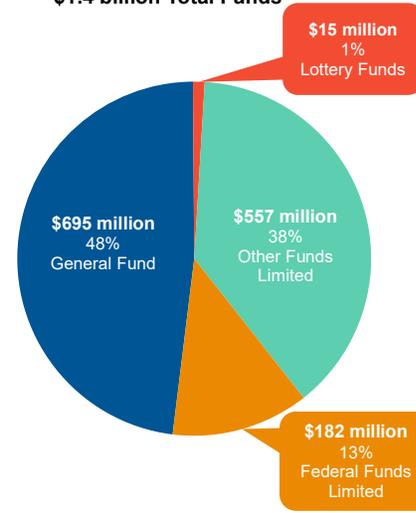
**Program Support & Administration by Fund Type
\$319.6 million Total Funds**



**Medicaid by Fund Type
\$22.6 billion Total Funds**

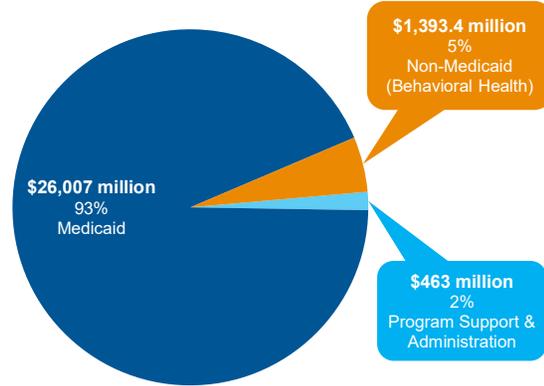


**Non-Medicaid (Behavioral Health) by Fund Type
\$1.4 billion Total Funds**

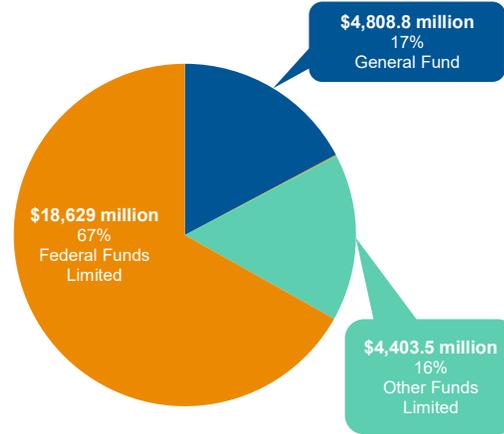


Oregon Health Authority 2023-25 Agency Request Budget

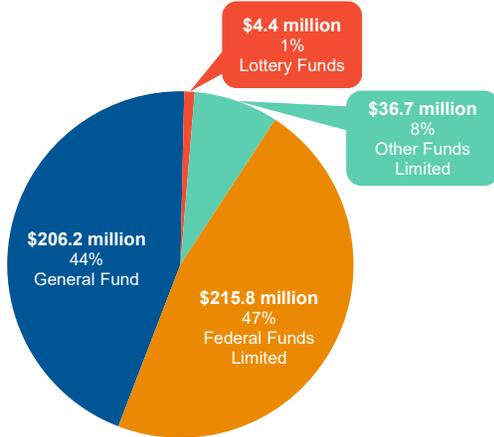
Health Systems Division by Program
\$27,863 million Total Funds



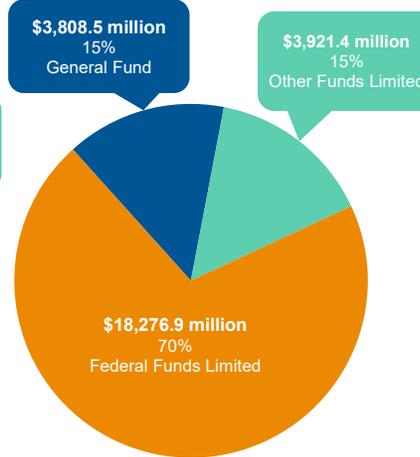
Health Systems Division by Fund Type
\$27,863 million Total Funds



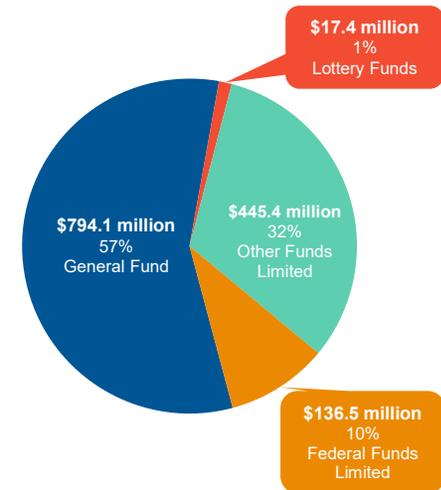
Program Support & Administration by Fund Type
\$463 million Total Funds



Medicaid by Fund Type
\$26,007 million Total Funds



Non-Medicaid (Behavioral Health) by Fund Type
\$1,393.4 million Total Funds



ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	590,824	-	-	-	-	-	590,824
Other Revenues	-	-	145,373	-	-	-	145,373
Federal Funds	-	-	-	511,696	-	-	511,696
Tsfr From Administrative Svcs	-	15,662	-	-	-	-	15,662
Total Revenues	\$590,824	\$15,662	\$145,373	\$511,696	-	-	\$1,263,555
Personal Services							
Temporary Appointments	5,371	175	92	17,165	-	-	22,803
Overtime Payments	7,127	-	-	7,067	-	-	14,194
Shift Differential	192	-	3	235	-	-	430
All Other Differential	16,602	-	9,828	112,719	-	-	139,149
Public Employees' Retire Cont	4,287	-	1,762	21,508	-	-	27,557
Pension Obligation Bond	592,362	12,350	194,881	344,854	-	-	1,144,447
Social Security Taxes	2,241	13	759	10,495	-	-	13,508
Paid Family Medical Leave Insurance	96	-	39	480	-	-	615
Vacancy Savings	(37,454)	3,124	(61,991)	(2,827)	-	-	(99,148)
Total Personal Services	\$590,824	\$15,662	\$145,373	\$511,696	-	-	\$1,263,555
Total Expenditures							
Total Expenditures	590,824	15,662	145,373	511,696	-	-	1,263,555
Total Expenditures	\$590,824	\$15,662	\$145,373	\$511,696	-	-	\$1,263,555

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	496,489,567	-	-	-	-	-	496,489,567
Other Selective Taxes	-	-	11,000,000	-	-	-	11,000,000
Other Revenues	-	-	2,592,558	-	-	-	2,592,558
Federal Funds	-	-	-	44,549,804	-	-	44,549,804
Transfer In Other	-	-	60,000,000	-	-	-	60,000,000
Tsfr From Administrative Svcs	-	1,728,311	-	-	-	-	1,728,311
Tsfr From Revenue, Dept of	-	-	21,018,320	-	-	-	21,018,320
Total Revenues	\$496,489,567	\$1,728,311	\$94,610,878	\$44,549,804	-	-	\$637,378,560
Personal Services							
Class/Unclass Sal. and Per Diem	599,551	-	3,055	570,310	-	-	1,172,916
Empl. Rel. Bd. Assessments	226	-	1	218	-	-	445
Public Employees' Retire Cont	107,441	-	547	102,201	-	-	210,189
Social Security Taxes	45,870	-	234	43,633	-	-	89,737
Paid Family Medical Leave Insurance	2,399	-	12	2,282	-	-	4,693
Worker's Comp. Assess. (WCD)	193	-	1	185	-	-	379
Flexible Benefits	166,320	-	693	159,687	-	-	326,700
Total Personal Services	\$922,000	-	\$4,543	\$878,516	-	-	\$1,805,059
Services & Supplies							
Instate Travel	48,170	2,435	18,631	34,160	-	-	103,396
Employee Training	13,271	669	5,121	9,558	-	-	28,619
Office Expenses	91,601	4,633	35,431	64,960	-	-	196,625
Telecommunications	31,374	1,516	11,584	22,907	-	-	67,381

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Professional Services	2,182	-	-	-	-	-	2,182
Food and Kitchen Supplies	97,402	15,088	15,407	52,908	-	-	180,805
Agency Program Related S and S	34,063	-	-	42,559	-	-	76,622
Intra-agency Charges	19,536	-	721	12,368	-	-	32,625
Other Services and Supplies	8,334	422	3,216	5,905	-	-	17,877
Expendable Prop 250 - 5000	2,800	-	-	2,800	-	-	5,600
Total Services & Supplies	\$348,733	\$24,763	\$90,111	\$248,125	-	-	\$711,732
Special Payments							
Dist to Individuals	494,285,104	-	34,516,224	43,423,163	-	-	572,224,491
Dist to Contract Svc Providers	-	1,703,548	60,000,000	-	-	-	61,703,548
Other Special Payments	933,730	-	-	-	-	-	933,730
Total Special Payments	\$495,218,834	\$1,703,548	\$94,516,224	\$43,423,163	-	-	\$634,861,769
Total Expenditures							
Total Expenditures	496,489,567	1,728,311	94,610,878	44,549,804	-	-	637,378,560
Total Expenditures	\$496,489,567	\$1,728,311	\$94,610,878	\$44,549,804	-	-	\$637,378,560
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Positions							
Total Positions							9
Total Positions	-	-	-	-	-	-	9
Total FTE							
Total FTE							8.25
Total FTE	-	-	-	-	-	-	8.25

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(197,299,396)	-	-	-	-	-	(197,299,396)
Other Selective Taxes	-	-	(25,000,000)	-	-	-	(25,000,000)
Other Revenues	-	-	(130,517,503)	-	-	-	(130,517,503)
Federal Funds	-	-	-	(176,097,036)	-	-	(176,097,036)
Tsfr From Human Svcs, Dept of	-	-	(750,000)	-	-	-	(750,000)
Tsfr From Administrative Svcs	-	-	(145,000,000)	-	-	-	(145,000,000)
Tsfr From Revenue, Dept of	-	-	(6,838)	-	-	-	(6,838)
Total Revenues	(\$197,299,396)	-	(\$301,274,341)	(\$176,097,036)	-	-	(\$674,670,773)
Services & Supplies							
Instate Travel	(10,136)	-	(3,116)	(1,558)	-	-	(14,810)
Employee Training	(2,789)	-	(859)	(428)	-	-	(4,076)
Office Expenses	(19,285)	-	(5,931)	(2,964)	-	-	(28,180)
Telecommunications	(8,565)	-	(1,940)	(970)	-	-	(11,475)
Professional Services	(250,000)	-	(1,369,054)	(1,369,724)	-	-	(2,988,778)
IT Professional Services	(270,850)	-	-	-	-	-	(270,850)
Food and Kitchen Supplies	(44,344)	-	-	-	-	-	(44,344)
Intra-agency Charges	(4,821,965)	-	-	-	-	-	(4,821,965)
Other Services and Supplies	(1,753)	-	(540)	(270)	-	-	(2,563)
Expendable Prop 250 - 5000	(3,017)	-	(1,292)	(646)	-	-	(4,955)
IT Expendable Property	(4,806)	-	-	-	-	-	(4,806)
Total Services & Supplies	(\$5,437,510)	-	(\$1,382,732)	(\$1,376,560)	-	-	(\$8,196,802)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Dist to Individuals	(54,533,552)	-	(346,246,465)	(121,723,840)	-	-	(522,503,857)
Dist to Contract Svc Providers	(5,152,334)	-	-	-	-	-	(5,152,334)
Other Special Payments	(132,176,000)	-	-	(52,996,636)	-	-	(185,172,636)
Total Special Payments	(\$191,861,886)	-	(\$346,246,465)	(\$174,720,476)	-	-	(\$712,828,827)
Total Expenditures							
Total Expenditures	(197,299,396)	-	(347,629,197)	(176,097,036)	-	-	(721,025,629)
Total Expenditures	(\$197,299,396)	-	(\$347,629,197)	(\$176,097,036)	-	-	(\$721,025,629)
Ending Balance							
Ending Balance	-	-	46,354,856	-	-	-	46,354,856
Total Ending Balance	-	-	\$46,354,856	-	-	-	\$46,354,856

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	109,434,660	-	-	-	-	-	109,434,660
Other Revenues	-	-	175,245,230	-	-	-	175,245,230
Federal Funds	-	-	-	699,817,436	-	-	699,817,436
Tsfr From Administrative Svcs	-	832,788	-	-	-	-	832,788
Total Revenues	\$109,434,660	\$832,788	\$175,245,230	\$699,817,436	-	-	\$985,330,114

Services & Supplies

Instate Travel	28,362	1,689	8,522	38,808	-	-	77,381
Out of State Travel	1,914	225	2,459	6,452	-	-	11,050
Employee Training	9,380	336	3,854	15,535	-	-	29,105
Office Expenses	137,779	427	26,633	52,861	-	-	217,700
Telecommunications	12,145	193	8,716	20,819	-	-	41,873
Data Processing	11,665	416	904	17,543	-	-	30,528
Publicity and Publications	26,869	2,534	78,119	32,754	-	-	140,276
Professional Services	2,693,840	156,029	1,445,086	1,775,947	-	-	6,070,902
IT Professional Services	1,715,739	34,737	126,969	5,272,750	-	-	7,150,195
Attorney General	265,495	291	57,432	321,935	-	-	645,153
Employee Recruitment and Develop	264	-	24	279	-	-	567
Dues and Subscriptions	5,212	345	1,234	10,429	-	-	17,220
Facilities Rental and Taxes	6,772	-	1,423	56,842	-	-	65,037
Fuels and Utilities	2,649	-	-	138	-	-	2,787
Facilities Maintenance	250	-	-	725	-	-	975
Food and Kitchen Supplies	6,564	645	1,098	13,317	-	-	21,624
Other Care of Residents and Patients	1,385	-	-	3,259	-	-	4,644
Agency Program Related S and S	11,456	223	14,695	6,441	-	-	32,815

Agency Request
 2023-25 Biennium

Governor's Budget
 Page 8

Legislatively Adopted
 Essential and Policy Package Fiscal Impact Summary - BPR013

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Intra-agency Charges	25,537	-	4,197	7,736	-	-	37,470
Other Services and Supplies	33,513	536	1,661	38,329	-	-	74,039
Expendable Prop 250 - 5000	4,761	93	2,032	18,429	-	-	25,315
IT Expendable Property	27,352	109	1,859	107,546	-	-	136,866
Total Services & Supplies	\$5,028,903	\$198,828	\$1,786,917	\$7,818,874	-	-	\$14,833,522
Capital Outlay							
Building Structures	333,491	-	65,709	-	-	-	399,200
Total Capital Outlay	\$333,491	-	\$65,709	-	-	-	\$399,200
Special Payments							
Dist to Counties	10,198,727	377,497	3,726,780	2,654,017	-	-	16,957,021
Dist to Other Gov Unit	343,853	8,335	31,569	61,311	-	-	445,068
Dist to Non-Gov Units	309,137	-	-	190,076	-	-	499,213
Dist to Individuals	92,169,332	245,902	168,271,415	688,409,202	-	-	949,095,851
Dist to Contract Svc Providers	476,182	-	117,001	-	-	-	593,183
Other Special Payments	572,810	2,226	1,185,711	621,604	-	-	2,382,351
Spc Pmt to Education, Dept of	2,225	-	60,128	62,352	-	-	124,705
Total Special Payments	\$104,072,266	\$633,960	\$173,392,604	\$691,998,562	-	-	\$970,097,392
Total Expenditures							
Total Expenditures	109,434,660	832,788	175,245,230	699,817,436	-	-	985,330,114
Total Expenditures	\$109,434,660	\$832,788	\$175,245,230	\$699,817,436	-	-	\$985,330,114

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 031 - Standard Inflation

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 032 - Above Standard Inflation

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	47,293,203	-	-	-	-	-	47,293,203
Other Revenues	-	-	76,746,646	-	-	-	76,746,646
Federal Funds	-	-	-	328,761,328	-	-	328,761,328
Tsfr From Revenue, Dept of	-	-	5,560,840	-	-	-	5,560,840
Total Revenues	\$47,293,203	-	\$82,307,486	\$328,761,328	-	-	\$458,362,017
Special Payments							
Dist to Counties	4,745,530	-	2,404,452	977,530	-	-	8,127,512
Dist to Other Gov Unit	221,969	-	19,858	38,245	-	-	280,072
Dist to Individuals	41,959,879	-	79,119,481	327,353,406	-	-	448,432,766
Other Special Payments	365,825	-	763,695	392,147	-	-	1,521,667
Total Special Payments	\$47,293,203	-	\$82,307,486	\$328,761,328	-	-	\$458,362,017
Total Expenditures							
Total Expenditures	47,293,203	-	82,307,486	328,761,328	-	-	458,362,017
Total Expenditures	\$47,293,203	-	\$82,307,486	\$328,761,328	-	-	\$458,362,017
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 033 - Exceptional Inflation

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	14,725,403	-	-	-	-	-	14,725,403
Other Revenues	-	-	27,372,852	-	-	-	27,372,852
Federal Funds	-	-	-	118,091,624	-	-	118,091,624
Tsfr From Revenue, Dept of	-	-	2,974	-	-	-	2,974
Tsfr From OLCC	-	-	13,793	-	-	-	13,793
Total Revenues	\$14,725,403	-	\$27,389,619	\$118,091,624	-	-	\$160,206,646
Services & Supplies							
IT Professional Services	46,059	-	-	144,686	-	-	190,745
Total Services & Supplies	\$46,059	-	-	\$144,686	-	-	\$190,745
Special Payments							
Dist to Counties	10,709	-	8,768	21,834	-	-	41,311
Dist to Other Gov Unit	716	-	587	1,461	-	-	2,764
Dist to Individuals	14,662,819	-	27,376,088	117,913,246	-	-	159,952,153
Other Special Payments	5,100	-	4,176	10,397	-	-	19,673
Total Special Payments	\$14,679,344	-	\$27,389,619	\$117,946,938	-	-	\$160,015,901
Total Expenditures							
Total Expenditures	14,725,403	-	27,389,619	118,091,624	-	-	160,206,646
Total Expenditures	\$14,725,403	-	\$27,389,619	\$118,091,624	-	-	\$160,206,646

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 033 - Exceptional Inflation

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 040 - Mandated Caseload

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(188,635,271)	-	-	-	-	-	(188,635,271)
Other Selective Taxes	-	-	22,798,413	-	-	-	22,798,413
Other Revenues	-	-	20,850,246	-	-	-	20,850,246
Federal Funds	-	-	-	(1,611,240,074)	-	-	(1,611,240,074)
Tsfr From Administrative Svcs	-	-	1,475,375	-	-	-	1,475,375
Tsfr From Revenue, Dept of	-	-	11,040,896	-	-	-	11,040,896
Total Revenues	(\$188,635,271)	-	\$56,164,930	(\$1,611,240,074)	-	-	(\$1,743,710,415)
Special Payments							
Dist to Counties	14,041,766	-	-	-	-	-	14,041,766
Dist to Individuals	(202,677,037)	-	56,164,930	(1,611,240,074)	-	-	(1,757,752,181)
Total Special Payments	(\$188,635,271)	-	\$56,164,930	(\$1,611,240,074)	-	-	(\$1,743,710,415)
Total Expenditures							
Total Expenditures	(188,635,271)	-	56,164,930	(1,611,240,074)	-	-	(1,743,710,415)
Total Expenditures	(\$188,635,271)	-	\$56,164,930	(\$1,611,240,074)	-	-	(\$1,743,710,415)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	682,585,564	-	-	-	-	-	682,585,564
Other Selective Taxes	-	-	130,030,581	-	-	-	130,030,581
Other Revenues	-	-	(286,982,611)	-	-	-	(286,982,611)
Federal Funds	-	-	-	(487,115,263)	-	-	(487,115,263)
Tsfr From Administrative Svcs	-	-	(10,377,375)	-	-	-	(10,377,375)
Tsfr From Revenue, Dept of	-	-	(28,140,896)	-	-	-	(28,140,896)
Total Revenues	\$682,585,564	-	(\$195,470,301)	(\$487,115,263)	-	-	-
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	-	-	-	-	-
Public Employees' Retire Cont	-	-	-	-	-	-	-
Social Security Taxes	-	-	-	-	-	-	-
Paid Family Medical Leave Insurance	-	-	-	-	-	-	-
Worker's Comp. Assess. (WCD)	-	-	-	-	-	-	-
Flexible Benefits	-	-	-	-	-	-	-
Total Personal Services	-	-	-	-	-	-	-
Special Payments							
Dist to Individuals	682,585,564	-	(195,470,301)	(487,115,263)	-	-	-
Total Special Payments	\$682,585,564	-	(\$195,470,301)	(\$487,115,263)	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	682,585,564	-	(195,470,301)	(487,115,263)	-	-	-
Total Expenditures	\$682,585,564	-	(\$195,470,301)	(\$487,115,263)	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Tsfr From Education, Dept of	-	-	(1,328,170)	-	-	-	(1,328,170)
Tsfr From Early Learning and Care, Dept. o	-	-	1,328,170	-	-	-	1,328,170
Total Revenues	-	-	-	-	-	-	-
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	-	-	-	-	-
Public Employees' Retire Cont	-	-	-	-	-	-	-
Social Security Taxes	-	-	-	-	-	-	-
Paid Family Medical Leave Insurance	-	-	-	-	-	-	-
Worker's Comp. Assess. (WCD)	-	-	-	-	-	-	-
Flexible Benefits	-	-	-	-	-	-	-
Total Personal Services	-	-	-	-	-	-	-
Services & Supplies							
Instate Travel	(3,045)	-	-	(3,045)	-	-	(6,090)
Employee Training	(838)	-	-	(838)	-	-	(1,676)
Office Expenses	(5,792)	-	-	(5,792)	-	-	(11,584)
Telecommunications	(1,894)	-	-	(1,894)	-	-	(3,788)
Professional Services	(409,201)	-	-	(24,070)	-	-	(433,271)
Food and Kitchen Supplies	(34,463)	-	-	(33,755)	-	-	(68,218)
Agency Program Related S and S	56,771	-	-	70,932	-	-	127,703
Other Services and Supplies	(528)	-	-	(528)	-	-	(1,056)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	(1,010)	-	-	(1,010)	-	-	(2,020)
Total Services & Supplies	(\$400,000)	-	-	-	-	-	(\$400,000)
Special Payments							
Spc Pmt to Pub Safety Stds/Trng	400,000	-	-	-	-	-	400,000
Spc Pmt to Education, Dept of	(55,195)	-	(1,491,738)	(1,546,932)	-	-	(3,093,865)
Spc Pmt to Early Learning and Care, Dept.	55,195	-	1,491,738	1,546,932	-	-	3,093,865
Total Special Payments	\$400,000	-	-	-	-	-	\$400,000
Total Expenditures							
Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions	-	-	-	-	-	-	-
Total Positions	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							-
Total FTE	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 081 - June 2022 Emergency Board

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	127,441,000	-	-	-	-	-	127,441,000
Federal Funds	-	-	-	260,750,400	-	-	260,750,400
Total Revenues	\$127,441,000	-	-	\$260,750,400	-	-	\$388,191,400
Special Payments							
Dist to Contract Svc Providers	127,441,000	-	-	260,750,400	-	-	388,191,400
Total Special Payments	\$127,441,000	-	-	\$260,750,400	-	-	\$388,191,400
Total Expenditures							
Total Expenditures	127,441,000	-	-	260,750,400	-	-	388,191,400
Total Expenditures	\$127,441,000	-	-	\$260,750,400	-	-	\$388,191,400
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 201 - Medicaid Waiver Placeholder

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	397,000,000	-	-	-	-	-	397,000,000
Federal Funds	-	-	-	1,446,000,000	-	-	1,446,000,000
Total Revenues	\$397,000,000	-	-	\$1,446,000,000	-	-	\$1,843,000,000
Special Payments							
Other Special Payments	397,000,000	-	-	1,446,000,000	-	-	1,843,000,000
Total Special Payments	\$397,000,000	-	-	\$1,446,000,000	-	-	\$1,843,000,000
Total Expenditures							
Total Expenditures	397,000,000	-	-	1,446,000,000	-	-	1,843,000,000
Total Expenditures	\$397,000,000	-	-	\$1,446,000,000	-	-	\$1,843,000,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	150,525,170	-	-	-	-	-	150,525,170
Federal Funds	-	-	-	1,098,383,137	-	-	1,098,383,137
Total Revenues	\$150,525,170	-	-	\$1,098,383,137	-	-	\$1,248,908,307
Personal Services							
Class/Unclass Sal. and Per Diem	1,243,683	-	-	1,243,683	-	-	2,487,366
Empl. Rel. Bd. Assessments	460	-	-	460	-	-	920
Public Employees' Retire Cont	222,872	-	-	222,872	-	-	445,744
Social Security Taxes	95,146	-	-	95,146	-	-	190,292
Paid Family Medical Leave Insurance	4,978	-	-	4,978	-	-	9,956
Worker's Comp. Assess. (WCD)	391	-	-	391	-	-	782
Flexible Benefits	341,550	-	-	341,550	-	-	683,100
Total Personal Services	\$1,909,080	-	-	\$1,909,080	-	-	\$3,818,160
Services & Supplies							
Instate Travel	28,014	-	-	28,014	-	-	56,028
Employee Training	7,755	-	-	7,755	-	-	15,510
Office Expenses	53,291	-	-	53,291	-	-	106,582
Telecommunications	17,434	-	-	17,434	-	-	34,868
Professional Services	19,758,133	-	-	19,758,133	-	-	39,516,266
IT Professional Services	221,920	-	-	665,761	-	-	887,681
Food and Kitchen Supplies	88,390	-	-	88,390	-	-	176,780
Medical Services and Supplies	-	-	-	-	-	-	-
Other Services and Supplies	4,853	-	-	4,853	-	-	9,706

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	8,050	-	-	8,050	-	-	16,100
Total Services & Supplies	\$20,187,840	-	-	\$20,631,681	-	-	\$40,819,521
Special Payments							
Dist to Individuals	128,428,250	-	-	1,075,842,376	-	-	1,204,270,626
Total Special Payments	\$128,428,250	-	-	\$1,075,842,376	-	-	\$1,204,270,626
Total Expenditures							
Total Expenditures	150,525,170	-	-	1,098,383,137	-	-	1,248,908,307
Total Expenditures	\$150,525,170	-	-	\$1,098,383,137	-	-	\$1,248,908,307
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							23
Total Positions	-	-	-	-	-	-	23
Total FTE							
Total FTE							17.25
Total FTE	-	-	-	-	-	-	17.25

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 203 - Mainframe Migration/Provider & Client Pmt Sys

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	172,249	-	-	-	-	-	172,249
Federal Funds	-	-	-	516,727	-	-	516,727
Total Revenues	\$172,249	-	-	\$516,727	-	-	\$688,976
Personal Services							
Class/Unclass Sal. and Per Diem	57,150	-	-	171,450	-	-	228,600
Empl. Rel. Bd. Assessments	20	-	-	58	-	-	78
Public Employees' Retire Cont	10,242	-	-	30,724	-	-	40,966
Social Security Taxes	4,372	-	-	13,116	-	-	17,488
Paid Family Medical Leave Insurance	228	-	-	686	-	-	914
Worker's Comp. Assess. (WCD)	18	-	-	52	-	-	70
Flexible Benefits	14,850	-	-	44,550	-	-	59,400
Total Personal Services	\$86,880	-	-	\$260,636	-	-	\$347,516
Services & Supplies							
Instate Travel	1,218	-	-	3,652	-	-	4,870
Employee Training	336	-	-	1,006	-	-	1,342
Office Expenses	2,318	-	-	6,952	-	-	9,270
Telecommunications	758	-	-	2,272	-	-	3,030
IT Professional Services	76,315	-	-	228,945	-	-	305,260
Food and Kitchen Supplies	3,862	-	-	11,580	-	-	15,442
Other Services and Supplies	212	-	-	634	-	-	846

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 203 - Mainframe Migration/Provider & Client Pmt Sys

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	350	-	-	1,050	-	-	1,400
Total Services & Supplies	\$85,369	-	-	\$256,091	-	-	\$341,460
Total Expenditures							
Total Expenditures	172,249	-	-	516,727	-	-	688,976
Total Expenditures	\$172,249	-	-	\$516,727	-	-	\$688,976
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							1.50
Total FTE	-	-	-	-	-	-	1.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 404 - 988/BH Crisis Sys: 988 Call Centers & CSCs

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	268,839,588	-	-	-	-	-	268,839,588
Other Revenues	-	-	28,939	-	-	-	28,939
Federal Funds	-	-	-	71,268,053	-	-	71,268,053
Total Revenues	\$268,839,588	-	\$28,939	\$71,268,053	-	-	\$340,136,580
Personal Services							
Class/Unclass Sal. and Per Diem	540,616	-	17,266	138,125	-	-	696,007
Empl. Rel. Bd. Assessments	180	-	6	48	-	-	234
Public Employees' Retire Cont	96,878	-	3,095	24,751	-	-	124,724
Social Security Taxes	41,359	-	1,321	10,567	-	-	53,247
Paid Family Medical Leave Insurance	2,162	-	69	552	-	-	2,783
Worker's Comp. Assess. (WCD)	159	-	6	42	-	-	207
Flexible Benefits	138,105	-	4,455	35,640	-	-	178,200
Total Personal Services	\$819,459	-	\$26,218	\$209,725	-	-	\$1,055,402
Services & Supplies							
Instate Travel	11,322	-	366	2,922	-	-	14,610
Employee Training	3,217	-	102	804	-	-	4,123
Office Expenses	21,549	-	696	5,562	-	-	27,807
Telecommunications	7,044	-	228	1,818	-	-	9,090
Professional Services	18,367,309	-	-	2,866,574	-	-	21,233,883
IT Professional Services	221,760	-	-	702,240	-	-	924,000
Food and Kitchen Supplies	35,956	-	1,161	9,269	-	-	46,386
Other Services and Supplies	1,962	-	63	507	-	-	2,532

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 404 - 988/BH Crisis Sys: 988 Call Centers & CSCs

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	3,255	-	105	840	-	-	4,200
Total Services & Supplies	\$18,673,374	-	\$2,721	\$3,590,536	-	-	\$22,266,631
Special Payments							
Dist to Individuals	34,608,799	-	-	67,467,792	-	-	102,076,591
Other Special Payments	214,737,956	-	-	-	-	-	214,737,956
Total Special Payments	\$249,346,755	-	-	\$67,467,792	-	-	\$316,814,547
Total Expenditures							
Total Expenditures	268,839,588	-	28,939	71,268,053	-	-	340,136,580
Total Expenditures	\$268,839,588	-	\$28,939	\$71,268,053	-	-	\$340,136,580
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							6
Total Positions	-	-	-	-	-	-	6

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 404 - 988/BH Crisis Sys: 988 Call Centers & CSCs

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							4.50
Total FTE	-	-	-	-	-	-	4.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 414 - Early & Periodic Screening, Diagnosis & Trmnt

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	848,206	-	-	-	-	-	848,206
Federal Funds	-	-	-	1,364,492	-	-	1,364,492
Total Revenues	\$848,206	-	-	\$1,364,492	-	-	\$2,212,698
Personal Services							
Class/Unclass Sal. and Per Diem	382,914	-	-	440,064	-	-	822,978
Empl. Rel. Bd. Assessments	130	-	-	149	-	-	279
Public Employees' Retire Cont	68,621	-	-	78,862	-	-	147,483
Social Security Taxes	29,293	-	-	33,665	-	-	62,958
Paid Family Medical Leave Insurance	1,533	-	-	1,762	-	-	3,295
Worker's Comp. Assess. (WCD)	111	-	-	128	-	-	239
Flexible Benefits	96,525	-	-	111,375	-	-	207,900
Total Personal Services	\$579,127	-	-	\$666,005	-	-	\$1,245,132
Services & Supplies							
Instate Travel	7,917	-	-	9,134	-	-	17,051
Employee Training	2,178	-	-	2,513	-	-	4,691
Office Expenses	15,061	-	-	17,378	-	-	32,439
Telecommunications	4,927	-	-	5,684	-	-	10,611
IT Professional Services	210,181	-	-	630,543	-	-	840,724
Food and Kitchen Supplies	25,168	-	-	29,027	-	-	54,195
Other Services and Supplies	1,372	-	-	1,583	-	-	2,955

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 414 - Early & Periodic Screening, Diagnosis & Trmnt

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	2,275	-	-	2,625	-	-	4,900
Total Services & Supplies	\$269,079	-	-	\$698,487	-	-	\$967,566
Total Expenditures							
Total Expenditures	848,206	-	-	1,364,492	-	-	2,212,698
Total Expenditures	\$848,206	-	-	\$1,364,492	-	-	\$2,212,698
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							7
Total Positions	-	-	-	-	-	-	7
Total FTE							
Total FTE							5.25
Total FTE	-	-	-	-	-	-	5.25

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 415 - Adult Intensive Services & Diversion

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	4,936,539	-	-	-	-	-	4,936,539
Other Revenues	-	-	8,631	-	-	-	8,631
Federal Funds	-	-	-	1,551,419	-	-	1,551,419
Total Revenues	\$4,936,539	-	\$8,631	\$1,551,419	-	-	\$6,496,589
Personal Services							
Class/Unclass Sal. and Per Diem	472,873	-	4,953	308,037	-	-	785,863
Empl. Rel. Bd. Assessments	165	-	2	106	-	-	273
Public Employees' Retire Cont	84,740	-	888	55,200	-	-	140,828
Social Security Taxes	36,176	-	379	23,565	-	-	60,120
Paid Family Medical Leave Insurance	1,891	-	20	1,231	-	-	3,142
Worker's Comp. Assess. (WCD)	145	-	2	92	-	-	239
Flexible Benefits	126,819	-	1,485	79,596	-	-	207,900
Total Personal Services	\$722,809	-	\$7,729	\$467,827	-	-	\$1,198,365
Services & Supplies							
Instate Travel	10,396	-	122	6,527	-	-	17,045
Employee Training	4,290	-	34	6,316	-	-	10,640
Office Expenses	19,787	-	232	12,420	-	-	32,439
Telecommunications	6,470	-	76	4,059	-	-	10,605
IT Professional Services	325,440	-	-	1,030,560	-	-	1,356,000
Food and Kitchen Supplies	32,874	-	382	20,702	-	-	53,958
Other Services and Supplies	1,801	-	21	1,132	-	-	2,954

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 415 - Adult Intensive Services & Diversion

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	2,989	-	35	1,876	-	-	4,900
Total Services & Supplies	\$404,047	-	\$902	\$1,083,592	-	-	\$1,488,541
Special Payments							
Dist to Counties	3,809,683	-	-	-	-	-	3,809,683
Total Special Payments	\$3,809,683	-	-	-	-	-	\$3,809,683
Total Expenditures							
Total Expenditures	4,936,539	-	8,631	1,551,419	-	-	6,496,589
Total Expenditures	\$4,936,539	-	\$8,631	\$1,551,419	-	-	\$6,496,589
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							7
Total Positions	-	-	-	-	-	-	7
Total FTE							
Total FTE							5.25
Total FTE	-	-	-	-	-	-	5.25

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 418 - Integrated Care Mod - Proj Nurture Expansion

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	10,385,839	-	-	-	-	-	10,385,839
Federal Funds	-	-	-	385,839	-	-	385,839
Total Revenues	\$10,385,839	-	-	\$385,839	-	-	\$10,771,678
Personal Services							
Class/Unclass Sal. and Per Diem	230,274	-	-	230,274	-	-	460,548
Empl. Rel. Bd. Assessments	80	-	-	80	-	-	160
Public Employees' Retire Cont	41,267	-	-	41,267	-	-	82,534
Social Security Taxes	17,617	-	-	17,617	-	-	35,234
Paid Family Medical Leave Insurance	922	-	-	922	-	-	1,844
Worker's Comp. Assess. (WCD)	68	-	-	68	-	-	136
Flexible Benefits	59,400	-	-	59,400	-	-	118,800
Total Personal Services	\$349,628	-	-	\$349,628	-	-	\$699,256
Services & Supplies							
Instate Travel	4,872	-	-	4,872	-	-	9,744
Employee Training	1,340	-	-	1,340	-	-	2,680
Office Expenses	9,268	-	-	9,268	-	-	18,536
Telecommunications	3,032	-	-	3,032	-	-	6,064
Food and Kitchen Supplies	15,455	-	-	15,455	-	-	30,910
Other Services and Supplies	844	-	-	844	-	-	1,688
Expendable Prop 250 - 5000	1,400	-	-	1,400	-	-	2,800
Total Services & Supplies	\$36,211	-	-	\$36,211	-	-	\$72,422

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 418 - Integrated Care Mod - Proj Nurture Expansion

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Dist to Counties	10,000,000	-	-	-	-	-	10,000,000
Total Special Payments	\$10,000,000	-	-	-	-	-	\$10,000,000
Total Expenditures							
Total Expenditures	10,385,839	-	-	385,839	-	-	10,771,678
Total Expenditures	\$10,385,839	-	-	\$385,839	-	-	\$10,771,678
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							4
Total Positions	-	-	-	-	-	-	4
Total FTE							
Total FTE							3.00
Total FTE	-	-	-	-	-	-	3.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 419 - MMIS Infrastructure Replacement

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,387,180	-	-	-	-	-	1,387,180
Federal Funds	-	-	-	9,936,540	-	-	9,936,540
Total Revenues	\$1,387,180	-	-	\$9,936,540	-	-	\$11,323,720
Services & Supplies							
IT Professional Services	1,387,180	-	-	9,936,540	-	-	11,323,720
Total Services & Supplies	\$1,387,180	-	-	\$9,936,540	-	-	\$11,323,720
Total Expenditures							
Total Expenditures	1,387,180	-	-	9,936,540	-	-	11,323,720
Total Expenditures	\$1,387,180	-	-	\$9,936,540	-	-	\$11,323,720
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 421 - Fee For Service Transformation

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	2,996,295	-	-	-	-	-	2,996,295
Other Revenues	-	-	25,727	-	-	-	25,727
Federal Funds	-	-	-	4,363,250	-	-	4,363,250
Total Revenues	\$2,996,295	-	\$25,727	\$4,363,250	-	-	\$7,385,272
Personal Services							
Class/Unclass Sal. and Per Diem	1,430,395	-	14,729	1,524,890	-	-	2,970,014
All Other Differential	2,857	-	-	2,858	-	-	5,715
Empl. Rel. Bd. Assessments	484	-	6	517	-	-	1,007
Public Employees' Retire Cont	256,850	-	2,639	273,781	-	-	533,270
Social Security Taxes	109,647	-	1,127	116,876	-	-	227,650
Paid Family Medical Leave Insurance	5,738	-	59	6,116	-	-	11,913
Worker's Comp. Assess. (WCD)	417	-	6	445	-	-	868
Flexible Benefits	361,647	-	4,455	386,298	-	-	752,400
Total Personal Services	\$2,168,035	-	\$23,021	\$2,311,781	-	-	\$4,502,837
Services & Supplies							
Instate Travel	29,659	-	366	31,680	-	-	61,705
Employee Training	8,312	-	102	8,866	-	-	17,280
Office Expenses	56,429	-	696	60,275	-	-	117,400
Telecommunications	18,456	-	228	19,713	-	-	38,397
IT Professional Services	606,685	-	-	1,814,880	-	-	2,421,565
Food and Kitchen Supplies	80,779	-	1,146	88,882	-	-	170,807
Intra-agency Charges	12,544	-	-	10,844	-	-	23,388

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 421 - Fee For Service Transformation

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Other Services and Supplies	6,989	-	63	7,341	-	-	14,393
Expendable Prop 250 - 5000	8,407	-	105	8,988	-	-	17,500
Total Services & Supplies	\$828,260	-	\$2,706	\$2,051,469	-	-	\$2,882,435
Total Expenditures							
Total Expenditures	2,996,295	-	25,727	4,363,250	-	-	7,385,272
Total Expenditures	\$2,996,295	-	\$25,727	\$4,363,250	-	-	\$7,385,272
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							25
Total Positions	-	-	-	-	-	-	25
Total FTE							
Total FTE							19.00
Total FTE	-	-	-	-	-	-	19.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 423 - 100% FMAP Tribal Savings and Reinvestment Pgm

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	118,602	-	-	-	-	-	118,602
Federal Funds	-	-	-	355,806	-	-	355,806
Total Revenues	\$118,602	-	-	\$355,806	-	-	\$474,408
Services & Supplies							
IT Professional Services	118,602	-	-	355,806	-	-	474,408
Total Services & Supplies	\$118,602	-	-	\$355,806	-	-	\$474,408
Total Expenditures							
Total Expenditures	118,602	-	-	355,806	-	-	474,408
Total Expenditures	\$118,602	-	-	\$355,806	-	-	\$474,408
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 426 - Child & Family BH Continuum of Care

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	11,503,382	-	-	-	-	-	11,503,382
Other Revenues	-	-	31,708	-	-	-	31,708
Federal Funds	-	-	-	1,980,684	-	-	1,980,684
Total Revenues	\$11,503,382	-	\$31,708	\$1,980,684	-	-	\$13,515,774
Personal Services							
Class/Unclass Sal. and Per Diem	500,697	-	19,449	177,930	-	-	698,076
Empl. Rel. Bd. Assessments	168	-	6	62	-	-	236
Public Employees' Retire Cont	89,726	-	3,485	31,886	-	-	125,097
Social Security Taxes	38,303	-	1,488	13,612	-	-	53,403
Paid Family Medical Leave Insurance	2,003	-	78	712	-	-	2,793
Worker's Comp. Assess. (WCD)	147	-	5	53	-	-	205
Flexible Benefits	127,710	-	4,455	46,035	-	-	178,200
Total Personal Services	\$758,754	-	\$28,966	\$270,290	-	-	\$1,058,010
Services & Supplies							
Instate Travel	10,471	-	366	3,775	-	-	14,612
Employee Training	2,957	-	111	1,054	-	-	4,122
Office Expenses	19,927	-	695	7,183	-	-	27,805
Telecommunications	6,515	-	228	2,349	-	-	9,092
IT Professional Services	74,368	-	-	223,104	-	-	297,472
Food and Kitchen Supplies	33,256	-	1,174	11,973	-	-	46,403
Other Services and Supplies	1,815	-	63	654	-	-	2,532

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 426 - Child & Family BH Continuum of Care

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	3,010	-	105	1,085	-	-	4,200
Total Services & Supplies	\$152,319	-	\$2,742	\$251,177	-	-	\$406,238
Special Payments							
Dist to Individuals	1,006,509	-	-	1,459,217	-	-	2,465,726
Dist to Contract Svc Providers	6,385,800	-	-	-	-	-	6,385,800
Other Special Payments	3,200,000	-	-	-	-	-	3,200,000
Total Special Payments	\$10,592,309	-	-	\$1,459,217	-	-	\$12,051,526
Total Expenditures							
Total Expenditures	11,503,382	-	31,708	1,980,684	-	-	13,515,774
Total Expenditures	\$11,503,382	-	\$31,708	\$1,980,684	-	-	\$13,515,774
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							6
Total Positions	-	-	-	-	-	-	6

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 426 - Child & Family BH Continuum of Care

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							4.50
Total FTE	-	-	-	-	-	-	4.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 427 - Medicaid Enterprise System Modularity

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	496,549	-	-	-	-	-	496,549
Federal Funds	-	-	-	4,468,878	-	-	4,468,878
Total Revenues	\$496,549	-	-	\$4,468,878	-	-	\$4,965,427
Personal Services							
Class/Unclass Sal. and Per Diem	94,088	-	-	846,796	-	-	940,884
Empl. Rel. Bd. Assessments	30	-	-	246	-	-	276
Public Employees' Retire Cont	16,862	-	-	151,743	-	-	168,605
Social Security Taxes	7,198	-	-	64,779	-	-	71,977
Paid Family Medical Leave Insurance	375	-	-	3,387	-	-	3,762
Worker's Comp. Assess. (WCD)	24	-	-	216	-	-	240
Flexible Benefits	20,790	-	-	187,110	-	-	207,900
Total Personal Services	\$139,367	-	-	\$1,254,277	-	-	\$1,393,644
Services & Supplies							
Instate Travel	1,704	-	-	15,342	-	-	17,046
Employee Training	488	-	-	4,398	-	-	4,886
Office Expenses	3,246	-	-	29,190	-	-	32,436
Telecommunications	1,062	-	-	9,546	-	-	10,608
IT Professional Services	345,042	-	-	3,105,345	-	-	3,450,387
Food and Kitchen Supplies	4,926	-	-	44,342	-	-	49,268
Other Services and Supplies	294	-	-	2,658	-	-	2,952

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 427 - Medicaid Enterprise System Modularity

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	420	-	-	3,780	-	-	4,200
Total Services & Supplies	\$357,182	-	-	\$3,214,601	-	-	\$3,571,783
Total Expenditures							
Total Expenditures	496,549	-	-	4,468,878	-	-	4,965,427
Total Expenditures	\$496,549	-	-	\$4,468,878	-	-	\$4,965,427
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							6
Total Positions	-	-	-	-	-	-	6
Total FTE							
Total FTE							5.28
Total FTE	-	-	-	-	-	-	5.28

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 429 - 988/BH Crisis Sys: Payer Parity

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	191,854	-	-	-	-	-	191,854
Total Revenues	\$191,854	-	-	-	-	-	\$191,854
Personal Services							
Class/Unclass Sal. and Per Diem	114,300	-	-	-	-	-	114,300
Empl. Rel. Bd. Assessments	39	-	-	-	-	-	39
Public Employees' Retire Cont	20,483	-	-	-	-	-	20,483
Social Security Taxes	8,744	-	-	-	-	-	8,744
Paid Family Medical Leave Insurance	457	-	-	-	-	-	457
Worker's Comp. Assess. (WCD)	34	-	-	-	-	-	34
Flexible Benefits	29,700	-	-	-	-	-	29,700
Total Personal Services	\$173,757	-	-	-	-	-	\$173,757
Services & Supplies							
Instate Travel	2,435	-	-	-	-	-	2,435
Employee Training	670	-	-	-	-	-	670
Office Expenses	4,634	-	-	-	-	-	4,634
Telecommunications	1,515	-	-	-	-	-	1,515
Food and Kitchen Supplies	7,721	-	-	-	-	-	7,721
Other Services and Supplies	422	-	-	-	-	-	422
Expendable Prop 250 - 5000	700	-	-	-	-	-	700
Total Services & Supplies	\$18,097	-	-	-	-	-	\$18,097

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 429 - 988/BH Crisis Sys: Payer Parity

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	191,854	-	-	-	-	-	191,854
Total Expenditures	\$191,854	-	-	-	-	-	\$191,854
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.75
Total FTE	-	-	-	-	-	-	0.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 431 - Staffing for System of Care Advisory Council

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	452,866	-	-	-	-	-	452,866
Total Revenues	\$452,866	-	-	-	-	-	\$452,866
Personal Services							
Class/Unclass Sal. and Per Diem	261,720	-	-	-	-	-	261,720
Empl. Rel. Bd. Assessments	106	-	-	-	-	-	106
Public Employees' Retire Cont	46,900	-	-	-	-	-	46,900
Social Security Taxes	20,022	-	-	-	-	-	20,022
Paid Family Medical Leave Insurance	1,047	-	-	-	-	-	1,047
Worker's Comp. Assess. (WCD)	92	-	-	-	-	-	92
Flexible Benefits	79,200	-	-	-	-	-	79,200
Total Personal Services	\$409,087	-	-	-	-	-	\$409,087
Services & Supplies							
Instate Travel	6,494	-	-	-	-	-	6,494
Employee Training	1,786	-	-	-	-	-	1,786
Office Expenses	12,356	-	-	-	-	-	12,356
Telecommunications	4,040	-	-	-	-	-	4,040
Food and Kitchen Supplies	16,579	-	-	-	-	-	16,579
Other Services and Supplies	1,124	-	-	-	-	-	1,124
Expendable Prop 250 - 5000	1,400	-	-	-	-	-	1,400
Total Services & Supplies	\$43,779	-	-	-	-	-	\$43,779

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 431 - Staffing for System of Care Advisory Council

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	452,866	-	-	-	-	-	452,866
Total Expenditures	\$452,866	-	-	-	-	-	\$452,866
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							2.00
Total FTE	-	-	-	-	-	-	2.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 433 - MMIS Staffing Capacity for Compliance Changes

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	194,336	-	-	-	-	-	194,336
Federal Funds	-	-	-	582,965	-	-	582,965
Total Revenues	\$194,336	-	-	\$582,965	-	-	\$777,301
Personal Services							
Class/Unclass Sal. and Per Diem	116,249	-	-	348,746	-	-	464,995
Empl. Rel. Bd. Assessments	40	-	-	116	-	-	156
Public Employees' Retire Cont	20,833	-	-	62,495	-	-	83,328
Social Security Taxes	8,894	-	-	26,680	-	-	35,574
Paid Family Medical Leave Insurance	464	-	-	1,395	-	-	1,859
Worker's Comp. Assess. (WCD)	36	-	-	104	-	-	140
Flexible Benefits	29,700	-	-	89,100	-	-	118,800
Total Personal Services	\$176,216	-	-	\$528,636	-	-	\$704,852
Services & Supplies							
Instate Travel	2,436	-	-	7,304	-	-	9,740
Employee Training	672	-	-	2,012	-	-	2,684
Office Expenses	4,636	-	-	13,904	-	-	18,540
Telecommunications	1,516	-	-	4,544	-	-	6,060
Food and Kitchen Supplies	7,736	-	-	23,197	-	-	30,933
Other Services and Supplies	424	-	-	1,268	-	-	1,692
Expendable Prop 250 - 5000	700	-	-	2,100	-	-	2,800
Total Services & Supplies	\$18,120	-	-	\$54,329	-	-	\$72,449

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 433 - MMIS Staffing Capacity for Compliance Changes

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	194,336	-	-	582,965	-	-	777,301
Total Expenditures	\$194,336	-	-	\$582,965	-	-	\$777,301
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							4
Total Positions	-	-	-	-	-	-	4
Total FTE							
Total FTE							3.00
Total FTE	-	-	-	-	-	-	3.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 436 - ADPC: Oregon's Strategic Plan Implementation

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	453,897	-	-	-	-	-	453,897
Total Revenues	\$453,897	-	-	-	-	-	\$453,897
Personal Services							
Class/Unclass Sal. and Per Diem	273,294	-	-	-	-	-	273,294
Empl. Rel. Bd. Assessments	92	-	-	-	-	-	92
Public Employees' Retire Cont	48,974	-	-	-	-	-	48,974
Social Security Taxes	20,907	-	-	-	-	-	20,907
Paid Family Medical Leave Insurance	1,093	-	-	-	-	-	1,093
Worker's Comp. Assess. (WCD)	80	-	-	-	-	-	80
Flexible Benefits	69,300	-	-	-	-	-	69,300
Total Personal Services	\$413,740	-	-	-	-	-	\$413,740
Services & Supplies							
Instate Travel	5,682	-	-	-	-	-	5,682
Employee Training	1,562	-	-	-	-	-	1,562
Office Expenses	10,812	-	-	-	-	-	10,812
Telecommunications	3,536	-	-	-	-	-	3,536
Food and Kitchen Supplies	16,181	-	-	-	-	-	16,181
Other Services and Supplies	984	-	-	-	-	-	984
Expendable Prop 250 - 5000	1,400	-	-	-	-	-	1,400
Total Services & Supplies	\$40,157	-	-	-	-	-	\$40,157

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 436 - ADPC: Oregon's Strategic Plan Implementation

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	453,897	-	-	-	-	-	453,897
Total Expenditures	\$453,897	-	-	-	-	-	\$453,897
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							1.76
Total FTE	-	-	-	-	-	-	1.76

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 443 - Data Governance

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,314,048	-	-	-	-	-	1,314,048
Federal Funds	-	-	-	3,942,053	-	-	3,942,053
Total Revenues	\$1,314,048	-	-	\$3,942,053	-	-	\$5,256,101
Personal Services							
Class/Unclass Sal. and Per Diem	132,138	-	-	396,414	-	-	528,552
Empl. Rel. Bd. Assessments	50	-	-	145	-	-	195
Public Employees' Retire Cont	23,681	-	-	71,038	-	-	94,719
Social Security Taxes	10,109	-	-	30,326	-	-	40,435
Paid Family Medical Leave Insurance	527	-	-	1,586	-	-	2,113
Worker's Comp. Assess. (WCD)	45	-	-	130	-	-	175
Flexible Benefits	37,125	-	-	111,375	-	-	148,500
Total Personal Services	\$203,675	-	-	\$611,014	-	-	\$814,689
Services & Supplies							
Instate Travel	3,045	-	-	9,130	-	-	12,175
Employee Training	840	-	-	2,515	-	-	3,355
Office Expenses	5,795	-	-	17,380	-	-	23,175
Telecommunications	1,895	-	-	5,680	-	-	7,575
IT Professional Services	1,087,802	-	-	3,263,366	-	-	4,351,168
Food and Kitchen Supplies	9,591	-	-	28,758	-	-	38,349
Other Services and Supplies	530	-	-	1,585	-	-	2,115

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 443 - Data Governance

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	875	-	-	2,625	-	-	3,500
Total Services & Supplies	\$1,110,373	-	-	\$3,331,039	-	-	\$4,441,412
Total Expenditures							
Total Expenditures	1,314,048	-	-	3,942,053	-	-	5,256,101
Total Expenditures	\$1,314,048	-	-	\$3,942,053	-	-	\$5,256,101
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							5
Total Positions	-	-	-	-	-	-	5
Total FTE							
Total FTE							3.75
Total FTE	-	-	-	-	-	-	3.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	21,702,970	-	-	-	-	-	21,702,970
Total Revenues	\$21,702,970	-	-	-	-	-	\$21,702,970
Personal Services							
Class/Unclass Sal. and Per Diem	251,640	-	-	-	-	-	251,640
Empl. Rel. Bd. Assessments	78	-	-	-	-	-	78
Public Employees' Retire Cont	45,094	-	-	-	-	-	45,094
Social Security Taxes	19,251	-	-	-	-	-	19,251
Paid Family Medical Leave Insurance	1,006	-	-	-	-	-	1,006
Worker's Comp. Assess. (WCD)	68	-	-	-	-	-	68
Flexible Benefits	59,400	-	-	-	-	-	59,400
Total Personal Services	\$376,537	-	-	-	-	-	\$376,537
Services & Supplies							
Instate Travel	4,870	-	-	-	-	-	4,870
Employee Training	1,440	-	-	-	-	-	1,440
Office Expenses	9,268	-	-	-	-	-	9,268
Telecommunications	3,030	-	-	-	-	-	3,030
Food and Kitchen Supplies	15,581	-	-	-	-	-	15,581
Other Services and Supplies	844	-	-	-	-	-	844
Expendable Prop 250 - 5000	1,400	-	-	-	-	-	1,400
Total Services & Supplies	\$36,433	-	-	-	-	-	\$36,433

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Other Special Payments	21,290,000	-	-	-	-	-	21,290,000
Total Special Payments	\$21,290,000	-	-	-	-	-	\$21,290,000
Total Expenditures							
Total Expenditures	21,702,970	-	-	-	-	-	21,702,970
Total Expenditures	\$21,702,970	-	-	-	-	-	\$21,702,970
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							1.50
Total FTE	-	-	-	-	-	-	1.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 447 - Life Span Respite

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	3,894,051	-	-	-	-	-	3,894,051
Federal Funds	-	-	-	3,811,472	-	-	3,811,472
Total Revenues	\$3,894,051	-	-	\$3,811,472	-	-	\$7,705,523
Personal Services							
Class/Unclass Sal. and Per Diem	166,068	-	-	57,150	-	-	223,218
Empl. Rel. Bd. Assessments	59	-	-	20	-	-	79
Public Employees' Retire Cont	29,760	-	-	10,242	-	-	40,002
Social Security Taxes	12,704	-	-	4,372	-	-	17,076
Paid Family Medical Leave Insurance	665	-	-	229	-	-	894
Worker's Comp. Assess. (WCD)	51	-	-	17	-	-	68
Flexible Benefits	44,550	-	-	14,850	-	-	59,400
Total Personal Services	\$253,857	-	-	\$86,880	-	-	\$340,737
Services & Supplies							
Instate Travel	3,653	-	-	1,218	-	-	4,871
Employee Training	1,005	-	-	335	-	-	1,340
Office Expenses	6,951	-	-	2,317	-	-	9,268
Telecommunications	2,273	-	-	758	-	-	3,031
IT Professional Services	74,368	-	-	223,104	-	-	297,472
Food and Kitchen Supplies	11,550	-	-	3,861	-	-	15,411
Other Services and Supplies	633	-	-	211	-	-	844

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 447 - Life Span Respite

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	1,050	-	-	350	-	-	1,400
Total Services & Supplies	\$101,483	-	-	\$232,154	-	-	\$333,637
Special Payments							
Dist to Individuals	1,318,639	-	-	3,492,438	-	-	4,811,077
Dist to Contract Svc Providers	2,220,072	-	-	-	-	-	2,220,072
Total Special Payments	\$3,538,711	-	-	\$3,492,438	-	-	\$7,031,149
Total Expenditures							
Total Expenditures	3,894,051	-	-	3,811,472	-	-	7,705,523
Total Expenditures	\$3,894,051	-	-	\$3,811,472	-	-	\$7,705,523
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions	-	-	-	-	-	-	2
Total Positions	-	-	-	-	-	-	2

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 447 - Life Span Respite

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							1.50
Total FTE	-	-	-	-	-	-	1.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 448 - Behavioral Health Metrics Incentive Fund

Cross Reference Name: Health Systems Division
 Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	15,000,000	-	-	-	-	-	15,000,000
Total Revenues	\$15,000,000	-	-	-	-	-	\$15,000,000
Special Payments							
Dist to Other Gov Unit	15,000,000	-	-	-	-	-	15,000,000
Total Special Payments	\$15,000,000	-	-	-	-	-	\$15,000,000
Total Expenditures							
Total Expenditures	15,000,000	-	-	-	-	-	15,000,000
Total Expenditures	\$15,000,000	-	-	-	-	-	\$15,000,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 451 - FamilyCare Settlement

Cross Reference Name: Health Systems Division
Cross Reference Number: 44300-030-01-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	6,500,000	-	-	-	-	-	6,500,000
Total Revenues	\$6,500,000	-	-	-	-	-	\$6,500,000
Services & Supplies							
Professional Services	6,500,000	-	-	-	-	-	6,500,000
Total Services & Supplies	\$6,500,000	-	-	-	-	-	\$6,500,000
Total Expenditures							
Total Expenditures	6,500,000	-	-	-	-	-	6,500,000
Total Expenditures	\$6,500,000	-	-	-	-	-	\$6,500,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 202

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025370	1433040		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025371	1433041		MMS X7334 A P	HEALTH POLICY AND PROGRAM M 33X	33X	PF	18	3	7,630	137,340	65,444	202,784	1	0.75
1025372	1433042		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,352	48,304	119,656	1	0.75
1025373	1433043		OAH C0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025374	1433044		OAH C0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025375	1433045		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025376	1433046		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025377	1433047		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025378	1433048		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025379	1433049		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025380	1433050		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025381	1433051		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025382	1433052		MMN X0873 A P	OPERATIONS & POLICY ANALYST 32	32	PF	18	3	7,630	137,340	65,444	202,784	1	0.75
1025383	1433053		MMN X0873 A P	OPERATIONS & POLICY ANALYST 32	32	PF	18	3	7,630	137,340	65,444	202,784	1	0.75
1025384	1433054		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025385	1433055		OAH C0871 A P	OPERATIONS & POLICY ANALYST 27	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025386	1433056		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025387	1433057		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025388	1433058		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025389	1433059		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025390	1433060		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025391	1433061		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025392	1433062		OAH C0872 A P	OPERATIONS & POLICY ANALYST 30	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
General Funds										1,243,683	665,397	1,909,080		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										1,243,683	665,397	1,909,080		
Total Funds										2,487,366	1,330,794	3,818,160	23	17.25

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025393	1433063		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1025394	1433064		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
General Funds										57,150	29,730	86,880		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										171,450	89,188	260,638		
Total Funds										228,600	118,918	347,518	2	1.50

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 404

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024869	1432539		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024870	1432540		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1024871	1432541		MMS X7334 A P	HEALTH POLICY AND PROGRAM M	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024872	1432542		MMN X0856 A P	PROJECT MANAGER 3	32	PF	18	3	7,630	137,340	65,441	202,781	1	0.75
1024873	1432543		OAH C5248 A P	COMPLIANCE SPECIALIST 3	29	PF	18	3	6,051	108,918	58,061	166,979	1	0.75
1024874	1432544		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,055	55,499	154,554	1	0.75
General Funds										540,616	278,845	819,461		
Lottery Funds										0	0	0		
Other Funds										17,266	8,950	26,216		
Federal Funds										138,125	71,600	209,726		
Total Funds										696,007	359,395	1,055,403	6	4.50

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 414

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024875	1432545		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024876	1432546		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1024877	1432547		OAH C6210 A P	MEDICAL REVIEW COORDINATOR	28N	PF	18	3	7,410	133,380	64,414	197,794	1	0.75
1024878	1432548		OAH C6210 A P	MEDICAL REVIEW COORDINATOR	28N	PF	18	3	7,410	133,380	64,414	197,794	1	0.75
1024879	1432549		OAH C0866 A P	PUBLIC AFFAIRS SPECIALIST 3	31	PF	18	3	6,664	119,952	60,926	180,878	1	0.75
1024880	1432550		OAH C0856 A P	PROJECT MANAGER 3	32	PF	18	3	6,982	125,676	62,414	188,090	1	0.75
1024881	1432551		OAH C0870 A P	OPERATIONS & POLICY ANALYST 3	23	PF	18	3	4,555	81,990	51,068	133,058	1	0.75
General Funds										382,914	196,213	579,127		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										440,064	225,942	666,006		
Total Funds										822,978	422,155	1,245,133	7	5.25

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 415

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024882	1432552		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024883	1432553		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024884	1432554		OAH C0870 A P	OPERATIONS & POLICY ANALYST 2	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1024885	1432555		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,055	55,499	154,554	1	0.75
1024886	1432556		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024887	1432557		OAH C1117 A P	RESEARCH ANALYST 3	26	PF	18	3	5,256	94,608	54,343	148,951	1	0.75
1024888	1432558		MMS X7375 I P	Information Technology Manager 1		PF	18	3	8,015	144,270	67,240	211,510	1	0.75
General Funds										472,873	249,937	722,810		
Lottery Funds										0	0	0		
Other Funds										4,953	2,775	7,728		
Federal Funds										308,037	159,790	467,828		
Total Funds										785,863	412,502	1,198,366	7	5.25

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 418

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025395	1433065		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,444	202,784	1	0.75
1025396	1433066		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025397	1433067		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025398	1433068		OAH C1117 A P	RESEARCH ANALYST 3	26	PF	18	3	5,256	94,608	54,344	148,952	1	0.75
General Funds										230,274	119,354	349,628		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										230,274	119,354	349,628		
Total Funds										460,548	238,708	699,256	4	3.00

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-0000

Agency Request Budget

Package Number: 421

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025368	1433038		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025369	1433039		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025399	1433069		MMS X7333 A P	HEALTH POLICY AND PROGRAM M	35X	PF	24	3	8,408	201,792	92,108	293,900	1	1.00
1025400	1433070		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	18	3	7,630	137,340	65,444	202,784	1	0.75
1025401	1433071		MMS X7073 A P	BUDGET AND FISCAL MANAGER 3	35X	PF	18	3	8,408	151,344	69,080	220,424	1	0.75
1025402	1433072		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,352	48,304	119,656	1	0.75
1025403	1433073		MMN X1190 A P	ACTUARY	32	PF	18	9	10,203	183,654	77,472	261,126	1	0.75
1025404	1433074		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025405	1433075		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025406	1433076		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025407	1433077		OAH C1245 A P	FISCAL ANALYST 3	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025408	1433078		OAH C1245 A P	FISCAL ANALYST 3	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025409	1433079		OAH C1245 A P	FISCAL ANALYST 3	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1025410	1433080		OAH C5248 A P	COMPLIANCE SPECIALIST 3	29	PF	18	3	6,051	108,918	58,061	166,979	1	0.75
1025411	1433081		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,353	48,302	119,655	1	0.75
1025412	1433082		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,055	55,500	154,555	1	0.75
1025413	1433083		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1025414	1433084		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1025415	1433085		OAH C0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,503	99,054	55,498	154,552	1	0.75
1025416	1433086		OAH C0872 A P	OPERATIONS & POLICY ANALYST 2	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025417	1433087		OAH C5647 A P	GOVERNMENTAL AUDITOR 2	26	PF	18	3	5,256	94,608	54,344	148,952	1	0.75
1025418	1433088		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025435	1433105		MMS X7333 A P	HEALTH POLICY AND PROGRAM M	35X	PF	18	3	8,408	151,344	69,080	220,424	1	0.75
1025436	1433106		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1025437	1433107		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
General Funds										1,430,395	734,041	2,164,435		
Lottery Funds										0	0	0		
Other Funds										14,729	8,291	23,020		
Federal Funds										1,524,890	783,294	2,308,185		
Total Funds										2,970,014	1,525,626	4,495,640	25	19.00

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 426

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024889	1432559		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1024890	1432560		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024891	1432561		MMS X7054 A P	Behavioral Health Manager 2		PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024892	1432562		OAH C1245 A P	FISCAL ANALYST 3	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024893	1432563		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1024894	1432564		OAH C5648 A P	GOVERNMENTAL AUDITOR 3	29	PF	18	3	6,051	108,918	58,060	166,978	1	0.75
General Funds										500,697	258,058	758,755		
Lottery Funds										0	0	0		
Other Funds										19,449	9,517	28,966		
Federal Funds										177,930	92,359	270,289		
Total Funds										698,076	359,934	1,058,010	6	4.50

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 427

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024895	1432565		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	21	3	6,350	133,350	69,366	202,716	1	0.88
1024896	1432566		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	21	3	6,350	133,350	69,366	202,716	1	0.88
1024897	1432567		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	21	3	6,350	133,350	69,366	202,716	1	0.88
1024904	1432574		MMS X7374 I P	Information Technology Manager 2		PF	21	3	8,831	185,451	82,898	268,349	1	0.88
1024905	1432575		OAH C0855 A P	PROJECT MANAGER 2	30	PF	21	3	6,350	133,350	69,366	202,716	1	0.88
1024906	1432576		MMN X1488 I P	INFORMATION SYSTEMS SPECIAL	32	PF	21	9	10,573	222,033	92,398	314,431	1	0.88
General Funds										94,088	45,278	139,366		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										846,796	407,482	1,254,278		
Total Funds										940,884	452,760	1,393,644	6	5.28

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 429

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1024907	1432577		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75	
										General Funds	114,300	59,457	173,757		
										Lottery Funds	0	0	0		
										Other Funds	0	0	0		
										Federal Funds	0	0	0		
										Total Funds	114,300	59,457	173,757	1	0.75

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 431

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024908	1432578		OAH C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	24	3	4,555	109,320	68,089	177,409	1	1.00
1024909	1432579		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
General Funds										261,720	147,367	409,087		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										261,720	147,367	409,087	2	2.00

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 433

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024910	1432580		OAH C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	18	3	5,503	99,055	55,500	154,555	1	0.75
1024911	1432581		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024912	1432582		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024913	1432583		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	18	3	7,630	137,340	65,441	202,781	1	0.75
General Funds										116,249	59,965	176,214		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										348,746	179,894	528,640		
Total Funds										464,995	239,859	704,854	4	3.00

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 436

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024914	1432584		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	21	3	6,350	133,350	69,366	202,716	1	0.88
1024915	1432585		OAH C0866 A P	PUBLIC AFFAIRS SPECIALIST 3	31	PF	21	3	6,664	139,944	71,080	211,024	1	0.88
General Funds										273,294	140,446	413,740		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										273,294	140,446	413,740	2	1.76

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Agency Request Budget

Package Number: 443

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024916	1432586		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024917	1432587		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024918	1432588		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024919	1432589		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,458	173,758	1	0.75
1024920	1432590		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,352	48,305	119,657	1	0.75
General Funds										132,138	71,536	203,674		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										396,414	214,605	611,019		
Total Funds										528,552	286,141	814,693	5	3.75

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024921	1432591		OAH C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024922	1432592		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
General Funds										251,640	124,897	376,537		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										251,640	124,897	376,537	2	1.50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024923	1432593		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1024924	1432594		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
General Funds										166,068	87,789	253,857		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										57,150	29,730	86,880		
Total Funds										223,218	117,519	340,737	2	1.50

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Current Service Level

Package Number: 21

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022303	1417752		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	LF	24	3	6,350	152,400	79,280	231,680	1	1.00
1022304	1417753		OAH C0864 A P	PUBLIC AFFAIRS SPECIALIST 1	25	LF	24	3	5,019	120,456	70,984	191,440	1	1.00
1022305	1417754		OAH C0864 A P	PUBLIC AFFAIRS SPECIALIST 1	25	LF	24	3	5,019	120,456	70,984	191,440	1	1.00
1022306	1418496		MMN X0873 A P	OPERATIONS & POLICY ANALYST 3	32	PF	24	3	7,630	183,120	87,258	270,378	1	1.00
1022307	1418497		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,350	152,400	79,280	231,680	1	1.00
1022308	1418498		MMN X5248 A P	COMPLIANCE SPECIALIST 3	29	PF	24	3	6,601	158,424	80,844	239,268	1	1.00
1022309	1418499		MMN X5248 A P	COMPLIANCE SPECIALIST 3	29	PF	24	3	6,601	158,424	80,844	239,268	1	1.00
1022310	1418500		OAH C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	24	3	3,483	83,592	61,410	145,002	1	1.00
1022311	1418501		MMN X0866 A P	PUBLIC AFFAIRS SPECIALIST 3	31	LF	6	3	7,274	43,644	21,259	64,903	1	0.25
General Funds										599,551	322,449	922,000		
Lottery Funds										0	0	0		
Other Funds										3,055	1,488	4,543		
Federal Funds										570,310	308,206	878,515		
Total Funds										1,172,916	632,143	1,805,058	9	8.25

POS116 - Net Package Fiscal Impact Report

Health Systems Division

2023-25 Biennium

Cross Reference Number: 44300-030-01-00-00000

Current Service Level

Package Number: 60

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
5108130	123050	37440	OAH C1244 A P	FISCAL ANALYST 2	27	PF	48	10	7,678	0	0	0	0	0.00
				General Funds						0	0	0		
				Lottery Funds						0	0	0		
				Other Funds						0	0	0		
				Federal Funds						0	0	0		
				Total Funds						0	0	0	0	0.00

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

**Oregon Health Authority
2023-25 Biennium**

**Agency Number: 44300
Cross Reference Number: 44300-030-01-00-00000**

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Interest Income	60,053	-	-	-	-	-
Transfer In - Intrafund	10,079,150	-	-	-	-	-
Tsfr From Administrative Svcs	17,173,344	18,096,546	18,924,562	22,328,008	-	-
Transfer Out - Intrafund	(10,603,015)	-	-	-	-	-
Total Lottery Funds	\$16,709,532	\$18,096,546	\$18,924,562	\$22,328,008	-	-
Other Funds						
Personal Income Taxes	-	-	37,200,000	37,200,000	-	-
Other Selective Taxes	1,558,431,925	1,294,406,098	1,294,406,098	1,433,235,092	-	-
Business Lic and Fees	712,625	575,631	575,631	575,631	-	-
Interest Income	5,764,818	15,360	15,360	15,360	-	-
Grants (Non-Fed)	34,065	-	-	-	-	-
Other Revenues	949,665,983	1,406,053,365	1,427,664,620	1,233,091,073	-	-
Transfer In - Intrafund	43,230,534	-	-	-	-	-
Transfer In Other	-	12,915,399	18,056,941	78,056,941	-	-
Tsfr From Human Svcs, Dept of	1,500,000	750,000	750,000	-	-	-
Tsfr From Administrative Svcs	126,099,804	178,169,000	257,079,225	103,177,225	-	-
Tsfr From Revenue, Dept of	613,051,663	916,677,984	916,635,100	958,353,000	-	-
Tsfr From Or Youth Authority	-	260,507	260,507	271,448	-	-
Tsfr From Consumer/Bus Svcs	136,513,420	485,364,304	485,364,304	534,551,354	-	-
Tsfr From Oregon Health Authority	50,000	-	-	-	-	-
Tsfr From Education, Dept of	1,306,085	1,328,170	1,328,170	-	-	-
Tsfr From Early Learning and Care, Dept. of	-	-	-	1,383,953	-	-
Tsfr From OLCC	16,949,453	20,296,910	20,296,910	21,489,000	-	-
Transfer Out - Intrafund	(74,243,395)	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-030-01-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Transfer to Counties	(7,121,912)	-	-	-	-	-
Total Other Funds	\$3,371,945,068	\$4,316,812,728	\$4,459,632,866	\$4,401,400,077	-	-
Federal Funds						
Federal Funds	13,104,469,993	16,406,290,748	16,796,019,588	18,629,132,939	-	-
Tsfr From Corrections, Dept of	114,000	-	-	-	-	-
Total Federal Funds	\$13,104,583,993	\$16,406,290,748	\$16,796,019,588	\$18,629,132,939	-	-

2021-23

Legislatively Approved Budget

Health Policy & Analytics

218 positions | 202.40 FTE

**Health Policy &
Delivery System Innovation**
78 positions | 71.36 FTE

Office of Health Information Technology
21 positions | 20.00 FTE

Office of Health Analytics
64 positions | 61.05 FTE

Office of Business Operations
29 positions | 27.67 FTE

Oregon Health Insurance Marketplace
26 positions | 22.32 FTE

2023-25

Agency Request Budget

Health Policy & Analytics

270 positions | 259.36 FTE

**Health Policy &
Delivery System Innovation**
74 positions | 70.91 FTE

Office of Health Information Technology
22 positions | 21.50 FTE

Office of Health Analytics
67 positions | 66.00 FTE

Office of Business Operations
34 positions | 32.91 FTE

Oregon Health Insurance Marketplace
29 positions | 25.54 FTE

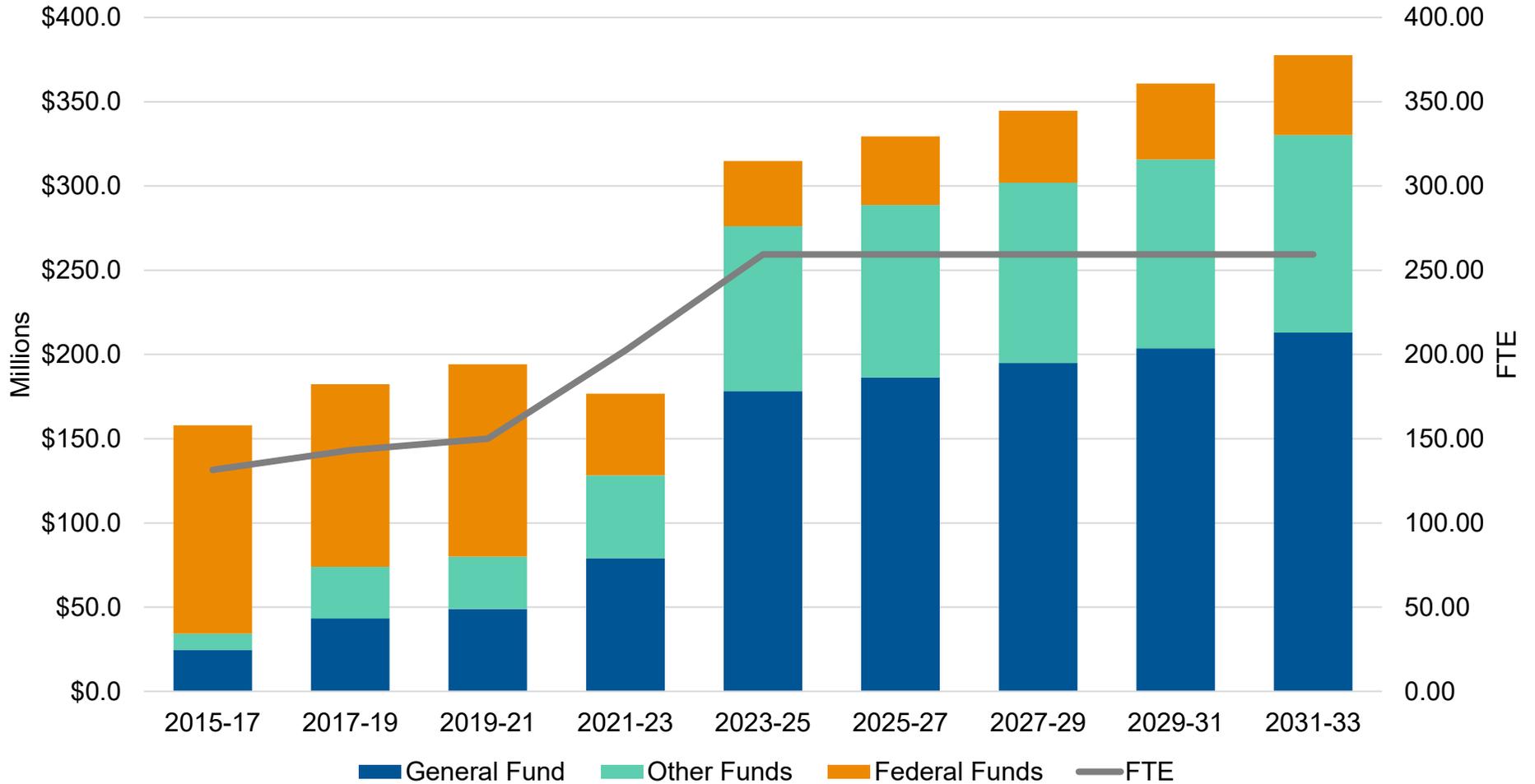
PEBB Operations
23 positions | 21.75 FTE

OEBB Operations
21 positions | 20.75 FTE

Oregon Health Authority: Health Policy & Analytics

Executive Summary

Program Contact: Jeremy Vandehey, Director of Health Policy & Analytics
(971) 304-8433



Oregon Health Authority: Health Policy & Analytics

Executive Summary

Division overview

The Health Policy and Analytics division develops and implements innovative approaches to achieving health equity by lowering health care costs and achieving better health and better health care for all Oregonians, with a particular focus on communities of color, that have borne the brunt of systemic racism. This is accomplished through seven offices:

- The Office of Health Policy
- The Office of Delivery Systems Innovation
- The Office of Health Analytics
- The Office of Health Information Technology
- The Public Employees Benefit Board and the Oregon Educators Benefit Board (each program budget is separate from HPA)
- The Oregon Health Insurance Marketplace
- The Office of Business Operations

These offices provide agency-wide policy development, strategic planning, clinical leadership, and statewide delivery system technology tools to support care coordination, health system transformation support, and health system performance evaluation reports. Together these offices provide services and support focused on achieving health equity through the triple aim of better health, better care, and lower costs.

The Health Policy and Analytics division is accountable for leading the next phase of health system transformation against the backdrop of the COVID-19 pandemic and justified demands for addressing systemic racism by:

- Supporting and incentivizing payments for value, moving away from paying for service volume and incentivizing care delivery that promotes better health for all communities.
- Supporting the Oregon Health Policy Board's work including its plans to operationalize OHA's health equity definition and reimagine a health care system capable of achieving health equity.
- Focusing on addressing social determinants of health in addition to the delivery of medical care.

Executive Summary

- Driving toward universal health care coverage in Oregon through Medicaid waiver applications, initiatives to ease transitions between public and commercial coverage, extend Oregon Health Plan coverage to undocumented immigrants and design a new public option for those over-income for the Oregon Health Plan.
- Innovating and implementing integration across behavioral health, oral health, physical health and social services using health information technology.
- Implementing legislative directives to align metrics and supporting new and innovative metrics for equity and social determinants of health.
- Facilitating multi-payer alignment to stabilize critical provider services and rebuild a health care system capable of achieving health equity.

Funding request

The Agency Request Budget of \$314.8 million Total Funds continues funding for the Health Policy and Analytics division at the current service level for the 2023-25 biennium, except for the Health Care Market Oversight (HCMO) program, which anticipates a fee revenue shortfall. This budget also includes policy packages to do the following:

- Implement a federal standard to ensure state Medicaid programs meet the health care needs of children ages 0–21 (Early and Periodic, Screening, Diagnostic and Treatment)
- Begin transitioning to a state-based eligibility and enrollment platform and call center for Oregon's health insurance exchange
- Temporarily backfill the HCMO revenue shortfall with General Fund
- Expand outreach and education initiatives for the Marketplace to advance OHA's goal of 98 percent coverage by 2024
- Continue the OEBB and PEBB benefits management system replacement project
- Meet federal Affordable Care Act reporting requirements
- Establish a systems, policy, and data focused Children's Health team charge with identifying and addressing health inequities in childhood adolescence, especially those exacerbated by system inefficiencies and barriers

Oregon Health Authority: Health Policy & Analytics

Executive Summary

Program descriptions

The division's **Director of Health Policy and Analytics** coordinates with the Governor's office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector to achieve health equity, universal coverage and a stable health care system while remaining focused on the triple aim of better health, better care, and lower costs.

The **Office of Delivery Systems Innovation** (DSI) is designed to align and integrate clinical resources and policies to support implementation of the coordinated care model throughout OHA and all provider and payer organizations in the state. The Delivery System Innovation Office includes the Transformation Center and related quality improvement activities; the Patient Centered Primary Care Home program and Workforce initiatives of the Primary Care Office; Workforce, both housed within the Clinical Support, Integration and Workforce Unit; the Health Evidence Review Commission; and the Agency's pharmacy work.

The **Office of Health Policy** analyzes and develops policy options, facilitates stakeholder discussions, coordinates strategic and implementation planning efforts, and evaluates health services research and policy for the Governor's Office, the Legislature, the Oregon Health Policy Board (OHPB), OHA, and other participants in Oregon's health system transformation. These services help Oregon Health Authority identify opportunities, articulate program options, implement policy, and assess its progress toward achieving the triple aim. The Office of Health Policy serves three key functions:

- Research, Analysis, and Policy Development
- Coordination & Tracking
- Partnerships

The **Office of Health Analytics** collects, stores, integrates and statistically analyzes utilization, quality, and financial data. It does this in order to:

- Evaluate OHA program performance.

Oregon Health Authority: Health Policy & Analytics

Executive Summary

- Provide data to support health system and program planning and implementation.
- Analyze trends across all payers and claims data.

The **Office of Health Information Technology** is responsible for providing coordination across programs, departments, and agencies in developing policies and procedures that:

- Accelerate state and federal health reform goals through organized support for adoption, implementation and integration of health information technologies.
- Leverage health IT funding opportunities from federal agencies and the private sector to improve Oregon's health IT capacity.
- Increase collaboration and communication among state agencies and across programs for enhanced planning and shared decision making, leveraged IT purchases, and coordination of service delivery.

The **Public Employees' Benefit Board and the Oregon Educators Benefit Board** have made a priority of transforming the health care delivery system, advancing health care transformation with plans that coordinate care, and managing the cost of care. They accomplish this through offering value-added plans that provide high quality care and services, implementing measurable programs that support member health status improvement, encourage members to take responsibility for their own health outcomes, and capping annual per-member-per-month cost increases at 3.4 percent.

Both boards offer core benefit plans that include medical, dental, vision and life insurance. Additional benefits include short-term and long-term disability, flexible spending accounts, commuter savings accounts and supplemental life insurance.

PEBB and OEGB operating budgets are included in HPA's budget while the program budgets are kept separate.

Executive Summary

The **Oregon Health Insurance Marketplace** empowers Oregonians to improve their lives through local support, education, and access to affordable, high-quality health coverage by:

- Overseeing the health insurance products sold to Oregonians through HealthCare.gov.
- Providing free, local enrollment assistance to Oregonians.
- Raising awareness among consumers about health insurance options available in Oregon.
- Working with carriers, agents, community partners, and other stakeholders to get more people enrolled.
- Training and certifying community partners to be able to provide choice counseling services to Oregonians.
- Provided health insurance premium assistance and out-of-pocket subsidies for low-income COFA (Compact of Free Association) residents through June 2022.

The **Office of Business Operations** is responsible for all the division's operational functions. The office partners closely with various Shared Services offices and acts as a liaison to internal and external stakeholders related to operational functions. These operational functions include:

- Program contracts management
- Program staffing
- Program grants management
- Operational and project budget management
- Facilities management
- Program policy and rulemaking management
- Administrative and executive support
- Program technical support
- Project management
- Risk management

Oregon Health Authority: Health Policy & Analytics

Executive Summary

Program justification and link to long-term outcomes

Health Policy and Analytics programs directly support the long-term outcomes of healthy people and health equity. Together, the offices help to establish the common vision, define the outcomes, measure fiscal accountability, measure the effects of investment in various health care strategies, and inform all aspects of Oregon's health care decision- and policy-making efforts. These offices recommend the policy direction, measure the results, and suggest strategies for improving all health-related outcomes. Recently, HPA has focused on monitoring and developing strategies around:

- Reducing per capita costs.
- Leveraging public purchasing power to drive value-based payments and coordinated care models.
- Reducing the number of uninsured Oregonians.
- Addressing social determinants of health, including individual health-related social needs.
- Improving specific health measures tracked by the CCOs.

Program performance

These offices provide technical and subject matter expertise, analytic capacity, technical assistance, and the ability to secure funding and support of federal and national agency partners. They do not deliver program-specific services.

Enabling legislation/program authorization

Program authorization legislation and applicable federal and state mandates are listed by office in the Program Unit narratives.

Funding streams

Health Policy and Analytics is supported primarily by General Fund matched with Medicaid administrative and Medicaid health information technology Federal Funds. The match rates vary depending on the type of work being

Executive Summary

performed. The Primary Care Office also receives 100 percent Federal Funds from the Health Resources and Services Administration (HRSA) Primary Care Office grant and HRSA Oral Health Workforce grant. HPA receives Other Funds from fees (workforce, inpatient data, ambulatory surgical data, All Payer All Claim, J1 Visa, Oregon Prescription Drug Program and Health Care Market Oversight), Oregon Health Insurance Exchange, and the Health Care Incentive Fund. By statute (ORS 243.185), PEBB can collect an amount that equals up to 2 percent of total premiums to meet administrative and operational costs. Oregon Revised Statute (ORS) 243.880 established the Oregon Educators Benefit Account to cover administration expenses.

Significant proposed program changes from 2021-23

HPA proposes several changes for the 2023-25 biennium in the policy packages listed below.

Policy Package 201 and Legislative Concept 44300-010: Oregon is in the process of applying for a new Medicaid 1115 demonstration waiver for 2022–2027. The new waiver will seek to build on Oregon’s strong history of innovation in health care, and make progress toward creating a more equitable, culturally- and linguistically-responsive health care system, helping contain costs by providing quality health care, investing in equitable and culturally appropriate health care, and ensuring everyone can get the coverage they need.

Policy Package 202: House Bill 4035 (2022) funded federally mandated redetermination process to help maintain health care coverage when the Public Health Emergency expires by funding short-term coverage for people who earn too much for Medicaid but not enough to afford other coverage and authorize development of a sustainable long-term solution in the form of a Basic Health Program (BHP). This policy package would fund the remaining critical elements needed to implement a redetermination process. This package includes extensive investment in engagement with community partners to ensure OHA meets the needs of diverse Oregon communities.

Policy Package 416 and Legislative Concept 44300-009 will transition the Oregon Health Insurance Marketplace away from the FFM to use of a state-based enrollment and eligibility platform and call center for operation and administration of Oregon’s health insurance exchange.

Executive Summary

Policy Package 434: Marketplace Outreach & Operations uses existing Marketplace funds to further the Oregon Health Authority's (OHA) goals of 98 percent coverage by 2024 and elimination of health inequities by 2030. Priority populations face significant barriers to accessing health care due to systemic racism, oppression, discrimination, and bias. Specialized and dedicated efforts are needed to mitigate historical and contemporary injustices and either build or rebuild trust to ensure people are connected to the resources they need. With current staffing and due to the increasing demand from the community, the Marketplace needs additional resources to expand outreach and education initiatives to the communities it serves, including those who are and have been underserved and marginalized. With additional staff, these communities will have access to the most effective assistance available to gain access to potentially free or very low-cost health care.

Policy Package 442: Children's Health Team will establish a systems policy and data-focused Children's Health team charged with identifying and addressing health inequities in childhood and adolescence, especially those exacerbated by system inefficiencies and barriers. This work would be accomplished through partnership with existing programs and agencies and would inform strategic policy direction within the agency and state.

There are additional policy packages that impact HPA, but those do not represent significant changes to the division's programs.

Oregon Health Authority: Health Policy and Analytics

Office of Business Operations

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$3.58	\$0.30	\$2.80	\$6.68	29	27.67
Agency Request 2023-25	\$4.03	\$0.77	\$3.16	\$7.96	34	32.91
Difference	\$0.46	\$0.47	\$0.36	\$1.29	5	5.24
Percent Change	13%	159%	13%	19%	17%	19%

The Agency Request Budget covers the Office of Business Operations' current service level for the 2023-25 biennium.

Activities, programs and issues in the program unit base budget

The Office of Business Operations develops and maintains operational processes and procedures on behalf of the Health Policy and Analytics division. It acts as liaison with other parts of OHA, including business operations offices in other divisions, Central Services, the Director's Office, and the Shared Services offices.

HPA's business operations are organized into three program units: Contracts and Project Management; Budget, Grants Management and Technology Management; and Staffing and Administrative Support.

Contracts and Project Management:

- Manages the division's portfolio of contracts.
- Administers the process of contract initiation, amendments and renewal including the use of interagency agreements and memos of understanding.
- Manages the division's operational project portfolio and provides project management assistance to the division's programs.
- Manages the division's risk management function.

Oregon Health Authority: Health Policy and Analytics

Office of Business Operations

Budget, Grants Management and Technology Management:

- Leads the initial biennial budget build and projections process for the division and each of its offices.
- Provides rebalance and reshoot budget tracking for the division budget.
- Builds and maintains active operating budgets for each program area in the division.
- Builds, monitors and maintains project budgets for the division's high-level projects.
- Provides all accounts payable and receivable services for the division.
- Supports the division's technology including SharePoint, Web development, deskside support, asset management, etc.
- Provides rule making and policy writing services for the division and tracks legislation during legislative sessions.
- Provides grant maintenance services including documentation and version control, carry-over process, operational setup and maintenance, and closeout.

Staffing and Administrative Support:

- Manages the hiring process for the human resources in the division.
- Manages HR issues related to position management concerns.
- Establishes and maintains a workforce strategy, succession plan and training plan for the division aligning with the agency diversity recruitment policy.
- Provides administrative support to the division's programs and executive support for the directors of each office.
- Provides support for all the division programs' committees.
- Manages and supports all inter-office moves.
- Maintains the division's record keeping and archiving.

Background information

The Office of Business Operations has focused on consolidating, identifying, documenting and maintaining the division's operational processes. The office is identifying meaningful metrics for each process, benchmarking the

Oregon Health Authority: Health Policy and Analytics

Office of Business Operations

current state of the measures for those processes and setting goals for improvement. The focus will be incremental improvements using a maturity model and pinpointing the processes deemed to be of most importance by the collective input of the division.

As the Office of Business Operations provides the foundational operating process structure, the office's workload mirrors the demands of the division's programs. As the workloads of individual programs grow the demands of the operational support structure expand as well.

Revenue sources and changes

Funding streams in support of the Office of Business Operations are allocated through a federally approved cost allocation plan. A grant allocation module aggregates costs monthly, as outlined in the federally approved plan, to its respective state and federal funding sources.

Proposed new laws that apply to the program unit

None.

Oregon Health Authority: Health Policy & Analytics

Health Policy and Delivery Systems Innovation

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$38.65	\$31.46	\$22.11	\$92.22	78	71.36
Agency Request 2023-25	\$40.62	\$32.31	\$19.67	\$92.60	74	70.91
Difference	\$1.97	\$0.85	-\$2.44	\$0.37	-4	-0.45
Percent Change	5%	3%	-11%	0%	-5%	-1%

This budget covers the Health Policy and Delivery Systems Innovation's current service level for the 2023-25 biennium, except for package #070 for the Health Care Market Oversight program, which is anticipating a revenue shortfall and requesting General Fund backfill in policy package #430.

Activities, programs and issues in the program unit base budget

Health Policy Office

The Health Policy Office analyzes and develops policy options, facilitates stakeholder discussions, coordinates strategic and implementation planning efforts, and evaluates health services research and policy for the Governor's Office, the Legislature, the Oregon Health Policy Board (OHPB), OHA, and other participants in Oregon's health system transformation. These services help OHA identify opportunities, articulate program options, implement policy, and assess its progress toward achieving the triple aim. The Office of Health Policy serves three key functions:

1. Research, Analysis, and Policy Development

- Track emerging national and state health policy trends and issues, and their impacts in Oregon.
- Conduct research and analysis and develop policy.
- Provide senior-level policy advice to Health Policy and Analytics (HPA) and OHA leadership.

Oregon Health Authority: Health Policy & Analytics

Health Policy and Delivery Systems Innovation

- Respond to priority incoming requests for research, analysis, presentations and talking points.

2. Coordination & Tracking

- Track and coordinate, when needed, policy development and implementation across HPA and OHA to ensure alignment with strategic direction.
- Coordinate and synthesize responses to proposed federal regulations and legislation, incorporating feedback from across HPA (and OHA when needed).
- Coordinate development of legislative concepts; coordinate analysis on priority legislation; and track and support implementation of legislation.
- Staff OHPB, coordinate committees of OHPB, and provide staff and policy leadership to OHPB committees to ensure committee work is connected to OHPB vision and direction.
- Help maintain consistent strategic direction and vision between OHPB, HPA, and OHA.

3. Partnerships

- Support external partnerships and engagement, including developing and giving presentations and staffing convenings of health care leaders and other partners and stakeholders.
- Develop presentations or policy documents that help HPA and OHA leaders inform the public, media, and stakeholders about health policy.
- Partner with analysts across HPA to help translate technical information into clear, concise summaries of trends and their meaning to the public and policy makers.

Office of Delivery Systems Innovation

The purpose of the Office of Delivery Systems Innovation is to align and coordinate health delivery system policies and practices — including and beyond traditional medical care — across Oregon’s health system, including coordinated care organizations (CCOs), the fee-for-service population, commercial plans and payers, and Oregon’s providers. The goals of the Office of Delivery System Innovation are to:

Oregon Health Authority: Health Policy & Analytics

Health Policy and Delivery Systems Innovation

- Integrate policies and resources focused on both clinical care and addressing health-related social needs to support the coordinated care model.
- Develop, support and implement strategies that ensure Oregon’s delivery system is designed to eliminate health inequities.
- Align and coordinate strategies to improve health care delivery and systems throughout OHA.
- Support innovation and quality improvement within Oregon’s health system transformation efforts.
- Establish and maintain effective working relationships with Oregon’s providers and health care delivery system representatives.
- Coordinate quality improvement and transformation efforts across OHA, PEBB- and OEGB-contracted plans, CCOs, and other entities involved in quality improvement.

One goal of the Office of Delivery Systems Innovation is to focus the agency’s clinical and delivery system knowledge and expertise on achieving transformation, quality, and cost-containment goals. The Director of the Delivery Systems Innovation Office directly supervises the following positions:

- Transformation Center director
- Health Evidence Review Commission (HERC) director
- Pharmacy Policy, Purchasing & Programs director
- Quality Improvement director
- Clinical Supports, Integration and Workforce Unit director

Significant cross-agency collaboration is involved in the work within the Delivery System Innovation Office. For example, the HERC partners with the Health System Division and Fiscal and Operations Division to implement coverage decisions. The Transformation Center coordinates with the Public Health, Health System, and Equity and Inclusion divisions to support innovation and health equity through OHA’s clinical and delivery system policies and

Health Policy and Delivery Systems Innovation

program strategies. The Clinical Supports, Integration and Workforce Unit partners with the Health System Division to support the behavioral health workforce.

Background information

The HERC conducts research into comparative effectiveness and benefit design to inform public and private sector transformation efforts; performs medical technology reviews; develops clinical and coverage guidelines; maintains the Oregon Health Plan's Prioritized List of Health Services; and disseminates information on the clinical- and cost-effectiveness of medical treatments and technologies. A key strategy for the Office of Delivery System Innovation is applying HERC research to policy development, implementation, and evaluation for OHA, the CCOs, and PEBB- and OEGB-contracted plans.

The Office of Delivery System Innovation also sponsors performance improvement projects overseen by the Quality Improvement Director and houses the Transformation Center to coordinate and support health system transformation and quality improvement across Oregon's health system. The Transformation Center is a key lever in OHA's efforts to support and spread Oregon's health reform progress by sharing innovation at the system, community and practice levels. Since its inception in 2013, the Transformation Center has provided capacity-building support to over 15,000 representatives of CCOs and other payers, providers, and community partners through almost 600 individual technical assistance sessions and large convenings across the entire range of OHA key health priorities, from behavioral health to health equity.

The Office of Delivery Systems Innovation also includes the Clinical Supports, Integration and Workforce Unit, which brings together the Patient-centered Primary Care Home Program and the Primary Care Office, supporting high-quality care that minimizes health inequities through a robust primary care system and health workforce that meets patients' needs.

Oregon Health Authority: Health Policy & Analytics

Health Policy and Delivery Systems Innovation

In addition, Pharmacy Policy, Purchasing & Programs houses the Pharmacy and Therapeutics Committee, Mental Health Clinical Advisory Group and Oregon Prescription Drug Program. The Office of Delivery System Innovation pharmacy role also includes but is not limited to evaluating and monitoring pharmacy benefits across Medicaid populations covered via CCOs and traditional fee-for-service. The office also leads development of strategies for fiscally sustainable administration of pharmacy benefits, including multi-state consortia and multi-agency collaboration.

Revenue sources and changes

Health Policy and Delivery Systems Innovation leverage Medicaid administrative match for eligible programs and activities including Medicaid-related health system transformation, the Medicaid Advisory Committee, research and evaluation, and staffing. The office receives Federal Funds from the Health Resources and Services Administration (HRSA) Primary Care grant and the HRSA Oral Health Workforce grant. Other Funds include a fee-supported program for the Conrad J-1 Visa Program (ORS 409.745) and the Health Care Provider Incentive Fund established January 2018 (House Bill 3396; ORS 676.450 and House Bill 3261), and Health Care Market Oversight fees (House Bill 2362; ORS 415.500) and an OHSU-funded partnership for the Healthy Oregon Workforce Training Opportunity Grant Program to administer a community-based funding program that aims to expand the supply of health care workforce providers in the state. The Oregon Prescription Drug Program generates nominal revenue from the discount card program, which is collected and purposed according to ORS 414.314 & 414.318.

Proposed new laws that apply to the program unit

Policy package #201/legislative concept #44300-010: Agency-wide placeholder to support the anticipated approval of Oregon's Medicaid 1115 demonstration waiver renewal.

Oregon Health Authority: Health Policy & Analytics

Office of Health Information Technology

Expenditures by fund type, positions, and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$5.03	\$0.00	\$13.87	\$18.90	21	20.00
Agency Request 2023-25	\$5.61	\$0.28	\$6.00	\$11.89	22	21.50
Difference	\$0.58	\$0.28	-\$7.87	-\$7.01	1	1.5
Percent Change	12%	0%	-57%	-37%	5%	8%

The Agency Request Budget covers the Office of Health Information Technology's current service level budget for the 2023-25 biennium. Policy package #201, the placeholder for the upcoming renewal of Oregon's 1115 Medicaid Demonstration Waiver, is included in the Health System's Division budget, but once finalized, would include resources for OHIT to support new efforts to streamline transitions between systems through defined benefit packages of social determinants of health services.

Activities, programs, and issues in the program unit base budget

OHA's Office of Health Information Technology (OHIT) develops and supports effective health IT policies, programs and partnerships that enable improved health for all Oregonians.

To be effective, Oregon's transformed health care system increasingly relies on access to patient information and the health information technology (IT) infrastructure to share and analyze data. Health IT affects nearly every aspect of coordinated care including care transitions and management; population health management; integration of physical, behavioral, and oral health; accountability, quality improvement and metrics; value-based payment methodologies; and patient engagement. Health IT tools are needed to share information, aggregate data effectively, and provide patients with tools and data. Health IT also supports OHA's goal of eliminating health inequities by 2030 by connecting health care organizations through information technology tools that provide reliable

Oregon Health Authority: Health Policy & Analytics

Office of Health Information Technology

patient data when and where needed, as well as connecting health care and social services through systems that support addressing the social determinants of health. Health IT tools can help fill gaps in care and enhance the overall wellness of people and their communities within the state.

Health IT is computerized storage, retrieval and sharing of clinical health information and other health-related data. Major examples of health IT include:

- Electronic health records (EHRs), which are used by hospitals and health care providers including physical, behavioral, and oral health providers and others.
- Health information exchange (HIE), which is the electronic sharing of health information among health care providers, patients, or other users of health IT systems. This can include finding (query); sharing (send) and exchanging (receive) patient information. Health information exchange may also sometimes refer to an organization that provides HIE technology services.
- Community information exchange (CIE), which is a network of collaborative partners using a multidirectional technology platform to connect people to the services and supports they need. Partners may include human and social service, health care, and other organizations. Technology functions must include closed loop referrals, a shared resource directory, and informed consent. CIEs have rapidly been adopted in Oregon in recent years, with a primary focus on referrals to help address social determinants of health needs.

OHIT is working with Oregon's health care and social services partners to improve health, support health system transformation efforts, and address health inequities by supporting policies, programs, and public/private partnerships that bring tools for securely sharing individuals' information across providers, health plans, individuals, and other partners. These tools and programs provide critical infrastructure to make care more efficient and effective and are even more critical when responding to pandemic and other emergencies.

Oregon Health Authority: Health Policy & Analytics

Office of Health Information Technology

- In particular, health IT infrastructure is needed to connect systems, increase efficiencies, fill gaps in the data and infrastructure needed to support coordination in real time across hospitals, providers, coordinated care organizations (CCOs), and health plans.
- Health IT can also connect health care organizations to social service providers that can help vulnerable Oregonians when they need safety net programs and other supports, such as, to manage quarantine safely or to stay safe and healthy when displaced by wildfires or other events.
- Health IT is a critical component of OHA's efforts to eliminate health inequities across the state, including supporting provider and health plan collection of race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI) data, which are a core component of OHA's equity work.

OHA is statutorily required to staff the [Health IT Oversight Council \(HITOC\)](#) and operate the Oregon Health IT Program, which includes health IT services and other supports needed to ensure our health system transformation efforts are successful. OHIT work is organized into two main areas:

- Health IT policy work, which includes staffing for HITOC and its' workgroups; health IT policy analysis including monitoring and responding to state and federal legislation and policy; exploration and development of new initiatives, such as CIE; and education; technical assistance; internal OHA/ODHS coordination including partnering with Medicaid, Behavioral Health, Oral Health, Public Health, and ODHS teams; and external coordination and convening. Staff are also engaged in data collection, analysis, evaluation, and reporting on the health IT landscape in Oregon.
- Health IT program and compliance work, which currently includes:
 - HIE programs: HIT Commons public/private partnership, Emergency Department Information Exchange (EDIE)/Collective Platform, and the Prescription Drug Monitoring Program Integration Initiative. These programs are operational and continue to evolve and enhance services, expanding use cases and functionality. Staff are engaged in program and contract management, as well as program and

Oregon Health Authority: Health Policy & Analytics

Office of Health Information Technology

technology development, governance, internal and external coordination, technical assistance, outreach, and education.

- CCO Health IT contractual compliance and reporting, including annual Health IT Roadmap and data reporting. Staff are engaged in developing guidance, coordinating with CCOs including convening quarterly Health IT Advisory Group (HITAG) meetings with all CCOs, reviewing annual Roadmap and data files, working with CCOs when revisions are necessary, providing technical assistance and cross-CCO learning opportunities, and producing CCO HIT Roadmap summaries.
- Final audits for the Medicaid EHR Incentive Program (audits conclude in 2023).

Highlights of HITOC and OHA's health IT activities include:

- **Creation of a statewide health IT vision and goals, health IT strategic and operational plans, environmental scans, and policy recommendations**, under HITOC and its workgroups and committees. HITOC reports regularly to the Oregon Health Policy Board and oversees the Oregon Health IT Program. A 2022 HITOC Data Report¹ provided comprehensive information on EHR and HIE adoption and use in Oregon and support for HITOC's current work to update the 5-year Oregon Health IT Strategic Plan. HITOC charters a CIE Workgroup and HIE Workgroup, as well as two advisory groups currently on hiatus: the Behavioral Health HIT Workgroup and a Health IT/HIE Panel. HITOC's 2023 work includes updating the Strategic Plan for Health IT, including identifying strategies to support social determinants of health, and using health IT to support OHA's goal of eliminating health inequities by 2030.
- **Support for connecting health care and social services to address social determinants of health**
 - OHA is statutorily required (by House Bill 4150 (2022)) to staff a group or groups convened by HITOC explore options to accelerate, support and improve secure, statewide CIEs that would allow the

¹ HITOC 2022 Data Report: https://www.oregon.gov/oha/HPA/OHIT-HITOC/HITOC%20Meeting%20Docs/20220609_HITOC_ReportOnOregonsHealthITLandscape.pdf

Office of Health Information Technology

seamless coordination of health care and social services across all delivery systems, prioritizing health equity, confidentiality, and the security of information. A draft report to the Legislature is due in September of 2022 and a final report in January 2023. The CIE Workgroup began meeting in March of 2022.

- OHA continues to monitor the CIE landscape, coordinate internally, and coordinate with the Oregon Department of Human Services (ODHS) to update leadership and explore opportunities to support Oregon Medicaid members and access to social services and resources.
- A major component of Oregon’s proposed 1115 Medicaid demonstration waiver includes a defined benefit packages of social determinants of health services to support members transitioning between systems such as corrections settings, foster care, Oregon State Hospital, etc. OHA’s proposed waiver policy package includes CIE components necessary to support these new efforts.
- **A successful public/private partnership to accelerate health IT use** — through Oregon’s Health IT (HIT) Commons, jointly funded by OHA, all Oregon hospitals, all major health plans and CCOs, and co-sponsored by OHA and the Oregon Health Leadership Council. HIT Commons supports critical health IT initiatives and has the ability to target efforts on shared goals and bring key partners to the table, including recent work mobilizing support for COVID-19 response efforts. Current efforts HIT projects have successfully:
 - **Connected real-time hospital data across hundreds of organizations** – Oregon’s Emergency Department Information Exchange (EDIE)/Collective Platform is now used by all hospitals, CCOs, major health plans, and major swaths of primary care and behavioral health clinics, as well as the majority of skilled nursing facilities, and many others, including OHA and ODHS programs. This program provides real-time alerts about hospitalizations and emergency department use so that care can be coordinated, and individuals receive appropriate care and follow up.
 - **Reduced emergency department visits for high utilizers** — Broad use of EDIE/Collective Platform across Oregon has led to some astounding results. Emergency department visits by high utilizers decreased by 50 percent in the 90 days following the initial creation of a care guideline in

Office of Health Information Technology

EDIE/Collective Platform for 2021 compared to 2020. This program allows everyone working with a patient to know when they have been in the ED or hospital, and coordinate their care across primary care, CCO or health plan, behavioral health, dental care organizations, and hospitals.

- **Helped reduce risky prescribing of opiates** by connecting Oregon prescribers to data on controlled substance prescriptions, through their EHR. The Prescription Drug Monitoring Program (PDMP) Integration initiative has been an important factor in sustained reduction of risky opioid prescribing patterns, including prescribing of high quantities or multiple types of controlled substances.² Integration of PDMP access into the prescriber's EHR removes the need to remember passwords and log into the PDMP portal. More than 19,000 prescribers at more than 332 organizations (health systems, clinics) and more than 650 pharmacies in Oregon actively benefit from "one-click" access to controlled substance prescription data in Oregon's PDMP.

Background information

In 2009, the Legislature established HITOC and soon after, OHA established the Office of Health Information Technology to support HITOC and health IT policy work and leverage new federal funding to bring health IT infrastructure to Oregon. Major milestones include:

- 2009-2010: HITOC is established in House Bill 2009 (2009). The federal HITECH Act³ passes, creating several programs including: federal EHR incentive programs, state HIE cooperative agreements (ended in 2014), and 90/10 match for state health IT efforts to support HITECH incentive program objectives. **HITOC** establishes the State Health IT Strategic and Operational plans as required for federal HITECH funding.

² HITOC 2022 Data Report, page 27-28 https://www.oregon.gov/oha/HPA/OHIT-HITOC/HITOC%20Meeting%20Docs/20220609_HITOC_ReportOnOregonsHealthITLandscape.pdf

³ The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology.

Oregon Health Authority: Health Policy & Analytics

Office of Health Information Technology

- 2011: Launch of federal EHR incentive programs (both Medicare and Medicaid programs). More than \$542 million in federal Medicare and Medicaid incentive payments have been disbursed to all Oregon hospitals and nearly 8,500 Oregon providers. Included in that total, **Oregon's Medicaid EHR Incentive Program** disbursed more than \$213 million to eligible hospitals and health care providers. This program ended in December 2021, as planned by the federal Centers for Medicare & Medicaid Services (CMS).
- 2013: All CCOs agreed that OHA should leverage \$3 million Transformation Fund (General Fund) investment to draw down 90/10 federal match and implement several statewide health IT programs/services.
- 2014: OHA partners with the Oregon Health Leadership Council to establish the **Emergency Department Information Exchange (EDIE) Utility**, a public/private partnership. The EDIE Utility officially launches in 2015, with financial support by OHA, all Oregon hospitals, and all major health plans.
- 2015: OHA establishes the **Oregon Health IT Program** mandated by House Bill 2294 (2015) to connect and support community and organizational health IT efforts where they exist, fill gaps where these efforts do not exist, and ensure all providers on a care team have the means to participate in basic sharing of information needed to coordinate care.
 - Currently, the Oregon Health IT Program includes HIT Commons, EDIE/Collective Platform, and the PDMP Integration initiative.
 - Past programs include Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP); CareAccord, a HIPAA-compliant Direct secure messaging service; Oregon Provider Directory; Clinical Quality Metrics Registry; HIE Onboarding Program; the Flat File Directory; and the Medicaid EHR Incentive Program.⁴
- 2017: HITOC updates its **Strategic Plan for Health IT/HIE**⁵, with approval from the Oregon Health Policy Board. The updated plan includes strategies to achieve statewide health information sharing, leveraging

⁴ For more information on past (and current) programs, see: <https://www.oregon.gov/oha/HPA/OHIT/Pages/Programs.aspx>

⁵ Strategic Plan for Health IT/HIE (2017-2020): <https://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/OHA%209920%20Health%20IT%20Final.pdf>

Office of Health Information Technology

existing regional, statewide, and national HIE networks. HITOC is currently working to update the Strategic Plan for 2023-2027.

- 2018: OHA and the Oregon Health Leadership Council transition the EDIE Utility to a broader public/private partnership, the **HIT Commons**, to provide long-term sustainability for statewide health IT efforts. The HIT Commons governs two initiatives:
 - **EDIE/Collective Platform (formerly known as PreManage)**: EDIE connects all Oregon hospitals and provides emergency rooms with critical, concise information about patients who are high utilizers of emergency department (ED) services and patients with complex care needs. The Collective Platform, a companion service to EDIE, brings real-time hospital event notifications from EDIE to participating CCOs, health plans, providers, and OHA/ODHS programs who subscribe to receive real-time information when their patient, member, or client has a hospital event in any hospital in Oregon or Washington.
 - All of Oregon’s eligible hospitals have made their ED and inpatient data available in EDIE, adding Oregon’s data to the data from Washington and other states. In 2019, Oregon’s Skilled Nursing Facilities (SNFs) were able to join EDIE/Collective Platform, and today over 75 percent of SNFs in Oregon participate.
 - Today, all CCOs and major health plans are subscribed to the Collective Platform, most of whom extend this service to their key contracted physical, behavioral, and oral health clinics. Today, a majority of Oregon’s Patient-Centered Primary Care Home clinics, over one-third of licensed behavioral health agencies, and five of nine tribally operated clinics participate, as well as all of Oregon’s Dental Care Organizations.
 - OHA supports the **Medicaid Collective Platform program**, which supports CCOs, DCOs, Tribal clinics, Medicaid fee-for-service contractors and others. OHA/ODHS programs also use the Collective Platform – including Medicaid and behavioral health staff coordinating care, Oregon State Hospital teams, ODHS long-term services and supports program staff including all Type B

Office of Health Information Technology

Area Agency on Aging and Aging & People with Disability District offices, and ODHS Intellectual & Developmental Disability program staff and contractors.

- **The Oregon PDMP Integration Initiative**, launched in 2018, provides all Oregon prescribers, pharmacists, and their eligible delegates electronic access to PDMP data within their electronic workflows, to better inform prescribing of controlled substances including opioids.
- 2019: CCO 2.0 contracts include new **CCO Health IT Roadmaps** and other more specific health IT requirements to ensure CCO support of physical, behavioral, and oral health providers' health IT needs in four areas: EHR adoption, HIE for care coordination, hospital event notifications (e.g., through EDIE/Collective Platform), and health IT to support value-based payments. All CCOs have OHA-approved Health IT Roadmaps and annually update Roadmaps and report on progress. Starting in 2022, CCOs provide OHA with annual data on EHR and HIE adoption for their contracted providers.
- 2019: OHA launched the **HIE Onboarding Program**, which aimed to increase Medicaid providers' capability to exchange health information. This program supported the costs to onboard high-priority physical, behavioral, and oral health Medicaid providers, and their major trading partners, to Reliance eHealth Collaborative, a community-based HIE. Seven CCOs are participating in bringing this program to their clinics. This program ended in September 2021 with the conclusion of federal HITECH funding.
- 2019-2022: **Community Information Exchange (CIE)**:⁶ CCOs and health plans led the way in Oregon communities to address social determinants of health through CIEs, which connect CCOs, health plans, hospitals, and health care providers to community-based organizations (CBOs) and others providing social services.
 - OHA partnered with HIT Commons to assess the Oregon landscape and convened a statewide advisory group focusing on common functions and the future of CIE, resulting in an advisory report on CIE in Oregon (December 2020).

⁶ For more information about CIE: <https://www.oregon.gov/oha/HPA/OHIT/Pages/CIE-Overview.aspx>

Oregon Health Authority: Health Policy & Analytics

Office of Health Information Technology

- CIE efforts developed rapidly in response to COVID-19 and the increased need to connect people to social services and resources more quickly, OHA tracked the landscape and developed educational information for partners, particularly community-based organizations.
- OHA shared information on how CIE efforts, sponsored by CCOs and health plans, allowed for local public health authorities, COVID-19 CCBO Grantees, and Tribes to join CIEs at no cost to coordinate wraparound and social services support for isolation and quarantine.
- House Bill 4150 (2022) passed and HITOC chartered a **CIE Workgroup** which began convening monthly in March 2022 to provide legislative recommendations and other strategies to HITOC to accelerate, support, and improve statewide CIE.

Revenue sources and changes

From 2009-2021, OHA's health IT efforts were almost exclusively funded by federal 90/10 Medicaid match, under the HITECH Act, as well as some funding from Medicaid Enterprise Systems (MES) federal (formerly MMIS) matching dollars, and state General Fund. Federal 90/10 HITECH funding ended for all states in 2021, as the funds were attached to the Medicaid EHR Incentive Program, which closed at the end of 2021. The exception includes audit work for the Medicaid EHR Incentive Program, which continues to leverage 90/10 HITECH funding through September 2023. OHIT anticipates all audits will be complete no later than June 30, 2023.

OHA's health IT systems-related work transitioned to ongoing 75/25 MES federal match. Federal MES match rates depend on several factors, including whether the money is spent on health IT system planning, implementation, or operations, and how much of the work directly supports the Medicaid enterprise. OHA's health IT policy, CCO compliance, program development, and data analysis work are not eligible for MES funds and instead utilize a 50/50 (for Medicaid specific work) or 39/61 match.

Proposed new laws that apply to the program unit

None.

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$14.67	\$2.59	\$9.24	\$26.50	64	61.05
Agency Request 2023-25	\$16.79	\$2.87	\$9.93	\$29.59	67	66.00
Difference	\$2.12	\$0.28	\$0.69	\$3.09	3	4.95
Percent Change	14%	11%	7%	12%	5%	8%

The Agency Request Budget covers the Office of Health Analytics' current service level for the 2023-25 biennium.

Activities, programs and issues in the program unit base budget

The Office of Health Analytics coordinates and produces financial, quality, and performance data about Oregon's health care system, and analyzes these data for the Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB). The office supports OHA's and OHPB's policy and budget decisions and assesses the impact of these decisions.

The office collects and analyzes data on the performance of Oregon's health care system to support and inform sound policy development and decision making. Examples include hospital utilization, costs, financial and cost benefit data; licensed health care workforce; insurance coverage; administrative health insurance claims through the All Payer All Claims (APAC) database and the Medicaid Management Information System (MMIS); provider tax; and many others. The office also collects and analyzes OHA program performance data, including behavioral health services evaluation and coordinated care organization (CCO) incentive metrics.

Office of Health Analytics

The Office of Health Analytics is organized into five complementary work units. HA staff and contractors work together to accomplish the following:

The Behavioral Health Analytics Unit collects, analyzes and reports behavioral health data to other OHA programs through:

- Analysis and reporting for the Quality Metrics, Surveys and Evaluation Unit.
- Analysis, reporting, interpretation and development of dashboards for the Director's Office, Tribal Affairs, the Health Services Division's Behavioral Health Office and Medicaid Programs, and the Alcohol and Drug Policy Commission.
- Cross agency data integration, analysis, interpretation and reporting for Health Services Division's Behavioral Health Office and Medicaid Programs.
- Extraction and submission of client-level treatment episode data (TEDS) for the Substance Abuse and Mental Health Services Administrations' Behavioral Health Services Information System (BHSIS).
- Data extraction and summarized analyses for external research and evaluations.

The Behavioral Health Metrics Unit supports the Health Systems Division's Behavioral Health Committee through:

- Strategic planning, staffing, and general support for the committee (alongside HSD).
- Conducting research into nationally recognized metrics for behavioral health outcomes.
- Consulting with the committee on the process of developing metric concepts.
- (As the committee's work progresses) refining and validating metrics concepts into measurable, reportable outcome metrics and developing a reporting program for CCOs, counties, and other behavioral health providers.
- Supporting the coordination and tracking needs for other various behavioral health investments made in the 2021 legislative session.

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

The Medicaid Analytics and Data Integration Unit collects, analyzes and reports Medicaid operations data to other agency partners and interested parties. Provides technology, system and infrastructure support for the Office of Health Analytics through:

- Analysis, reporting, interpretation and development of dashboards for Health Services Division’s Medicaid Programs
- Data governance, privacy and security
- Data request and data sharing process management
- Cross-agency data strategy, integration and coordination
- Data systems and infrastructure – data warehousing, server management, and documentation

The Quality Metrics Surveys & Evaluation Unit facilitates the use of data to understand the quality of health care through:

- Measuring CCOs’ performance using the CCO incentive metrics, state quality metrics and CMS Adult and Child Core metrics, including pilots of REALD analyses of performance disparities and pandemic-related adaptations in benchmarking.
- Program evaluations, including the 1115 Oregon Health Plan Medicaid demonstration waiver.
- Member experience and other surveys, including the Consumer Assessment of Health Providers and Systems Survey (CAHPS) of Medicaid members, the Mental Health Services Improvement Program (MHSIP) surveys for Medicaid members receiving mental health services, and the Oregon Health Insurance Survey (OHIS) conducted among all people living in Oregon.
- Metrics development to track the most innovative aspects of the health care transformation, including [health equity](#)¹ and [social determinants of health](#).²

¹ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Equity-Measurement-Workgroup.aspx>

² <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/sdoh-measure.aspx>

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

The Research and Data Unit supplies data and analytics services to state government and external partners through:

- Maintenance of Oregon’s APAC database – collecting, compiling, releasing to approved users and reporting claims and administrative data.
- Collection, analysis, reporting and development of dashboards of health care workforce data from licensees of 17 health care licensing boards.
- Collection, analysis, reporting and development of dashboards of hospital inpatient, outpatient data and emergency department data; hospital financial data including community benefit reporting; and other critical hospital information.

Background information

The Office of Health Analytics provides reports and recommendations so that OHA leadership, the Governor, and the Legislature can better understand and improve the performance of OHA programs and the quality of Oregon’s health system.

Health Analytics’ primary roles are:

- To develop analyses, data strategies, and monitoring tools to assess the performance of Oregon’s health care systems.
- To support OHA policy development, implementation, and evaluation.

During the 2021-23 biennium, Health Analytics supported numerous high-priority policy initiatives, including:

The Community Benefit Spending Floor Program. House Bill 3076 (2019) charged OHA with establishing minimum levels of community benefit spending for Oregon hospitals every two years. Community benefit

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

investments include financial assistance for individual patients, Medicaid shortfalls, and, perhaps most significantly for OHA's equity goals, community-level investments in social determinants of health and health equity. House Bill 3076 contains the first statutory definition of the social determinants of health. The spending floor program seeks to encourage spending that meets community-identified needs and aligns with OHA priorities and calls on OHA to consider hospitals' alignment with CCOs' community needs assessments when setting minimum spending floors. Health Analytics will leverage the program's reporting requirements to tell the story of hospital community benefit spending in greater detail than has been previously possible.

Sustainable Health Care Cost Growth Target. Senate Bill 889 (2019) established the Sustainable Health Care Cost Growth Target Program within the Oregon Health Authority (OHA). The cost of health care in Oregon has grown and is projected to grow faster than both the state economy and Oregonians' wages. A health care cost growth target will serve as a target for the annual per capita rate of growth of total health care spending in the state. Cost increases of health insurance companies and health care providers will be compared to the growth target each year. The program will also evaluate and annually report on cost increases and drivers of health care costs. The Office of Health Analytics is supporting this program by developing data reporting templates, analyzing existing data sets to establish a common understanding of historical health care cost trends, and supporting the program's Implementation Committee tasked with making key programmatic decisions.

REALD data repository. This work is intended to create a systematic, aggregated repository of data to help fill in gaps in race, ethnicity, spoken and written language, and disability (REALD) demographic data collected pursuant to House Bill 2134 (2013). The legislation requires REALD data to be collected by OHA and the Oregon Department of Human Services (ODHS) for any data system that collects demographics. Implementation of House Bill 2134 has been slow and uneven due to factors such as cost to modify data systems and complexity of implementing the requirements correctly. This repository is intended as a temporary solution until OHA and ODHS data collection systems can implement REALD successfully.

Office of Health Analytics

APAC Data Vendor Transition. In January 2021, Health Analytics transitioned the state’s legislatively-mandated All Payer All Claims database to a new vendor, the Human Services Research Institute (HSRI). HSRI’s more robust technical infrastructure allows greater processing speeds for OHA’s data analysts for improved productivity. This allows flexibility in use by other programs and agencies for timely use of APAC data in assessing costs and cost drivers, analyzing legislative bills, informing budgets and planning program activities. House Bill 3159 (2021) will enhance race and ethnicity data available from insurers, allowing APAC to be a stronger resource for assessing health inequities.

Drug Addiction Treatment and Recovery Act of 2020. The purpose of Ballot Measure 110 is to make screening, health assessment, treatment and recovery services for drug addiction available to all those who need and want access to those services and to adopt a health approach to drug addiction by removing criminal penalties for low-level drug possession. This is a comprehensive approach that also addresses social determinants of health such as coexisting health problems, housing, employment and training, child care and other services. The Office of Health Analytics is supporting this program by developing data collection and reporting protocols for the full spectrum of services and outcome measures of the impact of the Behavioral Health Resource Networks.

Behavioral Health Committee and Workforce Initiative. House Bills 2086 and 2949 were among several significant investments in behavioral health care during the 2021 session. These efforts aim to improve the quality of behavioral health services and create more opportunities for individuals from underrepresented communities to join the workforce. Health Analytics provides the data and analysis to pinpoint these investments and evaluate their effectiveness.

COVID-19 Emergency Outcome Tracking Measure Program. This program was implemented in 2021 to reward CCOs for making substantial progress in vaccinating their members, with a particular focus on ensuring CCOs

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

reached higher vaccination rates across all race/ethnicity groups. A report of CCO performance will be published in summer 2022.

Examples of Health Analytics' reports:

- [Medicaid Monthly Population Reports](#):³ An interactive display containing eight separate tabs
- More Medicaid Enrollment reports can be found [here](#)⁴

CCO Metrics Reports

- Medicaid Quality Performance – [Current](#)⁵ and [Historical](#)⁶
- [Consumer Assessment of Health Plan Survey \(Medicaid Experience\)](#)⁷
- Mental Health Statistical Improvement Program Survey (MHSIP-Consumer) - [Overall and by CCO](#)⁸ and [Historical](#)⁹

Oregon Health Insurance Survey (OHIS) (general population insurance)

- [Overview of OHIS](#) and links to resources and past static reports¹⁰

³ https://app.powerbigov.us/links/qdWQUdIHhc?ctid=658e63e8-8d39-499c-8f48-13adc9452f4c&pbi_source=linkShare&bookmarkGuid=ae3764b7-78ad-406b-b596-0ea861e485be

⁴ <https://www.oregon.gov/oha/hsd/ohp/pages/reports.aspx>

⁵ https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Annual-Report_FINAL.pdf

⁶ <https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2019-CCO-Performance-Report.pdf>

⁷ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CAHPS.aspx>

⁸ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Mental-Health-Statistics-Improvement-Program-Survey.aspx>

⁹ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/MHSIP-Survey-Archives.aspx>

¹⁰ <https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Insurance-Data.aspx>

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

- [Tableau: Insurance Coverage](#)¹¹
- [Tableau: The Uninsured](#)¹²

Children's health complexity data

- [State, County and CCO medical and social complexity scores](#)¹³

Hospital financials (quarterly hospital financial and utilization data)

- [Tableau dashboard](#)¹⁴ (updated quarterly)
- [Tableau dashboard appendix with individual hospital data](#)¹⁵ (updated quarterly)
- [Static report summaries of current trends and historical reports](#)¹⁶

¹¹ <https://visual-data.dhsoha.state.or.us/t/OHA/views/OregonHealthInsuranceCoverageRates/Overview?.iid=1&isGuestRedirectFromVizportal=y&embed=y>

¹² <https://visual-data.dhsoha.state.or.us/t/OHA/views/OregonUninsuranceRates/Overview?.iid=2&isGuestRedirectFromVizportal=y&embed=y>

¹³ <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Child-Health-Complexity-Data.aspx>

¹⁴ https://visual-data.dhsoha.state.or.us/t/OHA/views/Databankdashboard/Mainpage?iframeSizedToWindow=true&embed=y&showAppBanner=false&display_count=no&showVizHome=no&origin=viz_share_link

¹⁵ <https://visual-data.dhsoha.state.or.us/t/OHA/views/DatabankAppendix/Welcome?.isGuestRedirectFromVizportal=y&embed=y%20%E2%80%A2Static%20report%20summaries%20of%20current%20trends%20and%20historical%20reports>

¹⁶ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx>

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

Hospital payment reports (annual report of median amounts paid by insurers for common hospital procedures)

- [Tableau dashboard](#)¹⁷ (updated annually)
- [Website with data files and historical reports](#)¹⁸

Community benefits (annual report of hospital community benefit spending by category)

- Tableau dashboard: [Coming soon]
- [Website with historical reports](#)¹⁹

Health care workforce occupational profiles (annual report of licensed professionals; includes demographics, county-level details, hours worked per week, and other practice information)

- [Tableau dashboard](#)²⁰ (updated annually)
- [Website with historical reports](#)²¹

Health care workforce diversity reports

- 2020 report: [Coming soon]
- Tableau dashboard report appendix: [Coming soon]

¹⁷ <https://visual->

[data.dhsoha.state.or.us/t/OHA/views/OregonHospitalPaymentReport2018/Welcome?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no&%3Aorigin=viz_share_link](https://visual-data.dhsoha.state.or.us/t/OHA/views/OregonHospitalPaymentReport2018/Welcome?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no&%3Aorigin=viz_share_link)

¹⁸ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx>

¹⁹ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx>

²⁰ <https://visual->

[data.dhsoha.state.or.us/t/OHA/views/Oregonslicensedhealthcareworkforce/Overview?%3Aorigin=card_share_link&%3Aembed=y&%3AisGuestRedirectFromVizportal=y#1](https://visual-data.dhsoha.state.or.us/t/OHA/views/Oregonslicensedhealthcareworkforce/Overview?%3Aorigin=card_share_link&%3Aembed=y&%3AisGuestRedirectFromVizportal=y#1)

²¹ <https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

Oregon Health Authority: Health Policy and Analytics

Office of Health Analytics

- [Website with historical reports](#)²²

Health care workforce supply reports

- 2020 report - coming soon
- Tableau dashboard report appendix: [Coming soon - not yet published]
- [Website with historical reports](#)²³

Other reports

- [Low Value Care Report](#)²⁴
- Primary Care Spending Reports - [2021 report](#)²⁵ and [Historical](#)²⁶ reports

Revenue sources and changes

The Office of Health Analytics leverages Medicaid administrative match for eligible programs and activities, including Medicaid-related health system transformation, research and evaluation, and staffing.

Several programs within Health Analytics, including the health care workforce reporting program, hospital reporting program, APAC and TEDS BHSIS data submissions are partially supported by Other Funds revenues.

²² <https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

²³ <https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

²⁴ <https://www.oregon.gov/oha/ERD/Pages/ReportIdentifiesLowValueCareInOregonHealthSystem.aspx#:~:text=There%20were%20772%2C094%20services%20found,in%202016%2C%202017%20and%202018>

²⁵ <https://www.oregon.gov/oha/HPA/ANALYTICS/PCSpendingDocs/2020-Oregon-Primary-Care-Spending-Report-Legislature.pdf>

²⁶ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Primary-Care-Spending.aspx>

Office of Health Analytics

Proposed new laws that apply to the program unit

Legislative concept #44300-007: Technical fixes related to the Oregon All Payer All Claims (APAC) program (1) to align the APAC statute on collection of race and ethnicity data and (2) to authorize APAC to collect actuals cost for data requests for researchers and employers.

Oregon Health Authority: Health Policy & Analytics

Oregon Health Insurance Marketplace

Expenditures by fund type, positions, and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$17.12	\$14.89	\$0.50	\$32.51	26	22.32
Agency Request 2023-25	\$111.49	\$17.37	\$0.00	\$128.86	29	25.54
Difference	\$94.36	\$2.49	-\$0.50	\$96.35	3	3.22
Percent Change	551%	17%	-100%	296%	12%	14%

The Agency Request Budget covers the Oregon Health Insurance Marketplaces' current service level for the 2023-25 biennium.

Activities, programs, and issues in the program unit base budget

The Oregon Health Authority (OHA) administers the Oregon Health Insurance Marketplace, which helps Oregonians leverage federal subsidies and enroll in private health insurance plans that best fit their health and financial needs.

Programs

The Program Administration Unit:

- Works with federal partners in ensuring eligibility and enrollment systems are available to Oregonians.
- Creates equity-centered outreach and education strategies to drive enrollment.
- Develops rules and policies to help eliminate health inequities.
- Engages stakeholders from diverse communities in establishing and implementing policy.
- Approves carriers and certifies qualified health plans (QHPs) to be offered through the Marketplace.
- Certifies on- and off-exchange and stand-alone dental plans for compliance with federal pediatric dental requirements.

Oregon Health Authority: Health Policy & Analytics

Oregon Health Insurance Marketplace

- Administers grant programs for insurance agents and community partners.
- Administered the Compact of Free Association (COFA) Premium Assistance Program through June 2022.
- Provides data, information, and analyses to policymakers.
- Ensures compliance with federal and state regulations.

The Outreach and Education Unit:

- Conducts equity-centered outreach and education to Oregonians eligible for Marketplace coverage.
- Provides free, local enrollment assistance.
- Assists consumers who have questions about obtaining health insurance.
- Provides competitive grants to community partners and insurance agents
- Trains community partners to be certified assisters.
- Connects consumers with insurance agents and community partners for one-on-one assistance.
- Assists Oregonians with complex case resolution.

Activities

During the 2021-23 biennium, the Oregon Health Insurance Marketplace had numerous accomplishments, including:

Outreach and Policy:

- Achieved enrollment each year with 141,089 for the 2021 plan year and 146,602 for the 2022 plan year.
- Facilitated a competitive marketplace in the 2021 and 2022 plan years, with six medical carriers and six dental carriers that offered every Oregonian at least 26 plans from which to choose, with most having at least 36 plans available. Oregonians in every county had at least four health insurance companies from which to shop, and every Oregonian had at least 10 dental plans from which to choose.
- Deployed an effective statewide mass education campaign through radio, television, digital, and social media.
- Received 8,341 calls from July 1, 2021, to June 18, 2022, through a state-based outreach center.

Oregon Health Authority: Health Policy & Analytics

Oregon Health Insurance Marketplace

- Attended 313 outreach events in 2021, the majority of these events were attended virtually and consisted of supporting existing events for a variety of audiences such as those for Tribal communities, LGBTQIA2S+ people, faith-based groups, and Latinx individuals. In-person events were attended at libraries, self-sufficiency offices, community-based organizations, and businesses.
- Provided grant and policy support to partner agents who, during the open enrollment period for the 2021 plan year, enrolled 9,557 consumers into Marketplace plans and for the open enrollment period for the 2022 plan year, enrolled 10,118 into Marketplace plans. For coverage year 2022, Oregonians made 50,565 total plan selections with an agent. With 829 active agents, our partners — even with the challenges presented by the pandemic — still accounted for 20 percent of total plan selections.
- Provided outreach, education, and private plan application assistance to Oregon’s nine federally-recognized tribes.
- Provided comprehensive Marketplace Assister Training to over 800 community partners and Marketplace Overview Training to over 400 community partners. Many of the community partners specialize in providing outreach to hard-to-reach communities and are trained in assisting people in special situations, including survivors of domestic violence, people with seasonal income, and refugees. In 2021, the Marketplace increased the number of overall assisters who completed Marketplace training by 15 percent. Accessibility of the training program was improved by launching all levels of training in English and Spanish, providing closed captions and an accessibility menu, and making the training available online on-demand. Cultural humility training was added on all levels to help community partners provide more equitable service to Oregonians. A robust multi-level training on diversity and equity was made available for assisters and community partners who may not have the training resources within their own organization. For organization leaders and managers, an optional training that addresses the importance of diversity in the workplace was made available.
- Achieved 5,457,569 community partner outreach contacts and provided 60,500 instances of application assistance resulting in 1,512 Marketplace applications and 6,705 Oregon Health Plan applications since January 1, 2021.

Oregon Health Authority: Health Policy & Analytics

Oregon Health Insurance Marketplace

- Increased the number of community partner grantees to address service gaps in Southern Oregon, Central Oregon, and Oregon's Latinx communities.
- Resolved 98 cases between July 1, 2021, and June 30, 2022. The nationally declared public health emergency likely resulted in roughly a 21 percent increase in cases from the prior 12 months, with more consumers having overlapping coverage with Medicaid. This type of issue can only be resolved at the state level. Complex customer support required case resolution for urgent issues when consumers believed they did not receive adequate or effective help from the HealthCare.gov call center.
- Participated in the staffing of the House Bill 4035 (2022) task force and work group working on issues related to the end of the federal public health emergency (PHE).
- Developed outreach and education and operational strategies to transition individuals no longer eligible for the Oregon Health Plan to QHP coverage in the Marketplace.
- Participated in multiple OHA agency coverage and policy initiatives, including Healthier Oregon.

COFA Premium Assistance Program:

- Provided premium assistance and cost-sharing reimbursements to 802 COFA members during the 2022 plan year.
- Helped to successfully transition COFA Premium Assistance Program members to Oregon Health Plan.
- Winded up the program on June 2022, reconciling final premium payments and cost-sharing reimbursements.

COVID-19:

- Achieved QHP enrollment of 22,743 Oregonians during the COVID-19 special enrollment period that ended on August 15, 2021.

Oregon Health Authority: Health Policy & Analytics

Oregon Health Insurance Marketplace

Background information

The Oregon Health Insurance Marketplace was a division of the Department of Consumer and Business Services from its inception in 2015 through June 30, 2021. On July 1, 2021, the Oregon Health Insurance Marketplace was transferred to the Oregon Health Authority, where it remains as an office of the Health Policy and Analytics Division.

Enabling legislation/program authorization

The Oregon Health Insurance Marketplace is governed by the following chapters of the Oregon Revised Statutes:

- ORS 741 – Oregon Health Insurance Exchange
- ORS 413 (ORS 413.610 – 413.613) – COFA Premium Assistance Program

Revenue sources and changes

Health Insurance Marketplace Fees

The Oregon Health Insurance Marketplace is funded through a per- member-per-month (PMPM) fee charged to insurance companies for medical plans and dental plans purchased through the marketplace.

Statute provides that the assessment rates be set annually by the director of OHA after consultation with the Health Insurance Marketplace Advisory Committee and a public hearing. The PMPM rate is included in the health insurance premiums of individuals, so the PMPM rates must be determined before insurers set their premiums rates for the next calendar year. Therefore, the PMPM rate for a calendar year must be determined in the spring of the prior year.

Proposed new laws that apply to the program unit

OHA is proposing policy package #416 and legislative concept 44300-009 to transition the Oregon Health Insurance Marketplace away from the FFM to use of a state-based enrollment and eligibility platform and call center for operation

Oregon Health Insurance Marketplace

and administration of Oregon's health insurance exchange. OHA envisions that funding will be in two phases. Phase I funds would be used for research and planning purposes through the request for proposals (RFP) stage, completion of the Department of Administrative Services' (DAS) Stage Gate process and drafting of the required federal blueprint to transition from a state-based marketplace on the federal platform (SBM-FP) to a full state-based marketplace (SBM). Phase II funds would be used for purchase and operation of the platform, call center implementation, and any additional staff necessary for operation of the new platform.

Legislative concept #44300-011: House Bill 4035 (2022) created a taskforce charged with developing a proposal for a bridge program to provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in Oregon's medical assistance program or other health care coverage due to frequent fluctuations in income. Placeholder language is needed in case the House Bill 4035 taskforce's proposal requires legislative recommendations.

Oregon Health Authority: Health Policy & Analytics

Public Employees' Benefit Board

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$0.00	\$0.00	\$0.00	\$0.00	0	0.00
Agency Request 2023-25	\$0.00	\$22.97	\$0.00	\$22.97	23	21.75
Difference	\$0.00	\$22.97	\$0.00	\$22.97	23	21.75
Percent Change	0%	0%	0%	0%	0%	0%

The Agency Request Budget covers the Public Employees' Benefit Board's current service level for the 2023-25 biennium.

Activities, programs and issues in the program unit base budget

PEBB's authority lies in ORS 243.061 through ORS 243.302. House Bill 2279 (2013) expanded participation eligibility to include local governments and special districts. As directed by the 1997 Legislature, the Public Employees' Benefit Board (PEBB) was established in 1998 to merge the State Employees' Benefit Board (SEBB) and the Bargaining Unit Benefits Board (BUBB) programs into one program. PEBB's mission is to provide a high-quality plan of health and other benefits for state employees at a cost that is affordable to both the employees and the state. Its statutes create an eight-member board whose members are appointed by the Governor and confirmed by the Senate. PEBB serves broadly diverse constituencies, including the State of Oregon (as an employer), employees who live and work in every county of Oregon and in every state across the nation, the Legislature, taxpayers, labor unions and health policy groups.

The PEBB Board works to achieve its goals by adhering to the following values:

- Offering employee choice among high quality plans
- Creating a competitive marketplace

Oregon Health Authority: Health Policy & Analytics

Public Employees' Benefit Board

- Closely managing plan performance and monitoring quality data
- Innovative, flexible plan designs
- Delivering high quality customer service
- Advancing health equity and eliminating disparities in priority populations
- Commitment to improving employee health

Background information

The Public Employees' Benefit Board (PEBB) designs, contracts for, and administers health plans, group insurance policies, and flexible spending accounts for state and university employees and their dependents. The board provides medical and dental insurance programs representing about 140,000 Oregonians. The board also selects and administers life and disability insurance coverage for eligible state and university employees. A major part of the board's responsibility is developing benefit packages to meet the needs of state government and its employees, preparing benefits information for communication materials, and answering inquiries from employees and their dependents about coverage.

PEBB members include active agency and university employees and their dependents; active semi-independent agency employers and their employees; early retirees and other self-pay members and their dependents; and COBRA subscribers. The program is administered by staff, with actuarial services and third-party administrator services provided through contract.

PEBB Operations is funded entirely with Other Funds. PEBB collects premiums for all insured individuals, and then purchases insurance with those revenues. The resources to pay for employee health insurance are budgeted in each state agency for that agency's employees. The resources may be General Fund, Lottery Funds, Other Funds, or Federal Funds. Once the resources are transferred to PEBB, they are shown as Other Funds.

Oregon Health Authority: Health Policy & Analytics

Public Employees' Benefit Board

For fully-insured plans, the premiums PEBB collects are passed through to the appropriate insurance carrier who carry the risk on those plans. For self-insured plans, PEBB carries the risk and must maintain a Stabilization Fund, which requires a sufficient balance to cover large claims risk.

Operational costs are funded through an administrative charge (assessment) added to medical and dental insurance premiums and premium equivalents. By statute, the assessment cannot exceed 2 percent of monthly contributions from employees and employers.

The Operations Budget is approximately 1 percent of the Total Funds budget for PEBB. The core functions of PEBB Operations include administrative areas: communications, financial services, contracts, health policy, employee wellness, regulatory, IT systems and data management, and member services. In 2017, Senate Bill 1067 directed the merger of the administrative functions of PEBB and the Oregon Educators Benefit Board (OEBB) under one executive director and leadership team. The boards have engaged in many joint initiatives since then and are currently building a joint eligibility and enrollment system. The board delegates many important functions to operations staff including:

- Operational and administrative actions required to administer services to members and implement benefits (for example, rule-making authority)
- Other activities as determined by the chair and vice-chair
- Directing rate negotiations with vendors through PEBB's contracted consultant
- Directing contract negotiations for implementation and renewal of PEBB programs and benefits once the board has awarded contracts to successful vendors or has approved renewals of existing program contracts
- Authority to initiate contracts for specific services that fall under the not-to-exceed dollar amount threshold established in state procurement laws for direct contracting and informal procurements
- Authority to initiate transfer of excess reserve funds held by contracted carriers or refunds from contracted vendors to PEBB Stabilization Fund

Oregon Health Authority: Health Policy & Analytics

Public Employees' Benefit Board

- Authority to pay claims, invoices, purchase orders, travel expenses, maintenance agreements and personal service agreements

Annual Renewal Process

Each year, the board begins an annual plan renewal process where benefit offerings are examined, premium rates are re-negotiated with carriers, administrative fees are projected, and final decisions are made by the board for the following plan year. Once the board finalizes renewal decisions and they are captured in renewal letters to carriers, the PEBB administrative team gets to work operationalizing their decisions:

- The Contracts team begins working to update contracts
- IT Systems staff begin work with contractors to implement changes in the PEBB benefits system (PDB)
- The Communications team begins updating open enrollment materials with rates and benefit changes
- Member Services staff readies for open enrollment Oct. 1 – Oct. 30th

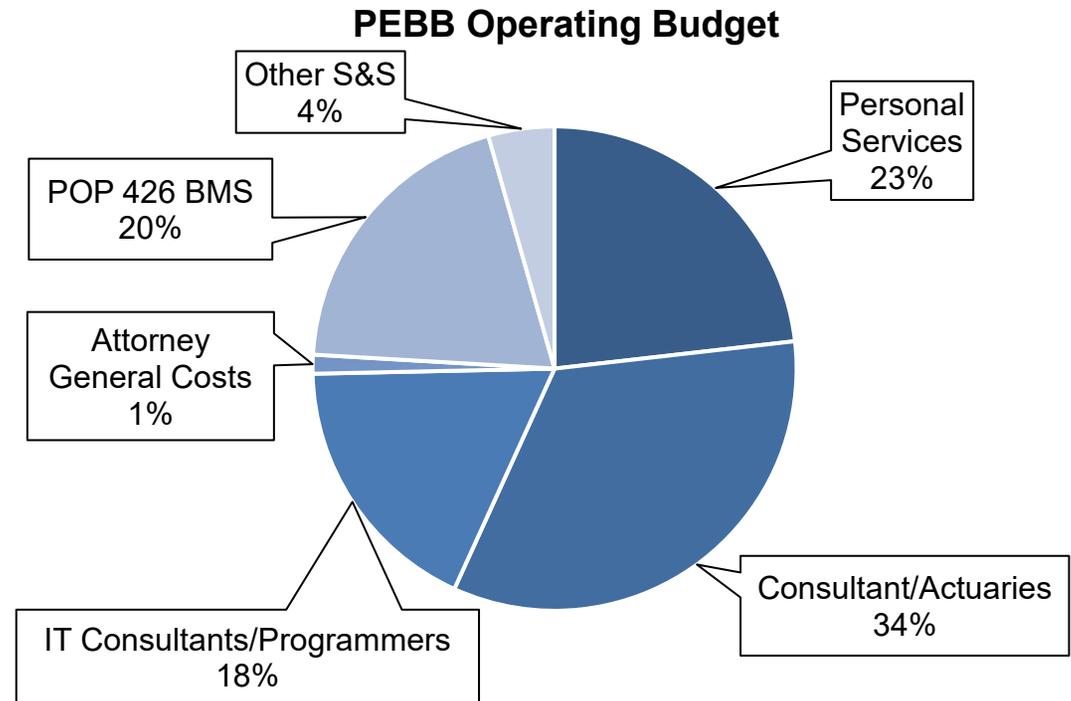
Operating expenditures are mainly driven by personal services, consultant actuary costs, IT consultant/programming costs, attorney general costs and open enrollment and wellness costs.

Public Employees' Benefit Board

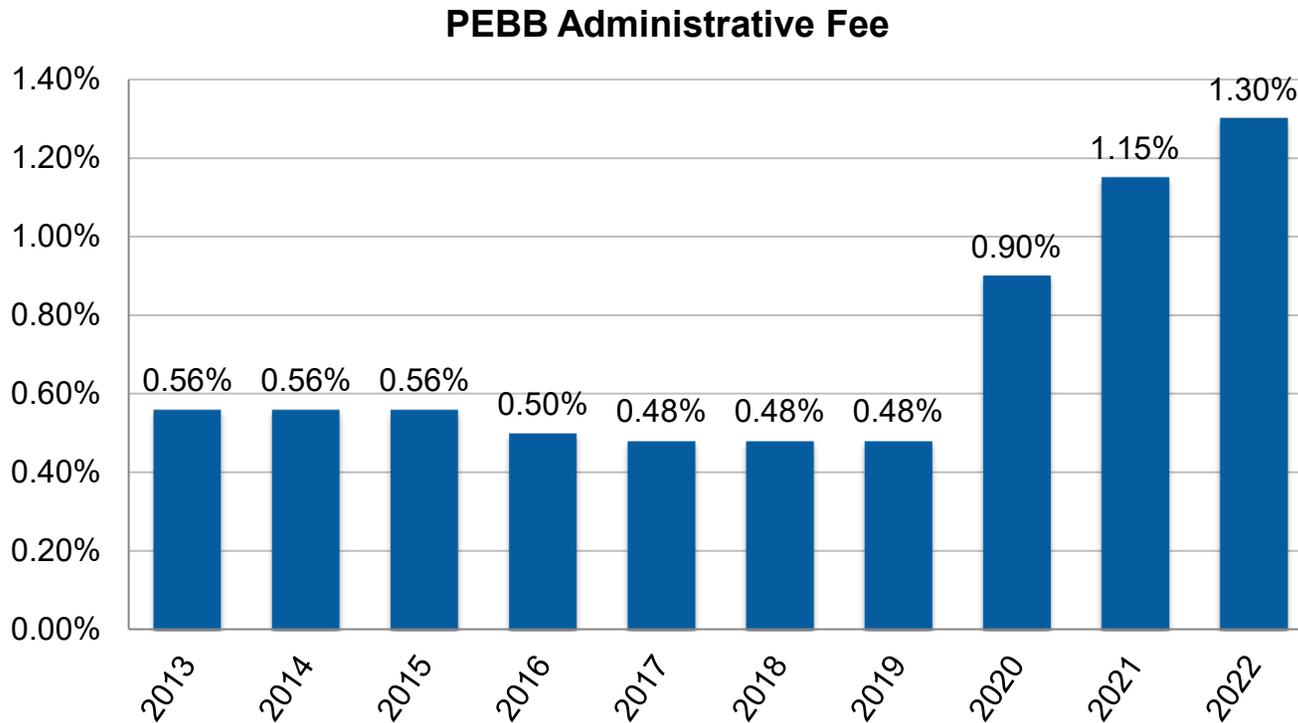
Revenue sources and changes

Other Funds revenue pays for PEBB administration through an administrative assessment added to medical and dental insurance premiums and premium equivalents. By statute (ORS 243.185), PEBB can collect an amount that equals up to 2 percent of total premiums to meet administrative and operational costs.

In recent years, the administrative fee was not an adequate source of revenue to cover the development of the Benefit Management System (BMS) project and the increase in system programming costs. A main goal of the boards was to construct the new BMS without having to borrow the funds to do it. Consultant costs have also increased from prior years driven by the passage of Senate Bill 1067 (2017) and funding the work of the joint PEBB/OEBB Innovation Work Group (IWG) and joint Health Equity Work Group. These investments will end up saving the state money over the long term by becoming more efficient and having better data to make better decisions. As the new system development project ends and the old system is phased out, the administrative fee is likely to decrease back to under 1 percent.



Public Employees' Benefit Board



Proposed new laws that apply to the program unit

None.

Oregon Health Authority: Health Policy and Analytics

Oregon Educators Benefit Board

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$0.00	\$0.00	\$0.00	\$0.00	0	0.00
Agency Request 2023-25	\$0.00	\$20.91	\$0.00	\$20.91	21	20.75
Difference	\$0.00	\$20.91	\$0.00	\$20.91	21	20.75
Percent Change	0%	0%	0%	0%	0%	0%

The Agency Request Budget covers the Oregon Educators Benefits Board's current service level for the 2023-25 biennium.

Activities, programs and issues in the program unit base budget

The Oregon Educators Benefit Board (OEBB) was established by the 2007 Legislature. OEBB provides a comprehensive selection of benefit plan options for most of Oregon's K-12 school districts, education service districts and community colleges, as well as a number of charter schools and local governments across the state. OEBB offers a multitude of plans that resemble an "exchange." OEBB started offering medical, dental, and vision coverage in 2008 and has since added a broad range of additional benefits including life, accidental death and dismemberment (AD&D), short-term and long-term disability and long-term care insurance, as well as an employee assistance program (EAP), a health savings account (HSA), flexible spending accounts (FSAs), and commuter savings accounts. Each of the 256 employer entities OEBB serves maintains a unique service area, eligibility requirements, cost sharing with employees, and diverse populations. The law prohibits those entities, with certain exceptions, from offering benefit plans other than those offered by the Board. Unlike PEBB, all plans are fully insured. OEBB has prioritized choice in plan options for employers and employees, and consequently offer a large number of different plans.

Oregon Educators Benefit Board

The board and staff have been focused on coming out of the pandemic with an improved overall health status of its members and a moderate impact to cost trends. The Oregon Health Policy Board has worked on coordinated care model alignment, looking for ways to utilize a model with coordinated care attributes in programs such as OEGB. Over the last few years, OEGB has implemented a number of programs that fit within this model. This includes increasing the percentage of OEGB members in patient-centered primary care homes, implementing additional cost tiers to promote value-based benefits, full coverage for preventive services, coverage for weight management and tobacco cessation programs, and implementing benefit design to reduce barriers to care for members with chronic diseases. The Board implemented the Healthy Futures program to promote member participation in reducing health risks and improving overall health status.

Background information

OEGB Operational costs are funded entirely with Other Funds revenue through an administrative charge (assessment) added to medical and dental insurance premiums and premium equivalents. By statute, the assessment cannot exceed 2 percent of monthly contributions from employees and employers. Each month OEGB invoices its participating entities after reconciling eligibility, collecting premiums for all insured individuals. OEGB withholds the administrative assessment revenue and then purchases insurance with the remaining premium revenues. The resources to pay for employee health insurance is included in the State School Fund distribution. Once the premiums are collected by OEGB, they are shown as 100 percent Other Funds in OEGB's budget.

The Operations Budget is approximately 1 percent of the Total Funds budget for OEGB. The core functions of OEGB Operations include administrative areas: communications, financial services, contracts, health policy, employee wellness, regulatory, IT systems and data management, and member services. In 2017, Senate Bill 1067 directed the merger of the administrative functions of OEGB and the Public Employees' Benefit Board (PEBB) under one executive director and leadership team. The boards have engaged in many joint initiatives since then and are currently building a joint eligibility and enrollment system. The board delegates many important functions to operations staff including:

Oregon Health Authority: Health Policy and Analytics

Oregon Educators Benefit Board

- Operational and administrative actions required to administer services to members and implement benefits (for example, rule-making authority)
- Other activities as determined by the chair and vice-chair
- Directing rate negotiations with vendors through OEGB's contracted consultant
- Directing contract negotiations for implementation and renewal of OEGB programs and benefits once the board has awarded contracts to successful vendors or has approved renewals of existing program contracts
- Authority to initiate contracts for specific services that fall under the not-to-exceed dollar amount threshold established in state procurement laws for direct contracting and informal procurements
- Authority to initiate transfer of excess reserve funds held by contracted carriers or refunds from contracted vendors to the OEGB Stabilization Fund
- Authority to pay claims, invoices, purchase orders, travel expenses, maintenance agreements and personal service agreements

Annual Renewal Process

Each year, the board begins an annual plan renewal process where benefit offerings are examined, premium rates are re-negotiated with carriers, administrative fees are projected, and final decisions are made by the board for the following plan year. Once the board finalizes renewal decisions and they are captured in renewal letters to carriers, the OEGB administrative team gets to work operationalizing their decisions:

- The Contracts team starts updating contracts.
- IT Systems staff begin work with contractors to implement changes in the OEGB benefits system (MyOEGB).
- The Communications team begins updating open enrollment materials with rates and benefit changes.
- Member Services staff readies for open enrollment, which is from August 15 to September 30.

Operating expenditures are mainly driven by personal services, consultant actuary costs, IT consultant/programming costs, attorney general costs and open enrollment and other costs.

Oregon Educators Benefit Board

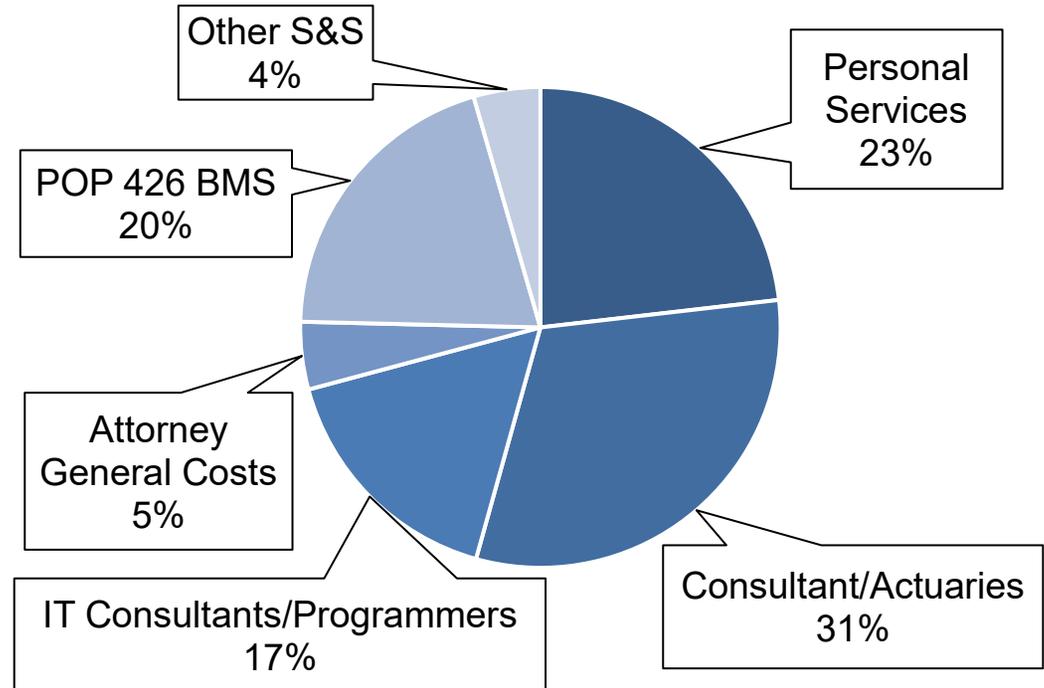
Revenue sources and changes

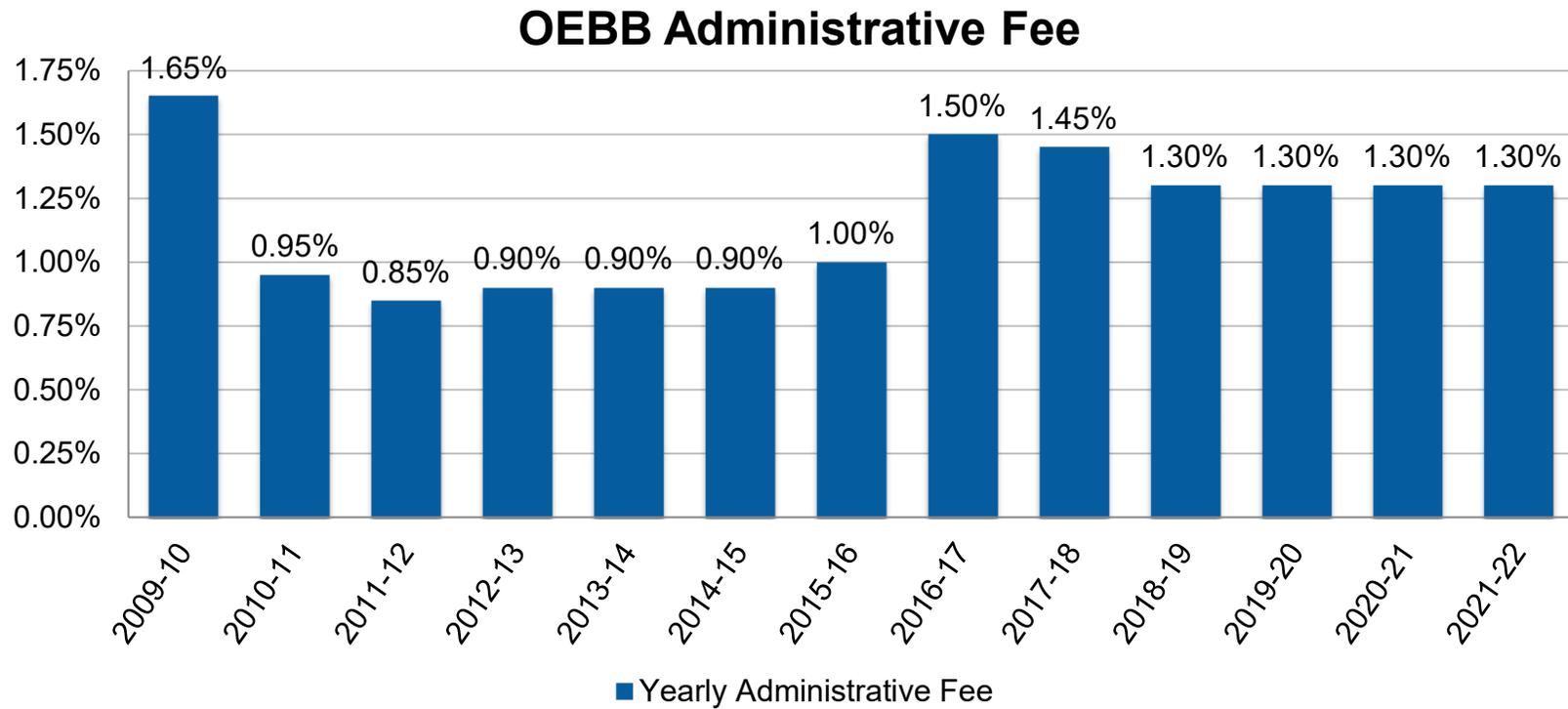
Oregon Revised Statute (ORS) 243.880 established the Oregon Educators Benefit Account to cover administration expenses. The account's revenue is generated through an administrative fee included in premiums for OEBB medical, dental and vision benefits, which is considered Other Funds revenue. By statute, the administrative fee cannot exceed 2 percent of total monthly premiums. ORS 243.882 prohibits the balance in the account from exceeding 5 percent of the monthly total of employer and employee contributions for more than 120 days.

In recent years, the administrative fee was not an adequate source of revenue to cover the development of the Benefit Management System (BMS) project and the increase in system programming costs. A main goal of the boards was to construct the new BMS without having to borrow the funds to do it. Consultant costs have also increased from prior years driven by the passage of Senate Bill 1067 (2017) and funding the work of the joint PEBB/OEBB Innovation Work Group (IWG) and joint Health Equity Work Group. These investments will end

up saving the state money over the long term by becoming more efficient and having better data to make more informed decisions. As the new system development project ends and the old system is phased out, the administrative fee is likely to decrease back closer to 1 percent.

OEBB Operating Budget



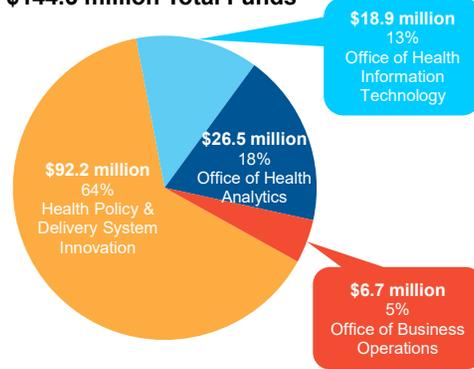


Proposed new laws that apply to the program unit

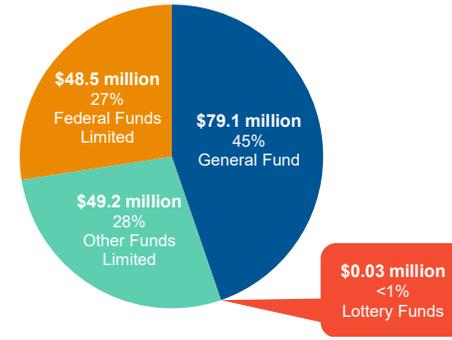
None.

Oregon Health Authority 2021-23 Legislatively Approved Budget

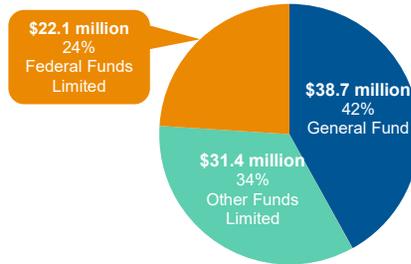
Health Policy & Analytics by Program
\$144.3 million Total Funds



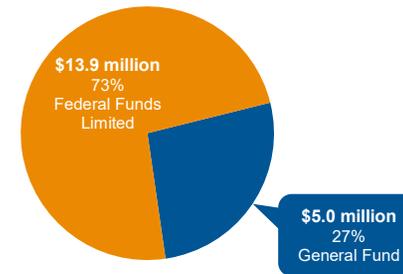
Health Policy & Analytics by Fund Type
\$144.3 million Total Funds



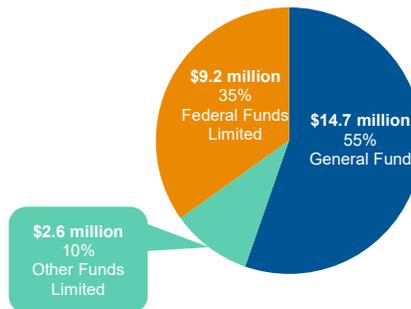
Health Policy & Delivery System Innovation by Fund Type
\$92.2 million Total Funds



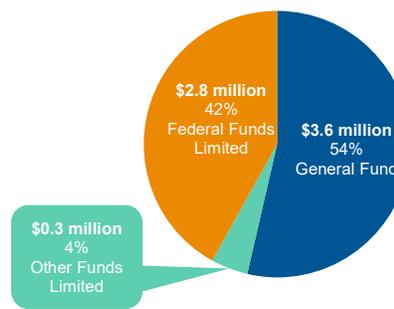
Office of Health Information Technology by Fund Type
\$18.9 million Total Funds



Office of Health Analytics by Fund Type
\$26.5 million Total Funds

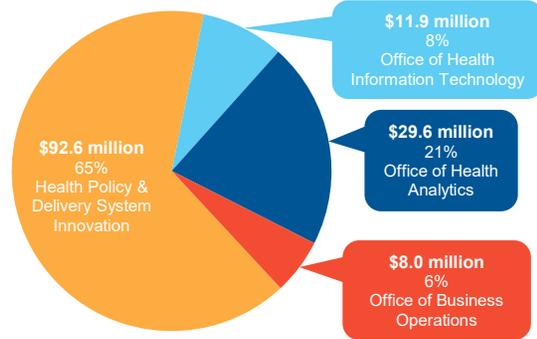


Office of Business Operations by Fund Type
\$6.7 million Total Funds

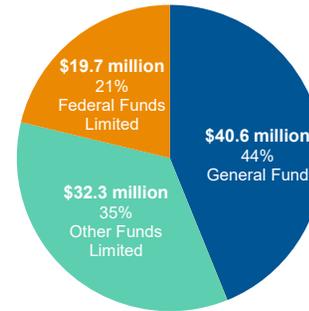


Oregon Health Authority 2023-25 Agency Request Budget

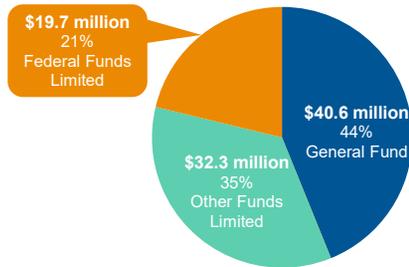
Health Policy & Analytics by Program
\$314.8 million Total Funds



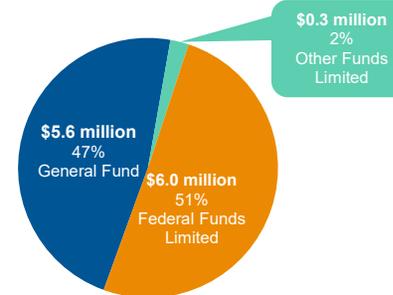
Health Policy & Analytics by Fund Type
\$29.6 million Total Funds



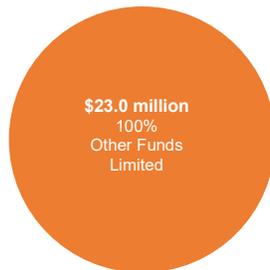
Health Policy & Delivery System Innovation by Fund Type
\$92.6 million Total Funds



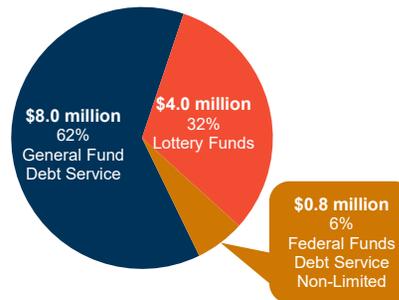
Office of Health Information Technology by Fund Type
\$11.9 million Total Funds



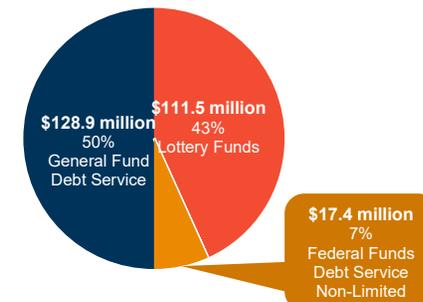
PEBB Operations by Fund Type
\$23.0 million Total Funds



Office of Business Operations by Fund Type
\$8.0 million Total Funds



Oregon Health Insurance Marketplace by Fund Type
\$128.9 million Total Funds



ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	149,570	-	-	-	-	-	149,570
Other Revenues	-	-	(65,772)	-	-	-	(65,772)
Federal Funds	-	-	-	234,619	-	-	234,619
Total Revenues	\$149,570	-	(\$65,772)	\$234,619	-	-	\$318,417

Personal Services

Temporary Appointments	2,481	-	2,013	19,992	-	-	24,486
Overtime Payments	292	-	677	297	-	-	1,266
Shift Differential	-	-	-	4,418	-	-	4,418
All Other Differential	2,549	-	1,952	2,550	-	-	7,051
Public Employees' Retire Cont	509	-	471	1,302	-	-	2,282
Pension Obligation Bond	109,219	-	(22,936)	52,634	-	-	138,917
Social Security Taxes	407	-	355	2,085	-	-	2,847
Paid Family Medical Leave Insurance	11	-	10	29	-	-	50
Vacancy Savings	34,102	-	(48,314)	151,312	-	-	137,100
Total Personal Services	\$149,570	-	(\$65,772)	\$234,619	-	-	\$318,417

Services & Supplies

Instate Travel	-	-	-	-	-	-	-
Employee Training	-	-	-	-	-	-	-
Office Expenses	-	-	-	-	-	-	-
Telecommunications	-	-	-	-	-	-	-
Professional Services	-	-	-	-	-	-	-
Intra-agency Charges	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Other Services and Supplies	-	-	-	-	-	-	-
IT Expendable Property	-	-	-	-	-	-	-
Total Services & Supplies	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	149,570	-	(65,772)	234,619	-	-	318,417
Total Expenditures	\$149,570	-	(\$65,772)	\$234,619	-	-	\$318,417
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,617,643	-	-	-	-	-	1,617,643
Federal Funds	-	-	-	597,012	-	-	597,012
Total Revenues	\$1,617,643	-	-	\$597,012	-	-	\$2,214,655
Personal Services							
Class/Unclass Sal. and Per Diem	927,081	-	-	288,198	-	-	1,215,279
Empl. Rel. Bd. Assessments	313	-	-	127	-	-	440
Public Employees' Retire Cont	166,136	-	-	51,645	-	-	217,781
Social Security Taxes	70,924	-	-	22,049	-	-	92,973
Paid Family Medical Leave Insurance	3,709	-	-	1,153	-	-	4,862
Worker's Comp. Assess. (WCD)	271	-	-	110	-	-	381
Flexible Benefits	234,300	-	-	94,050	-	-	328,350
Total Personal Services	\$1,402,734	-	-	\$457,332	-	-	\$1,860,066
Services & Supplies							
Instate Travel	9,130	-	-	8,999	-	-	18,129
Employee Training	2,512	-	-	2,471	-	-	4,983
Office Expenses	17,371	-	-	17,119	-	-	34,490
Telecommunications	5,684	-	-	5,596	-	-	11,280
Professional Services	144,704	-	-	72,896	-	-	217,600
Agency Program Related S and S	8,925	-	-	-	-	-	8,925
Intra-agency Charges	23,948	-	-	28,593	-	-	52,541
Other Services and Supplies	1,585	-	-	1,556	-	-	3,141

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	1,050	-	-	2,450	-	-	3,500
Total Services & Supplies	\$214,909	-	-	\$139,680	-	-	\$354,589
Total Expenditures							
Total Expenditures	1,617,643	-	-	597,012	-	-	2,214,655
Total Expenditures	\$1,617,643	-	-	\$597,012	-	-	\$2,214,655
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							18
Total Positions	-	-	-	-	-	-	18
Total FTE							
Total FTE							8.33
Total FTE	-	-	-	-	-	-	8.33

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(19,226,672)	-	-	-	-	-	(19,226,672)
Federal Funds	-	-	-	(13,979,403)	-	-	(13,979,403)
Total Revenues	(\$19,226,672)	-	-	(\$13,979,403)	-	-	(\$33,206,075)
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	(1,165,608)	-	-	(1,165,608)
Temporary Appointments	-	-	-	(539,516)	-	-	(539,516)
Empl. Rel. Bd. Assessments	-	-	-	(318)	-	-	(318)
Public Employees' Retire Cont	-	-	-	(208,877)	-	-	(208,877)
Social Security Taxes	-	-	-	(130,443)	-	-	(130,443)
Paid Family Medical Leave Insurance	-	-	-	(4,662)	-	-	(4,662)
Worker's Comp. Assess. (WCD)	-	-	-	(276)	-	-	(276)
Flexible Benefits	-	-	-	(237,600)	-	-	(237,600)
Total Personal Services	-	-	-	(\$2,287,300)	-	-	(\$2,287,300)
Services & Supplies							
Instate Travel	(17,273)	-	-	(43,878)	-	-	(61,151)
Employee Training	(4,753)	-	-	(1,072)	-	-	(5,825)
Office Expenses	(32,871)	-	-	(19,376)	-	-	(52,247)
Telecommunications	(10,743)	-	-	(2,423)	-	-	(13,166)
Publicity and Publications	(24,778)	-	-	-	-	-	(24,778)
Professional Services	(19,104,690)	-	-	(3,431,858)	-	-	(22,536,548)
IT Professional Services	(2)	-	-	(1,341,939)	-	-	(1,341,941)
Agency Program Related S and S	-	-	-	(45,455)	-	-	(45,455)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Intra-agency Charges	(25,665)	-	-	(172,921)	-	-	(198,586)
Other Services and Supplies	(2,990)	-	-	(43,658)	-	-	(46,648)
Expendable Prop 250 - 5000	(2,584)	-	-	-	-	-	(2,584)
IT Expendable Property	(323)	-	-	(323)	-	-	(646)
Total Services & Supplies	(\$19,226,672)	-	-	(\$5,102,903)	-	-	(\$24,329,575)
Special Payments							
Other Special Payments	-	-	-	(6,589,200)	-	-	(6,589,200)
Total Special Payments	-	-	-	(\$6,589,200)	-	-	(\$6,589,200)
Total Expenditures							
Total Expenditures	(19,226,672)	-	-	(13,979,403)	-	-	(33,206,075)
Total Expenditures	(\$19,226,672)	-	-	(\$13,979,403)	-	-	(\$33,206,075)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							(6)
Total Positions	-	-	-	-	-	-	(6)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							(6.00)
Total FTE	-	-	-	-	-	-	(6.00)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,856,568	-	-	-	-	-	1,856,568
Other Revenues	-	-	1,940,989	-	-	-	1,940,989
Federal Funds	-	-	-	1,355,784	-	-	1,355,784
Tsfr From Administrative Svcs	-	1,091	-	-	-	-	1,091
Total Revenues	\$1,856,568	\$1,091	\$1,940,989	\$1,355,784	-	-	\$5,154,432

Services & Supplies

Instate Travel	14,209	-	6,246	14,825	-	-	35,280
Out of State Travel	3,518	-	2,017	3,998	-	-	9,533
Employee Training	2,541	-	2,675	3,086	-	-	8,302
Office Expenses	16,592	-	10,797	17,429	-	-	44,818
Telecommunications	6,290	-	15,862	9,380	-	-	31,532
Data Processing	932	-	377	1,045	-	-	2,354
Publicity and Publications	15	-	123,913	27	-	-	123,955
Professional Services	856,326	-	240,242	901,651	-	-	1,998,219
IT Professional Services	124,402	-	282,166	308,198	-	-	714,766
Attorney General	21,835	-	13,158	21,925	-	-	56,918
Employee Recruitment and Develop	-	-	91	-	-	-	91
Dues and Subscriptions	139	-	712	78	-	-	929
Facilities Rental and Taxes	6,054	-	-	-	-	-	6,054
Agency Program Related S and S	1,452	-	5	3,724	-	-	5,181
Intra-agency Charges	20,824	-	16,971	3,940	-	-	41,735
Other Services and Supplies	3,447	1,091	1,787	3,005	-	-	9,330
Expendable Prop 250 - 5000	2,419	-	666	935	-	-	4,020

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Expendable Property	1,096	-	2,527	1,242	-	-	4,865
Total Services & Supplies	\$1,082,091	\$1,091	\$720,212	\$1,294,488	-	-	\$3,097,882
Special Payments							
Dist to Non-Gov Units	-	-	1,051,080	61,296	-	-	1,112,376
Dist to Individuals	-	-	23,006	-	-	-	23,006
Other Special Payments	774,477	-	146,691	-	-	-	921,168
Total Special Payments	\$774,477	-	\$1,220,777	\$61,296	-	-	\$2,056,550
Total Expenditures							
Total Expenditures	1,856,568	1,091	1,940,989	1,355,784	-	-	5,154,432
Total Expenditures	\$1,856,568	\$1,091	\$1,940,989	\$1,355,784	-	-	\$5,154,432
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(1,153,827)	-	-	-	-	-	(1,153,827)
Other Revenues	-	-	1,153,827	-	-	-	1,153,827
Total Revenues	(\$1,153,827)	-	\$1,153,827	-	-	-	-
Personal Services							
Class/Unclass Sal. and Per Diem	(725,328)	-	725,328	-	-	-	-
Empl. Rel. Bd. Assessments	(212)	-	212	-	-	-	-
Public Employees' Retire Cont	(129,980)	-	129,980	-	-	-	-
Social Security Taxes	(55,488)	-	55,488	-	-	-	-
Paid Family Medical Leave Insurance	(2,901)	-	2,901	-	-	-	-
Worker's Comp. Assess. (WCD)	(184)	-	184	-	-	-	-
Flexible Benefits	(158,400)	-	158,400	-	-	-	-
Total Personal Services	(\$1,072,493)	-	\$1,072,493	-	-	-	-
Services & Supplies							
Instate Travel	(12,987)	-	12,987	-	-	-	-
Employee Training	(3,572)	-	3,572	-	-	-	-
Office Expenses	(24,712)	-	24,712	-	-	-	-
Telecommunications	(8,082)	-	8,082	-	-	-	-
Agency Program Related S and S	(27,041)	-	27,041	-	-	-	-
Other Services and Supplies	(2,247)	-	2,247	-	-	-	-
Expendable Prop 250 - 5000	(2,693)	-	2,693	-	-	-	-
Total Services & Supplies	(\$81,334)	-	\$81,334	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	(1,153,827)	-	1,153,827	-	-	-	-
Total Expenditures	(\$1,153,827)	-	\$1,153,827	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	36,393,102	-	-	-	36,393,102
Total Revenues	-	-	\$36,393,102	-	-	-	\$36,393,102
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	7,509,118	-	-	-	7,509,118
Temporary Appointments	-	-	60,524	-	-	-	60,524
All Other Differential	-	-	103,246	-	-	-	103,246
Empl. Rel. Bd. Assessments	-	-	2,093	-	-	-	2,093
Public Employees' Retire Cont	-	-	1,361,806	-	-	-	1,361,806
Pension Obligation Bond	-	-	402,108	-	-	-	402,108
Social Security Taxes	-	-	580,713	-	-	-	580,713
Paid Family Medical Leave Insurance	-	-	29,315	-	-	-	29,315
Worker's Comp. Assess. (WCD)	-	-	1,817	-	-	-	1,817
Flexible Benefits	-	-	1,564,200	-	-	-	1,564,200
Total Personal Services	-	-	\$11,614,940	-	-	-	\$11,614,940
Services & Supplies							
Instate Travel	-	-	108,309	-	-	-	108,309
Out of State Travel	-	-	5,273	-	-	-	5,273
Employee Training	-	-	49,251	-	-	-	49,251
Office Expenses	-	-	414,691	-	-	-	414,691
Telecommunications	-	-	236,673	-	-	-	236,673
Publicity and Publications	-	-	1,120,983	-	-	-	1,120,983
Professional Services	-	-	12,202,886	-	-	-	12,202,886

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Professional Services	-	-	8,811,790	-	-	-	8,811,790
Attorney General	-	-	1,579,879	-	-	-	1,579,879
Employee Recruitment and Develop	-	-	15,229	-	-	-	15,229
Dues and Subscriptions	-	-	12,842	-	-	-	12,842
Agency Program Related S and S	-	-	38,000	-	-	-	38,000
Intra-agency Charges	-	-	27,146	-	-	-	27,146
Other Services and Supplies	-	-	35,843	-	-	-	35,843
Expendable Prop 250 - 5000	-	-	100,999	-	-	-	100,999
IT Expendable Property	-	-	18,368	-	-	-	18,368
Total Services & Supplies	-	-	\$24,778,162	-	-	-	\$24,778,162
Total Expenditures							
Total Expenditures	-	-	36,393,102	-	-	-	36,393,102
Total Expenditures	-	-	\$36,393,102	-	-	-	\$36,393,102
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions	-	-	-	-	-	-	40
Total Positions	-	-	-	-	-	-	40

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 060 - Technical Adjustments

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							39.50
Total FTE	-	-	-	-	-	-	39.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 070 - Revenue Shortfalls

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	(1,153,827)	-	-	-	(1,153,827)
Total Revenues	-	-	(\$1,153,827)	-	-	-	(\$1,153,827)
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	(725,328)	-	-	-	(725,328)
All Other Differential	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	(212)	-	-	-	(212)
Public Employees' Retire Cont	-	-	(129,980)	-	-	-	(129,980)
Social Security Taxes	-	-	(55,488)	-	-	-	(55,488)
Paid Family Medical Leave Insurance	-	-	(2,901)	-	-	-	(2,901)
Worker's Comp. Assess. (WCD)	-	-	(184)	-	-	-	(184)
Flexible Benefits	-	-	(158,400)	-	-	-	(158,400)
Total Personal Services	-	-	(\$1,072,493)	-	-	-	(\$1,072,493)
Services & Supplies							
Instate Travel	-	-	(12,987)	-	-	-	(12,987)
Employee Training	-	-	(3,572)	-	-	-	(3,572)
Office Expenses	-	-	(24,712)	-	-	-	(24,712)
Telecommunications	-	-	(8,082)	-	-	-	(8,082)
Agency Program Related S and S	-	-	(27,041)	-	-	-	(27,041)
Other Services and Supplies	-	-	(2,247)	-	-	-	(2,247)
Expendable Prop 250 - 5000	-	-	(2,693)	-	-	-	(2,693)
Total Services & Supplies	-	-	(\$81,334)	-	-	-	(\$81,334)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 070 - Revenue Shortfalls

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	(1,153,827)	-	-	-	(1,153,827)
Total Expenditures	-	-	(\$1,153,827)	-	-	-	(\$1,153,827)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							(4)
Total Positions	-	-	-	-	-	-	(4)
Total FTE							
Total FTE							(4.00)
Total FTE	-	-	-	-	-	-	(4.00)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	112,811,114	-	-	-	-	-	112,811,114
Total Revenues	\$112,811,114	-	-	-	-	-	\$112,811,114
Personal Services							
Class/Unclass Sal. and Per Diem	1,019,904	-	-	-	-	-	1,019,904
Empl. Rel. Bd. Assessments	354	-	-	-	-	-	354
Public Employees' Retire Cont	182,765	-	-	-	-	-	182,765
Social Security Taxes	78,025	-	-	-	-	-	78,025
Paid Family Medical Leave Insurance	4,078	-	-	-	-	-	4,078
Worker's Comp. Assess. (WCD)	311	-	-	-	-	-	311
Flexible Benefits	265,650	-	-	-	-	-	265,650
Total Personal Services	\$1,551,087	-	-	-	-	-	\$1,551,087
Services & Supplies							
Instate Travel	21,778	-	-	-	-	-	21,778
Employee Training	6,592	-	-	-	-	-	6,592
Office Expenses	41,439	-	-	-	-	-	41,439
Telecommunications	13,551	-	-	-	-	-	13,551
Publicity and Publications	30,960	-	-	-	-	-	30,960
Professional Services	20,104,255	-	-	-	-	-	20,104,255
Attorney General	1,000,000	-	-	-	-	-	1,000,000
Intra-agency Charges	35,587	-	-	-	-	-	35,587
Other Services and Supplies	3,765	-	-	-	-	-	3,765

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 202 - Basic Health Program

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	2,100	-	-	-	-	-	2,100
Total Services & Supplies	\$21,260,027	-	-	-	-	-	\$21,260,027
Special Payments							
Other Special Payments	90,000,000	-	-	-	-	-	90,000,000
Total Special Payments	\$90,000,000	-	-	-	-	-	\$90,000,000
Total Expenditures							
Total Expenditures	112,811,114	-	-	-	-	-	112,811,114
Total Expenditures	\$112,811,114	-	-	-	-	-	\$112,811,114
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							3
Total Positions	-	-	-	-	-	-	3
Total FTE							
Total FTE							6.71
Total FTE	-	-	-	-	-	-	6.71

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 403 - REALD & SOGI Implmnt: Getting to Data Justice

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	347,916	-	-	-	-	-	347,916
Other Revenues	-	-	-	-	-	-	-
Federal Funds	-	-	-	(97,635)	-	-	(97,635)
Total Revenues	\$347,916	-	-	(\$97,635)	-	-	\$250,281
Personal Services							
Class/Unclass Sal. and Per Diem	205,710	-	-	(60,990)	-	-	144,720
All Other Differential	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	71	-	-	(21)	-	-	50
Public Employees' Retire Cont	36,863	-	-	(10,930)	-	-	25,933
Social Security Taxes	15,736	-	-	(4,667)	-	-	11,069
Paid Family Medical Leave Insurance	823	-	-	(244)	-	-	579
Worker's Comp. Assess. (WCD)	62	-	-	(18)	-	-	44
Flexible Benefits	54,450	-	-	(14,850)	-	-	39,600
Total Personal Services	\$313,715	-	-	(\$91,720)	-	-	\$221,995
Services & Supplies							
Instate Travel	4,464	-	-	(1,218)	-	-	3,246
Employee Training	1,227	-	-	(336)	-	-	891
Office Expenses	8,493	-	-	(2,319)	-	-	6,174
Telecommunications	2,776	-	-	(759)	-	-	2,017
Food and Kitchen Supplies	-	-	-	-	-	-	-
Intra-agency Charges	15,070	-	-	(1,070)	-	-	14,000
Other Services and Supplies	771	-	-	(213)	-	-	558

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 403 - REALD & SOGI Implmnt: Getting to Data Justice

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	1,400	-	-	-	-	-	1,400
Total Services & Supplies	\$34,201	-	-	(\$5,915)	-	-	\$28,286
Total Expenditures							
Total Expenditures	347,916	-	-	(97,635)	-	-	250,281
Total Expenditures	\$347,916	-	-	(\$97,635)	-	-	\$250,281
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							(1)
Total Positions	-	-	-	-	-	-	(1)
Total FTE							
Total FTE							1.00
Total FTE	-	-	-	-	-	-	1.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 414 - Early & Periodic Screening, Diagnosis & Trmnt

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	206,442	-	-	-	-	-	206,442
Federal Funds	-	-	-	206,442	-	-	206,442
Total Revenues	\$206,442	-	-	\$206,442	-	-	\$412,884
Personal Services							
Class/Unclass Sal. and Per Diem	125,820	-	-	125,820	-	-	251,640
Empl. Rel. Bd. Assessments	40	-	-	40	-	-	80
Public Employees' Retire Cont	22,548	-	-	22,548	-	-	45,096
Social Security Taxes	9,626	-	-	9,626	-	-	19,252
Paid Family Medical Leave Insurance	504	-	-	504	-	-	1,008
Worker's Comp. Assess. (WCD)	34	-	-	34	-	-	68
Flexible Benefits	29,700	-	-	29,700	-	-	59,400
Total Personal Services	\$188,272	-	-	\$188,272	-	-	\$376,544
Services & Supplies							
Instate Travel	2,436	-	-	2,436	-	-	4,872
Employee Training	670	-	-	670	-	-	1,340
Office Expenses	4,634	-	-	4,634	-	-	9,268
Telecommunications	1,516	-	-	1,516	-	-	3,032
Intra-agency Charges	7,792	-	-	7,792	-	-	15,584
Other Services and Supplies	422	-	-	422	-	-	844
Expendable Prop 250 - 5000	700	-	-	700	-	-	1,400
Total Services & Supplies	\$18,170	-	-	\$18,170	-	-	\$36,340

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 414 - Early & Periodic Screening, Diagnosis & Trmnt

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	206,442	-	-	206,442	-	-	412,884
Total Expenditures	\$206,442	-	-	\$206,442	-	-	\$412,884
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							1.50
Total FTE	-	-	-	-	-	-	1.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 416 - Marketplace Transition from SBM-FP to SBM

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	1,274,187	-	-	-	1,274,187
Total Revenues	-	-	\$1,274,187	-	-	-	\$1,274,187
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	99,054	-	-	-	99,054
Temporary Appointments	-	-	785,677	-	-	-	785,677
Empl. Rel. Bd. Assessments	-	-	39	-	-	-	39
Public Employees' Retire Cont	-	-	17,750	-	-	-	17,750
Social Security Taxes	-	-	67,682	-	-	-	67,682
Paid Family Medical Leave Insurance	-	-	396	-	-	-	396
Worker's Comp. Assess. (WCD)	-	-	34	-	-	-	34
Flexible Benefits	-	-	29,700	-	-	-	29,700
Total Personal Services	-	-	\$1,000,332	-	-	-	\$1,000,332
Services & Supplies							
Instate Travel	-	-	2,435	-	-	-	2,435
Employee Training	-	-	6,519	-	-	-	6,519
Office Expenses	-	-	4,634	-	-	-	4,634
Telecommunications	-	-	1,515	-	-	-	1,515
Professional Services	-	-	250,000	-	-	-	250,000
Intra-agency Charges	-	-	7,630	-	-	-	7,630
Other Services and Supplies	-	-	422	-	-	-	422

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 416 - Marketplace Transition from SBM-FP to SBM

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	-	-	700	-	-	-	700
Total Services & Supplies	-	-	\$273,855	-	-	-	\$273,855
Total Expenditures							
Total Expenditures	-	-	1,274,187	-	-	-	1,274,187
Total Expenditures	-	-	\$1,274,187	-	-	-	\$1,274,187
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.75
Total FTE	-	-	-	-	-	-	0.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 421 - Fee For Service Transformation

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	-	-	-	-	-
Empl. Rel. Bd. Assessments	-	-	-	-	-	-	-
Public Employees' Retire Cont	-	-	-	-	-	-	-
Social Security Taxes	-	-	-	-	-	-	-
Paid Family Medical Leave Insurance	-	-	-	-	-	-	-
Worker's Comp. Assess. (WCD)	-	-	-	-	-	-	-
Flexible Benefits	-	-	-	-	-	-	-
Total Personal Services	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							-
Total Positions	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 421 - Fee For Service Transformation

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							-
Total FTE	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 430 - Support for Health Care Market Oversight Pgm

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,240,524	-	-	-	-	-	1,240,524
Other Revenues	-	-	-	-	-	-	-
Total Revenues	\$1,240,524	-	-	-	-	-	\$1,240,524
Personal Services							
Class/Unclass Sal. and Per Diem	756,048	-	-	-	-	-	756,048
Empl. Rel. Bd. Assessments	212	-	-	-	-	-	212
Public Employees' Retire Cont	135,485	-	-	-	-	-	135,485
Social Security Taxes	57,838	-	-	-	-	-	57,838
Paid Family Medical Leave Insurance	3,023	-	-	-	-	-	3,023
Worker's Comp. Assess. (WCD)	184	-	-	-	-	-	184
Flexible Benefits	158,400	-	-	-	-	-	158,400
Total Personal Services	\$1,111,190	-	-	-	-	-	\$1,111,190
Services & Supplies							
Instate Travel	12,987	-	-	-	-	-	12,987
Employee Training	3,572	-	-	-	-	-	3,572
Office Expenses	24,712	-	-	-	-	-	24,712
Telecommunications	8,082	-	-	-	-	-	8,082
Attorney General	48,000	-	-	-	-	-	48,000
Agency Program Related S and S	27,041	-	-	-	-	-	27,041
Other Services and Supplies	2,247	-	-	-	-	-	2,247

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 430 - Support for Health Care Market Oversight Pgm

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	2,693	-	-	-	-	-	2,693
Total Services & Supplies	\$129,334	-	-	-	-	-	\$129,334
Total Expenditures							
Total Expenditures	1,240,524	-	-	-	-	-	1,240,524
Total Expenditures	\$1,240,524	-	-	-	-	-	\$1,240,524
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							4
Total Positions	-	-	-	-	-	-	4
Total FTE							
Total FTE							4.00
Total FTE	-	-	-	-	-	-	4.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 434 - Marketplace Outreach & Operations

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	526,331	-	-	-	526,331
Total Revenues	-	-	\$526,331	-	-	-	\$526,331
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	293,244	-	-	-	293,244
Empl. Rel. Bd. Assessments	-	-	131	-	-	-	131
Public Employees' Retire Cont	-	-	52,548	-	-	-	52,548
Social Security Taxes	-	-	22,434	-	-	-	22,434
Paid Family Medical Leave Insurance	-	-	1,173	-	-	-	1,173
Worker's Comp. Assess. (WCD)	-	-	114	-	-	-	114
Flexible Benefits	-	-	99,000	-	-	-	99,000
Total Personal Services	-	-	\$468,644	-	-	-	\$468,644
Services & Supplies							
Instate Travel	-	-	8,117	-	-	-	8,117
Employee Training	-	-	2,233	-	-	-	2,233
Office Expenses	-	-	15,446	-	-	-	15,446
Telecommunications	-	-	5,050	-	-	-	5,050
Intra-agency Charges	-	-	23,335	-	-	-	23,335
Other Services and Supplies	-	-	1,406	-	-	-	1,406
Expendable Prop 250 - 5000	-	-	2,100	-	-	-	2,100
Total Services & Supplies	-	-	\$57,687	-	-	-	\$57,687

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 434 - Marketplace Outreach & Operations

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	526,331	-	-	-	526,331
Total Expenditures	-	-	\$526,331	-	-	-	\$526,331
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							3
Total Positions	-	-	-	-	-	-	3
Total FTE							
Total FTE							2.50
Total FTE	-	-	-	-	-	-	2.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 435 - PEBB OEGB Benefits Mgt Sys Replacement

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	6,631,605	-	-	-	6,631,605
Total Revenues	-	-	\$6,631,605	-	-	-	\$6,631,605
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	266,814	-	-	-	266,814
Empl. Rel. Bd. Assessments	-	-	117	-	-	-	117
Public Employees' Retire Cont	-	-	47,814	-	-	-	47,814
Social Security Taxes	-	-	20,412	-	-	-	20,412
Paid Family Medical Leave Insurance	-	-	1,068	-	-	-	1,068
Worker's Comp. Assess. (WCD)	-	-	102	-	-	-	102
Flexible Benefits	-	-	89,100	-	-	-	89,100
Total Personal Services	-	-	\$425,427	-	-	-	\$425,427
Services & Supplies							
Instate Travel	-	-	7,305	-	-	-	7,305
Employee Training	-	-	2,010	-	-	-	2,010
Office Expenses	-	-	13,902	-	-	-	13,902
Telecommunications	-	-	4,545	-	-	-	4,545
Food and Kitchen Supplies	-	-	22,707	-	-	-	22,707
Other Services and Supplies	-	-	1,266	-	-	-	1,266
Expendable Prop 250 - 5000	-	-	2,100	-	-	-	2,100
IT Expendable Property	-	-	6,152,343	-	-	-	6,152,343
Total Services & Supplies	-	-	\$6,206,178	-	-	-	\$6,206,178

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 435 - PEBB OEGB Benefits Mgt Sys Replacement

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	6,631,605	-	-	-	6,631,605
Total Expenditures	-	-	\$6,631,605	-	-	-	\$6,631,605
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							3
Total Positions	-	-	-	-	-	-	3
Total FTE							
Total FTE							2.25
Total FTE	-	-	-	-	-	-	2.25

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 438 - Affordable Care Act (ACA) Employer Reporting

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	853,068	-	-	-	853,068
Total Revenues	-	-	\$853,068	-	-	-	\$853,068
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	124,740	-	-	-	124,740
Empl. Rel. Bd. Assessments	-	-	39	-	-	-	39
Public Employees' Retire Cont	-	-	22,353	-	-	-	22,353
Social Security Taxes	-	-	9,543	-	-	-	9,543
Paid Family Medical Leave Insurance	-	-	499	-	-	-	499
Worker's Comp. Assess. (WCD)	-	-	34	-	-	-	34
Flexible Benefits	-	-	29,700	-	-	-	29,700
Total Personal Services	-	-	\$186,908	-	-	-	\$186,908
Services & Supplies							
Instate Travel	-	-	2,435	-	-	-	2,435
Employee Training	-	-	670	-	-	-	670
Office Expenses	-	-	4,634	-	-	-	4,634
Telecommunications	-	-	1,515	-	-	-	1,515
Professional Services	-	-	648,000	-	-	-	648,000
Food and Kitchen Supplies	-	-	7,784	-	-	-	7,784
Other Services and Supplies	-	-	422	-	-	-	422
Expendable Prop 250 - 5000	-	-	700	-	-	-	700
Total Services & Supplies	-	-	\$666,160	-	-	-	\$666,160

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 438 - Affordable Care Act (ACA) Employer Reporting

Cross Reference Name: Health Policy & Analytics
 Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	853,068	-	-	-	853,068
Total Expenditures	-	-	\$853,068	-	-	-	\$853,068
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.75
Total FTE	-	-	-	-	-	-	0.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 442 - Children's Health Team

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,502,946	-	-	-	-	-	1,502,946
Other Revenues	-	-	15,428	-	-	-	15,428
Federal Funds	-	-	-	775,762	-	-	775,762
Total Revenues	\$1,502,946	-	\$15,428	\$775,762	-	-	\$2,294,136
Personal Services							
Class/Unclass Sal. and Per Diem	835,949	-	10,594	467,049	-	-	1,313,592
Empl. Rel. Bd. Assessments	278	-	3	160	-	-	441
Public Employees' Retire Cont	149,804	-	1,898	83,695	-	-	235,397
Social Security Taxes	63,951	-	810	35,730	-	-	100,491
Paid Family Medical Leave Insurance	3,343	-	42	1,868	-	-	5,253
Worker's Comp. Assess. (WCD)	242	-	2	137	-	-	381
Flexible Benefits	209,979	-	2,079	119,691	-	-	331,749
Total Personal Services	\$1,263,546	-	\$15,428	\$708,330	-	-	\$1,987,304
Services & Supplies							
Instate Travel	17,217	-	-	9,401	-	-	26,618
Out of State Travel	-	-	-	-	-	-	-
Employee Training	4,879	-	-	2,636	-	-	7,515
Office Expenses	32,763	-	-	17,884	-	-	50,647
Telecommunications	10,711	-	-	5,850	-	-	16,561
Professional Services	115,000	-	-	-	-	-	115,000
Intra-agency Charges	51,326	-	-	27,603	-	-	78,929
Other Services and Supplies	2,982	-	-	1,629	-	-	4,611

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 442 - Children's Health Team

Cross Reference Name: Health Policy & Analytics
Cross Reference Number: 44300-030-02-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	4,522	-	-	2,429	-	-	6,951
Total Services & Supplies	\$239,400	-	-	\$67,432	-	-	\$306,832
Total Expenditures							
Total Expenditures	1,502,946	-	15,428	775,762	-	-	2,294,136
Total Expenditures	\$1,502,946	-	\$15,428	\$775,762	-	-	\$2,294,136
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							10
Total Positions	-	-	-	-	-	-	10
Total FTE							
Total FTE							8.25
Total FTE	-	-	-	-	-	-	8.25

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Agency Request Budget

Package Number: 70

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1021275	1407671	134432	MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	0	7	9,264	-222,336	-97,440	-319,776	-1	-1.00
1021276	1407672	140244	OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,350	-152,400	-79,278	-231,678	-1	-1.00
1021277	1407673	140245	MMN X1163 A P	ECONOMIST 3	30	PF	0	3	6,930	-166,320	-82,892	-249,212	-1	-1.00
1021278	1407674	134158	OAH C1118 A P	RESEARCH ANALYST 4	30	PF	0	7	7,678	-184,272	-87,555	-271,827	-1	-1.00
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										-725,328	-347,165	-1,072,493		
Federal Funds										0	0	0		
Total Funds										-725,328	-347,165	-1,072,493	-4	-4.00

POS116 - Net Package Fiscal Impact Report

Health Policy & Analytics

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-0000

Agency Request Budget

Package Number: 202

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022314	1418502		MMN X0856 A P	PROJECT MANAGER 3	32	LF	24	3	7,630	114,450	54,534	168,984	0	0.62
1022315	1418532		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	LF	24	3	7,630	114,450	54,534	168,984	0	0.62
1022316	1418533		MMS X7010 A P	PRINCIPAL EXECUTIVE/MANAGER 35X	35X	LF	24	3	8,408	126,120	57,565	183,685	0	0.62
1022317	1418534		OAH C1117 A P	RESEARCH ANALYST 3	26	LF	24	3	5,256	78,840	45,287	124,127	0	0.62
1022318	1418535		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	LF	24	3	6,350	95,250	49,549	144,799	0	0.62
1022319	1418536		MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER 31X	31X	LP	15	3	6,930	27,720	13,816	41,536	0	0.17
1022320	1418537		OAH C0861 A P	PROGRAM ANALYST 2	27	LP	15	3	5,503	22,012	12,333	34,345	0	0.17
1022321	1418538		OAH C0861 A P	PROGRAM ANALYST 2	27	LP	15	3	5,503	22,012	12,333	34,345	0	0.17
1022322	1418551		OAH C0861 A P	PROGRAM ANALYST 2	27	LP	15	3	5,503	22,012	12,333	34,345	0	0.17
1022323	1418552		OAH C0862 A P	PROGRAM ANALYST 3	29	LP	15	3	6,051	24,204	12,903	37,107	0	0.17
1022324	1418553		OAH C1339 A P	TRAINING & DEVELOPMENT SPEC	27	LP	15	3	5,503	22,012	12,333	34,345	0	0.17
1022325	1418554		MMS X1445 I P	DATA RESOURCES MANAGER	35	LP	15	3	8,831	35,324	15,791	51,115	0	0.17
1022326	1418555		OAH C0862 A P	PROGRAM ANALYST 3	29	LP	15	3	6,051	24,204	12,903	37,107	0	0.17
1025422	1433092		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025423	1433093		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025425	1433095		OAH C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
General Funds										1,019,904	531,183	1,551,087		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										1,019,904	531,183	1,551,087	3	6.71

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Agency Request Budget

Package Number: 403

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022327	1418571		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	LF	0	3	7,630	-45,780	-21,816	-67,596	-1	-0.25
1022328	1418572		OAH C0872 A P	OPERATIONS & POLICY ANALYST 4	30	LF	0	3	6,350	-38,100	-19,822	-57,922	-1	-0.25
1022329	1418573		OAH C1118 A P	RESEARCH ANALYST 4	30	LF	0	3	6,350	-38,100	-19,822	-57,922	-1	-0.25
1024809	1432480		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024810	1432481		OAH C0872 A P	OPERATIONS & POLICY ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
General Funds										205,710	108,005	313,715		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										-60,990	-30,730	-91,720		
Total Funds										144,720	77,275	221,995	-1	1.00

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Agency Request Budget

Package Number: 414

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024925	1432595		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,444	202,784	1	0.75
1024926	1432596		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
General Funds										125,820	62,452	188,272		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										125,820	62,452	188,272		
Total Funds										251,640	124,904	376,544	2	1.50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025434	1433104		OAH C0871 A P	OPERATIONS & POLICY ANALYST	27	LF	18	3	5,503	99,054	55,497	154,551	1	0.75
				General Funds						0	0	0		
				Lottery Funds						0	0	0		
				Other Funds						99,054	55,497	154,551		
				Federal Funds						0	0	0		
				Total Funds						99,054	55,497	154,551	1	0.75

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1021275	1407671	134432	MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	24	7	9,264	222,336	97,440	319,776	1	1.00
1021277	1407673	140245	MMN X1163 A P	ECONOMIST 3	30	PF	24	3	6,930	166,320	82,892	249,212	1	1.00
1021278	1407674	134158	OAH C1118 A P	RESEARCH ANALYST 4	30	PF	24	7	7,678	184,272	87,555	271,827	1	1.00
1025540	1433251		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
General Funds										756,048	355,142	1,111,190		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										756,048	355,142	1,111,190	4	4.00

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024927	1432597		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1024928	1432598		OAH C0324 A P	PUBLIC SERVICE REPRESENTATIV	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
1024929	1432599		OAH C0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										293,244	175,400	468,644		
Federal Funds										0	0	0		
Total Funds										293,244	175,400	468,644	3	2.50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024930	1432600		MMN X0870 A P	OPERATIONS & POLICY ANALYST	23	LF	18	3	4,941	88,938	52,871	141,809	1	0.75
1024931	1432601		MMN X0870 A P	OPERATIONS & POLICY ANALYST	23	LF	18	3	4,941	88,938	52,871	141,809	1	0.75
1024932	1432602		MMN X0870 A P	OPERATIONS & POLICY ANALYST	23	LF	18	3	4,941	88,938	52,871	141,809	1	0.75
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										266,814	158,613	425,427		
Federal Funds										0	0	0		
Total Funds										266,814	158,613	425,427	3	2.25

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024933	1432603		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,930	124,740	62,168	186,908	1	0.75
				General Funds						0	0	0		
				Lottery Funds						0	0	0		
				Other Funds						124,740	62,168	186,908		
				Federal Funds						0	0	0		
				Total Funds						124,740	62,168	186,908	1	0.75

POS116 - Net Package Fiscal Impact Report

Health Policy & Analytics

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Agency Request Budget

Package Number: 442

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024934	1432604		MMS X7333 A P	HEALTH POLICY AND PROGRAM M	35X	PF	18	3	8,408	151,344	69,077	220,421	1	0.75
1024935	1432605		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024936	1432606		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024937	1432607		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024938	1432608		MMS X7333 A P	HEALTH POLICY AND PROGRAM M	35X	PF	18	3	8,408	177,072	80,818	257,890	1	0.75
1024939	1432609		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024940	1432610		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1024941	1432611		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,460	173,760	1	0.75
1024942	1432612		OAH C1117 A P	RESEARCH ANALYST 3	26	PF	18	3	5,256	94,608	54,344	148,952	1	0.75
1024943	1432613		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
General Funds										856,532	436,990	1,293,523		
Lottery Funds										0	0	0		
Other Funds										12,395	5,657	18,052		
Federal Funds										474,768	244,803	719,570		
Total Funds										1,343,695	687,450	2,031,145	10	8.25

POS116 - Net Package Fiscal Impact Report

Health Policy & Analytics

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Current Service Level

Package Number: 21

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022312	1418556		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
1022313	1418557		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1022314	1418502		MMN X0856 A P	PROJECT MANAGER 3	32	LF	0	3	7,630	68,670	32,721	101,391	1	0.38
1022315	1418532		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	LF	0	3	7,630	68,670	32,721	101,391	1	0.38
1022316	1418533		MMS X7010 A P	PRINCIPAL EXECUTIVE/MANAGER 35X	35	LF	0	3	8,408	75,672	34,539	110,211	1	0.38
1022317	1418534		OAH C1117 A P	RESEARCH ANALYST 3	26	LF	0	3	5,256	47,304	27,172	74,476	1	0.38
1022318	1418535		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	LF	0	3	6,350	57,150	29,729	86,879	1	0.38
1022319	1418536		MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER 31X	31	LF	0	3	6,930	76,230	37,992	114,222	1	0.46
1022320	1418537		OAH C0861 A P	PROGRAM ANALYST 2	27	LF	0	3	5,503	60,533	33,916	94,449	1	0.46
1022321	1418538		OAH C0861 A P	PROGRAM ANALYST 2	27	LF	0	3	5,503	60,533	33,916	94,449	1	0.46
1022322	1418551		OAH C0861 A P	PROGRAM ANALYST 2	27	LF	0	3	5,503	60,533	33,916	94,449	1	0.46
1022323	1418552		OAH C0862 A P	PROGRAM ANALYST 3	29	LF	0	3	6,051	66,561	35,481	102,042	1	0.46
1022324	1418553		OAH C1339 A P	TRAINING & DEVELOPMENT SPEC	27	LF	0	3	5,503	60,533	33,916	94,449	1	0.46
1022325	1418554		MMS X1445 I P	DATA RESOURCES MANAGER	35	LF	0	3	8,831	97,141	43,423	140,564	1	0.46
1022326	1418555		OAH C0862 A P	PROGRAM ANALYST 3	29	LF	0	3	6,051	66,561	35,481	102,042	1	0.46
1022327	1418571		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	LF	0	3	7,630	45,780	21,816	67,596	1	0.25
1022328	1418572		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	LF	0	3	6,350	38,100	19,822	57,922	1	0.25
1022329	1418573		OAH C1118 A P	RESEARCH ANALYST 4	30	LF	0	3	6,350	38,100	19,822	57,922	1	0.25
General Funds										927,081	475,653	1,402,734		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										288,198	169,134	457,332		
Total Funds										1,215,279	644,787	1,860,066	18	8.33

POS116 - Net Package Fiscal Impact Report

Health Policy & Analytics

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Current Service Level

Package Number: 22

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1019382	1376691	111747	OAH C0856 A P	PROJECT MANAGER 3	32	PF	0	9	9,293	-223,032	-97,620	-320,652	-1	-1.00
1019383	1376692	112309	MMS X7333 A P	HEALTH POLICY AND PROGRAM M	35X	PF	0	8	10,720	-257,280	-106,515	-363,795	-1	-1.00
1019384	1376693	112385	OAH C1118 A P	RESEARCH ANALYST 4	30	PF	0	3	6,350	-152,400	-79,278	-231,678	-1	-1.00
1019385	1376694	124008	MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	0	9	10,203	-244,872	-103,292	-348,164	-1	-1.00
1019386	1376695	111085	OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	8	5,019	-120,456	-70,982	-191,438	-1	-1.00
1019387	1376696	115951	OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	8	6,982	-167,568	-83,216	-250,784	-1	-1.00
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										-1,165,608	-540,903	-1,706,511		
Total Funds										-1,165,608	-540,903	-1,706,511	-6	-6.00

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1021275	1407671	134432	MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	0	7	9,264	0	0	0	0	0.00	
1021276	1407672	140244	OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,350	0	0	0	0	0.00	
1021277	1407673	140245	MMN X1163 A P	ECONOMIST 3	30	PF	0	3	6,930	0	0	0	0	0.00	
1021278	1407674	134158	OAH C1118 A P	RESEARCH ANALYST 4	30	PF	0	7	7,678	0	0	0	0	0.00	
										General Funds	0	0	0		
										Lottery Funds	0	0	0		
										Other Funds	0	0	0		
										Federal Funds	0	0	0		
										Total Funds	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Health Policy & Analytics

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-0000

Current Service Level

Package Number: 60

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
70142	731020	2819	UA C1243 A P	FISCAL ANALYST 1	23	PF	24	10	6,345	152,280	79,246	231,526	1	1.00
70186	731000	20483	UA C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	6	6,345	152,280	79,246	231,526	1	1.00
77064	731050	10146	MMN X0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	24	9	8,831	211,944	94,741	306,685	1	1.00
501041	1024160	25691	UA C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	24	3	3,481	83,544	61,395	144,939	1	1.00
501074	1024010	47660	UA C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	24	3	3,481	83,544	61,395	144,939	1	1.00
502121	1024150	66119	UA C1216 A P	ACCOUNTANT 1	23	PF	24	8	5,768	138,432	75,650	214,082	1	1.00
504371	1024120	56556	UA C0437 A P	PROCUREMENT & CONTRACT SPE	27	PF	24	9	7,322	175,728	85,335	261,063	1	1.00
504381	1024130	2304	UA C0438 A P	PROCUREMENT & CONTRACT SPE	29	PF	24	10	8,443	202,632	92,323	294,955	1	1.00
508122	1024070	24892	UA C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	1	5,014	120,336	70,950	191,286	1	1.00
508602	999480	20031	UA C0860 A P	PROGRAM ANALYST 1	23	PF	24	10	6,345	152,280	79,246	231,526	1	1.00
508661	1024140	28318	MMN X0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	24	9	8,831	211,944	94,741	306,685	1	1.00
508715	1092930	66247	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,930	166,320	82,892	249,212	1	1.00
508722	1022280	14913	UA C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	4	6,659	159,816	81,203	241,019	1	1.00
508723	1024110	66118	UA C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	10	8,865	212,760	94,953	307,713	1	1.00
508733	1092920	66246	UA C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	6	7,322	175,728	85,335	261,063	1	1.00
510810	1022270	66104	MENN Z0119 A P	EXECUTIVE SUPPORT SPECIALIST	20	PF	24	9	5,700	136,800	75,226	212,026	1	1.00
510812	1024020	7172	UA C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	8	4,891	117,384	70,184	187,568	1	1.00
510813	1024030	25001	UA C0870 A P	OPERATIONS & POLICY ANALYST 2	23	PF	24	10	6,345	152,280	79,246	231,526	1	1.00
510814	1024040	24979	UA C0870 A P	OPERATIONS & POLICY ANALYST 2	23	PF	24	10	6,345	152,280	79,246	231,526	1	1.00
510815	1024050	5518	UA C0870 A P	OPERATIONS & POLICY ANALYST 2	23	PF	24	3	4,553	109,272	68,077	177,349	1	1.00
512452	1024090	20774	MMN X1245 A P	FISCAL ANALYST 3	30	PF	24	9	9,264	222,336	97,440	319,776	1	1.00
570102	1022290	3488	MMS X7083 A P	BUSINESS OPERATIONS MANAGER	35X	PF	24	10	11,802	283,248	113,188	396,436	1	1.00
570123	1022310	66105	MESN Z7332 A P	HEALTH POLICY AND PROGRAM A	38X	PF	24	10	13,661	327,864	122,497	450,361	1	1.00
570802	1024100	22156	MMS X7334 A P	HEALTH POLICY AND PROGRAM M	33X	PF	24	10	10,720	257,280	106,515	363,795	1	1.00
575001	1027440	51518	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575002	1027450	26120	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575003	1164600	66398	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575004	1027470	36294	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575005	1027480	57787	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575006	1027490	66129	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575007	1027500	28037	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575008	1027510	32626	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
575009	1027520	41159	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00

POS116 - Net Package Fiscal Impact Report

Health Policy & Analytics

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Current Service Level

Package Number: 60

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
575010	1027530	43989	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
585203	874980	17119	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	9	10,203	244,872	103,292	348,164	1	1.00
701081	730950	22639	UA C0860 A P	PROGRAM ANALYST 1	23	PF	24	7	5,501	132,024	73,986	206,010	1	1.00
701084	730980	65231	UA C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	24	8	6,977	167,448	83,186	250,634	1	1.00
701191	730930	47896	UA C0860 A P	PROGRAM ANALYST 1	23	PF	24	10	6,345	152,280	79,246	231,526	1	1.00
712161	1095210	14280	UA C1216 A P	ACCOUNTANT 1	23	PP	12	10	6,345	76,140	39,623	115,763	1	0.50
770061	730940	4878	MMS X7334 A P	HEALTH POLICY AND PROGRAM M	33X	PF	24	10	10,720	257,280	106,515	363,795	1	1.00
770062	731030	22722	UA C0856 A P	PROJECT MANAGER 3	32	PF	24	10	9,752	234,048	100,481	334,529	1	1.00
775001	1135010	4444	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775002	1135030	66368	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775003	1135040	43679	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775004	1135060	30714	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775005	1135090	43678	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775006	1135100	36197	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775007	1135110	39565	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775008	1135120	66369	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775009	1135130	16674	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
775010	1135140	8723	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	1	0	1	0	0.00
1013289	1248990	41205	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
1013290	1249000	51519	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	720	55	775	0	0.00
1013301	1252710	11851	UA C0860 A P	PROGRAM ANALYST 1	23	PF	24	10	6,345	152,280	79,246	231,526	1	1.00
1013364	1251400	7692	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	9	10,203	244,872	103,292	348,164	1	1.00
1013365	1251430	2128	UA C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	10	5,367	128,808	73,150	201,958	1	1.00
1013367	1251650	23455	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	9	10,203	244,872	103,292	348,164	1	1.00
1014081	1264510	4919	MESN Z7331 A P	HEALTH POLICY AND PROGRAM A	40X	PF	24	10	15,046	361,104	128,936	490,040	1	1.00
1014092	1264050	13548	UA C0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	10	9,752	234,048	100,481	334,529	1	1.00
1017108	1342290	107626	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	24	9	9,264	222,336	97,440	319,776	1	1.00
1017111	1342320	107623	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	24	9	10,203	244,872	103,292	348,164	1	1.00

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Cross Reference Number: 44300-030-02-00-00000

Current Service Level

Package Number: 60

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
3700004	1164630	9003	MMS X7010 A P	PRINCIPAL EXECUTIVE/MANAGER	35X	PF	24	7	10,203	244,872	103,292	348,164	1	1.00
				General Funds						0	0	0		
				Lottery Funds						0	0	0		
				Other Funds						7,509,118	3,509,680	11,018,798		
				Federal Funds						0	0	0		
				Total Funds						7,509,118	3,509,680	11,018,798	40	39.50

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-02-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Lottery Funds						
Transfer In - Intrafund	24,285	-	-	-	-	-
Tsfr From Administrative Svcs	-	25,983	25,983	27,074	-	-
Total Lottery Funds	\$24,285	\$25,983	\$25,983	\$27,074	-	-
Other Funds						
Non-business Lic. and Fees	112,000	-	-	-	-	-
Admin and Service Charges	-	-	-	43,877,775	-	-
Interest Income	816,026	-	-	-	-	-
Other Revenues	5,045,806	31,816,924	32,519,629	36,860,548	-	-
Tsfr From Administrative Svcs	1,600,798	80,000,000	1,089,775	1,089,775	-	-
Tsfr From Mental Health Reg Agy	26,404	30,974	30,974	34,981	-	-
Tsfr From Licensed Social Wkrs	21,384	22,000	22,000	22,000	-	-
Tsfr From Consumer/Bus Svcs	-	14,870,281	14,870,281	14,870,281	-	-
Tsfr From Oregon Health Authority	17,679,706	-	-	-	-	-
Tsfr From Chiropractic Exam, Bd	10,576	11,600	11,600	11,600	-	-
Tsfr From Health Rel Lic Bds	44,704	44,707	44,707	45,000	-	-
Tsfr From Board of Dentistry	29,660	40,000	40,000	40,000	-	-
Tsfr From Oregon Medical Board	85,594	89,105	89,105	94,689	-	-
Tsfr From Nursing, Bd of	309,744	430,000	430,000	430,000	-	-
Tsfr From Board of Pharmacy	54,348	65,120	65,120	75,320	-	-
Total Other Funds	\$25,836,750	\$127,420,711	\$49,213,191	\$97,451,969	-	-
Federal Funds						
Federal Funds	47,907,885	46,714,223	48,523,195	38,758,108	-	-
Tsfr To HECC	(20,000)	-	-	-	-	-
Total Federal Funds	\$47,887,885	\$46,714,223	\$48,523,195	\$38,758,108	-	-

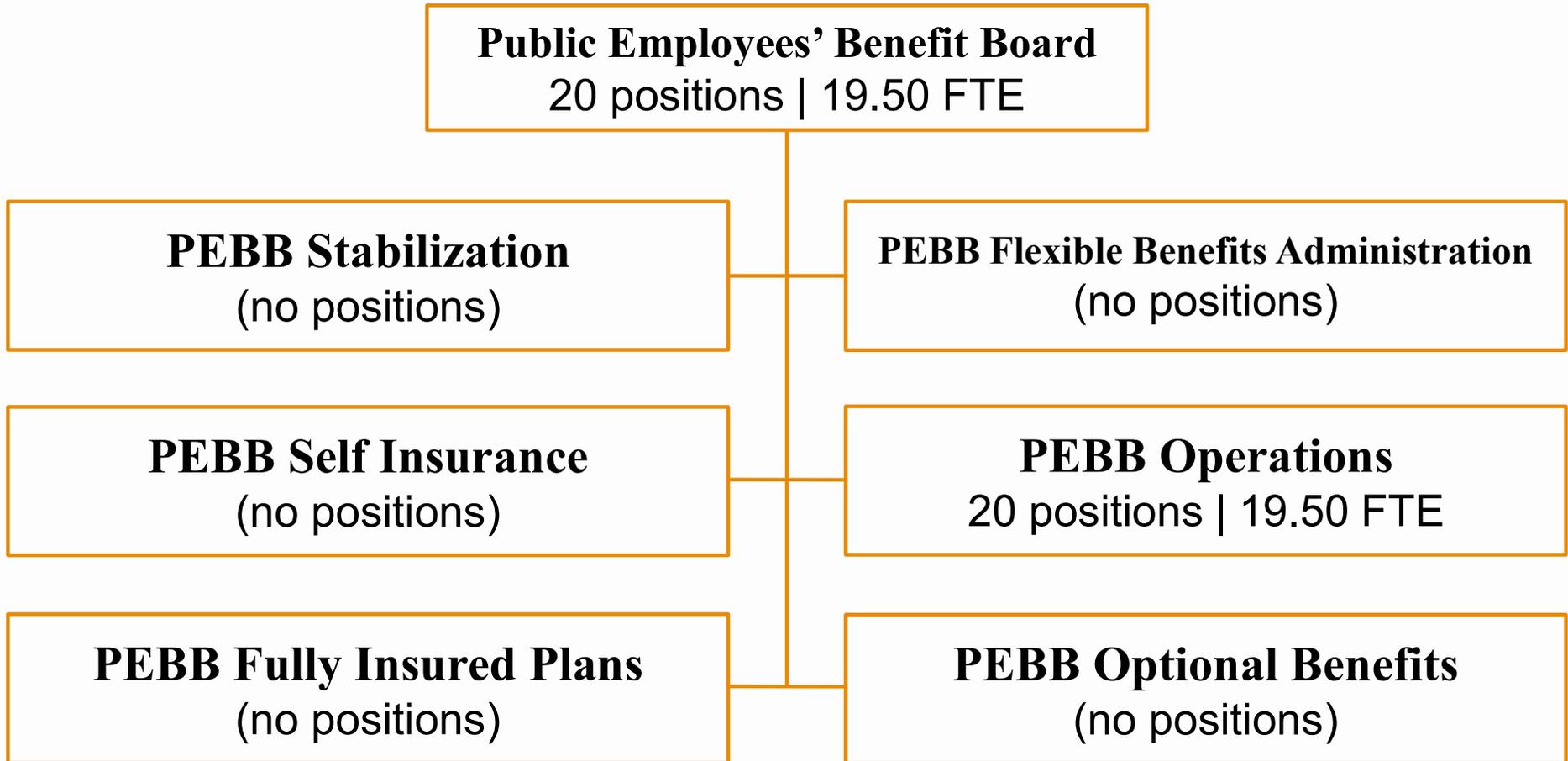
Agency Request
2023-25 Biennium

Governor's Budget
Page 1

Legislatively Adopted
Detail of LF, OF, and FF Revenues - BPR012

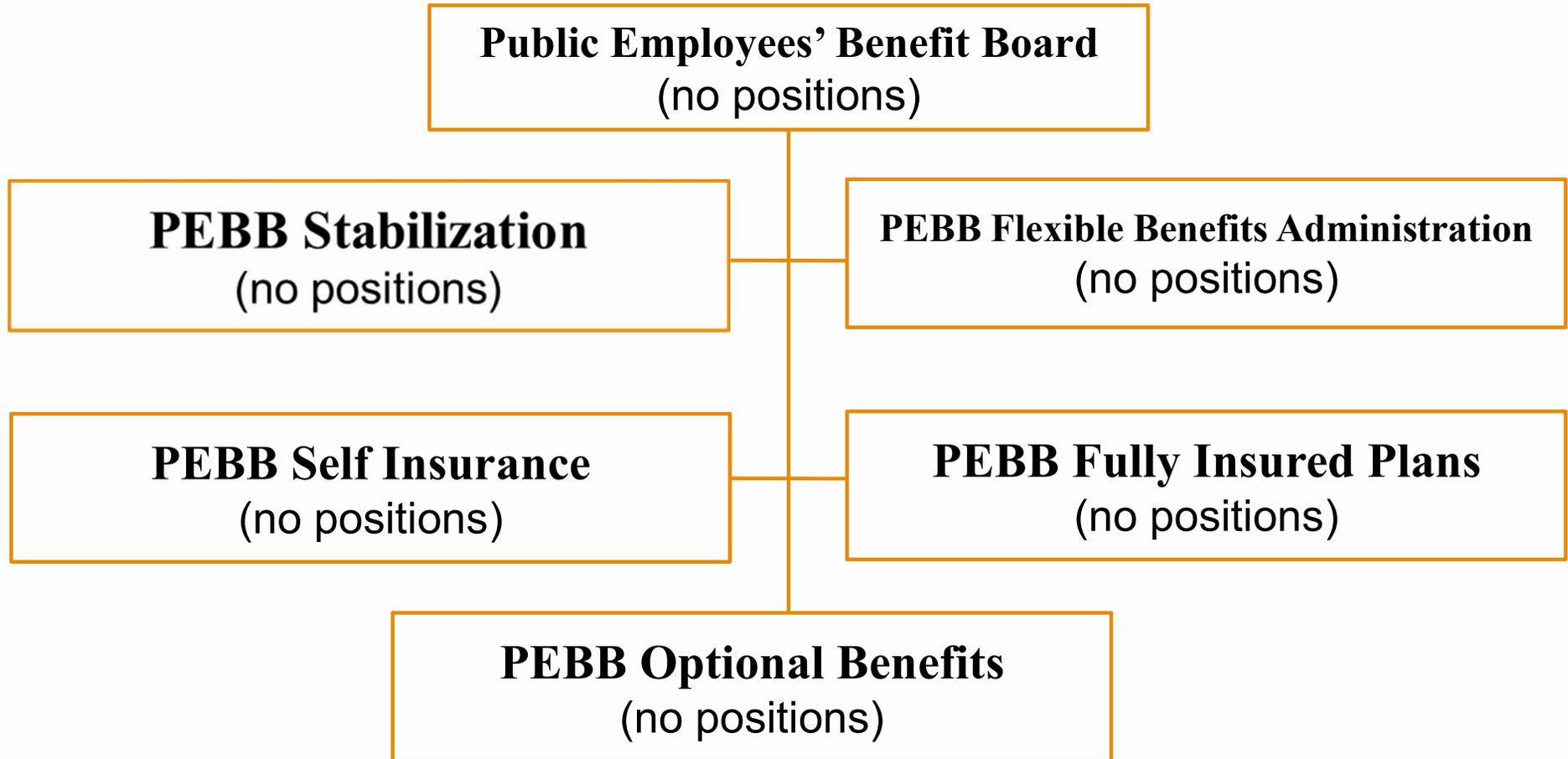
2021-23

Legislatively Approved Budget



2023-25

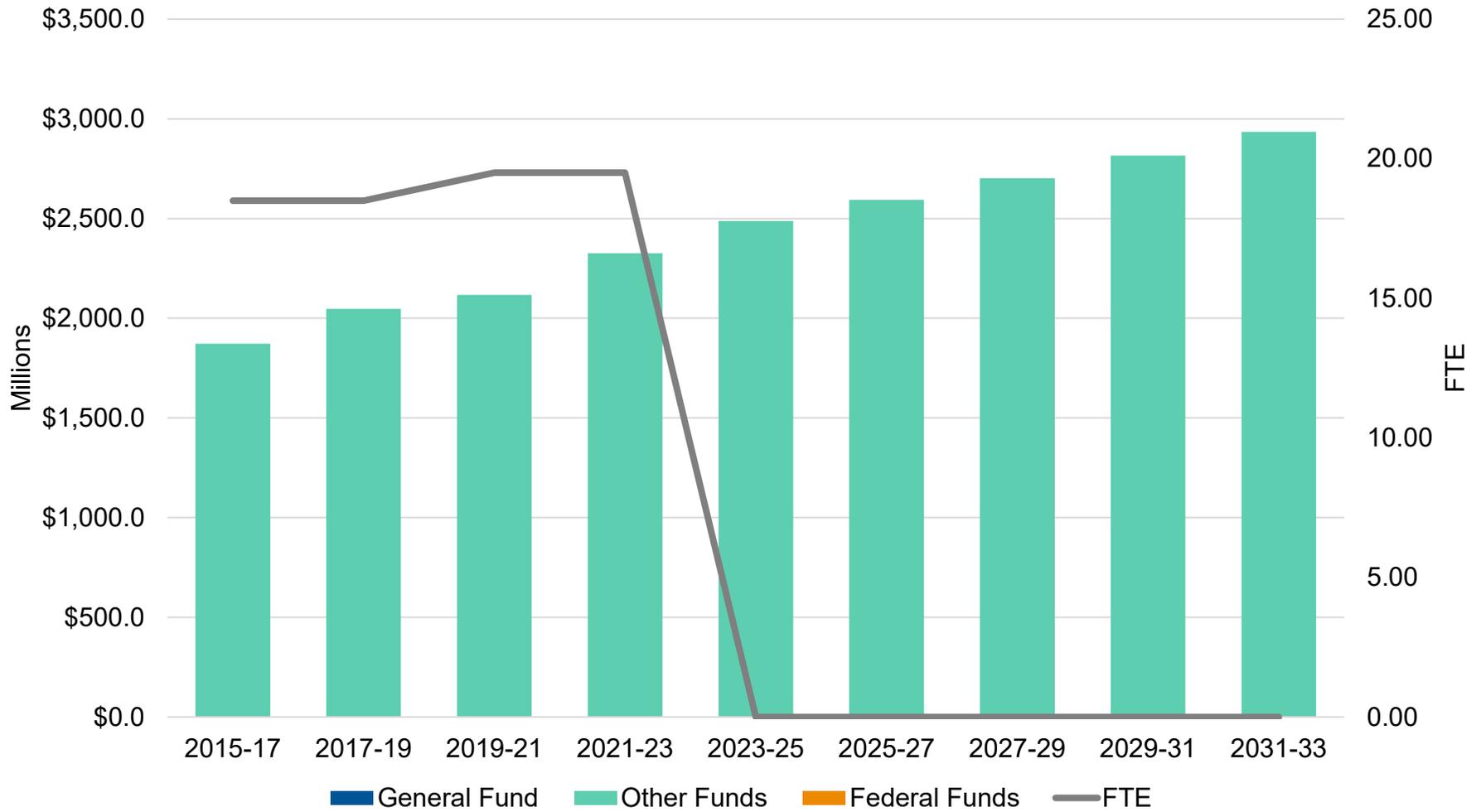
Agency Request Budget



Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

Program Contact: Ali Hassoun, Director
503-378-2798



Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

Division overview

The Public Employees' Benefit Board (PEBB) is a division of the Oregon Health Authority (OHA). PEBB supports the goals of transforming the health care system in Oregon and fundamentally improving how care is paid for and delivered. The PEBB board's mission is to provide high-quality health plans and other benefits for state employees at a cost that is affordable to both the employees and the state.

Funding request

The PEBB requests funding for the 2023-25 biennium to continue current service levels, which includes cost growth for PEBB medical premiums, both self-insured and fully insured, at 3.4 percent. The request also includes policy package #435 for PEBB's portion of replacement costs for both the OEGB and PEBB benefits management systems and policy package #438 for Affordable Care Act 1095 mandatory reporting. All PEBB expenditures are categorized as Other Funds.

Program descriptions

PEBB designs, contracts for and administers medical, dental, vision, life, disability, and accidental death and dismemberment plans and flexible spending accounts for PEBB members. More than 140,000 members are enrolled in PEBB coverage. They include active employees, retirees, spouse and domestic partner dependents, child dependents up to age 26, and adult children with disabilities over age 26. They are drawn from state agencies, universities, Lottery and semi-independent agencies, and local governments and special districts.

PEBB's major cost driver is rising health care costs, which is mainly driven by unit health care cost inflation which makes controlling premium costs a major challenge. PEBB has always sought ways to manage costs through innovative plan designs and payment strategies. PEBB has incorporated "value-based" payments into plan design and aligned VBP targets with CCO goals to drive use of high-value services with aspirational goals.

Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

Program justification and link to long-term outcomes

Transforming health care and advancing health equity

The PEBB board has made transforming the health care delivery system a priority and advances transformation with plans that coordinate care. PEBB has partnered with its “sister program” the Oregon Educators Benefit Board (OEBB) in the shared innovation strategy referred to as “Coordinated Care Model” plans. Both boards are continuing to expand these systems of care throughout the state with a focus on integrated care and reducing health care costs and identifying and addressing health disparities. In 2021, PEBB and OEBB formed a joint subgroup of the boards focused on advancing and ensuring health equity, called the “Joint Subcommittee on Health Equity”. The committee consists of two board members from each board, expert consultants, and staff. The committee supports OHA’s goal of eliminating health inequities by 2030.

PEBB and OEBB are fully committed to working together to leverage their purchasing power across the state and have started working with the Insurance Marketplace to further leverage the state’s healthcare purchasing power. The “Joint PEBB and OEBB Innovation Workgroup” was formed in 2018 with board members from each board and legislators to develop strategies on cost containment, how to best leverage claims data stores for analysis of quality and cost performance, and developing payment initiatives to ensure meeting the 3.4 percent cap every year.

Value-based benefits

Traditional fee-for-service models provide payment for each health care visit, service, or test. Value-based payments shift focus from volume to value by rewarding providers for delivering high quality care that supports improved outcomes and slower cost growth. As shown in the table below, OEBB and PEBB health plans currently incorporate a variety of value-based payment strategies to incentivize provider quality and efficiency. Many of the general strategies used align with value-based payment approaches also used by coordinated care organizations (CCOs) serving Oregon’s Medicaid population.

Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

Many of the strategies used by PEBB & OEGB align with value-based payment approaches also used by Coordinated Care Organizations (CCOs) serving Oregon's Medicaid population.

	OEGB	PEBB	CCO
Infrastructure payments			
Pay for reporting			
Pay for performance			
Shared savings with upside risk			
Shared savings upside and downside risk			
Condition-specific population-based payment			
Comprehensive population-based payment			
Integrated finance and delivery system			

PEBB and OEGB continue to work toward increasing the percentage of total health care payments that use value-based approaches and have identified future year targets that closely align with those established for CCOs. PEBB and OEGB currently have approximately 47 percent of total medical expenditures in a VBP arrangement with a goal of 70 percent by 2024, thereby matching the goals as defined in CCO 2.0.

Wellness initiatives and promoting member health

In 2020 many PEBB members began working remotely due to the COVID-19 pandemic. Flexible work schedules continue to be the norm. As a result, PEBB's employee wellness efforts shifted away from a focus on environmental approaches and toward increasing communications directly to members to promote PEBB wellness programs, and to help them understand and access their benefits.

The Worksite Wellness Coordinating Council and the PEBB Member Advisory Committee (PMAC) developed and began implementing a Member Wellbeing Strategy aimed at addressing needs identified by both groups.

Specifically,

- Challenges with supporting employees in a remote and COVID-19 environment
- How "worksite" wellness will be defined in the future
- Need to support employees with current resources in the meantime, while a long-term well-being strategy is developed

Oregon Health Authority: Public Employees' Benefit Board

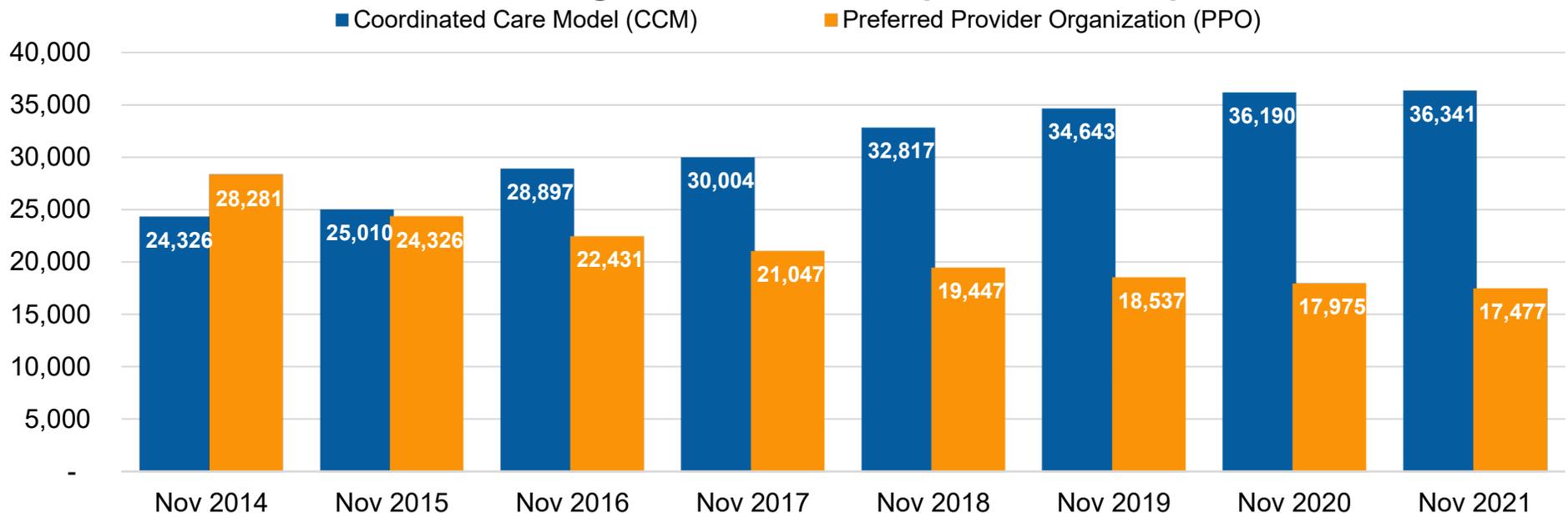
Executive Summary

The goals include:

- Improve awareness and promote utilization of existing well-being resources & specify well-being roles of the Council and PMAC
- Develop multi-year well-being strategy
- Execute strategy in concert with HEM and appropriate partner groups (PMAC, Uplift Oregon, etc.)

PEBB supports prevention and member wellness by offering members access to no-cost wellness programs. Wellness programs help members living with chronic conditions build self-management skills; provide emotional, social and financial health services; support development of healthier behaviors; help members overcome tobacco use; and help members develop healthy eating habits and achieve weight-loss goals.

PEBB Member migration from a PPO plan to a CCM plan



Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

PEBB also offers members opportunities to improve their health and contain costs through participation in the Health Engagement Model (HEM) program. The HEM program allows participants the opportunity to learn more about their own personal health risks and take actions to reduce them. Participants earn financial incentives by annually completing a private health assessment on their medical plan's secure website and completing two health-related activities.

Over the past four years increasing numbers of PEBB members have moved from less-coordinated PPO medical coverage to Coordinated Care Model plans.

PEBB quality measures and fees-at-risk

In the 2023-25 biennium, PEBB will continue to add quality measures and performance targets in health plan contracts to support movement toward better health, better care, and lower costs. The specific quality measures selected will be based on the Statewide Aligned Quality Measures menu developed by the Health Plan Quality Metrics Committee for coordinated care organizations (CCO), PEBB and OEGB plans, and the Oregon Health Insurance Marketplace.

Program performance

PEBB has met the 3.4 percent overall expenditure increase and annual premium increase "test" nearly every year since 2012 (see below). Fulfilling the growth cap has been done by executing on cost containment strategies and promoting program efficiencies. PEBB face challenges in meeting the 3.4 percent tests as a payer in the commercial market in battling trend, provider market leveraging and the timing of the annual growth cap. From 2020-2022, the global pandemic heavily impacted utilization levels. The "bounce-back" of deferred care and quantifying the impact on the health of PEBB members will be better known in 2023.

PEBB offers members in all 36 Oregon counties choice between the statewide Preferred Provider Organization (PPO) plan and at least one regional Coordinated Care Model plan. Coordinated Care Model plan choices are available at a lower cost to both members and the state.

Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

PEBB medical benefit design did not change significantly between 2021 and 2022. PEBB still continues to cover:

- The first four visits to primary care, with no deductible
- The full cost of certain chronic condition and substance abuse visits, with no deductible, copayment or coinsurance
- Nationally recommended preventive services
- No-cost outpatient mental health services when provided in network
- Alternative care including massage therapy
- Added infertility benefit in 2022

PEBB also offers non-traditional and culturally responsive benefits and services, e.g., the use of doulas and other traditional health workers, Christian Science and Native American healers and alternative care such as acupuncture, massage, naturopathic and spinal manipulation services.

Year	Composite Rate Using Prior Year's March Census	% Change	Composite Rate Using Plan Year's March Census	% Change from Prior Composite
2014	\$1,333.58		\$1,327.47	
2015	\$1,321.53	-0.9%	\$1,313.06	-1.5%
2016	\$1,356.47	2.6%	\$1,347.31	2.0%
2017	\$1,416.93	4.5%	\$1,405.13	3.6%
2018	\$1,464.20	3.3%	\$1,452.68	2.5%
2019	\$1,513.98	3.4%	\$1,495.83	2.2%
2020 (w/ Premium Tax and 2.676% funding assessment)	\$1,594.86	5.3%	\$1,588.17	4.9%
2021 (prior to potential funding assessment)	\$1,611.97	1.1%		
2021 with PEBB Admin increase (prior to potential funding assessment)	\$1,618.71	1.5%		

Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

Enabling legislation/program authorization

The Public Employees' Benefit Board authority lies in ORS 243.061 through ORS 243.302.

Funding streams

Other Funds revenue pays for PEBB administration through an administrative assessment added to medical and insurance premiums and premium equivalents. By statute (ORS 243.185), PEBB can collect an amount that equals up to 2 percent of total premiums to meet administrative and operational costs.

PEBB maintains two accounts within its **Revolving Fund**.

- **Stabilization Account:** PEBB has authority to use this account to control costs, subsidize premiums and self-insure. The primary source of Other Funds revenue is unused employer contributions for employee benefits. This account also holds proceeds generated when PEBB's life insurance carrier changed from a mutual organization to a public corporation.
- **Flexible Spending Account:** PEBB operates two flexible-spending-account programs and two commuter programs for employees and maintains an account for their administrative costs. The primary Other Funds revenue source for these programs is forfeitures from participants.

Significant proposed program changes from 2021-23

Changes from the 2021-23 biennium include two policy packages: #435 for PEBB OEBB Benefit Management System (BMS) Replacement and #438 for Affordable Care Act (ACA) Employer Reporting.

Policy package #435 BMS would allow PEBB and OEBB to combine enrollment systems, enhance and modernize member and administrator experience, and update security measures to safeguard data. Top modernization goals include:

- The ability to implement and maintain latest security best practices
- Mobile app compatibility

Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

- Compatibility with commonly used browsers, operating systems and devices
- Flexibility to accommodate business partners' and customers' needs
- Expanded automated error checking and data validation
- Availability of on-demand enrollment and training tools for members and administrators
- Self-service tools and features for members and administrators
- Automated dependent eligibility verification among and between PEBB and OEGB member groups

OEGB and PEBB are in the initial stages of the replacement BMS implementation with their contracted vendor utilizing POP funding from the current biennium. This policy package would fund the remaining implementation activities including additional project staffing, vendor implementation costs, hosting and licensing fees, oversight fees for quality assurance, and contingency allowances. The implementation plan outlined by the selected vendor, LifeWorks, is a 23-month implementation plan with a go live date in the second quarter of 2024.

Policy package #438 ACA Employer Reporting would allow PEBB to seek the services of a vendor for comprehensive ACA reporting that includes evaluation of data needs, data gaps, coordination of employer data gathering, evaluation and coding of offers of coverage, employee share, enrollment codes, mailing of 1095 forms, filings with IRS, correction filing, and responses to IRS inquiries. PEBB is also seeking one full-time position to be an on-staff liaison between agencies and the vendor, and to be able to respond to member inquiries.

ACA reporting is an employer responsibility. The complexity of ACA reporting is primarily related to the tracking of hours worked and tracking measurement periods to determine if offers of coverage must be made. This data is owned by HR systems. HR and Payroll systems do not have the capability currently to complete ACA reporting or enhance the data it provides to PEBB to complete ACA reporting on their behalf. The Chief Human Resource Office (CHRO) has not given an indication of any efforts to secure a position within their office to ensure required ACA data is captured. At this time, PEBB has not received an estimated timeline as to when HRIS will be able to include essential ACA data elements into its system.

Oregon Health Authority: Public Employees' Benefit Board

Executive Summary

PEBB is requesting one full-time position to act as a liaison between the vendor, the employers, and the members. If PEBB is not able to procure a vendor, additional positions would need to be added to fill expertise in ACA rules and regulations and changes, including 1095 coding requirements based on data available. Additional positions would be needed to address data needs, data gaps, compile IRS compliant files, mail 1095 forms to member and track mailings, corrections for compliance. While PEBB is designated to conduct reporting on CHRO's behalf, other participating employers can utilize the same services. Universities, local governments that participate in PEBB would benefit from the professional services of an ACA vendor.

At such time that the state CHRO and payroll systems have incorporated their responsibility for ACA reporting in scope of their systems, PEBB would reassess the scope of vendor services needed, and also give universities and local governments who currently elect to use PEBB at least one year notice so they can find an alternative for ACA reporting.

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$0.00	\$2,326.60	\$0.00	\$2,326.60	20	19.50
Agency Request 2023-25	\$0.00	\$2,488.16	\$0.00	\$2,488.16	0	0.00
Difference	\$0.00	\$161.56	\$0.00	\$161.56	-20	-19.5
Percent Change	0%	7%	0%	7%	-100%	-100%

The Agency Request Budget includes funding for the 2023-25 biennium to continue current service levels, which includes cost growth for PEBB medical premiums, both self-insured and fully insured, at 3.4 percent. It also includes policy package #435 for PEBB's portion of replacement costs for both the OEGB and PEBB benefits management systems and policy package #438 for Affordable Care Act 1095 mandatory reporting.

Activities, programs and issues in the program unit base budget

The Public Employees' Benefit Board (PEBB) is a division of the Oregon Health Authority (OHA). PEBB supports the goal of transforming the health care system in Oregon and fundamentally improving how care is paid for and delivered and achieving OHA's strategic goal to end health inequities in Oregon by 2030. PEBB's mission is to provide high-quality health plans and other benefits for state and university employees at a cost that is affordable to both the employees and the state. Oregon Revised Statutes create an eight-member board whose members are appointed by the Governor and confirmed by the Senate. PEBB serves broadly diverse constituencies including the State of Oregon (as an employer), public universities, employees who live and work in every county of the state, the Legislature, taxpayers, labor unions and health policy groups.

PEBB designs, contracts for and administers health plans, group policies and flexible spending accounts for PEBB members. Approximately 140,000 Oregonians are enrolled as PEBB members. They include active and retired

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

employees, spouse and domestic partner dependents, child dependents up to age 26, and adult children with disabilities over age 26, from state agencies, universities, Lottery and semi-independent agencies, and local governments and special districts.

The PEBB Board serves diverse populations and provides a critical public service to Oregonians. The board offers medical, dental, vision, life, disability and accidental death and dismemberment benefit plans. PEBB is a federal IRS Section 125 Cafeteria Plan benefits program that is required to offer the same benefits to all members to enable pretax benefit payment.

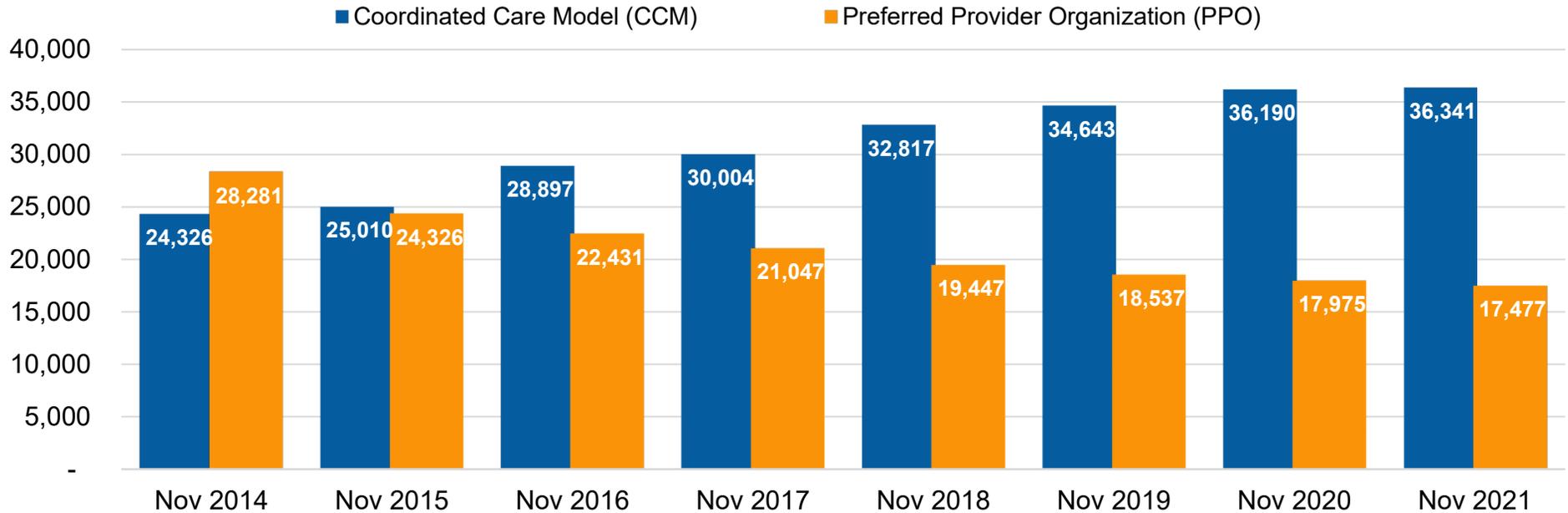
Transforming health care

The Public Employees' Benefit Board (PEBB) is mandated to redesign the health care delivery system so public employees have access to high quality plans at a lower price, defined in Senate Bill 1067 (2017) as no more than 3.4 percent growth annually. How to stay at or under a 3.4 percent annual growth trend when the Oregon commercial insurance market trend averages 6-7 percent is without a doubt PEBB's biggest challenge and consumes most of the board's attention.

The PEBB Board has made transforming the health care delivery system a key priority and advances transformation with plans that coordinate care. PEBB has partnered with its "sister program" the Oregon Educators Benefit Board (OEBB) to mostly offer "Coordinated Care Model" plans and have developed incentives to increase enrollment in the more efficient, managed plans. Both boards believe the coordinated care model (CCM) is essential for achieving a sustainable 3.4% budget target and in managing overall costs. PEBB offers coordinated care model health plans that use patient-centered medical homes to improve quality, enhance member experience, and contain costs. Both boards continue to add these systems of care throughout the state with a focus on integrated care and reducing health care costs and health disparities. The boards would like to further pursue plans and providers that use creative and innovative evidence-based practices that contribute value.

Public Employees' Benefit Board

PEBB Member migration from a PPO plan to a CCM plan



PEBB's coordinated care model plans enable the board to execute on strategies such as:

- Promoting alternative payment methodologies such as risk sharing and global value-based payments.
- Integrating behavioral and physical health delivery.
- Supporting the use of medical homes.
- Increasing payments for primary care.
- Putting fees at risk in contracts for meeting agreed-upon administrative and clinical performance metrics.
- Managing costs to a 3.4 percent annual increase.

Public Employees' Benefit Board

PEBB cost containment programs

Premium costs are affected by external drivers such as member utilization; lack of care coordination; inflation in health care costs, such as high prescriptions costs; and sedentary occupations that lead to long-term health risks and chronic conditions.

The traditional method of controlling premium increases is to increase costs to members through higher deductibles, higher copayment or coinsurance, or increased premium share. PEBB has always sought ways to reduce costs through innovative plan designs. Both PEBB and OEGB have incorporated “value-based” benefit attributes into plan design to encourage use of high-value services including:

- Value prescription drug formularies
- Waived copayments for office visits related to certain chronic conditions
- Self-management programs for weight and diabetes prevention available at no out-of-pocket cost to members
- No-cost tobacco use cessation support

Value-based benefits

Both OEGB and PEBB have implemented value-based benefit plans. Services that have been shown to reduce health care costs have a lower copayment or coinsurance. Members pay more for services that have less-expensive alternatives. Members are encouraged to talk to their medical providers about alternatives to these higher-cost options. Examples of these benefits include:

- No or lowered costs for visits for diabetes, coronary artery disease, asthma and chronic obstructive pulmonary disease. Regular office visits keep people with these diagnoses out of the emergency room and hospital.
- No or lowered costs for medications that help prevent or manage chronic diseases such as statins for cholesterol, asthma inhalers and depression medications.
- Additional copayment for endoscopies, sleep studies and advanced imaging technologies (CT, MRI, PET scans).

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

- Additional copayment for shoulder and knee arthroscopic surgery, total knee and total hip joint replacement surgery.
- PEBB and OEBC continue to work toward increasing the percentage of total health care payments that use value-based approaches and have identified future year targets that generally align with those established for Coordinated Care Organizations. PEBB and OEBC currently have approximately 47 percent of total medical expenditures in a VBP arrangement with a goal of 70 percent by 2024, thereby matching the goals as defined in CCO 2.0.

Wellness initiatives and promoting member health

PEBB supports prevention and member wellness by offering members no-cost programs through carrier contracts and direct vendor contracting.

- Better Choices Better Health helps people living with a chronic condition to live healthier lives.
- The Employee Assistance Program (EAP) provides emotional, social and financial health services.
- Healthy Team Healthy U offers members a foundation of knowledge and skills to help members live a healthier lifestyle.
- Quit For Life and other tobacco cessation resources help members overcome tobacco use.
- Weight Watchers is designed to help members achieve and maintain weight-loss goals.

Providing direct incentives to members outside of plan benefits comes with upfront costs to fund and administer. This appears as a direct cost to the program for each year the incentive is provided. Several years of claims data are needed to analyze whether the incentive has a measurable, sustained impact on participant health care claims costs. This type of analysis is possible and may show an impact on costs. However, any potential savings would not be realized until future years after the upfront costs of the incentive have been incurred.

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

PEBB also offers members opportunities to improve their health and contain costs through participation in the Health Engagement Model (HEM) program. The HEM allows program participants to learn more about their own personal health risks and how to reduce them. Participants earn financial incentives by annually completing a private health assessment on their carrier's secure website and completing two health-related activities.

The COVID-19 pandemic has greatly influenced PEBB's wellness efforts. Flexible work schedules continue to be the norm. As a result, PEBB's employee wellness efforts shifted away from a focus on environmental approaches and toward increasing communications directly to members to promote PEBB wellness programs, and to help them understand and access their benefits.

The Worksite Wellness Coordinating Council and the PEBB Member Advisory Committee (PMAC) were developed and began implementing a Member Wellbeing Strategy aimed at addressing needs identified by both groups. They work in coordination with the board to develop a near-term RFP for wellness benefits.

PEBB quality measures and fees-at-risk

PEBB has made significant progress on the implementation of quality and cost performance measures with fees at risk in benefit contracts. PEBB continues to include quality measures and performance targets in health plan contracts to support better health, better care, and lower cost. The specific quality measures selected are based on the Statewide Aligned Quality Measures menu developed by the Health Plan Quality Metrics Committee for CCOs, PEBB and OEGB plans, and the Oregon Health Insurance Marketplace. PEBB and OEGB contracts now include performance improvement targets on each measure and require that health plans put at risk a portion of administrative fees or premiums paid to them, with retention of at-risk dollars contingent on the plan achieving its targets. Performance improvement targets established for each measure considers the health plan's current performance in comparison to national benchmarks, gold standard performance rates, and organizational priorities to achieve identified rates of improvement in specific areas of health care quality. The categories of Performance

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

Guarantees are: Administrative/Operational, Financial Trend, Clinical Quality, Clinical Management programs, Account Management, and Transparency.

Additional budget drivers

- Legislative cap on premium rate increases: The PEBB Board will continue to work with carriers to explore strategies to keep renewal rate increases at or below the Legislature's 3.4 percent growth cap.
- Implementing benefit mandates as required.

Joint PEBB and OEGB Innovation Workgroup

PEBB and OEGB formed the joint Innovation Workgroup (IWG), made up of PEBB and OEGB board members and legislators to analyze cost drivers, measure access and quality, and explore joint alternative payment models that bring true value and the potential for tremendous savings. The IWG looks to leverage the purchasing power and data to its maximum value and will look to include joint ventures with other OHA programs in the future such as the Marketplace to further leverage purchasing power. Key initiatives the IWG has worked on most recently include:

- Development of a Centers of Excellence program across the state
- Addressing Behavioral Health provider access issues and payment strategies
- Advancing Value-based payments in PEBB and OEGB

Joint PEBB and OEGB Health Equity Workgroup

In 2021, the boards determined that to fully engage in advancing health equity in all aspects of their benefit programs, a special workgroup must be formed that focused on this goal. The Joint PEBB OEGB Health Equity Workgroup has set five initial goals:

- To intentionally increase the diversity on the boards
- Develop and apply a health equity lens tool to all board policy decisions

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

- Develop a Diversity Equity and Inclusion assessment tool that audited PEBB and OEGB benefit vendors and ensured their business practices met the standards the boards have set
- Amplify the commitment to Health Equity by the boards and communicate it in all areas
- Incorporate Health Equity into governance, quality metrics and clinical protocols

The workgroup has developed a health equity lens tool and has incorporated it in several policy decisions. It has also developed a DEI tool and used it to audit PEBB and OEGB business partners, providing reports for areas needed for improvement. The workgroup continues to move this work forward.

Policy Package 426 OEGB-PEBB Benefit Management Replacement System

This POP will allow OEGB and PEBB to combine enrollment system, enhance and modernize members and administrator experience. Top modernization goals include:

- The ability to implement and maintain latest security best practices.
- Mobile app compatibility.
- Compatibility with commonly used browsers, operating systems and devices.
- Flexibility to accommodate business partners' and customers' needs.
- Expanded automated error checking and data validation.
- Availability of on-demand enrollment and training tools for members and administrators.
- Self-service tools and features for members and administrators.
- Automated dependent eligibility verification among and between OEGB and PEBB member groups.

OEGB and PEBB are in the initial stages of the replacement BMS implementation with their contracted vendor utilizing POP funding from the current biennium. This policy package will fund the remaining implementation activities including additional project staffing, vendor implementation costs, hosting and licensing fees, oversight fees for quality assurance, and contingency allowances. The implementation plan outlined by the

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

selected vendor, LifeWorks, is a 23-month implementation plan with a go live date in the second quarter of 2024.

Policy Package 438 Affordable Care Act (ACA) Employer Reporting

This POP will allow PEBB to seek the services of a vendor for comprehensive ACA reporting that includes evaluation of data needs, data gaps, coordination of employer data gathering, evaluation and coding of offers of coverage, employee share, enrollment codes, mailing of 1095 forms, filings with IRS, correction filing, and responses to IRS inquiries. PEBB is also seeking one full-time position to be an on-staff liaison between agencies and the vendor, and to be able to respond to member inquiries.

ACA reporting is an employer responsibility. The complexity of ACA reporting is primarily related to the tracking of hours worked and tracking measurement periods to determine if offers of coverage must be made. This data is owned by HR systems. HR and Payroll systems do not have the capability currently to complete ACA reporting or enhance the data it provides to PEBB to complete ACA reporting on their behalf. The Chief Human Resource Office (CHRO) has not given an indication of any efforts to secure a position within their office to ensure required ACA data is captured. At this time, PEBB has not received an estimated timeline as to when HRIS will be able to include essential ACA data elements into its system.

PEBB is requesting one full-time position to act as a liaison between the vendor, the employers, and the members. If PEBB is not able to procure a vendor, additional positions would need to be added to fill expertise in ACA rules and regulations and changes, including 1095 coding requirements based on data available. Additional positions would be needed to address data needs, data gaps, compile IRS compliant files, mail 1095 forms to member and track mailings, corrections for compliance. While PEBB is designated to conduct reporting on CHRO's behalf, other participating employers can utilize the same services. Universities, local governments that participate in PEBB will benefit from the professional services of an ACA vendor.

Oregon Health Authority: Health Policy and Analytics

Public Employees' Benefit Board

At such time that the state CHRO and payroll systems have incorporated their responsibility for ACA reporting in scope of their systems, PEBB will reassess the scope of vendor services needed, and also give universities and local governments who currently elect to use PEBB at least one year notice so they can find an alternative for ACA reporting.

Background information

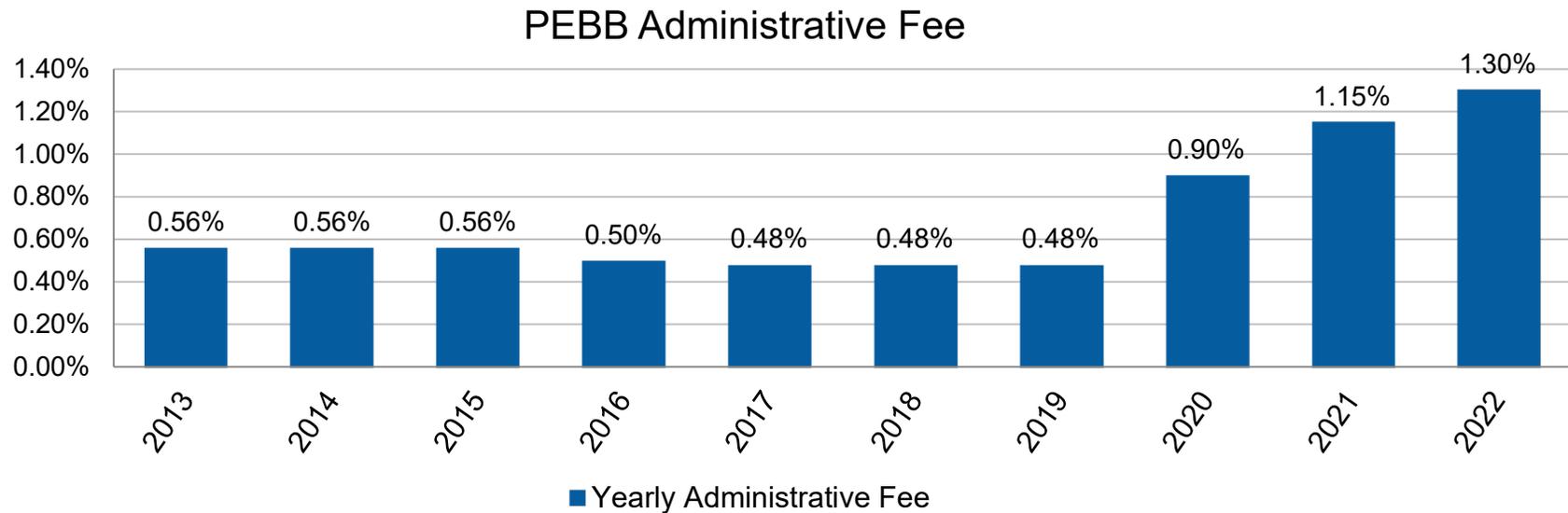
Revenue sources and changes

Other Funds revenue pays for PEBB administration through an administrative assessment added to medical and dental insurance premiums and premium equivalents. By statute (ORS 243.185), PEBB can collect an amount that equals up to 2 percent of total premiums to meet administrative and operational costs.

In recent years, the administrative fee was not an adequate source of revenue to cover the development of the Benefit Management System (BMS) project and the increase in system programming costs. A main goal of the boards was to construct the new BMS without having to borrow the funds to do it. Consultant costs have also increased from prior years driven by the passage of SB 1067 and funding the work of the joint PEBB/OEBB Innovation Work Group (IWG) and joint Health Equity Work Group. These investments will end up saving the state money over the long term by becoming more efficient and having better data to

make better decisions. As the new system development project ends and the old system is phased out, the administrative fee is likely to decrease back to under 1%.

Public Employees' Benefit Board



PEBB maintains two accounts in its **Revolving Fund**.

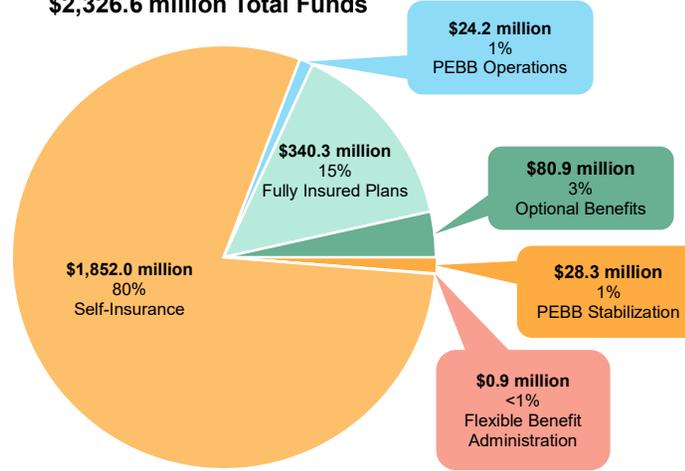
- **Stabilization Account:** PEBB has authority to use this account to control costs, subsidize premiums and self-insure. The primary source of Other Funds revenue is unused employer contributions for employee benefits. This account also holds proceeds generated when PEBB's life insurance carrier changed from a mutual organization to a public corporation.
- **Flexible Spending Account:** PEBB operates two flexible-spending-account programs and two commuter programs for employees and maintains an account for their administrative costs. The primary Other Funds revenue source for these programs is forfeitures from participants.

Proposed new laws that apply to the program unit

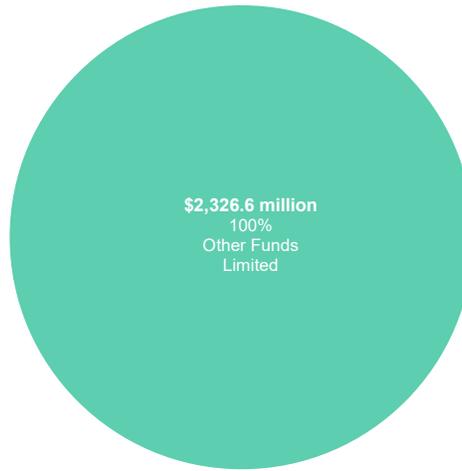
None.

Oregon Health Authority 2021-23 Legislatively Approved Budget

Public Employees Benefit Board by Program
\$2,326.6 million Total Funds

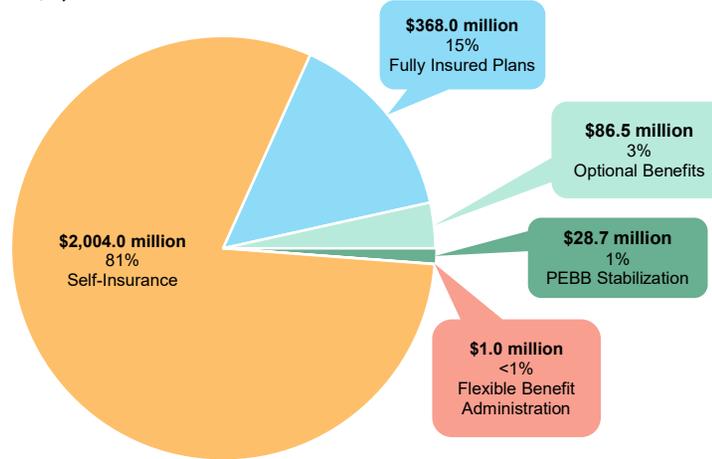


Public Employees Benefit Board by Program
\$2,326.6 million Total Funds

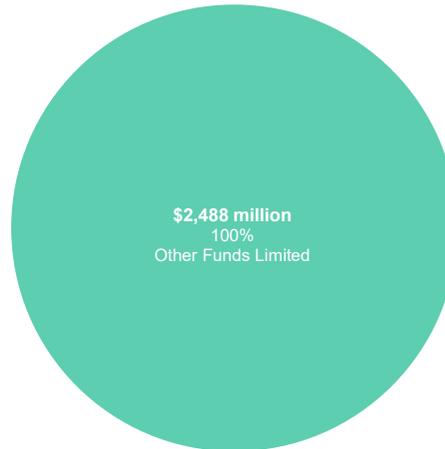


Oregon Health Authority 2023-25 Agency Request Budget

Public Employees' Benefit Board by Program
\$2,448.2 million Total Funds



Public Employees' Benefit Board by Program
\$2,448.2 million Total Funds



ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Public Employees Benefit Board (PEBB)
 Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	48,684	-	-	-	48,684
Total Revenues	-	-	\$48,684	-	-	-	\$48,684
Personal Services							
Temporary Appointments	-	-	701	-	-	-	701
All Other Differential	-	-	24	-	-	-	24
Public Employees' Retire Cont	-	-	4	-	-	-	4
Pension Obligation Bond	-	-	11,904	-	-	-	11,904
Social Security Taxes	-	-	55	-	-	-	55
Vacancy Savings	-	-	35,996	-	-	-	35,996
Total Personal Services	-	-	\$48,684	-	-	-	\$48,684
Total Expenditures							
Total Expenditures	-	-	48,684	-	-	-	48,684
Total Expenditures	-	-	\$48,684	-	-	-	\$48,684
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Public Employees Benefit Board (PEBB)
Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	26,964,429	-	-	-	26,964,429
Total Revenues	-	-	\$26,964,429	-	-	-	\$26,964,429
Services & Supplies							
Agency Program Related S and S	-	-	26,964,429	-	-	-	26,964,429
Total Services & Supplies	-	-	\$26,964,429	-	-	-	\$26,964,429
Total Expenditures							
Total Expenditures	-	-	26,964,429	-	-	-	26,964,429
Total Expenditures	-	-	\$26,964,429	-	-	-	\$26,964,429
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Public Employees Benefit Board (PEBB)
 Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	(6,922,135)	-	-	-	(6,922,135)
Total Revenues	-	-	(\$6,922,135)	-	-	-	(\$6,922,135)
Services & Supplies							
Professional Services	-	-	(2,160,000)	-	-	-	(2,160,000)
IT Expendable Property	-	-	(4,762,135)	-	-	-	(4,762,135)
Total Services & Supplies	-	-	(\$6,922,135)	-	-	-	(\$6,922,135)
Total Expenditures							
Total Expenditures	-	-	(6,922,135)	-	-	-	(6,922,135)
Total Expenditures	-	-	(\$6,922,135)	-	-	-	(\$6,922,135)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Public Employees Benefit Board (PEBB)
Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	96,883,880	-	-	-	96,883,880
Total Revenues	-	-	\$96,883,880	-	-	-	\$96,883,880
Services & Supplies							
Instate Travel	-	-	866	-	-	-	866
Out of State Travel	-	-	213	-	-	-	213
Employee Training	-	-	899	-	-	-	899
Office Expenses	-	-	9,780	-	-	-	9,780
Telecommunications	-	-	4,461	-	-	-	4,461
Publicity and Publications	-	-	24,943	-	-	-	24,943
Professional Services	-	-	526,266	-	-	-	526,266
IT Professional Services	-	-	380,755	-	-	-	380,755
Attorney General	-	-	53,941	-	-	-	53,941
Employee Recruitment and Develop	-	-	183	-	-	-	183
Dues and Subscriptions	-	-	371	-	-	-	371
Agency Program Related S and S	-	-	94,689,600	-	-	-	94,689,600
Intra-agency Charges	-	-	547	-	-	-	547
Other Services and Supplies	-	-	400	-	-	-	400
Expendable Prop 250 - 5000	-	-	2,261	-	-	-	2,261
IT Expendable Property	-	-	27	-	-	-	27
Total Services & Supplies	-	-	\$95,695,513	-	-	-	\$95,695,513

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Public Employees Benefit Board (PEBB)
Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Other Special Payments	-	-	1,188,367	-	-	-	1,188,367
Total Special Payments	-	-	\$1,188,367	-	-	-	\$1,188,367
Total Expenditures							
Total Expenditures	-	-	96,883,880	-	-	-	96,883,880
Total Expenditures	-	-	\$96,883,880	-	-	-	\$96,883,880
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 032 - Above Standard Inflation

Cross Reference Name: Public Employees Benefit Board (PEBB)
Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	45,462,596	-	-	-	45,462,596
Total Revenues	-	-	\$45,462,596	-	-	-	\$45,462,596
Services & Supplies							
Agency Program Related S and S	-	-	45,071,319	-	-	-	45,071,319
Total Services & Supplies	-	-	\$45,071,319	-	-	-	\$45,071,319
Special Payments							
Other Special Payments	-	-	391,277	-	-	-	391,277
Total Special Payments	-	-	\$391,277	-	-	-	\$391,277
Total Expenditures							
Total Expenditures	-	-	45,462,596	-	-	-	45,462,596
Total Expenditures	-	-	\$45,462,596	-	-	-	\$45,462,596
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 033 - Exceptional Inflation

Cross Reference Name: Public Employees Benefit Board (PEBB)
Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	16,366,535	-	-	-	16,366,535
Total Revenues	-	-	\$16,366,535	-	-	-	\$16,366,535
Services & Supplies							
Agency Program Related S and S	-	-	16,225,675	-	-	-	16,225,675
Total Services & Supplies	-	-	\$16,225,675	-	-	-	\$16,225,675
Special Payments							
Other Special Payments	-	-	140,860	-	-	-	140,860
Total Special Payments	-	-	\$140,860	-	-	-	\$140,860
Total Expenditures							
Total Expenditures	-	-	16,366,535	-	-	-	16,366,535
Total Expenditures	-	-	\$16,366,535	-	-	-	\$16,366,535
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Public Employees Benefit Board (PEBB)
Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	(18,380,434)	-	-	-	(18,380,434)
Total Revenues	-	-	(\$18,380,434)	-	-	-	(\$18,380,434)
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	(3,993,084)	-	-	-	(3,993,084)
Temporary Appointments	-	-	(17,398)	-	-	-	(17,398)
All Other Differential	-	-	(600)	-	-	-	(600)
Empl. Rel. Bd. Assessments	-	-	(1,033)	-	-	-	(1,033)
Public Employees' Retire Cont	-	-	(715,665)	-	-	-	(715,665)
Pension Obligation Bond	-	-	(211,073)	-	-	-	(211,073)
Social Security Taxes	-	-	(300,588)	-	-	-	(300,588)
Paid Family Medical Leave Insurance	-	-	(15,340)	-	-	-	(15,340)
Worker's Comp. Assess. (WCD)	-	-	(897)	-	-	-	(897)
Flexible Benefits	-	-	(772,200)	-	-	-	(772,200)
Total Personal Services	-	-	(\$6,027,878)	-	-	-	(\$6,027,878)
Services & Supplies							
Instate Travel	-	-	(21,477)	-	-	-	(21,477)
Out of State Travel	-	-	(5,273)	-	-	-	(5,273)
Employee Training	-	-	(22,302)	-	-	-	(22,302)
Office Expenses	-	-	(242,644)	-	-	-	(242,644)
Telecommunications	-	-	(110,669)	-	-	-	(110,669)
Publicity and Publications	-	-	(618,821)	-	-	-	(618,821)
Professional Services	-	-	(6,506,565)	-	-	-	(6,506,565)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Public Employees Benefit Board (PEBB)
Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Professional Services	-	-	(4,707,521)	-	-	-	(4,707,521)
Attorney General	-	-	(359,208)	-	-	-	(359,208)
Employee Recruitment and Develop	-	-	(4,530)	-	-	-	(4,530)
Dues and Subscriptions	-	-	(9,203)	-	-	-	(9,203)
Intra-agency Charges	-	-	(13,574)	-	-	-	(13,574)
Other Services and Supplies	-	-	(9,916)	-	-	-	(9,916)
Expendable Prop 250 - 5000	-	-	(56,089)	-	-	-	(56,089)
IT Expendable Property	-	-	(673)	-	-	-	(673)
Total Services & Supplies	-	-	(\$12,688,465)	-	-	-	(\$12,688,465)
Total Expenditures							
Total Expenditures	-	-	(18,716,343)	-	-	-	(18,716,343)
Total Expenditures	-	-	(\$18,716,343)	-	-	-	(\$18,716,343)
Ending Balance							
Ending Balance	-	-	335,909	-	-	-	335,909
Total Ending Balance	-	-	\$335,909	-	-	-	\$335,909
Total Positions							
Total Positions	-	-	-	-	-	-	(20)
Total Positions	-	-	-	-	-	-	(20)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 060 - Technical Adjustments

Cross Reference Name: Public Employees Benefit Board (PEBB)
 Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							(19.50)
Total FTE	-	-	-	-	-	-	(19.50)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 429 - 988/BH Crisis Sys: Payer Parity

Cross Reference Name: Public Employees Benefit Board (PEBB)
 Cross Reference Number: 44300-030-03-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	1,110,916	-	-	-	1,110,916
Total Revenues	-	-	\$1,110,916	-	-	-	\$1,110,916
Services & Supplies							
Agency Program Related S and S	-	-	1,110,916	-	-	-	1,110,916
Total Services & Supplies	-	-	\$1,110,916	-	-	-	\$1,110,916
Total Expenditures							
Total Expenditures	-	-	1,110,916	-	-	-	1,110,916
Total Expenditures	-	-	\$1,110,916	-	-	-	\$1,110,916
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

POS116 - Net Package Fiscal Impact Report

Public Employees Benefit Board (PEBB)

2023-25 Biennium

Cross Reference Number: 44300-030-03-00-00000

Current Service Level

Package Number: 60

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
70142	731020	2819	UA C1243 A P	FISCAL ANALYST 1	23	PF	0	10	6,345	-152,280	-79,246	-231,526	-1	-1.00	
70186	731000	20483	UA C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	6	6,345	-152,280	-79,246	-231,526	-1	-1.00	
77064	731050	10146	MMN X0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	0	9	8,831	-211,944	-94,741	-306,685	-1	-1.00	
501041	1024160	25691	UA C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	0	3	3,481	-83,544	-61,395	-144,939	-1	-1.00	
508602	999480	20031	UA C0860 A P	PROGRAM ANALYST 1	23	PF	0	10	6,345	-152,280	-79,246	-231,526	-1	-1.00	
508723	1024110	66118	UA C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	10	8,865	-212,760	-94,953	-307,713	-1	-1.00	
570123	1022310	66105	MESN Z7332 A P	Health Policy and Program Administr		PF	0	10	13,661	-327,864	-122,497	-450,361	-1	-1.00	
585203	874980	17119	MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	0	9	10,203	-244,872	-103,292	-348,164	-1	-1.00	
701081	730950	22639	UA C0860 A P	PROGRAM ANALYST 1	23	PF	0	7	5,501	-132,024	-73,986	-206,010	-1	-1.00	
701084	730980	65231	UA C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	8	6,977	-167,448	-83,186	-250,634	-1	-1.00	
701191	730930	47896	UA C0860 A P	PROGRAM ANALYST 1	23	PF	0	10	6,345	-152,280	-79,246	-231,526	-1	-1.00	
712161	1095210	14280	UA C1216 A P	ACCOUNTANT 1	23	PP	0	10	6,345	-76,140	-39,623	-115,763	-1	-0.50	
770061	730940	4878	MMS X7334 A P	Health Policy and Program Manager		PF	0	10	10,720	-257,280	-106,515	-363,795	-1	-1.00	
770062	731030	22722	UA C0856 A P	PROJECT MANAGER 3	32	PF	0	10	9,752	-234,048	-100,481	-334,529	-1	-1.00	
1013364	1251400	7692	MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	0	9	10,203	-244,872	-103,292	-348,164	-1	-1.00	
1013365	1251430	2128	UA C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	10	5,367	-128,808	-73,150	-201,958	-1	-1.00	
1014081	1264510	4919	MESN Z7331 A P	Health Policy and Program Administr		PF	0	10	15,046	-361,104	-128,936	-490,040	-1	-1.00	
1014092	1264050	13548	UA C0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	0	10	9,752	-234,048	-100,481	-334,529	-1	-1.00	
1017108	1342290	107626	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	9	9,264	-222,336	-97,440	-319,776	-1	-1.00	
3700004	1164630	9003	MMS X7010 A P	PRINCIPAL EXECUTIVE/MANAGER 35X		PF	0	7	10,203	-244,872	-103,292	-348,164	-1	-1.00	
General Funds											0	0	0		
Lottery Funds											0	0	0		
Other Funds											-3,993,084	-1,804,244	-5,797,328		
Federal Funds											0	0	0		
Total Funds											-3,993,084	-1,804,244	-5,797,328	-20	-19.50

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

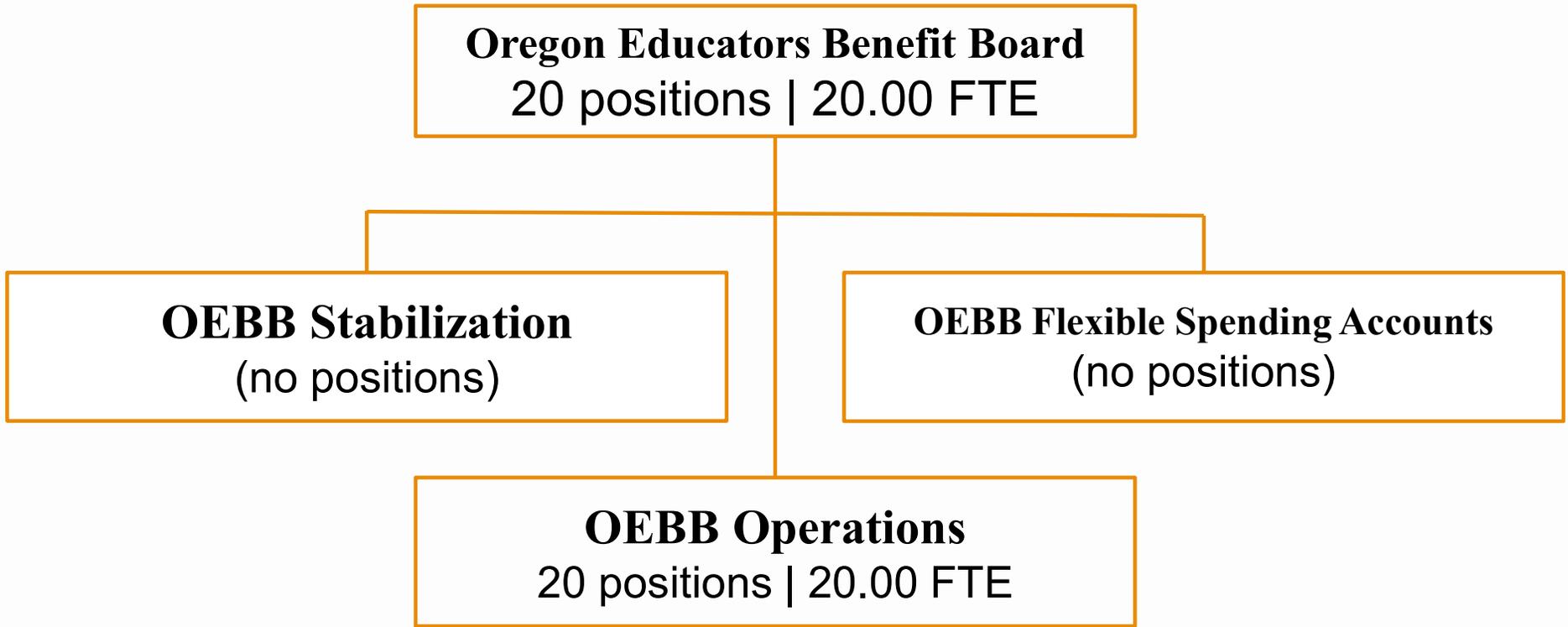
Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-03-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Admin and Service Charges	2,198,308,084	2,282,069,272	2,297,300,713	2,458,835,184	-	-
Fines and Forfeitures	5,527,261	-	-	-	-	-
Interest Income	845,836	4,961,244	4,961,244	4,961,244	-	-
Other Revenues	18,514,806	24,364,766	24,364,766	24,364,766	-	-
Transfer In - Intrafund	63,000,000	-	-	-	-	-
Tsfr From Administrative Svcs	67,409	-	-	-	-	-
Transfer Out - Intrafund	(63,000,000)	-	-	-	-	-
Total Other Funds	\$2,223,263,396	\$2,311,395,282	\$2,326,626,723	\$2,488,161,194	-	-

2021-23

Legislatively Approved Budget



2023-25

Agency Request Budget

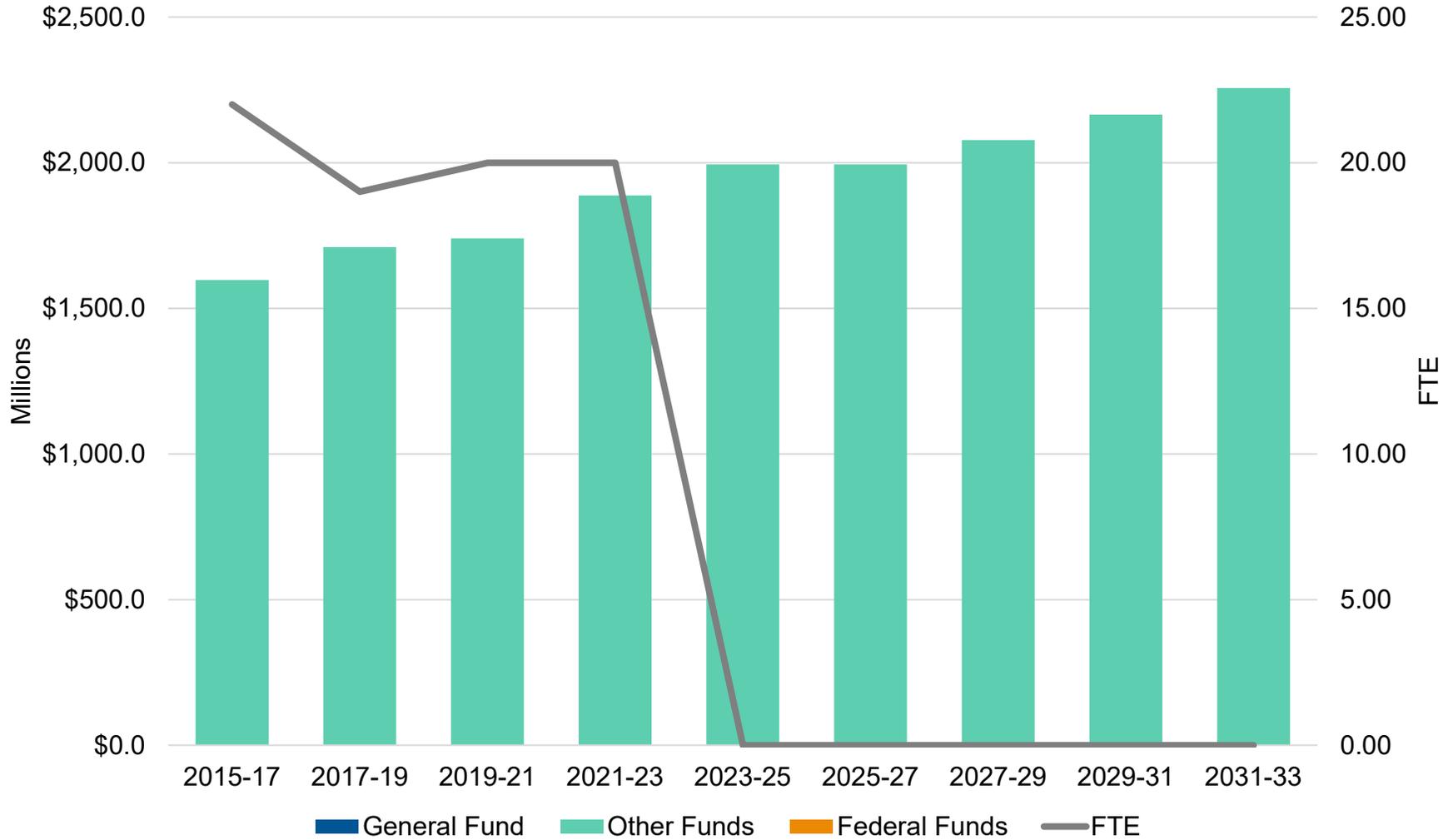
Oregon Educators Benefit Board
(no positions)

OEBB Stabilization
(no positions)

Oregon Health Authority: Oregon Educators Benefit Board

Executive Summary

Program Contact: Ali Hassoun, Director
503-378-2798



Oregon Health Authority: Oregon Educators Benefit Board

Executive Summary

Division overview

The Oregon Educators Benefit Board (OEBB) is a division of the Oregon Health Authority (OHA). OEBB supports the goals of transforming the health care system in Oregon and fundamentally improving how care is paid for and delivered. The OEBB board's mission is to provide a comprehensive selection of benefit plan options for most of Oregon's K-12 school districts, education service districts and community colleges, as well as a number of charter schools and some special districts and local governments. OEBB's benefit plans are designed to be flexible and accommodate the needs of employers and members.

Funding request

The OEBB requests funding for the 2023-25 biennium to continue current service levels, which includes cost growth for OEBB core benefits at 3.4 percent for both the 2023-2024 and 2024-2025 plan years. The request also includes OEBB's portion of replacement costs for both the OEBB and PEBB benefits management systems. All OEBB expenditures are categorized as Other Funds.

Program descriptions

OEBB serves entity employees, early retirees, COBRA enrollees and their family members, in more than 256 publicly funded entities throughout Oregon. OEBB serves its members and entities year-round.

The OEBB board designs and maintains a full range of benefit plans for eligible publicly funded entities to offer to their employees, early retirees and COBRA enrollees. Plans include medical, dental, vision, life, disability, accidental death and dismemberment, long term care, an employee assistance program, a health savings account and flexible spending accounts.

Rising health care costs are a primary cost driver for OEBB. OEBB has recognized and taken steps to provide incentives for appropriate care and condition management through benefit plan design with the goal of containing costs and using alternative payment models to control costs. OEBB strives to keep benefit plans affordable and

Oregon Health Authority: Oregon Educators Benefit Board

Executive Summary

stable while providing quality care to members. OEBB has managed benefit costs to well below national trend throughout its history and continues to meet a legislatively capped annual 3.4 percent increase on premiums and costs on behalf of members.

Program justification and link to long-term outcomes

OEBB was established to eliminate the wide-ranging disparities among health plans offered by educational entities and for responding to the rapidly rising costs of health care. A statewide pool such as OEBB creates purchasing power and avoids unstable premium swings. Streamlining administration and eliminating third-party fees and duplication of work were also large cost savers upon the formation of OEBB. Educational entities benefit from cost predictability and controlling of expenditures year-over-year.

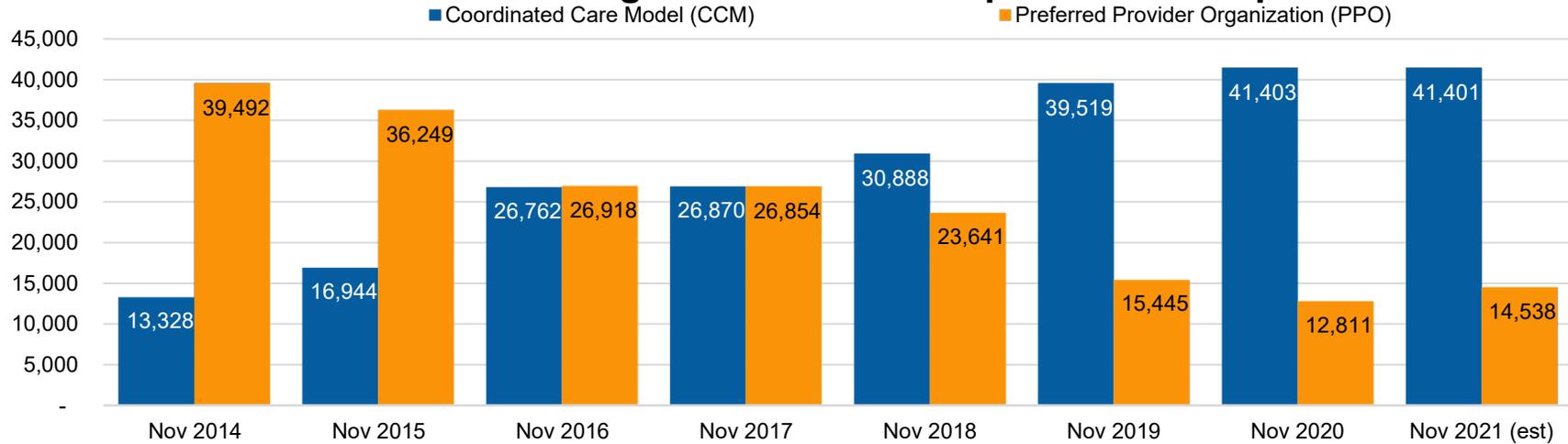
Transforming health care and advancing health equity

The OEBB board has made transforming the health care delivery system a priority and envisions advancing health care transformation with plans that coordinate care. OEBB has partnered with its “sister program” the Public Employees’ Benefit Board (PEBB) in the shared innovation strategy referred to as the “Coordinated Care Model” (CCM). Both boards are continuing to add these systems of care throughout the state with a focus on integrated care and reducing health care costs and health disparities. In 2021, PEBB and OEBB formed a joint subgroup of the boards focused on ensuring health equity, called the “Joint Subcommittee on Health Equity.” The committee consists of two board members from each board, expert consultants, and staff. The committee supports OHA’s goal of eliminating health inequities by 2030.

OEBB and PEBB are fully committed to working together to leverage their purchasing power across the state and have started working with the Insurance Marketplace to further leverage the state’s healthcare purchasing power. The “Joint PEBB and OEBB Innovation Workgroup” was formed in 2018 with board members from each board and legislators to develop strategies on cost containment, how to best leverage claims data stores for analysis of quality and cost performance, and developing payment initiatives to ensure meeting the 3.4 percent cap every year.

Executive Summary

OEBB Member migration from a PPO plan to a CCM plan



Value-based benefits

Traditional fee-for-service models provide payment for each health care visit, service, or test. Value-based payments shift focus from volume to value by rewarding providers for delivering high quality care that supports improved outcomes and slower cost growth. As shown in the table below, OEBB and PEBB health plans currently incorporate a variety of value-based payment strategies to incentivize provider quality and efficiency. Many of the general strategies used align with value-based payment approaches also used by coordinated care organizations (CCOs) serving Oregon’s Medicaid population.

Oregon Health Authority: Oregon Educators Benefit Board

Executive Summary

Many of the strategies used by PEBB & OEGB align with value-based payment approaches also used by coordinated care organizations (CCOs) serving Oregon’s Medicaid population.

	OEGB	PEBB	CCO
Infrastructure payments			
Pay for reporting			
Pay for performance			
Shared savings with upside risk			
Shared savings upside and downside risk			
Condition-specific population-based payment			
Comprehensive population-based payment			
Integrated finance and delivery system			

OEGB and PEBB continue to work toward increasing the percentage of total health care payments that use value-based approaches and have identified future year targets that closely align with those established for CCOs. OEGB and PEBB currently have approximately 47 percent of total medical expenditures in a VBP arrangement with a goal of 70 percent by 2024, thereby matching the goals as defined in CCO 2.0.

OEGB quality measures and fees at risk

In the 2023-25 biennium, OEGB will continue to include quality measures and performance targets in health plan contracts to support better health, better care, and lower cost. The specific quality measures selected will be based on the Statewide Aligned Quality Measures menu developed by the Health Plan Quality Metrics Committee for coordinated care organizations (CCOs), PEBB and OEGB plans, and the Oregon Health Insurance Marketplace.

Wellness initiatives and promoting member health

OEGB supports prevention and member wellness by offering members access to no-cost wellness programs. Wellness programs help members in a variety of ways, including helping people with chronic conditions live healthier lives, helping prevent the onset of diabetes; providing emotional, social and financial health services; helping overcome tobacco use; and helping achieve and maintain weight loss goals.

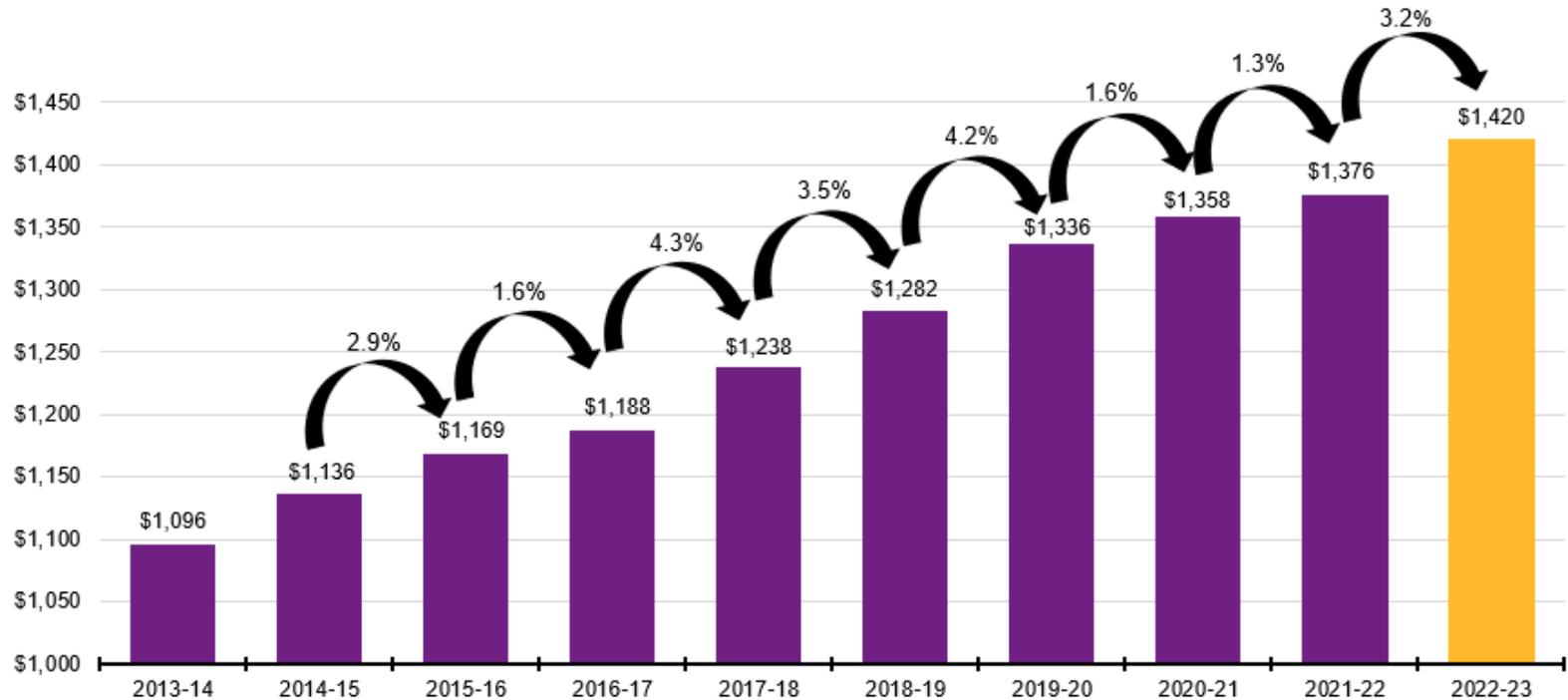
Executive Summary

Program performance

OEBB has met the 3.4 percent overall expenditure increase and annual premium increase “test” nearly every year since 2012 (see below). Fulfilling the growth cap has been done by executing on cost containment strategies and promoting program efficiencies. OEBB faces challenges in meeting the 3.4 percent tests as a payer in the commercial market in battling trend, provider market leveraging and the timing of the annual growth cap. From 2020-2022, the global pandemic heavily impacted utilization levels. The “bounce-back” of deferred care and quantifying the impact on the health of OEBB members will be better understood in upcoming claims cycles.

Actual per employee per month (PEPM) costs with projected 2022-23

- Historical Increase in Medical, Dental, and Vision PEPM, excluding the change in insurance taxes/fees



Oregon Health Authority: Oregon Educators Benefit Board

Executive Summary

Strategies for success

OEBB is incorporating key elements of the coordinated care model into all OEBB medical plans. They are particularly evident in the structure of the Moda Health PCP 360 plans, as well as the fully integrated health care delivery system inherent in the Kaiser Permanente plans.

The OEBB board and staff are committed to our mission and guiding principles and have developed strategies to achieve long-term results:

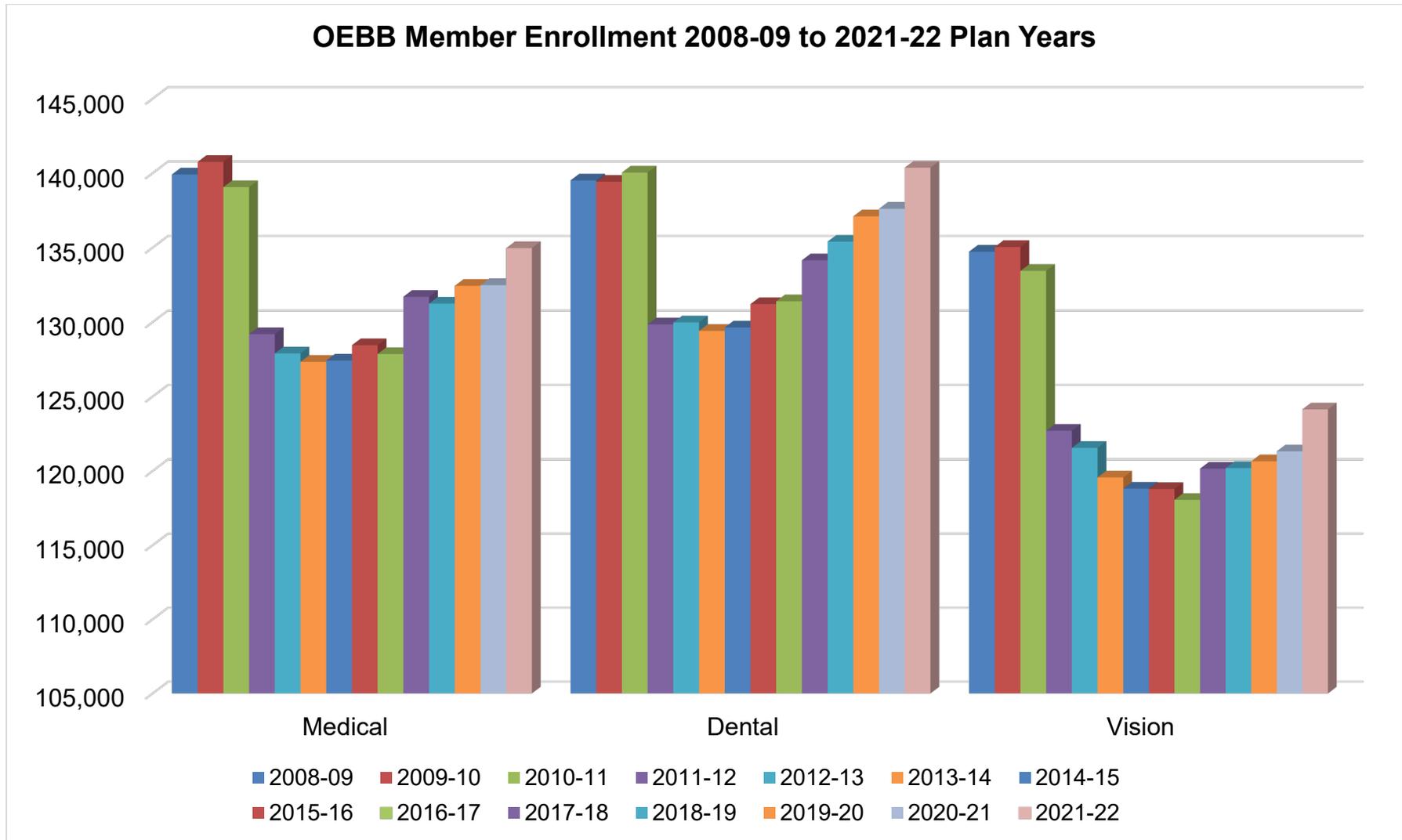
- Offer high-quality, affordable health plans.
- Support member wellness and population health.
- Create streamlined operations and organization effectiveness.
- Provide enhanced member outreach and communications.
- Create a financially sustainable organization.

Benefit highlights for the 2021-22 plan year

- OEBB will continue to offer the same medical, dental and vision plans through Moda, Kaiser, Willamette Dental and VSP for the 2022-23 Plan Year. All deductible levels, copayments, coinsurance levels and out-of-pocket maximums will continue.
- All medical plans will include an enhanced virtual telehealth service.
- Moda plans will see continued innovation with its member concierge service, Moda360. Moda360 provides OEBB members with specialized service navigators to provide extra assistance to get the care they need, find quality providers, resolve claims or billing issues, schedule appointments or find health care resources. Moda360 includes additional services such as expanded telemedicine, diabetes care programs and enhanced behavioral health services.

Oregon Health Authority: Oregon Educators Benefit Board

Executive Summary



*drop in enrollments in plan year 2011-12 was due to a recession.

Executive Summary

Enabling legislation/program authorization

OEBB was established by Senate Bill 426 (2007). House Bill 2279 (2013) expanded participation eligibility to include local governments and special districts. The OEBB board functions and responsibilities are authorized by ORS 243.860 to 243.886.

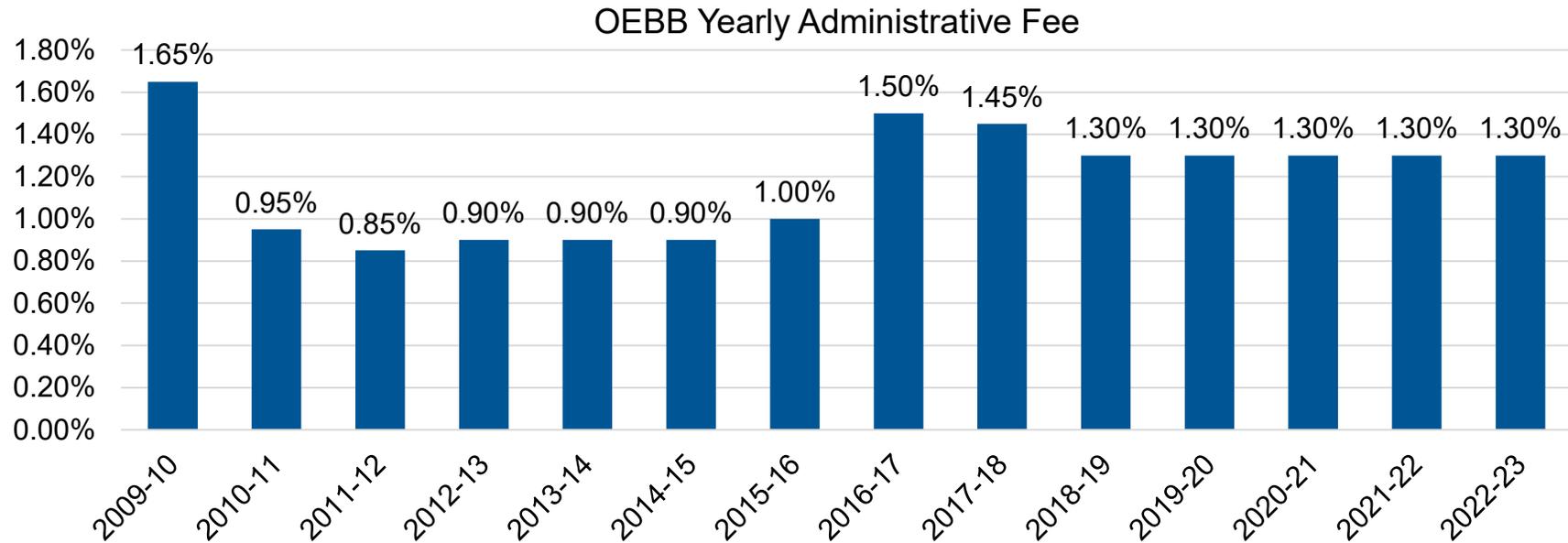
Funding streams

OEBB is funded entirely with Other Funds. ORS 243.880 authorizes the Oregon Educators Benefit Account to cover administration expenses. The account's revenue is generated by an administrative assessment paid by members along with their premiums. The administrative assessment cannot exceed 2 percent of total monthly premiums. The administrative fee is the sole source of revenue for the OEBB benefits program.

Oregon Health Authority: Oregon Educators Benefit Board

Executive Summary

ORS 243.884 authorizes the Oregon Educators Revolving Fund to pay premiums, control expenditures, provide self-insurance and stabilize premiums.



Significant proposed program changes from 2021-23

Changes from the 2021-23 biennium include one policy package: #426 OEBB-PEBB Benefit Management System (BMS).

Policy package #426 BMS will allow OEBB and PEBB to combine enrollment system, enhance and modernize members and administrator experience. Top modernization goals include:

- The ability to implement and maintain latest security best practices.
- Mobile app compatibility.
- Compatibility with commonly used browsers, operating systems and devices.
- Flexibility to accommodate business partners' and customers' needs.

Executive Summary

- Expanded automated error checking and data validation.
- Availability of on-demand enrollment and training tools for members and administrators.
- Self-service tools and features for members and administrators.
- Automated dependent eligibility verification among and between OEGB and PEBB member groups.

OEGB and PEBB are in the initial stages of the replacement BMS implementation with their contracted vendor utilizing policy package funding from the current biennium. This policy package will fund the remaining implementation activities including additional project staffing, vendor implementation costs, hosting and licensing fees, oversight fees for quality assurance, and contingency allowances. The implementation plan outlined by the selected vendor, LifeWorks, is a 23-month implementation plan with a go live date in the second quarter of 2024.

Oregon Health Authority: Health Policy and Analytics

Oregon Educators Benefit Board

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2019-21	\$0.00	\$1,887.46	\$0.00	\$1,887.46	20	20.00
Agency Request 2021-23	\$0.00	\$1,994.47	\$0.00	\$1,994.47	0	0.00
Difference	\$0.00	\$107.01	\$0.00	\$107.01	-20	-20
Percent Change	0%	6%	0%	6%	-100%	-100%

The Agency Request Budget includes funding for the 2023-25 biennium to continue current service levels, which includes cost growth for OEGB medical premiums, both self-insured and fully insured, at 3.4 percent. It also includes policy package #435 for OEGB's portion of replacement costs for both the OEGB and PEBB benefits management systems.

Activities, programs and issues in the program unit base budget

The Oregon Educators Benefit Board (OEGB) was established by the 2007 Legislature. OEGB provides a comprehensive selection of benefit plan options for most of Oregon's K-12 school districts, education service districts and community colleges, as well as a number of charter schools and local governments across the state. OEGB offers a multitude of plans that resemble an "exchange." OEGB started offering medical, dental, and vision coverage in 2008 and has since added a broad range of additional benefits including life, accidental death and dismemberment (AD&D), short-term and long-term disability and long-term care insurance, as well as an employee assistance program (EAP), a health savings account (HSA), flexible spending accounts (FSAs), and commuter savings accounts. Each of the 256 employer entities OEGB serves maintains a unique service area, eligibility requirements, cost sharing with employees, and diverse populations. The law prohibits those entities, with certain exceptions, from offering benefit plans other than those offered by the Board. Unlike PEBB, all plans are fully

Oregon Educators Benefit Board

insured. OEBB has prioritized choice in plan options for employers and employees, and consequently offer a large number of different plans.

OEBB was created to eliminate the wide-ranging disparities between health plans offered by school districts and to respond to the rapidly rising costs of health care. House Bill 2279 (2013) expanded participation eligibility to include local governments and special districts. A statewide pool, such as OEBB, creates purchasing power and avoids unstable premium swings experienced by school districts with volatile claims experience. Streamlining administration and eliminating third-party fees and duplication of work were also large cost savers upon the formation of OEBB. School districts benefit from cost predictability and controlling of expenditures year-over-year. In addition to OEBB's cost goals, OEBB plans emphasize coordinated care model features. Coordinated care means the member's primary care physician works with specialists, hospitals and other providers in a coordinated fashion to ensure optimal and efficient care for members. All the plan design changes implemented since the 2020-21 Plan Year have focused on advancing preventive care and coordinated care principles.

Key components of the OEBB program include:

- Value-added plans that provide high-quality care and services at an affordable cost to members.
- Collaboration with districts, members, carriers and providers that ensures a focused approach on the design and delivery of benefit plans and services.
- Support of improvement in members' health status through a variety of measurable programs and services.
- Implementing measurable goals and programs that hold carriers and providers accountable for health outcomes.
- Encouraging members to take responsibility for their own health outcomes.
- Top-of-class customer service.

Oregon Educators Benefit Board

Transforming Health Care

The OEGB board has made transforming the health care delivery system a priority and envisions advancing health care transformation with plans that coordinate care. OEGB has partnered with its “sister program” the Public Employees’ Benefit Board (PEBB) in the shared innovation strategy referred to as “Coordinated Care Model” plans. OEGB and PEBB believe the coordinated care model (CCM) is essential for achieving success in managing overall costs. For the 2022-23 plan year, OEGB continued its further enhancement the CCM offerings with more duties for the health navigators. Health navigators are personal health coaches that provide members with assistance in scheduling appointments, billing questions, claims and appeals, care programs and prior authorizations allowing members to better coordinate their health care. Both boards continue to add these systems of care throughout Oregon with a focus on integrated care and reducing health care costs and eliminating health disparities. The boards would like to further pursue plans and providers that use creative and innovative evidence-based practices, specifically in social determinants of health.

As the board evaluates plan offerings in an annual contract renewal with plans, it focuses on maintaining sustainable, affordable, equitable and high-quality benefit plan options across the entire state. Strategies include:

- Engage employers regularly to ensure the affordability definition remains relevant to all participating entities.
- Monitor and audit utilization and plan performance to ensure high quality benefits.
- Incorporate criteria specific to legislative cost requirements (3.4 percent renewal increase cap) into carrier contracts.
- Require proposers to outline their plans and specific steps they will take to promote these criteria in medical offices and care locations around the state.
- Incentivize coordinate care plans and improve access to culturally specific services across the state.
- Integrate coordinated, patient-centered care – physical, mental and dental.
- Demonstrate improved health outcomes.
- Embrace alternative payment models.

Oregon Health Authority: Health Policy and Analytics

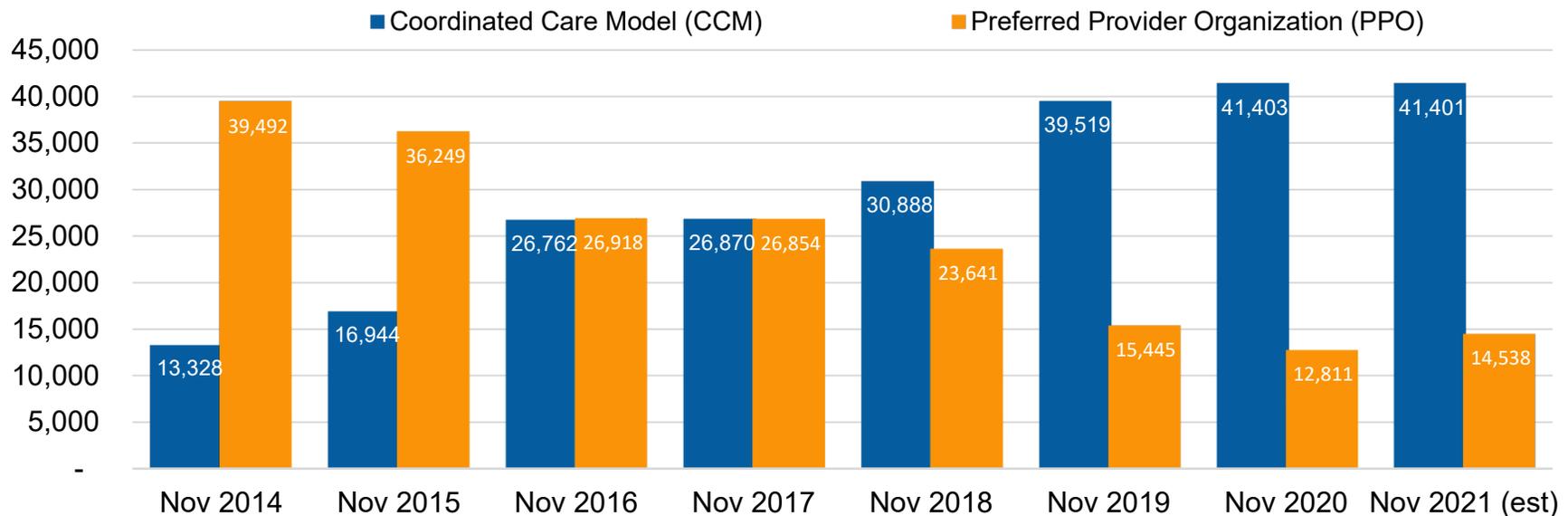
Oregon Educators Benefit Board

OEBB also actively engages in OHA committees, including:

- Primary Care Payment Reform Collaborative.
- Health Plan Quality Metrics Committee to support adoption of aligned quality incentives.
- Pharmacy Cost Collaborative.

The board is dedicated to moving away from a “fee-for-service” model and incentivizes members to enroll in a Coordinated care model plan. The following graphic illustrates OEBB members moving from a preferred provider organization (PPO) plan to a coordinated care model (CCM) plan with a lower cost shares.

OEBB Member migration from a PPO plan to a CCM plan



Oregon Educators Benefit Board

OEBB cost containment programs

OEBB has recognized and taken steps to provide incentives for appropriate care and management of chronic conditions through benefit plan design with the goal of containing costs:

- Members have no copayment, coinsurance, or deductible for office visits associated with management of certain chronic conditions (asthma, diabetes, cardiovascular disease and congestive heart failure).
- Value pharmacy benefit provides medications used to manage common chronic conditions with no copayment.
- Condition management and prevention programs offered at no out-of-pocket cost to members under OEBB and PEBB medical plans, including evidence-based programs for members living with a chronic condition and prevention programs that specifically target members at risk of developing diabetes.
- Additional copays were included to discourage the use of certain procedures and treatments that had less-invasive options that were equally effective.

OEBB has also used alternative payment models to control cost including:

- Reference pricing for joint replacement and gastric bypass services.
- Shared risk payment models for its Moda PCP 360 medical plans.

OEBB quality measures and fees at risk

In the 2023-25 biennium OEBB will continue to include quality measures and performance targets in health plan contracts to support better health, better care, and lower cost. The specific quality measures selected will be based on the Statewide Aligned Quality Measures menu developed by the Health Plan Quality Metrics Committee for coordinated care organizations (CCOs), PEBB and OEBB plans, and the Oregon Health Insurance Marketplace.

Oregon Health Authority: Health Policy and Analytics

Oregon Educators Benefit Board

Wellness initiatives and promoting member health

OEBB supports prevention and member wellness by offering members access to no-cost wellness programs. Wellness programs help members in a variety of ways, including helping people with chronic conditions live healthier lives, helping prevent the onset of diabetes; providing emotional, social and financial health services; helping overcome tobacco use; and helping achieve and maintain weight loss goals.

OEBB has met the 3.4 percent overall expenditure increase and annual premium increase “test” nearly every year since 2012. Fulfilling the growth cap has been done by executing on cost containment strategies and promoting program efficiencies. OEBB faces challenges in meeting the 3.4 percent tests as a payer in the commercial market in battling trend, provider market leveraging and the timing of the annual growth cap. From 2020-2022, the global pandemic heavily impacted utilization levels. The “bounce-back” of deferred care and quantifying the impact on the health of OEBB members will be better understood in upcoming claims cycles.

Policy Package 426 OEBB-PEBB Benefit Management Replacement System

The Legislatively Adopted Budget for OEBB and PEBB includes additional funding to continue with the Benefit Management System (BMS) replacement project, which will allow OEBB and PEBB to combine enrollment systems, enhance and modernize members and administrator experience. Top modernization goals include:

- The ability to implement and maintain latest security best practices.
- Mobile app compatibility.
- Compatibility with commonly used browsers, operating systems and devices.
- Flexibility to accommodate business partners’ and customers’ needs.
- Expanded automated error checking and data validation.
- Availability of on-demand enrollment and training tools for members and administrators.
- Self-service tools and features for members and administrators.
- Automated dependent eligibility verification among and between OEBB and PEBB member groups.

Oregon Educators Benefit Board

OEBB and PEBB are in the initial stages of the replacement BMS implementation with their contracted vendor utilizing policy package funding from the current biennium. This policy package will fund the remaining implementation activities including additional project staffing, vendor implementation costs, hosting and licensing fees, oversight fees for quality assurance, and contingency allowances. The implementation plan outlined by the selected vendor, LifeWorks, is a 23-month implementation plan with a go live date in the second quarter of 2024.

Revenue sources and changes

Oregon Revised Statute (ORS) 243.880 established the Oregon Educators Benefit Account to cover administration expenses. The account's revenue is generated through an administrative fee included in premiums for OEBB medical, dental and vision benefits, which is considered Other Funds revenue. By statute, the administrative fee cannot exceed 2 percent of total monthly premiums. ORS 243.882 prohibits the balance in the account from exceeding 5 percent of the monthly total of employer and employee contributions for more than 120 days.

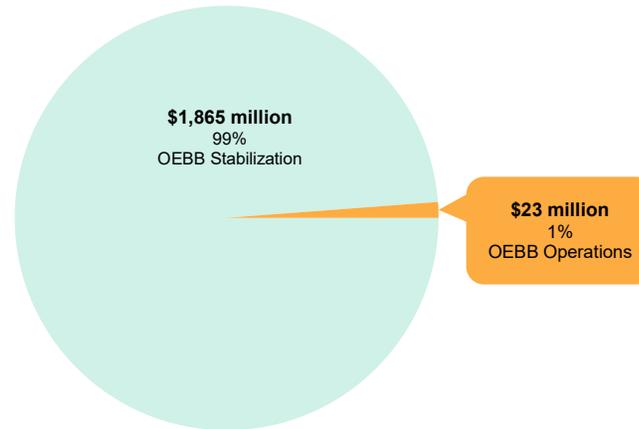
ORS 243.884 established the Oregon Educators Revolving Fund to pay premiums, control expenditures, provide self-insurance and subsidize premiums.

Proposed new laws that apply to the program unit

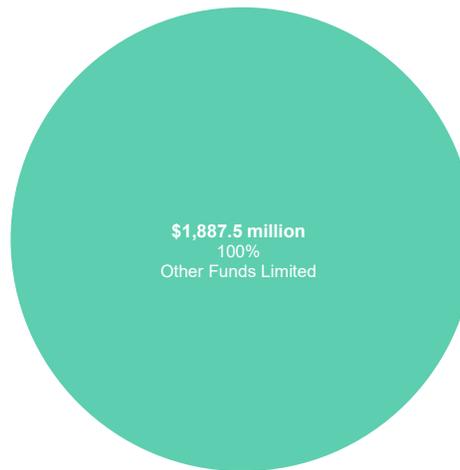
None.

Oregon Health Authority
2021-23 Legislatively Approved Budget

Oregon Educators Benefit Board by Program
\$1,887 million Total Funds

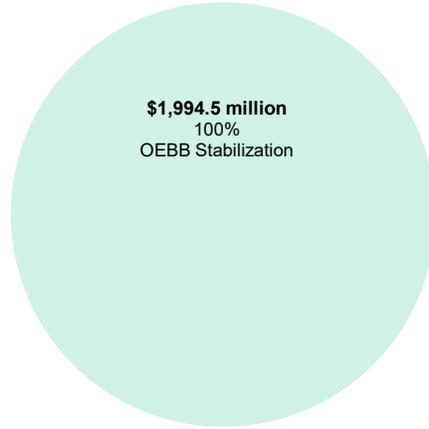


Oregon Educators Benefit Board by Program
\$1,887 million Total Funds

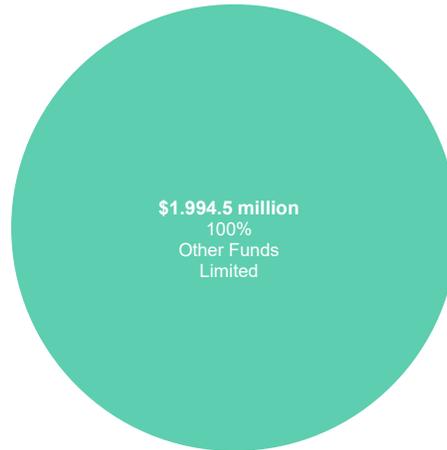


Oregon Health Authority
2023-25 Agency Request Budget

Oregon Educators Benefit Board by Program
\$1,994.5 million Total Funds



Oregon Educators Benefit Board by Program
\$1,994.5 million Total Funds



ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
 Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	46,889	-	-	-	46,889
Total Revenues	-	-	\$46,889	-	-	-	\$46,889
Personal Services							
Temporary Appointments	-	-	1,738	-	-	-	1,738
All Other Differential	-	-	4,137	-	-	-	4,137
Public Employees' Retire Cont	-	-	741	-	-	-	741
Pension Obligation Bond	-	-	7,719	-	-	-	7,719
Social Security Taxes	-	-	449	-	-	-	449
Paid Family Medical Leave Insurance	-	-	17	-	-	-	17
Vacancy Savings	-	-	32,088	-	-	-	32,088
Total Personal Services	-	-	\$46,889	-	-	-	\$46,889
Services & Supplies							
Professional Services	-	-	-	-	-	-	-
IT Expendable Property	-	-	-	-	-	-	-
Total Services & Supplies	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	-	-	46,889	-	-	-	46,889
Total Expenditures	-	-	\$46,889	-	-	-	\$46,889

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
 Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
 Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	(6,478,477)	-	-	-	(6,478,477)
Total Revenues	-	-	(\$6,478,477)	-	-	-	(\$6,478,477)
Services & Supplies							
Professional Services	-	-	(1,880,000)	-	-	-	(1,880,000)
IT Expendable Property	-	-	(4,598,477)	-	-	-	(4,598,477)
Total Services & Supplies	-	-	(\$6,478,477)	-	-	-	(\$6,478,477)
Total Expenditures							
Total Expenditures	-	-	(6,478,477)	-	-	-	(6,478,477)
Total Expenditures	-	-	(\$6,478,477)	-	-	-	(\$6,478,477)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	79,333,169	-	-	-	79,333,169
Total Revenues	-	-	\$79,333,169	-	-	-	\$79,333,169
Services & Supplies							
Instate Travel	-	-	3,500	-	-	-	3,500
Employee Training	-	-	1,086	-	-	-	1,086
Office Expenses	-	-	6,935	-	-	-	6,935
Telecommunications	-	-	5,079	-	-	-	5,079
Publicity and Publications	-	-	20,241	-	-	-	20,241
Professional Services	-	-	460,732	-	-	-	460,732
IT Professional Services	-	-	331,963	-	-	-	331,963
Attorney General	-	-	183,303	-	-	-	183,303
Employee Recruitment and Develop	-	-	431	-	-	-	431
Dues and Subscriptions	-	-	147	-	-	-	147
Agency Program Related S and S	-	-	1,532	-	-	-	1,532
Intra-agency Charges	-	-	547	-	-	-	547
Other Services and Supplies	-	-	1,045	-	-	-	1,045
Expendable Prop 250 - 5000	-	-	1,810	-	-	-	1,810
IT Expendable Property	-	-	713	-	-	-	713
Total Services & Supplies	-	-	\$1,019,064	-	-	-	\$1,019,064

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Other Special Payments	-	-	78,314,105	-	-	-	78,314,105
Total Special Payments	-	-	\$78,314,105	-	-	-	\$78,314,105
Total Expenditures							
Total Expenditures	-	-	79,333,169	-	-	-	79,333,169
Total Expenditures	-	-	\$79,333,169	-	-	-	\$79,333,169
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 032 - Above Standard Inflation

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	37,292,431	-	-	-	37,292,431
Total Revenues	-	-	\$37,292,431	-	-	-	\$37,292,431
Special Payments							
Other Special Payments	-	-	37,292,431	-	-	-	37,292,431
Total Special Payments	-	-	\$37,292,431	-	-	-	\$37,292,431
Total Expenditures							
Total Expenditures	-	-	37,292,431	-	-	-	37,292,431
Total Expenditures	-	-	\$37,292,431	-	-	-	\$37,292,431
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 033 - Exceptional Inflation

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	13,425,275	-	-	-	13,425,275
Total Revenues	-	-	\$13,425,275	-	-	-	\$13,425,275
Special Payments							
Other Special Payments	-	-	13,425,275	-	-	-	13,425,275
Total Special Payments	-	-	\$13,425,275	-	-	-	\$13,425,275
Total Expenditures							
Total Expenditures	-	-	13,425,275	-	-	-	13,425,275
Total Expenditures	-	-	\$13,425,275	-	-	-	\$13,425,275
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Charges for Services	-	-	(122,921)	-	-	-	(122,921)
Admin and Service Charges	-	-	(17,306,990)	-	-	-	(17,306,990)
Total Revenues	-	-	(\$17,429,911)	-	-	-	(\$17,429,911)
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	(3,516,024)	-	-	-	(3,516,024)
Temporary Appointments	-	-	(43,126)	-	-	-	(43,126)
All Other Differential	-	-	(102,646)	-	-	-	(102,646)
Empl. Rel. Bd. Assessments	-	-	(1,060)	-	-	-	(1,060)
Public Employees' Retire Cont	-	-	(646,141)	-	-	-	(646,141)
Pension Obligation Bond	-	-	(191,035)	-	-	-	(191,035)
Social Security Taxes	-	-	(280,124)	-	-	-	(280,124)
Paid Family Medical Leave Insurance	-	-	(13,975)	-	-	-	(13,975)
Worker's Comp. Assess. (WCD)	-	-	(920)	-	-	-	(920)
Flexible Benefits	-	-	(792,000)	-	-	-	(792,000)
Total Personal Services	-	-	(\$5,587,051)	-	-	-	(\$5,587,051)
Services & Supplies							
Instate Travel	-	-	(86,832)	-	-	-	(86,832)
Employee Training	-	-	(26,949)	-	-	-	(26,949)
Office Expenses	-	-	(172,047)	-	-	-	(172,047)
Telecommunications	-	-	(126,004)	-	-	-	(126,004)
Publicity and Publications	-	-	(502,162)	-	-	-	(502,162)
Professional Services	-	-	(5,696,321)	-	-	-	(5,696,321)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 060 - Technical Adjustments

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
IT Professional Services	-	-	(4,104,269)	-	-	-	(4,104,269)
Attorney General	-	-	(1,220,671)	-	-	-	(1,220,671)
Employee Recruitment and Develop	-	-	(10,699)	-	-	-	(10,699)
Dues and Subscriptions	-	-	(3,639)	-	-	-	(3,639)
Agency Program Related S and S	-	-	(38,000)	-	-	-	(38,000)
Intra-agency Charges	-	-	(13,572)	-	-	-	(13,572)
Other Services and Supplies	-	-	(25,927)	-	-	-	(25,927)
Expendable Prop 250 - 5000	-	-	(44,910)	-	-	-	(44,910)
IT Expendable Property	-	-	(17,695)	-	-	-	(17,695)
Total Services & Supplies	-	-	(\$12,089,697)	-	-	-	(\$12,089,697)
Total Expenditures							
Total Expenditures	-	-	(17,676,748)	-	-	-	(17,676,748)
Total Expenditures	-	-	(\$17,676,748)	-	-	-	(\$17,676,748)
Ending Balance							
Ending Balance	-	-	246,837	-	-	-	246,837
Total Ending Balance	-	-	\$246,837	-	-	-	\$246,837
Total Positions							
Total Positions	-	-	-	-	-	-	(20)
Total Positions	-	-	-	-	-	-	(20)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 060 - Technical Adjustments

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
 Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							(20.00)
Total FTE	-	-	-	-	-	-	(20.00)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 429 - 988/BH Crisis Sys: Payer Parity

Cross Reference Name: Oregon Educators Benefit Board (OEBB)
 Cross Reference Number: 44300-030-04-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Admin and Service Charges	-	-	816,439	-	-	-	816,439
Total Revenues	-	-	\$816,439	-	-	-	\$816,439
Special Payments							
Other Special Payments	-	-	816,439	-	-	-	816,439
Total Special Payments	-	-	\$816,439	-	-	-	\$816,439
Total Expenditures							
Total Expenditures	-	-	816,439	-	-	-	816,439
Total Expenditures	-	-	\$816,439	-	-	-	\$816,439
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

POS116 - Net Package Fiscal Impact Report

Oregon Educators Benefit Board (OEBB)

2023-25 Biennium

Cross Reference Number: 44300-030-04-00-00000

Current Service Level

Package Number: 60

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
501074	1024010	47660	UA C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	0	3	3,481	-83,544	-61,395	-144,939	-1	-1.00
502121	1024150	66119	UA C1216 A P	ACCOUNTANT 1	23	PF	0	8	5,768	-138,432	-75,650	-214,082	-1	-1.00
504371	1024120	56556	UA C0437 A P	PROCUREMENT & CONTRACT SPE	27	PF	0	9	7,322	-175,728	-85,335	-261,063	-1	-1.00
504381	1024130	2304	UA C0438 A P	PROCUREMENT & CONTRACT SPE	29	PF	0	10	8,443	-202,632	-92,323	-294,955	-1	-1.00
508122	1024070	24892	UA C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	1	5,014	-120,336	-70,950	-191,286	-1	-1.00
508661	1024140	28318	MMN X0865 A P	PUBLIC AFFAIRS SPECIALIST 2	29	PF	0	9	8,831	-211,944	-94,741	-306,685	-1	-1.00
508715	1092930	66247	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,930	-166,320	-82,892	-249,212	-1	-1.00
508722	1022280	14913	UA C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	4	6,659	-159,816	-81,203	-241,019	-1	-1.00
508733	1092920	66246	UA C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	6	7,322	-175,728	-85,335	-261,063	-1	-1.00
510810	1022270	66104	MENN Z0119 A P	EXECUTIVE SUPPORT SPECIALIST	20	PF	0	9	5,700	-136,800	-75,226	-212,026	-1	-1.00
510812	1024020	7172	UA C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	8	4,891	-117,384	-70,184	-187,568	-1	-1.00
510813	1024030	25001	UA C0870 A P	OPERATIONS & POLICY ANALYST 7	23	PF	0	10	6,345	-152,280	-79,246	-231,526	-1	-1.00
510814	1024040	24979	UA C0870 A P	OPERATIONS & POLICY ANALYST 7	23	PF	0	10	6,345	-152,280	-79,246	-231,526	-1	-1.00
510815	1024050	5518	UA C0870 A P	OPERATIONS & POLICY ANALYST 7	23	PF	0	3	4,553	-109,272	-68,077	-177,349	-1	-1.00
512452	1024090	20774	MMN X1245 A P	FISCAL ANALYST 3	30	PF	0	9	9,264	-222,336	-97,440	-319,776	-1	-1.00
570102	1022290	3488	MMS X7083 A P	BUSINESS OPERATIONS MANAGER	35X	PF	0	10	11,802	-283,248	-113,188	-396,436	-1	-1.00
570802	1024100	22156	MMS X7334 A P	Health Policy and Program Manager		PF	0	10	10,720	-257,280	-106,515	-363,795	-1	-1.00
575001	1027440	51518	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575002	1027450	26120	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575003	1164600	66398	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575004	1027470	36294	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575005	1027480	57787	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575006	1027490	66129	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575007	1027500	28037	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575008	1027510	32626	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575009	1027520	41159	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
575010	1027530	43989	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
1013289	1248990	41205	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
1013290	1249000	51519	B Y7500 A E	BOARD AND COMMISSION MEMBE	0	PP	0	0	0	-720	-55	-775	0	0.00
1013301	1252710	11851	UA C0860 A P	PROGRAM ANALYST 1	23	PF	0	10	6,345	-152,280	-79,246	-231,526	-1	-1.00
1013367	1251650	23455	MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	0	9	10,203	-244,872	-103,292	-348,164	-1	-1.00

POS116 - Net Package Fiscal Impact Report

Oregon Educators Benefit Board (OEBB)

2023-25 Biennium

Cross Reference Number: 44300-030-04-00-00000

Current Service Level

Package Number: 60

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1017111	1342320	107623	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	0	9	10,203	-244,872	-103,292	-348,164	-1	-1.00	
										General Funds	0	0	0		
										Lottery Funds	0	0	0		
										Other Funds	-3,516,024	-1,705,436	-5,221,460		
										Federal Funds	0	0	0		
										Total Funds	-3,516,024	-1,705,436	-5,221,460	-20	-20.00

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

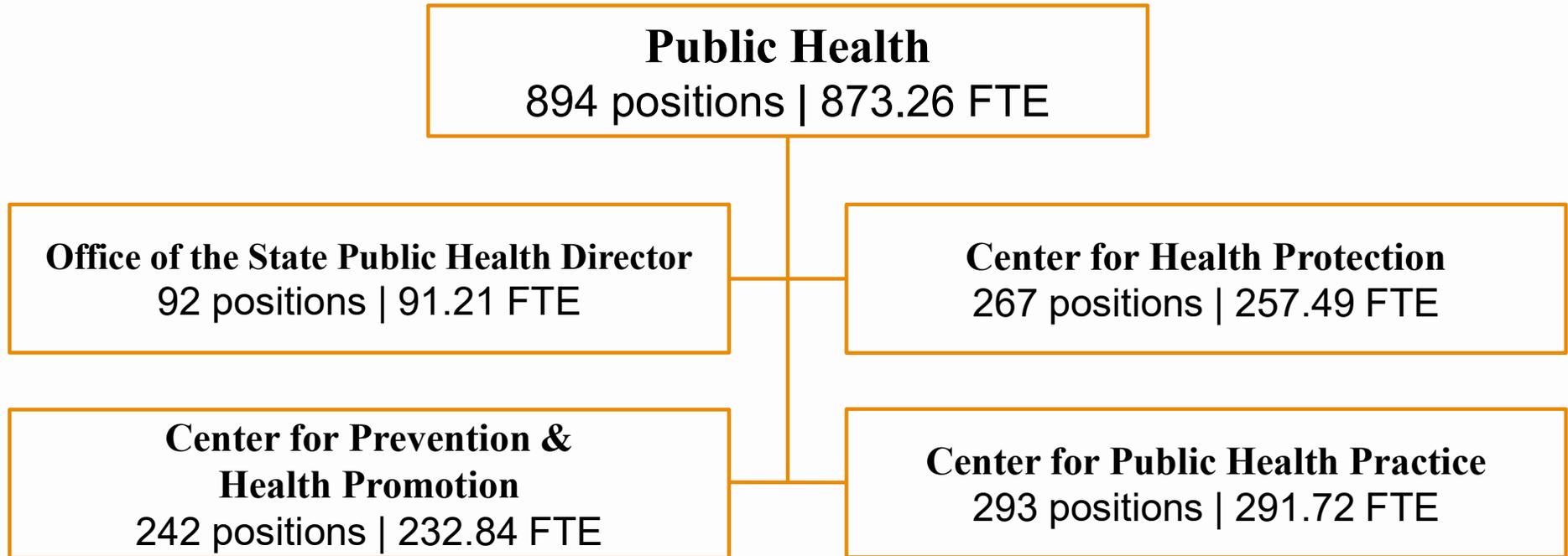
Agency Number: 44300

Cross Reference Number: 44300-030-04-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Charges for Services	-	122,921	122,921	-	-	-
Admin and Service Charges	13,275,000	1,874,723,918	1,887,341,060	1,994,469,796	-	-
Interest Income	1,991,263	-	-	-	-	-
Other Revenues	1,713,612,671	-	-	-	-	-
Total Other Funds	\$1,728,878,934	\$1,874,846,839	\$1,887,463,981	\$1,994,469,796	-	-

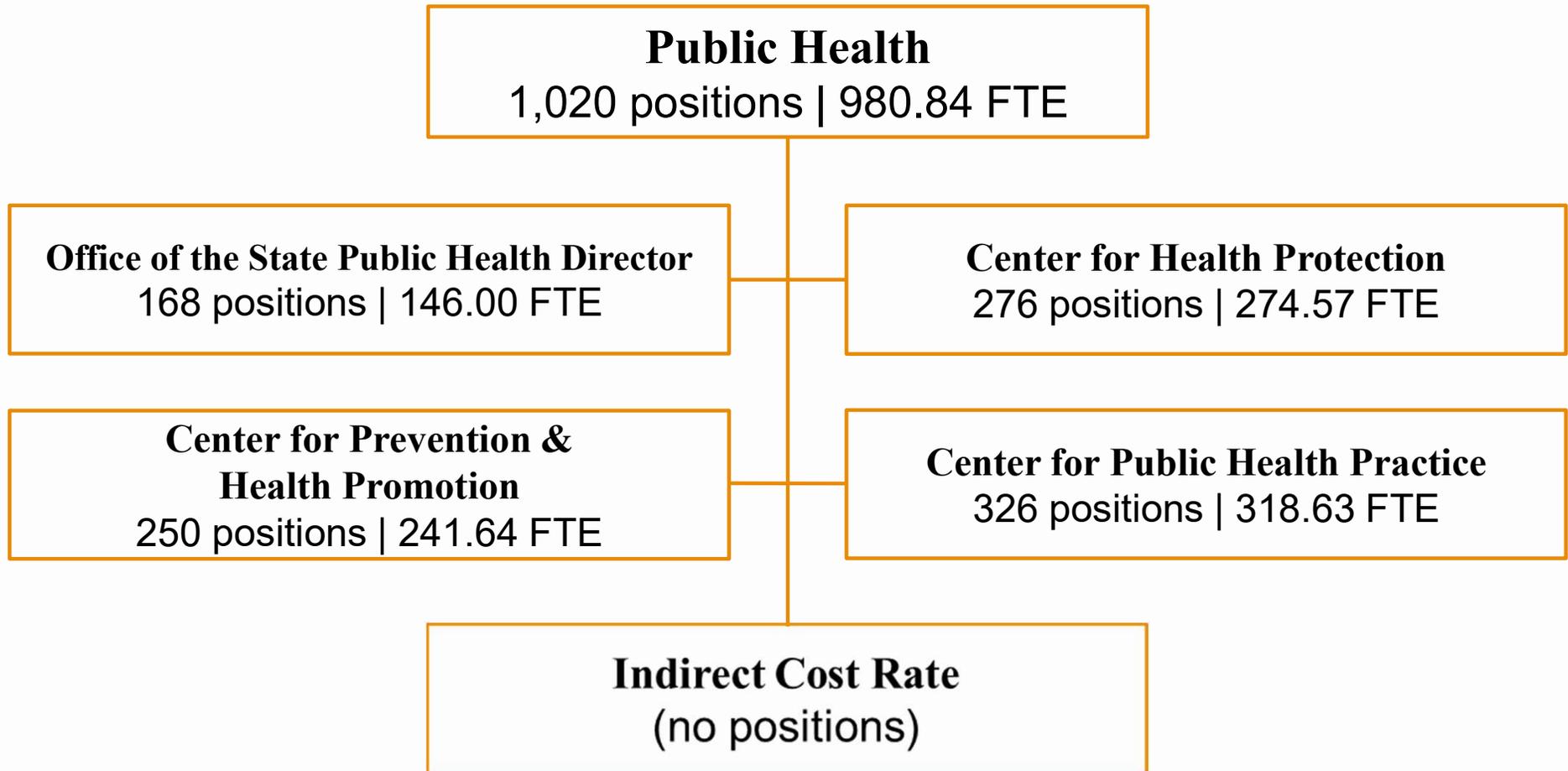
2021-23

Legislatively Approved Budget



2023-25

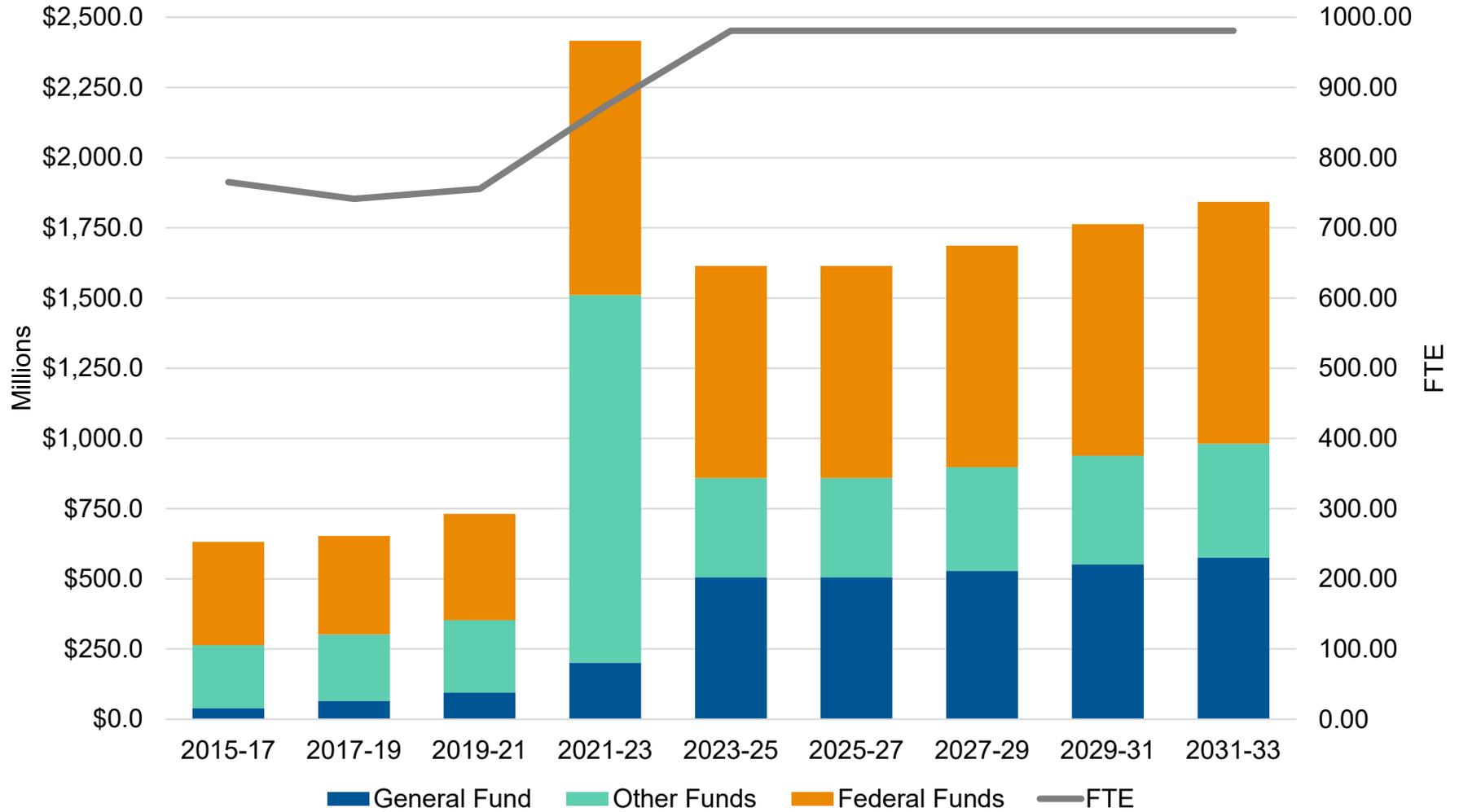
Agency Request Budget



Oregon Health Authority: Public Health Division

Executive Summary

Program Contact: Rachael Banks, Public Health Director
971-673-1222



Oregon Health Authority: Public Health Division

Executive Summary

Division overview

Public health uses equity practice, data and science to achieve better health outcomes, improve care and lower or contain health care costs by preventing the leading causes of death, disease, and injury in Oregon. The OHA Public Health Division (OHA-PHD) works in partnership with local public health authorities (LPHAs), Tribes, community-based organizations (CBOs), health systems and a number of sectors to elevate community priorities for health into programs designed to eliminate health inequities by 2030.

Funding request

OHA-PHD's 2023-25 Agency Request Budget includes phasing out of short-term COVID-19 response funding. The 2023-25 OHA-PHD budget also includes critical investments in state, local, Tribal and community-based public health infrastructure that is necessary to continue progress toward eliminating health inequities through response to ongoing communicable disease threats; environmental health hazards including wildfire, extreme heat and water quality; and continued implementation of voter-approved and legislatively mandated public health programs that are implemented across Oregon communities.

Program descriptions

The mission of OHA-PHD is to promote health and prevent the leading causes of death, disease, and injury in Oregon. The OHA-PHD vision is lifelong health for all people in Oregon. OHA-PHD implements the 2020-24 State Health Improvement Plan (SHIP), Healthier Together Oregon through 62 strategies are organized in five priority areas: Institutional bias; Adversity, trauma, and toxic stress; Economic drivers of health (including issues related to housing, living wage, food security and transportation); Access to equitable preventive health care; Behavioral health (including mental health and substance use).

The community-led, equity-centered strategies included in Healthier Together Oregon are a result of the work the public health system has done to modernize its practice. Oregon's public health system includes LPHAs, Tribes, CBOs and OHA-PHD. The public health infrastructure developed as a result of public health modernization has

Oregon Health Authority: Public Health Division

Executive Summary

been essential to Oregon's response to COVID-19 and emerging public health threats, including opioids and hMPXV. The ongoing focus on health equity and cultural responsiveness by the public health system has allowed engagement with community members and CBOs to utilize public health data to quickly identify community-level impacts of a public health threat and engage quickly with communities and partners to provide culturally and linguistically responsive communications to keep Oregonians safe.

Program justification and link to long-term outcomes

Public health programs and interventions contribute to reductions in health care costs and improved health outcomes through the community-led initiatives designed to prevent disease and injury. OHA-PHD uses data and culturally and linguistically responsive practices to work toward the OHA goal of eliminating health inequities by 2030. OHA-PHD works with communities that are most impacted by health inequities to collect and share health data to determine priorities for funding and policy. In 2023-25, OHA-PHD will implement public health modernization investments that provide the necessary public health infrastructure to support ongoing and complex public health needs, including the secondary impacts of COVID-19. OHA-PHD will need to phase out short-term COVID-19 Federal Fund investments and phase in other long-term General Fund and Federal Fund investments to sustain investments in communicable disease control and health equity, including cohesive, community-led approaches to equity across OHA-PHD's 100 program areas.

Program performance

OHA-PHD has a system of performance management and quality improvement to inform program implementation. Specifically, OHA-PHD collects and reports annually on SHIP health outcome measures, which are also reflected in the Oregon Health Authority Key Performance Measures and public health accountability measures. In 2023, OHA-PHD will submit its application for reaccreditation with the National Public Health Accreditation Board, further cementing OHA-PHD's public health practice as meeting or exceeding national accreditation standards.

Executive Summary

Enabling legislation/program authorization

OHA-PHD plays a central role in ensuring the health of all people in Oregon. Chapters 431 and 433 of Oregon Revised Statutes set forth hundreds of code sections enabling a wide range of public health activities carried out by state public health and its partners. Federally funded public health programs are implemented according to federal laws.

Funding streams

For the 2023-25 biennium, the OHA-PHD Agency Request Budget comprises 31 percent General Fund, 46 percent Federal Funds and 23 percent Other Funds. Federal revenue includes entitlement grants such as Medicaid and more than 72 categorical grants. As a part of COVID-19 response, OHA-PHD has received over \$700 million in funding from federal grants and CARES Act funds to address both the immediate pandemic and long-term strategic planning to address pandemic and any other future outbreaks. Congress has passed the Consolidated Appropriations Act of 2021 and the American Rescue Plan Act with funding to continue public health response and recovery activities.

OHA-PHD's Other Funds revenue sources include fees for activities in such areas as newborn screening tests; licensing of facilities including hospitals; and statutorily dedicated funds from the Tobacco Use Reduction Account.

Significant proposed program changes from 2021-23

In the 2023-25 biennium, OHA-PHD will continue advancements in public health modernization by continuing a focus on health equity, communicable diseases, environmental health, emergency preparedness and the indirect impacts of COVID-19 on health, such as access to preventive care, behavioral health and community cohesion. COVID-19 has highlighted the critical foundational capabilities and programs necessary to respond to new public health threats and achieve OHA's 10-year goal of eliminating health inequities.

Oregon Health Authority: Public Health Division

Executive Summary

In order to sustain the costs of service delivery in fee-based programs, the 2023-25 OHA-PHD Agency Request Budget includes fee increases for the Newborn Screening Program and the Oregon Environmental Laboratory Accreditation Program (ORELAP).

Additionally, OHA-PHD will implement Senate Bill 1549 – Temporary Staffing Agencies; Senate Bill 1554 (2022) – COVID-19 After Action Report; HB 4098 – Opioid Settlement Fund; House Bill 4077 – Environmental Justice; House Bill 2842 (2021) – Healthy Homes Grant Program; Senate Bill 587 – Tobacco Retail Licensure (2021); Ballot Measure 109 (2020) – Psilocybin Services, among other legislation impacting public health in Oregon.

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2019-21	\$72.15	\$993.63	\$127.74	\$1,193.52	92	91.21
Agency Request 2021-23	\$360.91	\$7.98	\$102.67	\$471.56	168	146.00
Difference	\$288.76	-\$985.65	-\$25.07	-\$721.96	76	54.79
Percent Change	400%	-99%	-20%	-60%	83%	60%

The Agency Request Budget includes funding for the 2023-25 biennium to continue current service levels. It also contains several policy packages to support building health equity and community-focused public health, which includes continuing public health modernization and building local and regional capacity for implementing the Healthier Together Oregon plan.

Activities, programs and issues in the program unit base budget

The Office of the State Public Health Director (OSPHD) guides the strategy, operations, scientific activities, communication, and policies of all public health programs and ensures that Oregon's public health system is effective, efficient and aligned with the OHA goal to eliminate health inequities by 2030. This work includes cross-division coordination of health equity initiatives for the public health system, including health equity training and capacity building, community-led data collection, policy development, strategic planning and workforce diversity recruitment and retention. The office sets state and division-wide public health priorities in collaboration with state and local government agencies, Tribes, and community-based organizations. With support from OSPHD, the Public Health Division is organized into four centers: Center for Public Health Practice, Center for Prevention and Health Promotion, and Center for Health Protection; and the COVID-19 Response and Recovery Unit.

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

OSPHD provides equity, scientific, fiscal, policy and operations leadership to all public health programs and is organized into five units: Finance, Operations, Equity, Policy and Partnerships, and Science and Epidemiology.

The OSPHD Equity Unit provides overall coordination and leadership for public health division-wide strategic initiatives, public health systems change, including workforce development and capacity building related to antiracism and decolonization within public health practice. The Unit leads community-determined statewide public health efforts and collaborates with OHA and Oregon Department of Human Services (ODHS) towards OHA's strategic goal of eliminating health inequities by the year 2030. The Equity Unit mobilizes partners and collaborators to advance health equity, decrease inequities in population health outcomes, and address social determinants of health among underserved populations through statewide community- and culturally-specific strategies including outreach, engagement and equitable service delivery.

OSPHD works to identify and rectify gaps in health equity practice through equity assessments and data; collaborating with the OHA Equity and Inclusion Division, Community Partner Outreach Program, regional health equity coalitions, and affected communities and populations regarding comprehensive health equity planning and development; partnering with communities to determine culturally-specific priorities and invest public health resources in them; improving the collection REALD data to understand health by race, ethnicity and language, gender identity, place, and poverty; and building PHD organizational structures, policies and supports to promote workforce diversity.

The Finance Unit manages the Oregon Health Authority Public Health Division (OHA-PHD) budget process, fiscal management, position management, legislation and contracts with local public health authorities, federally recognized Tribes and community-based organizations.

The Operations Unit manages OHA-PHD human resources, building operations, risk, employee safety and wellness, business continuity, quality improvement activities and workforce development. The Operations Unit leads

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

division wide initiatives that improve the effectiveness of a modern and equity-centered public health system, including maintaining Oregon's Accredited Public Health status. The Operations Unit facilitates optimal public health employee engagement to inform the OHA strategic plan and performance system, PHD strategic planning, workforce recruitment, retention and professional development, and quality improvement initiatives. The Operations Unit also provides oversight and coordination across PHD's Health Information Technology projects; and directs and implements PHD's Continuity of Operations Plan, safety procedures and practices.

The Science and Epidemiology Unit includes population health data collection and reporting, program evaluation, clinical aspects of state public health service delivery, and ethical review of public health studies involving human subjects through the OHA-PHD Institutional Review Board. The Science and Epidemiology Unit aligns public health data and collection reporting around race, ethnicity, language, and disability (REALD) as well as sexual orientation and gender identity (SOGI) data. The unit also supports community-based approaches to public health data collection by working directly with communities of color and Tribal communities to collect, analyze, interpret and report disaggregated public health data that is important to community.

The Policy and Partnerships Unit leads the development and implementation of strategic initiatives to improve equity and the social determinants of health through a modern public health practice. The unit is responsible for supporting legislative policy strategy and administrative rulemaking and developing and implementing statewide plans, which support OHA-PHD's nationally-accredited status, including Oregon's State Health Improvement Plan (SHIP) and the OHA-PHD Strategic Plan. The unit manages cross-division funding programs for 147 community-based organizations, 33 local public health authorities, nine federally-recognized Tribes and one Urban Indian Health Program. The unit cultivates strategic partnerships for a cohesive public health system. The unit staffs the Public Health Advisory Board, which has directed the public health system to lead with racial equity and supported the public health system's commitment to health equity through implementation of public health modernization.

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

OSPHD works with partners to implement Oregon's SHIP, Healthier Together Oregon, which is focused on changing the harmful policies and practices that have created conditions by which communities of color, Tribal communities and communities experiencing other historical and contemporary injustices have not had the same access to health. Healthier Together Oregon implementation is led by the PartnerSHIP, its external advisory committee.

The COVID-19 pandemic continues to have a major impact on the public health system and the core work of the division. Throughout the COVID-19 response, every unit within OSPHD has directly supported the COVID-19 response:

- Equity began within the COVID-19 response to facilitate community listening sessions, invest in communities and develop community-led quality improvement strategies to mitigate unjust health outcomes stemming from the pandemic.
- Finance leads all COVID-19 financial work to date, including contract management, time coding, tracking all expenditures, FEMA reimbursement and management of federal investments in COVID-19 response.
- Operations organizes COVID-19 response and resilience staffing, staff wellness, safety and security, in-office, remote and hybrid facility needs across Oregon, and information technology infrastructure needed for the response.
- Science and Epidemiology provides scientific leadership for the COVID-19 response through the State Health Officer and State Epidemiologist and through analysis of key COVID-19-related health data.
- The Policy and Partnerships Unit provides cohesive COVID-19 response support, including administration of COVID-19 investments to local public health authorities, Tribes, and community-based organizations to provide culturally and linguistically responsive services for people affected by COVID-19. The unit facilitates COVID-19 related administrative rulemaking and administers policy change.

Background information

OSPHD works to ensure that decisions and priorities set in Oregon are community led, supported by public health data and grounded in public health practice and science to work toward OHA's 10-year goal of eliminating health inequities. OSPHD efforts focus on population-wide policy, systems and environmental changes. This work includes extensive coordination with Oregon's local public health authorities, federally recognized Tribes and community-based organizations. State public health programs also partner with a range of state and local agencies and organizations, health care providers, insurers, coordinated care organizations, state and federal agencies and the private sector.

Strategic planning and accountability

As part of national accreditation, OSPHD is responsible to develop an annual report and ongoing support for three prerequisites: a state health assessment, a state health improvement plan, and an organizational strategic plan, developed every five years. In 2018, OSPHD published Oregon's second State Health Assessment, which includes a set of quantitative state population health indicators. State population health indicators are updated annually and serve as the backbone for OSPHD's reporting of OHA-PHD's key metrics, including key performance measures, Oregon's State Health Improvement Plan (SHIP) measures, and public health accountability measures. OSPHD continues to implement REALD and support the use of data to identify and meaningfully address health inequities. From 2018-2020, OSPHD convened the PartnerSHIP, a multisector charged with guiding the development of the 2020-2024 SHIP. The PartnerSHIP used the State Health Assessment and feedback from communities across Oregon to identify the following five priorities for the 2020-2024 SHIP:

- Institutional bias
- Adversity, trauma and toxic stress
- Economic drivers of health (including issues related to housing, living wage, food security and transportation)
- Access to equitable preventive health care
- Behavioral health (including mental health and substance use)

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

Healthier Together Oregon officially launched in September 2020 through its new website, healthiertogetheroregon.org. The PartnerSHIP provides community-based leadership for the plan through 2024. OSPHD has established a cross-OHA Core Group to support implementation of Healthier Together Oregon with the OHA Equity and Inclusion Division, External Relations, Health Policy and Analytics and Health Systems Division. OSPHD partners with Health Policy and Analytics to align implementation of community health improvement plans by local public health authorities, coordinated care organizations and nonprofit hospitals with Healthier Together Oregon so that these plans can also be used to achieve statewide health outcomes.

Public health modernization

Since 2013, OSPHD has provided leadership for Oregon's public health modernization initiative. This effort began with House Bill 2348 (2013), which established the Task Force on the Future of Public Health Services, recommendations from which were used to create House Bill 3100 (2015). Since then, OSPHD has worked to implement the statutes governing public health modernization, including:

- Adopted a series of foundational capabilities and programs for governmental public health, including cultural responsiveness and health equity.
- Changed the composition and role of the Oregon Public Health Advisory Board on January 1, 2016.
- Required an assessment of how foundational capabilities and programs are provided and what resources are needed to achieve full implementation.
- Requires local public health authorities to submit plans for implementing the foundational capabilities and programs no later than December 2025.

Further refinements to the implementation of public health modernization were made with the passage of House Bill 2310 (2017). For the 2017-19 biennium, the Legislature made an initial \$5 million General Fund investment in public health modernization. In the 2019-21 biennium, the Legislature added an additional \$10 million General Fund investment for public health modernization. The \$45 million investment in public health modernization for the 2021-

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

23 supports significant investments in community-based organizations, local public health authorities, tribes and OHA-PHD in order to:

- Continue to enhance regional infrastructure created during the 2019-21 biennium, including regional epidemiologist positions, data analysis and surge capacity agreements.
- Build public health system strategies for health equity and cultural responsiveness, community partnership development, assessment and epidemiology, leadership and organizational competencies, and communicable disease and environmental health interventions.
- Implement local and Tribal public health modernization plans.
- Build community-specific climate resilience strategies for communities most impacted by wildfires, smoke and extreme heat.
- Center community in communicable disease and emergency preparedness communications and responses.
- Update public health surveillance systems to be co-designed with communities and researchers from Tribal and communities of color, incorporate new data collection methods, and provide more granular levels of data.
- Evaluate the effectiveness of the public health modernization investment, including annual collection and reporting of public health accountability measures.

Per ORS 431.123, the Public Health Advisory Board, a 17-member committee of the Oregon Health Policy Board, supports implementation of public health modernization through three subcommittees:

- The Incentives and Funding Subcommittee is charged with developing a formula for distributing state funds for local public health authorities using the criteria set forward in ORS 431.380.
- The Accountability Metrics Subcommittee manages a series of quality measures for which state and local public health authorities will be financially accountable through the implementation of public health modernization.
- The Strategic Data Plan Subcommittee develops community-based plans for improving the quality of public health surveys and implementation of REALD.

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

The Public Health Advisory Board also provides oversight for Oregon's State Health Assessment, SHIP and the Preventive Health and Health Services Block Grant.

The public health infrastructure developed as a result of public health modernization has been essential to Oregon's response to COVID-19 and low case numbers relative to other states of a similar size and geography. Specifically, Oregon benefited from additional state and local epidemiologist positions to track data to quickly manage and respond to outbreaks; the Surge Epidemiologist brought on by public health modernization led outbreak investigation and COVID-19 support with the Department of Corrections and Oregon Youth Authority, a critical role for addressing COVID-19 inequities. The ongoing focus on health equity and cultural responsiveness by the public health system has allowed better engagement with community members and community-based organizations. Health equity staff that have been hired by state, local and Tribal public health modernization funds have supported the COVID-19 response by applying principles of health equity and community partnership development to the work. Finally, work to prevent communicable disease transmission in high-consequence settings including long-term care facilities and homeless shelters was already underway across the state before the COVID-19 pandemic hit Oregon, so those relationships have been leveraged to respond to COVID-19.

The Public Health Advisory Board has adopted a health equity policy and procedure to ensure all board decisions promote equity and do not further health inequities; this policy and procedure commits the public health system to leading with race in its pursuit of health equity. The local public health authority funding formula includes several variables related to health equity so that future General Fund resources can be focused on communities experiencing the greatest burden of poor health outcomes.

Revenue sources and changes

The 2023-25 budget for OSPHD is composed of 76 percent General Fund, 22 percent Federal Funds (primarily through the agency's federally approved cost allocation plan), and 2 percent Other Funds.

Oregon Health Authority: Public Health Division

Office of the State Public Health Director

A portion of the General Fund is pass-through funding to local public health authorities to support local communicable disease outbreak surveillance. The remaining General Fund is used to fund new positions to support the implementation work of modernization, data and collection, and enhancements to critical data systems at the state.

The Legislature appropriated a total of \$60.6 million General Fund to support the ongoing implementation of public health modernization. Of this investment, \$47 million was allocated to community-based organizations, local public health authorities, federally recognized Tribes and the Urban Indian Health Program, NARA, to carry out local and Tribal public health modernization strategies. The remainder has funded positions and contracts at the state level that are essential for the effective and efficient delivery of public health protections and coordination across the public health system.

OSPHD administers the State Support for Public Health investment in communicable disease prevention. In the 2021-23 biennium, \$10.1 million was allocated to continue support for local communicable disease outbreak response at the current service level.

The office also receives federal funding from the Centers for Disease Control for the National Initiative to Address COVID-19 Health Disparities and the Preventive Health and Health Services Block Grant to address state-determined public health priorities.

Proposed new laws that apply to the program unit

Legislative concept #44300-028 – Public Health Housekeeping makes minor statutory changes to facilitate implementation of public health laws.

Legislative concept #44300-031 – Death with Dignity Act repeals the residency requirement in Oregon's Death with Dignity Act.

Oregon Health Authority: Public Health Division

Center for Health Protection

Expenditures by fund type, positions, and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2019-21	\$38.39	\$53.04	\$20.95	\$112.38	267	257.49
Agency Request 2021-23	\$30.55	\$56.74	\$22.04	\$109.33	276	274.57
Difference	-\$7.84	\$3.70	\$1.09	-\$3.05	9	17.08
Percent Change	-20%	7%	5%	-3%	3%	7%

The 2023-25 Agency Request Budget of \$109.3 million Total Funds continues funding the Center for Health Protection programs at the current service level. The budget includes policy packages related to the Domestic Well Safety Program supporting state-wide domestic well drinking water safety and implementing a workplan to mitigate and protect public health from nitrate contamination in the Lower Umatilla Basin Groundwater Management Area (LUB GWMA), Oregon Psilocybin Services to continue to implement Ballot Measure 109 and the framework for licensing and regulating Psilocybin Services, and the Health Licensing Office to implement Senate Bill 1549 (2022), authorizing and regulating temporary staffing agencies.

Activities, programs and issues in the program unit base budget

The Center for Health Protection (CHP) protects the health of individuals and communities by establishing, implementing, and ensuring compliance with regulatory and health-based standards. CHP protects people in Oregon from environmental health hazards including those that may occur in drinking water, through exposure to radiation, and through food. The center also ensures compliance with critical areas of health care. The center's seven sections partner with local public health authorities, communities affected by environmental health hazards, Tribes, private practitioners, and medical experts. CHP works through its various programs towards achieving OHA's 10-year strategic goal to end health inequities by ensuring that communities of color, Tribal and communities experiencing lower-income are protected from environmental health risks. CHP also ensures that communities

Oregon Health Authority: Public Health Division

Center for Health Protection

experiencing health inequities have safe and equitable access to health care facilities, emergency services, and to health-related services and professions.

Non-regulatory programs in CHP track, assess, and collaborate with community partners to provide outreach and education to vulnerable populations disproportionately exposed to built and natural environmental health risks, such as radon and lead exposure and the effects of climate change.

Drinking Water Services (DWS) ensures the safety of drinking water provided by all public water systems in Oregon. The program administers and enforces state and federal safe drinking water quality standards, prevents contamination of public drinking water systems by protecting drinking water sources, inspects public water systems, and provides technical assistance to public water suppliers. DWS also provides low-cost financing to communities to construct safe drinking water infrastructure, including funding assistance to underserved and economically disadvantaged communities for these projects.

Environmental Public Health (EPH) identifies, assesses, and reports on threats to human health from exposure to environmental hazards. EPH is called upon by local, state, federal and Tribal natural resource management, occupational safety, environmental and other agencies to assess risks to human health posed by changing conditions, policies and practices, and recommend interventions to address those risks. EPH recognizes that communities of color, lower-income communities, and Tribal communities experience disproportionate risk for environmental exposures due to long-standing policies and practices that intentionally disinvest and place environmental health risks within these communities. To address environmental health equity, EPH prioritizes its work accordingly to address inequities in exposure to environmental health hazards.

Health Care Regulatory and Quality Improvement (HCRQI) ensures safe and high-quality health care through assessment, education and regulation of health facilities and providers. During the ongoing COVID-19 response and recovery, the section provided regulatory guidance and flexibility options to support hospital capacity. The Health

Oregon Health Authority: Public Health Division

Center for Health Protection

Facility Licensing and Certification program licenses and certifies health care facilities, providers and suppliers in acute care and community-based programs. The Emergency Medical Services and Trauma Systems program ensures the effectiveness and coordination of the state's emergency medical response system for illness and injury. The program encourages improvements in the emergency care of pediatric patients and regulates systems that provide emergency care to people who experience a sudden illness or traumatic injury.

Health Licensing Office (HLO) is a central licensing and regulatory office that oversees multiple health and related professions. HLO protects the health, safety, and rights of Oregon consumers by ensuring that only qualified applicants are authorized to practice. HLO reviews and approves applicant qualification, conducts examinations, inspects thousands of licensed facilities and independent contractors, responds to, and investigates consumer complaints, and disciplines licensees who violate state requirements.

Oregon Medical Marijuana Program (OMMP) administers the Oregon Medical Marijuana Act (OMMA). The OMMP oversees the medical marijuana cardholder registry for patients, caregivers, and growers, ensures compliance with tracking and reporting requirements, and regulates medical marijuana dispensaries, processing sites, growers and grow sites.

Oregon Psilocybin Services (OPS) implements Ballot Measure 109 (2020), the Oregon Psilocybin Services Act. OPS will license and regulate the production of psilocybin products and the provision of psilocybin services. During a two-year development process, from January 1, 2021, to December 31, 2022, OPS is working with the Oregon Psilocybin Advisory Board (OPAB), Rulemaking Advisory Committees (RACs), community partners, and the public to establish rules and regulations for the implementation of the measure. OPS will adopt rules by December 31, 2022 and will begin accepting applications for licensure on January 2, 2023.

Radiation Protection Services (RPS) protects workers, patients, and the public from unnecessary and unhealthy radiation exposure. This is accomplished through on-site facility inspections, licensing of radioactive materials, and

Oregon Health Authority: Public Health Division

Center for Health Protection

registration of X-Ray and tanning devices, environmental monitoring, and radio analytical laboratory services. This section provides Oregon's sole public resource for radiation-related incidents.

Center for Health Protection programs are engaged in or working toward health equity and inclusion strategies increasing cultural competency among staff and advisory board members; providing funding assistance for safe drinking water system construction projects in disadvantaged communities; integrating health equity as a core priority in environmental public health analyses and interventions; reviewing regulatory and compliance procedures to address discrimination issues; collecting and reporting data that are disaggregated by race, ethnicity, language and disability status (REALD).

Background information

The Center for Health Protection programs are grounded in the principles of population-based public health, providing services and regulatory oversight for all people in Oregon.

Drinking Water Services (DWS) regulates nearly 3,400 public water systems statewide. The section certifies 1,700 public water system operators and 1,500 backflow device testers and specialists. Contracts with local health departments and the Oregon Department of Agriculture provide for local regulation of smaller public water systems served by groundwater sources. DWS regulates larger public water systems and those with treatment systems and provides technical assistance to water systems and partners. DWS provides technical expertise and best management practices related to emerging contaminants that may affect drinking water quality, including cyanotoxins and Per and polyfluoroalkyl substances (PFAS).

Environmental Public Health (EPH) protects Oregon communities from health risks in the environment and provides scientific and technical expertise on health concerns pertaining to built and natural environments. Environmental health components of Public Health Modernization, House Bill 5024 (2021), along with federal funding, helps to build state capacity for environmental epidemiology and toxicology, climate adaptation, land use

Oregon Health Authority: Public Health Division

Center for Health Protection

and health and policy and management oversight, with investments for local public health authorities, Tribal public health departments and community-based organizations.

EPH established a new Healthy Homes and Schools Unit to implement House Bill 2842 (2021) and SB1536 (2022), that established a new Healthy Homes Grant Program in OHA. The new unit will consolidate this work with existing programs including regulation of clandestine drug lab clean-up, lead-based paint safety, detecting and preventing childhood lead poisoning, and regulating hazardous chemicals in children's products under the Toxic Free Kids Act Program.

EPH's Assessment Unit evaluates areas of environmental concern for impacts to human health. Public Health Modernization adds capacity to provide technical assistance to local public health authorities, tribal health departments and community-based organizations to conduct climate and health work, and other intersections between health and the built environment. Assessments and partner engagement take into consideration that some communities face greater risks and environmental health inequities.

EPH Surveillance Unit monitors data on lead poisoning, radon, pesticide exposures, occupational health, domestic well safety, beach safety, harmful algae blooms, and other environmental health hazards, and works to make information accessible to public health professionals, partner agencies, policy makers and the public. The unit focuses its efforts on data related to populations at disproportionate risk from environmental health hazards.

EPH's Food, Pool and Lodging Health and Safety Unit assists local health departments to ensure safety for more than 20,000 full-service and temporary restaurants, public pools, and tourist accommodations.

Health Care Regulatory and Quality Improvement (HCRQI) oversees several health care facility types and providers. The Health Facility Licensing and Certification program oversees approximately 91 ambulatory surgical centers, 16 birthing centers, 81 dialysis facilities, 783 hemodialysis technicians, 68 home health agencies, 71

Oregon Health Authority: Public Health Division

Center for Health Protection

hospice agencies, 66 hospitals and hospital nurse staffing programs, 185 in-home care agencies, 116 rural health clinics, and 10 other provider types.

The Health Facilities Planning and Safety unit works to ensure that facilities are safe and effective and meet nationally accepted building standards. This program reviews design and construction plans and issues project approvals for approximately 200 health facility projects annually. Within the unit the Certificate of Need program evaluates whether a proposed service or facility is needed.

Emergency Medical Services and Trauma Systems (EMS/TS) Program works with partners and nine advisory boards to monitor and improve the emergency systems of care. The program licenses 134 ambulance service agencies, 731 ambulances, and 11,883 Emergency Medical Services Providers (EMSPs). It certifies EMT training courses, provides continuing education and on-demand educational outreach. The program also operates the Oregon Trauma Registry and the Oregon EMS Information System that are used for health care improvement and research in Oregon. The Trauma program also inspects 45 designated trauma centers.

Health Licensing Office (HLO) administers 17 boards, councils, and programs: Art Therapy; Athletic Trainers; Behavior Analysis; Certified Advanced Estheticians; Cosmetology; Denture Technology; Dietitians; Direct Entry Midwifery; Electrologists and Body Art Practitioners; Environmental Health Specialists; Hearing Aid Specialists; Lactation Consultants; Long Term Care Administrators; Music Therapy; Respiratory Therapy and Polysomnography; and Sexual Offense Treatment. In 2021, HLO oversaw 5,598 facilities and 70,036 different licensees, administered 10,078 examinations, issued 5,425 licenses and registrations, renewed 19,624 licenses and registrations, conducted 10,983 inspections, and investigated 887 complaints.

Oregon Medical Marijuana Program (OMMP) registers 19,453 medical marijuana patients, over 7,000 caregivers, and regulates over 6,000 medical growers at 5,373 grow sites. The program also oversees all compliance testing rules for marijuana items and hemp in the state. OMMP works with the Oregon Cannabis Commission, an advisory

Oregon Health Authority: Public Health Division

Center for Health Protection

body tasked with advising OHA and Oregon Liquor and Cannabis Commission on the administration of medical and recreational cannabis regulations.

Oregon Psilocybin Services (OPS) is implementing Ballot Measure 109 (M109), also known as the Oregon Psilocybin Services Act. M109 directs Oregon Health Authority (OHA) to license and regulate the production of psilocybin products and the provision of psilocybin services. Oregon is the first state in the nation to create a regulatory framework for psilocybin services. During a two-year development period OPS is working with the OPAB, community partners, and the public to establish rules for psilocybin products and services. OPS is organized into three program areas: Policy and Engagement, Licensing, and Compliance. OPS programs will center health equity, including outreach to partners and communities and ensuring access to psilocybin services.

Radiation Protection Services (RPS) licenses or registers more than 14,000 sources of radiation statewide. It routinely inspects those radiation sources in more than 4,200 facilities including hospitals, dental and medical clinics, radiation oncology clinics, tanning salons, and academic and research facilities. Registrant, licensee, and public domain incidents involving potential/actual radiation over-exposure are investigated and mitigated. RPS staff also conduct radiation environmental surveillance activities and test food products for radiation contamination prior to import/export. Finally, radiological emerging technologies are evaluated, and regulations are enacted for their safe use.

Revenue sources and changes

The 2021-23 Center for Health Protection budget comprises 55 percent Other Funds, primarily in the form of fees for services, 25 percent General Fund, and 20 percent Federal Funds. Funding for each program is described below.

Drinking Water Services (DWS) receives funding from federal grants, fees, and the General Fund. DWS collects fee revenue from four programs: Backflow Tester/Specialist Certification, Water System Operator Certification, Water System Plan Review fees and Water System Annual Fees. Revenue from fees and the General Fund

Oregon Health Authority: Public Health Division

Center for Health Protection

contribute to the required state match for federal grants. DWS receives two federal grants from the Environmental Protection Agency (EPA) which constitute the largest source of program revenue: The Drinking Water Primacy grant (\$3.2 million per biennium) and the Drinking Water State Revolving Fund (DWSRF) capitalization grant. The DWSRF base funding includes support for infrastructure project financing (69 percent) and set asides for specific program functions (31 percent). From late 2022 to 2026, DWS's annual allocation from the Bipartisan Infrastructure Law is about \$51 million for infrastructure projects (Base funding and Supplemental funding), over \$30 million for service line inventory development and lead service line replacement, and \$10 million for treatment of emerging contaminants such as PFAS, cyanotoxins, and manganese. Disadvantaged communities are priorities for all grants. DWS will use a small percentage of this grant to fund four positions to cover the additional workload associated with this new funding.

Environmental Public Health (EPH) historically received most of its funding from federal grants and fees, with small amounts of additional funding coming from intergovernmental agreements with state agency partners and the General Fund. EPH receives Federal Funds revenue from Centers for Disease Control and Prevention (CDC) grants for Climate and Health, Environmental Health Data and Capacity improvement, Childhood Lead Poisoning Prevention, Environmental Health Assessment (toxicology) and Environmental Public Health Tracking, with a recent 25 percent cut to the Tracking grant. EPH also receives federal funding from the Environmental Protection Agency (EPA) for radon monitoring and public outreach and to enforce lead-based paint best practices.

EPH receives Other Funds revenues through intergovernmental agreements with local public health authorities that assess license fees through OHA's delegated authority to support foodborne illness, public pool, and tourist facility health and safety activities. Fee-based revenue also supports the Clandestine Drug Lab Program and some lead-based paint activities. Additionally, OHA's health risk assessment and communication work supporting the Oregon Department of Environmental Quality's (DEQ) Cleaner Air Oregon regulatory program is funded through an interagency agreement. The Pesticide Exposure Safety and Tracking Program (PEST) is funded through an interagency agreement with Oregon Department of Agriculture. EPH also has interagency agreements with DEQ to

Oregon Health Authority: Public Health Division

Center for Health Protection

issue beach water quality health advisories and with Oregon Health and Sciences University for occupational health surveillance work

EPH received General Fund for a new Healthy Homes Grant Program, House Bill 2842 (2021), and through OHA's Public Health Modernization to support toxicology, epidemiology, and other staff. The section also receives a small amount of General Fund to help support the Toxic Free Kids Act (TFKA) program authorized in SB 478 (2015).

Health Care Regulation and Quality Improvement (HCRQI) section receives federal funding from the Centers for Medicare and Medicaid Services to perform health facility surveys and certification. Some regulatory work such as hospital nurse staffing and in-home care agencies and is supported with General Fund. The Health Facility Licensing and Certification program funding sources include fees for licensing and inspection of health care facilities. Emergency Medical Services and Trauma Systems (EMS/TS) program within HCRQI receives federal funding from the Health Resources & Services Administration to administer the Oregon EMS for Children program. Additionally, fees support the licensing and oversight of emergency medical services providers and ambulance services. EMS/TS also receives about \$3.2 million General Fund per biennium and roughly \$331,000 per biennium from the Criminal Fines and Assessment Account. HCRQI also receives \$1.95 million General Fund as a pass-through to support the Oregon Patient Safety Commission's Early Discussion and Resolution program and receives funds to support a contract with Oregon Health and Sciences University for administration of the Oregon Portable Orders for Life Sustaining-Treatment (POLST) Registry.

The Health Licensing Office (HLO) collects fees for applications, examinations, issuance and renewals of licenses and registration, disciplinary actions, and other administrative fees. Each board, council and program has its own fees, which are used to cover its administrative costs and HLO. HLO collects more than \$7 million in fees. Senate Bill 1549 (2022) directed HLO to authorize and regulate temporary staffing agencies. HLO received some General Fund to cover costs to implement regulation of these entities.

Oregon Health Authority: Public Health Division

Center for Health Protection

Oregon Medical Marijuana Program (OMMP) section collects fees for issuing medical marijuana cards to qualifying patients and maintains a registry of those patients. The program also collects fees for the registration of grow sites, dispensaries and processing sites and collects a pass-through fee for entities required to use the OLCC cannabis tracking system. Program revenue continues to decline since the legalization of recreational marijuana. The section also receives some General Fund, to support the Oregon Cannabis Commission.

Oregon Psilocybin Services (OPS) received General Fund for start-up costs and staff positions for the 21-23 biennium to begin implementation of Measure 109, the Oregon Psilocybin Services Act. OPS will receive Other Fund revenue from licensing fees after January 2, 2023, when OHA begins accepting applications for licensure of psilocybin manufacturers, psilocybin testing labs, psilocybin service centers, and psilocybin facilitators. It may take several months to a year following January 2, 2023, for revenue from license fees to cover the costs of OPS's work, as businesses work to ensure it is in compliance with statute, rules, and any local government land use, zoning, or other requirements or prohibitions.

Radiation Protection Services (RPS) receives primary funding from three fee-based regulatory programs. They are the X-Ray Machine Program, Radioactive Material Licensing Program, and the Tanning Device Program. All three collect fees by licensing or registering devices that produce or contain radiation sources. In addition, RPS has renewed a 2022-2027 fee for service contract with the Food and Drug Administration to inspect all Oregon facilities performing mammography examinations. The 2021-23 Legislatively Adopted Budget included biennial fee increases totaling \$1.4 million for the three RPS fee-based regulatory programs. Gross RPS program fees total approximately \$6.2 million per biennium.

Proposed new laws that apply to the program unit

None.

Oregon Health Authority: Public Health Division
Center for Prevention and Public Health Promotion

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$72.75	\$118.69	\$250.84	\$442.29	242	232.84
Agency Request 2023-25	\$78.23	\$124.57	\$247.79	\$450.58	250	241.64
Difference	\$5.48	\$5.87	-\$3.06	\$8.29	8	8.8
Percent Change	8%	5%	-1%	2%	3%	4%

The 2023-25 Agency Request Budget of \$450.6 million Total Funds continues funding for most of the Center for Prevention and Health Promotion programs at the current service level.

Activities, programs and issues in the program unit base budget

The Center for Prevention and Health Promotion’s mission is to help Oregon’s communities and residents achieve and sustain lifelong health, wellness and safety through partnership, science and policy. The center’s work is essential to achieving the OHA ten-year goal of eliminating health inequities. The center promotes population and community-based strategies to increase capacity for K-12 schools to provide school health services, health education, and be a safe and supportive environment; increase stability and safety in families; increase equitable access to healthy options and preventive health services; decrease the burden of health inequities borne by communities of color and Tribal communities; increase access to healthy food and increase healthy eating and physical activity for all people in Oregon; reduce overdose and risky prescribing of opioids; reduce suicide and other intentional and unintentional injuries; reduce tobacco, alcohol and other drug use; prevent and reduce secondary impacts of COVID-19 and support recovery.

Background information

The Center for Prevention and Health Promotion has the following five sections that work to achieve its mission:

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

Adolescent, Genetics and Reproductive Health (AGRH) promotes the health, well-being, and quality of life for all people in Oregon through the development and use of evidence-based policies, tools, educational resources, programs, and clinical preventive services to support adolescent, sexual and reproductive health across the lifespan. AGRH commits to working towards racial equity by addressing racism, acknowledging implicit bias, and shifting practice eliminate health inequities. AGRH:

- Encourages the adoption of evidence-based programs and practices that support positive youth development and promote authentic youth engagement.
- Collaborates with the education system to provide quality health services, increase implementation of K-12 health education and inform local and state policy development.
- Provides access to essential preventive health services through a statewide network of school-based health centers (SBHCs), reproductive health clinics, school nurses, mental health providers and ScreenWise providers regardless of gender identity, sexual orientation, race, sex, disability or immigration status.
- Reduces breast, cervical and hereditary cancer inequities by supporting equitable access to early detection.
- Supports and ensures the provision of culturally and linguistically appropriate practices and services at the state and local levels through funding and establishment of standards of care.
- Supports public health systems that provide high-quality preventive health services for adolescents, people of reproductive capacity, and individuals at high risk from genetic conditions.
- Engages collaboratively with partner organizations and community members to inform policies, clinical services and activities that address systemic, structural, and institutional injustices and advance health equity.
- Recognizes the role of trauma and resilience in health behavior and outcomes and creates prevention policy and programming that acknowledges trauma and adverse experiences while enhancing developmental strengths and protective factors.
- Develops comprehensive programmatic and policy responses to emergent needs related to the changing national landscape of reproductive health access and services.

Center for Prevention and Public Health Promotion

- Funds community-specific organizations that serve communities of color and tribal communities to address structural barriers to care borne from institutional bias, oppression, trauma and toxic stress.

Health Promotion and Chronic Disease Prevention (HPCDP) works with communities, local public health authorities and Tribes to increase the opportunities for all Oregonians to eat better, move more, live tobacco-free, drink less alcohol and take charge of their own health. HPCDP does this by analyzing and monitoring the occurrence of chronic diseases and their risk factors by demographic characteristics, including but not limited to such as gender, race, ethnicity, geography, income, disability, education, age. HPCDP develops and administers programs and promotes policies to prevent chronic diseases and associated risk factors among populations disproportionately impacted by health inequities.

Many of the risk factors for chronic disease have been created by systemic racism, discrimination, oppression, and adverse childhood experiences and trauma that result in unequal access to chronic disease prevention resources and opportunities for maintaining lifelong health and wellbeing. Chronic diseases include asthma, arthritis, cancer, diabetes, heart disease and stroke. Risk factors for chronic conditions include tobacco use, alcohol and drug misuse, physical inactivity, experiencing discrimination, and poor nutrition. HPCDP's strategies to prevent and manage chronic disease include:

- Equipping Tribes, local public health authorities, and other diverse communities with the strategies, data, guidance and support they need to recognize historic and current injustices, reconcile disproportionate rates of disease and addiction, make sustainable policy solutions for their communities to rectify injustices and reduce tobacco use, alcohol and drug misuse, and increase access to healthy eating and physical activity.
- Funding for local public health authorities, Tribes, regional health equity coalitions and coordinated care organizations (CCOs) to redistribute resources and power to work on community-based strategies that support health equity.
- Providing \$20 million of funding to community-based organizations to develop and implement new, culturally specific strategies to address the root causes of tobacco use.

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

- Maintaining three mass-reach communications brands to communicate about chronic disease risk factors and provide opportunities for Oregonians to take action in their communities including Smokefree Oregon, Place Matters Oregon, and Rethink the Drink, as well as two culturally specific sub-brands, Vive sin fumar and the Native Quit Line.
- Working with Oregon's behavioral health treatment system to understand barriers to treating nicotine addiction and increase access to tailored cessation supports.
- Collecting data and evaluating all programs, including their impact on health inequities.
- Working with other state agencies like the Oregon Department of Corrections and the Oregon Department of Transportation to change policies and procurement to improve nutrition, physical activity, and access to self-management supports across state enterprise.
- Developing and implementing the Oregon Tobacco Retail License program to reduce youth smoking initiation and nicotine addiction across the lifespan.

Injury and Violence Prevention (IVPP) prevents injuries and deaths due to violence, suicide, prescription and illicit drug overdoses, transportation related injury, child maltreatment, youth sports concussions, and unintentional injuries. Some strategies include:

- Supporting local public health authorities, Tribes and community-based organizations in preventing overdoses from prescription and illicit opioids and other drugs.
- Working with pharmacies, employers and community human services organizations to make naloxone rescue universally available to prevent deaths due to opioid overdose, and managing the Reverse Overdose Oregon initiative.
- Administering the Opioid Settlement Prevention, Treatment and Recovery Board, which directs allocations of funding from the state's portion of national opioid settlement funds.
- Improving pain care and promoting non-pharmacological pain care options, and supporting this work with culturally responsive messaging and resources for Tribes and other communities of color and rural Oregonians.

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

- Providing timely, high quality, public data on injury and violence via interactive web-based data dashboards.
- Supporting expansion of the Healing Hurt People hospital-based violence intervention program and establish a professional pathway for community violence prevention and intervention peers.
- Working with diverse communities and health care and behavioral health care agencies to track and prevent suicide attempts and reduce suicide deaths across the lifespan by implementing the Zero Suicide quality improvement model.
- Coordinating the State Child Fatality Review Team to identify systems level changes to reduce child fatalities and serving as Oregon's data steward for the National Fatality Review Case Reporting System, to support local reviews.
- Providing the web-based Prescription Drug Monitoring Program, which serves more than 26,500 prescribers, pharmacists and their delegates to support safe prescribing decisions.
- Promoting opioid prescribing and tapering guidelines and working within CCOs and other health systems to use them to improve patient safety, reduce incidence of opioid use disorder, improve pain care, and reduce overdoses.
- Managing the Oregon Violent Death Reporting System and the State Unintentional Drug Overdose Surveillance System tracking trends in overdoses, suicide attempts and deaths, and firearm injuries.
- Supporting the Save Lives Oregon state naloxone clearinghouse to ensure access to naloxone rescue and provision of overdose and suicide prevention grants to community based organizations.

Maternal and Child Health (MCH) promotes health across the lifespan of individuals and families by investing in preconception, pregnancy, and early childhood health. Programs address perinatal health (before, during and after pregnancy), infant and child health, newborn hearing screening, home visiting, oral health, and family violence prevention. MCH leads with social justice and anti-racism to identify and focus on historical and current inequities that lead to poor health outcomes.

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

The program monitors the health of Oregon's pregnant individuals and families with three-year-old children through the Pregnancy Risk Assessment and Monitoring System (PRAMS) and Early Childhood Health in Oregon (ECHO) surveys; monitors the prevalence of birth anomalies through our Birth Anomalies Surveillance System (BASS) and monitors the state of oral health through the Oregon Oral Health Surveillance System. The program manages data systems for infant hearing screenings, the home visiting system and its programs, and statewide oral health, disaggregating data by race and ethnicity.

MCH houses Oregon's Title V Maternal and Child Health Services block grant programs that support promoting and improving the health and well-being of mothers, children, and their families and focus on well-women care, breastfeeding, child injury prevention, positive youth development/anti-bullying, establishing a medical home, transition into adulthood, reducing toxic stress and trauma, addressing social determinants of health and equity, and provision of culturally and linguistically responsive services. Title V supports activities such as:

- Assessment and monitoring of maternal, family and child health needs and inequities
- Policy and program development
- Workforce development
- Program assurance through technical assistance and support
- Coordination with state agencies and community partners
- Systems development to better address the needs of Oregonians, including children and youth with special health needs
- Statewide and community specific health promotion activities that address historic and current inequities

MCH has established and launched Oregon's Maternal Mortality and Morbidity Review Committee. This committee examines the root causes of death of individuals who died during pregnancy up to 365 days post-partum and makes recommendations for system and systemic changes to prevent maternal mortality and morbidity.

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

MCH received supplemental COVID-19 funding for the Rape Prevention and Education/Intimate Partner Violence prevention work to support virtual training and education opportunities and outreach at the community level.

Maternal and Child Health is also the home for Oregon's universally offered home visiting system. This system works toward ensuring every family of a newborn receives the opportunity to have 1 to 3 nurse home visits during the first few months of the newborn's life. MCH is prioritizing integration of Community Health Workers into the home visiting care team to better support families with culturally specific services and supports around COVID-19.

Nutrition and Health Screening (NHS) The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) safeguards the health of about 111,000 low to moderate-income women, infants, and children up to age five each year who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care and other community services. Oregon WIC participants use an electronic benefit transfer (EBT) system to purchase healthy foods at local authorized retailers. In addition, the Oregon Farm Direct Nutrition Program (FDNP), which encompasses both the WIC FDNP and the Senior FDNP, provides around 60,000 WIC participants and 60,000 low-income seniors with FDNP checks once a year to purchase fresh, locally grown fruits, vegetables and cut herbs directly from local farmers. FDNP and SFDNP serves a racially and ethnically diverse low-income population. FDNP and SFDNP connects with participants speaking 82 languages and offers print and translation services through program partner 211 info.

WIC services are delivered through public health, Tribal health clinics, and non-profit programs. The WIC Program focuses on maternal and child growth and health, breastfeeding education and support, including peer-to-peer breastfeeding support through the WIC Breastfeeding Peer Counseling Program, nutrition-focused counseling, promotion of a healthy lifestyle and prevention of chronic diseases including obesity, and providing culturally and linguistically appropriate services and materials.

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

NHS program staff provide a variety of training to local staff who deliver WIC services, including annual civil rights training. The WIC program also influences the availability of nutritious foods in Oregon's communities by requiring large and small WIC authorized grocery stores in all areas of the state to carry a minimum stock of healthy foods including low-fat milk, whole grains, low-sugar cereals, and produce. The foods available through WIC offer a variety for the wide range of families served. The Oregon FDNP program collaborates with farmers and farmers markets statewide to provide vouchers for fresh produce for WIC families and low-income seniors. WIC also provides critical data on the maternal and child population by race, and ethnicity and other demographics; and evaluates programs and carries out competitively funded research studies.

Revenue sources and changes

The Center for Prevention and Health Promotion revenues include 17 percent General Fund, 32 percent Federal Funds Limited, 23 percent Federal Funds Non-Limited, 19 percent Other Funds Limited, and 9 percent Other Funds Non-Limited. General Fund revenue supports adolescent health promotion and school health service programs such as School-Based Health Centers, school-linked mobile and telehealth programs and school nursing, Oregon Contraceptive Care program (1115 family planning Medicaid demonstration waiver), and the Oregon Reproductive Health Equity Act (RHEA) to provide coverage for a full range of reproductive health services. General Fund also supports the Youth Suicide Prevention Program, the Family Connects Oregon universally offered home-visiting program and the WIC Farm Direct Nutrition Program food vouchers. In the 2021-23 biennium, CP&HP received a one-time appropriation for Seeding Justice for advancing reproductive health equity under House Bill 5052 (\$15 million General Fund). CP&HP also received appropriations for House Bill 4045 Community Violence Prevention Grants (\$1.1 million General Fund).

Two new program changes were approved, policy package #453 for a fee increase for the Prescription Drug Monitoring Program (PDMP). The fee ensures that PDMP continues as a crucial health care tool that allows prescribers to ensure they are fully informed of the prescription history of their patients when prescribing controlled substances. The budget also includes policy package #408, which includes expenditure limitation for a strong

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

statewide licensing system for retailers who sell tobacco products and inhalant delivery systems, as well as funds allocated by House Bill 4045 to support expansion of hospital-based violence prevention programs and by House Bill 4098 for administration of the new Opioid Settlement Prevention, Treatment and Recovery Board and Fund.

The center receives Federal Funds through the following federal grants and programs:

- The Centers for Disease Control and Prevention grants for arthritis, cancer, diabetes, heart disease and stroke, obesity, tobacco, alcohol, sodium, cancer registry.
- Core Injury and Violence Prevention, National Violent Death Reporting System, Emergency Department Surveillance of Nonfatal Suicide Related Outcomes.
- Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) grants for Youth Suicide Prevention and Early Intervention and Substance Abuse, Prevention and Treatment.
- Supplemental COVID-19 funding for Rape Prevention and Education and Intimate Partner Violence prevention.
- ARPA funding for Maternal Child and Health support home visiting services and Women and Children vouchers for the fruit and vegetable program.
- U.S. Department of Agriculture WIC Nutritional and Health Screening Program.
- Health Resources & Services Administration (HRSA) for Maternal & Child Health Title V and Home Visiting programs.
- Medicaid 1115 family planning waiver, Oregon Contraceptive Care which receives 90 percent federal match through the Centers for Medicare and Medicaid Services.
- Office of Population Affairs' Title X Program, which supports the provision of culturally and linguistically responsive reproductive health services.
- Administration for Children and Families for Personal Responsibility Education Program.

Oregon Health Authority: Public Health Division

Center for Prevention and Public Health Promotion

- Centers for Medicare & Medicaid Services (CMS) Meaningful Use HIT/E for Emergency Medical Services (EMS) & Trauma Data Systems and integration of the Prescription Drug Monitoring Program into clinical electronic health record.
- Funding to support opioid overdose prevention by means of grants awarded to other programs within the Oregon Health Authority via the SAMHSA State Targeted Response grant (OHA Health Systems Division).

Non-pandemic federal grant award amounts declined through the 2021-23 biennium as grants expired, requiring program service levels to be adjusted accordingly.

The Center's Other Funds revenues include statutorily dedicated funds under the Tobacco Use Reduction Account (TURA), BM 108 tobacco taxes, Tobacco Retail Licensing, the Electronic Prescription Monitoring Fund, the Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Fund as well as marijuana tax revenues for alcohol and other drug prevention.

Proposed new laws that apply to the program unit

Legislative concept #44300-031 and policy package #424: Oral Health Workforce Dental Pilot Program

Oral health is essential to overall health. In Oregon oral health inequities exist for children, adolescents and adults based on race, ethnicity, geographic residence, household income, etc. OHA operates the Dental Pilot Project Program that accepts pilot projects that are designed to test various innovative oral health workforce models that eliminate health inequities and increase access to oral health care, but it is scheduled to sunset on January 2, 2025. This policy package and legislative concept would permanently preserve the OHA Dental Pilot Project Program.

Oregon Health Authority: Public Health Division

Center for Public Health Practice

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$17.75	\$125.75	\$487.35	\$630.85	293	291.72
Agency Request 2023-25	\$39.69	\$140.71	\$363.58	\$543.98	326	318.63
Difference	\$21.95	\$14.96	-\$123.78	-\$86.87	33	26.91
Percent Change	124%	12%	-25%	-14%	11%	9%

The 2023-25 Agency Request Budget of \$544 million Total Funds continues funding for most of the Center for Public Health Practice programs at the current service level.

Activities, programs and issues in the program unit base budget

The Center for Public Health Practice protects the health of individuals and communities through the prevention and control of infectious diseases, provision of integrated care and treatment for persons living with HIV, issuing Oregon vital records, monitoring population health, and ensuring emergency public health services in natural and human-caused disasters. The center's programs provide many of the essential services in the state public health's Continuity of Operations Plan and have played a key role in Oregon's response to the COVID-19 pandemic. The center is committed to bringing community into the design and implementation of interventions to reduce health inequities and burden of disease, as well as the impacts of all hazard response and recovery on communities facing systemic, contemporary and historic racism, bias and oppressions. The center's work is central to Oregon's achievement of the triple aim, health system transformation and the Oregon Health Authority's strategic goal to end health inequities by 2030.

The center has six sections:

- Center for Health Statistics, also known as vital records – birth, death, marriage and divorce certificates (CHS)
- Acute and Communicable Disease Prevention (ACDP)

Oregon Health Authority: Public Health Division

Center for Public Health Practice

- Oregon State Public Health Laboratory (OSPHL)
- HIV, Sexually Transmitted Diseases and Tuberculosis Prevention (HST)
- Immunizations
- The federally funded programs for Health Security, Preparedness and Response (HSPR)

In collaboration with partners, the center invests resources to reduce the burden of disease and health inequities across the state. The center's programs work with local and Tribal governments, a wide range of community partners, health care providers, and affected communities to prevent, investigate and control infectious diseases. The center coordinates interventions to control disease outbreaks; screens all newborn infants for biochemical disorders to prevent disability or death; and collects and analyzes vital record data needed to understand and plan for health trends. As part of public health emergency preparedness, the center conducts testing for biological agents of mass destruction (for example, anthrax, plague) and emerging public health events and diseases such as the COVID-19 pandemic.

The Center for Public Health Practice delivers core public health services necessary to maintain a healthy population and respond to and recover from disasters. Preventable disease vaccine programs ensure that children are healthy enough to attend school regularly and learn successfully. The center's communicable disease interventions for influenza and foodborne disease outbreaks (such as hepatitis, E. coli) allow parents to attend work and sustain a healthy economy. The center's HIV/STD and tuberculosis programs work with local partners and the community to prevent and eliminate disease transmission. The center's HSPR programs track the surge capacity of hospitals and public health agencies to respond in health emergencies (such as COVID-19, wildfires and earthquakes). The center's services are delivered every day throughout the year. Duty officers are on call 24/7 to provide technical support at the public health lab, for epidemiology guidance, and for assessing the initial stage of a public health incident and coordinating responders.

Oregon Health Authority: Public Health Division

Center for Public Health Practice

Programs in the Center for Public Health Practice are engaged or working toward the following health equity and inclusion strategies by:

- Increasing cultural competency of staff.
- Increasing workforce diversity, equity and inclusion.
- Conducting Health Equity Impact Analyses on new and existing efforts.

Background information

Center for Public Health Practice program activities are described below.

Center for Health Statistics is responsible for registering, certifying, amending, and issuing Oregon vital records, including:

- Maintaining approximately 6.5 million vital records for birth, death, marriage, divorce, fetal death.
- Registering 130,000 vital events that occur in Oregon annually.
- Issuing 138,000 certified copies of records and 30,000 amendments annually.

Information from vital records is used to assess the health of people in Oregon and identify health inequities so that public health can develop programs to improve health and equity. For example, race, ethnicity, language and disability information is now being gathered on birth records. This new information will provide a better understanding of health and birth outcomes for different populations. The vital statistics system continues to modernize by implementing interoperability standards so timely death data can be shared with federal and state partners.

Acute and Communicable Disease Prevention (ACDP) identifies and prevents the spread of communicable diseases that cause illness and death, including *E. coli* O157 infection, meningococcal disease, influenza, hepatitis, antibiotic-resistant bacteria, healthcare-associated infections and vector-borne diseases. ACDP collaborates with

Oregon Health Authority: Public Health Division

Center for Public Health Practice

partners to reduce disease transmission associated with food, water, animals, insects, human contact, and health care. The section works with Oregon's local public health, Tribal health jurisdictions, health care providers, and communities to identify diseases, collect case information, identify risk factors, determine transmission routes, protect exposed individuals, and control disease transmission. ACDP has expanded its workload to assist with the COVID-19 pandemic, including administration of grants totaling approximately \$485 million dollars that support the COVID-19 Response and Recovery Unit; implementation of genomic surveillance; implementation of wastewater surveillance; leadership for SARS-COV-2 testing strategy; contributing senior health advisor (SHA) clinical expertise to response planning and spokesperson needs forwarding COVID-19 related rulemaking needs; enhanced informatics capacity to accommodate pandemic related needs; and implementation of regional public health infection control capacity for congregate and healthcare settings.

The Oregon State Public Health Laboratory performs 6.4 million tests on 329,750 human specimens biennially, including newborn screening of all infants born in Oregon. The lab's specimens come from 33 local health departments and 68 hospital and clinical labs in Oregon, as well as 3,000 individual medical practitioners in the region. In addition to clinical diagnostic testing, the laboratory provides surveillance testing and whole genome sequencing for enteric pathogens to assist ACDP in outbreak investigations. The Laboratory Compliance section oversees certification of clinical laboratories and accredits environmental laboratories. This includes laboratories that monitor the safety of drinking water, cannabis, and the environment in Oregon. The OSPHL is also responsible for emergency laboratory response to COVID-19 and other emerging pathogens and biological and chemical threats throughout Oregon. OSPHL has been at the forefront of the state's COVID-19 testing response and has tested over 130,000 specimens to date and has sequenced nearly 6,000 COVID-19 specimens. OSPHL maintains PCR capacity for 300-400 specimens per day and is building capacity to perform up to 300 genetic sequences per week. The lab supports the OHA mission through the following statewide and multi-state activities:

- Medical laboratory tests for state and local health department communicable disease control programs for purposes of disease diagnosis, prevention, surveillance, and treatment.

Oregon Health Authority: Public Health Division

Center for Public Health Practice

- Tests for food, water and other environmental samples for evidence of microbial contamination.
- Provides 6.1 million tests biennially on 150,000 newborn babies for genetic disorders of body chemistry that can cause severe intellectual disability or death if undetected.
- Provides specialized reference tests that are unavailable elsewhere, especially for diseases of public health significance (for example, anthrax, tuberculosis, *E. coli* serotyping, SARS-CoV-2 and new pathogens).
- Responds to public health emergencies including outbreaks of infectious diseases and bioterrorism.
- Provides regulation to ensure the quality of testing in medical, marijuana, environmental, and drug screening laboratories throughout Oregon.

The HIV, Sexually Transmitted Diseases and Tuberculosis section (HST) works collaboratively with local public health authorities, health care providers, community-based organizations to prevent the transmission of HIV, STD and TB disease, improve health outcomes and eliminate health inequities. The primary program functions include prevention and communicable disease control, surveillance and monitoring. The HST section monitors the incidence and prevalence of disease, using data to develop public health policy and interventions. The section develops rules, policy, procedure, and standards of care, and provides training, consultation and technical assistance for outreach, testing, disease investigation, outbreak response, linkage to care, and treatment. The section's client population includes individuals at risk for or diagnosed with HIV, STDs or TB. The section targets resources to populations that are disproportionately affected, such as people who inject drugs, men who have sex with men, people of color, immigrants and refugees. Services promote the elimination of HIV/STD/TB transmission and improved health outcomes and include local outreach and education, testing, condoms, lab costs, medications, case management and adherence support.

Center for Public Health Practice

Background information

The **Immunization** section works with local public health authorities, public and private immunization providers, Tribes, schools, childcare facilities, higher education, community-based organizations, and local coalitions to meet Oregon's vaccination needs and to reduce the incidence of vaccine-preventable disease in Oregon by:

- Supporting the state's immunization infrastructure and measuring the gaps in access to care.
- Revising programs to increase racial equity across all service areas.
- Maintaining the ALERT Immunization Information System (IIS).
- Distributing approximately \$75,000,000 of vaccine annually.
- Identifying and promoting evidence-based public health practices, driven by equity.
- Collecting immunization data (available by age, gender, race and ethnicity) from health care providers and making these data available to local entities to achieve complete and timely immunization of all people in Oregon.
- Maintaining the federal Vaccines For Children (VFC) program and special vaccine supply programs for people of all ages served at hundreds of private and public access locations.
- Overseeing school immunization law.
- Maintaining readiness to distribute vaccine in outbreaks and pandemics.

During the COVID-19 pandemic, Immunizations coordinated the distribution of federally owned COVID-19 vaccines and supplies to 1,837 unique public and private vaccinating partners, delivering 8,014,863 COVID-19 vaccinations to date. These vaccinations are recorded and stored in the ALERT IIS for clinical and public health purposes.

The Oregon Immunizations Program promotes the health of all people in Oregon by investing in activities that ensure access to vaccines for all. These efforts include the Vaccines For Children (VFC) program, which provides vaccine at no cost to 62 percent of Oregon's children, who might not otherwise be vaccinated due to inability to pay. The Immunization Program also operates the Vaccine Access Project, ensuring vaccine opportunities for

Center for Public Health Practice

underrepresented communities including those housed in carceral setting; the use of the ALERT IIS (Immunization Information System); data to support clinical decision support for immunizers; analyses of immunization status and need across gender, race or ethnicity; supporting Tribal centers, community-based organizations and local coalitions.

The Health Security, Preparedness and Response (HSPR) section supports systems to prepare for and respond to all hazards that affect the health of people in Oregon. Public health emergency preparedness is a foundational capability of a modern public health framework. HSPR emphasizes cultural responsiveness through partnerships with Tribal governments, hospitals and health care systems, emergency medical services, law enforcement, fire, and local public health authorities to build community resiliency through emergency preparedness planning, training, exercises and coalition development. These partnerships include funding for health care and public health programs in local and Tribal agencies, as well as support for essential public health functions related to communications, laboratory services and communicable disease control. The program works to ensure equitable inclusion of persons with limited English proficiency and other language and access needs in planning activities. Current activities focus on the COVID-19 response, health equity planning, mass casualty planning, and all hazards response.

HSPR also manages:

- The State Emergency Registry of Volunteers in Oregon, with 6,484 registered licensed health professionals providing 56,496 hours of emergency services in the past year and a half in response to all hazard emergency response, including COVID-19, extreme weather, and wildfires.
- The AmeriCorps VISTA program, which places new public health professionals in public health and nonprofit agencies for one year of national service to build public health capacity and eliminate poverty. HSPR oversees 60 national service volunteers annually.

Oregon Health Authority: Public Health Division

Center for Public Health Practice

- Critical public health information platforms such as the Health Alert Network and Hospital Capacity System, which allow for 24/7/365 mass communication and situational awareness between public health and health care organizations and provide communication options for those who are deaf or hard of hearing.

Revenue sources and changes

The 2023-25 Agency Request Budget for the Center for Public Health Practice is comprised of 67 percent Federal Funds, 26 percent Other Funds, and 7 percent General Fund.

In response to the COVID-19 pandemic, the center received over \$600 million of federal funding for a broad range of response activities, including case investigation and contact tracing, laboratory testing, healthcare system infection control capacity, and vaccine distribution. These federal funds have supported the staff and contracts based within the COVID-19 Response and Recovery Unit as well as the Public Health Division. Much of the center's funding is categorical, finite and directed toward federal priorities, which do not always align with state or local priorities. The center's programs have responded creatively to state priorities while continuing to meet grant objectives. This is particularly true in the areas of communicable disease prevention and immunization, which require a base level of infrastructure to operate effectively.

The center's General Fund is used to pay for staff, supplies and equipment necessary to coordinate and deliver services to people in Oregon. The center pays counties to deliver the Vaccines for Children program, using Medicaid matching funds and leveraged by General Fund.

In the HIV/STD/TB (HST) section, CDC funding has not kept pace with the increased need for services necessary to control and ensure treatment for sexually transmitted infections and tuberculosis. Fifty one percent of General Fund is allocated for distribution to local public health for HIV prevention, STD and TB testing, contact tracing and treatment. In addition to HRSA, Ryan White federal funding of approximately \$6 million annually, CAREAssist

Oregon Health Authority: Public Health Division

Center for Public Health Practice

(Oregon's AIDS Drug Assistance Program) generates program income through the 340B Drug Pricing program model. This Other Fund net balance of \$58 million promotes a continuing annual carryover of restricted funds for maintenance of program operatives. The program obligates the full amount of these restricted Other Funds carryover balance to pay for medical services and medications for persons living with HIV and for projects that support Oregon's initiative to eliminate new HIV infections, *End HIV Oregon*. The End HIV Oregon initiative supports enhanced statewide services to include HIV early intervention housing, behavioral health, case management and other supportive services that prevent the transmission of HIV and improve the health outcomes of persons diagnosed with HIV.

The STD program received \$2.3 million from the American Rescue Plan Act. These funds have been awarded to local public health authorities to support the expansion of a response-ready workforce of contact tracers (known as Disease Intervention Specialists) at the local level to mitigate the spread of STD, HIV, and COVID-19.

The Acute and Communicable Disease Prevention (ACDP) section historically receives about \$20 million Federal Funds per biennium from the CDC, primarily through the Emerging Infections Program (EIP) and the Epidemiology and Laboratory Capacity (ELC) grants. Along with roughly \$1 million General Fund, these grants support communicable disease monitoring, outbreak investigation, interventions and evaluation activities. The program maintains Orpheus, a statewide case reporting and outbreak information system, as well as ESSENCE, a statewide syndromic surveillance system that monitors all emergency department visits (data available by race and ethnicity via a medical record or using CDC-specified designations). As of July 2021, ACDP has received approximately \$485 million from the Centers for Disease Control (CDC) dedicated to COVID-19 case investigation, contact tracing, testing, and disease control across Oregon.

The ELC program received \$3.3 million from the American Rescue Plan Act to be used to strengthen SARS-CoV-2 variant surveillance and increase sequencing capacity statewide through the implementation of geographically

Oregon Health Authority: Public Health Division

Center for Public Health Practice

representative variant surveillance as well as strategic partnerships with academic and commercial partners statewide. Of that total, approximately \$377 million remains available for planned work in the 2021-23 biennium.

In the Immunization section, state funding supports pass-through dollars to the local public health authorities; a maintenance and support contract with Gainwell for ALERT IIS; and staff and infrastructure support. To support the response to the COVID-19 pandemic, Immunizations received \$83 million additional federal funds over the course of 2020-2024 – with the majority of those funds passed to local public health authorities, Tribes and community-based organizations.

The Oregon State Public Health Laboratory (OSPHL) revenues for the 2021-23 are approximately \$30 million Total Funds. In recent biennia, increasing operating costs have outpaced revenues and OSPHL has evaluated current fee rates and structures.

Communicable disease testing increases access to health care by providing testing regardless of ability to pay or insurance coverage. Primary submitters are local health departments and community clinics. OSPHL bills for as many tests as possible using the Medicaid fee-for-service fee schedule but does not recover enough revenue to fund the testing. New laboratory technology is changing the number and types of specimens sent to OSPHL, shifting the workload to OSPHL without corresponding funding to support the testing. OSPHL is also experiencing increased costs associated with maintaining laboratory information systems to support electronic data collection and transmission among local, state and federal partners.

Evaluations of additional fee structures will continue in the 2023-25 biennium.

The Center for Health Statistics (CHS) revenues include mostly Other Funds, primarily in the form of fees for services, and some Federal Funds, in the form of deliverable-based contracts for timely and accurate birth and death data. Other Funds include payments from state agencies that use vital records information. Fees from the

Oregon Health Authority: Public Health Division

Center for Public Health Practice

sale of birth certificates comprise most of the fee revenue. The remaining revenue comes from sales of other types of certificates and extra fees for expedited processing and amendments. The Center for Health Statistics received CARES Act funding to develop and implement standard interoperability with the state's electronic death system and the National Center for Health Statistics to provide more timely death data.

The Health Security, Preparedness and Response (HSPR) section is funded through three federal grants, the Crisis Cooperative Agreement, Public Health Emergency Preparedness, and Healthcare Preparedness. These funds support state and local health department preparedness staff and activities, regional health care coalitions, and grants to partners for innovative community planning and response. HSPR is receiving approximately \$60.9 million from CDC Cares Act and ARPA funds. \$35.3 million from Cares act to build capacity for the COVID-19 response across the public health system and with healthcare and community partners and \$25.6 million from APRA funds to establish, expand, train, and sustain the public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.

Beginning with the 2021-23 biennium. the Health Security, Preparedness and Response section receives General Fund to support one position related to Senate Bill 762.

Proposed new laws that apply to the program unit

None.

Oregon Health Authority: Public Health Division

Indirect Cost Rate

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$0.00	\$18.77	\$18.05	\$36.83	0	0.00
Agency Request 2023-25	\$0.00	\$19.56	\$18.81	\$38.38	0	0.00
Difference	\$0.00	\$0.79	\$0.76	\$1.55	0	0.00
Percent Change	0%	4%	4%	4%	0%	0%

The 2023-25 Agency Request Budget of \$38.4 million Total Funds continues to provide the limitation needed to implement and operate an indirect cost rate for the Public Health Division at the current service level.

Activities, programs and issues in the program unit base budget

As part of pursuing the implementation of a division-wide indirect cost rate, Public Health has a Detail Cross-Reference Number (DCR) specific to the indirect cost rate and separate from the program Centers and Office of the State Public Health Director. This functions as budgetary structure to house needed limitation and does not contain any program areas.

The technical accounting entries required to operationalize an indirect cost rate will produce duplicative expenditure data in an internal services fund specific to tracking and reconciling indirect costs assessed to Public Health. Limitation is in Federal Funds and Other Funds to cover the duplicative costs and accommodate the necessary accounting processes. There are no additional “real” expenditures, and the duplicated costs will be excluded from statewide reporting by excluding the internal services fund.

Oregon Health Authority: Public Health Division

Indirect Cost Rate

Background information

The Public Health Division currently operates under the Oregon Health Authority's federally approved cost allocation plan for the purpose of allocating indirect costs. As Public Health has many revenue streams (more than 72 categorically dedicated federal grants for the 2021-23 biennium in addition to billable contracts and fee revenues), operationalizing an indirect cost rate streamlines the funding request process and provides certainty across funding streams as to how each will be impacted by indirect costs. This allows Public Health to maximize use of available funding to direct resources in the best manner to achieve positive outcomes for Oregonians and eliminate health inequities across the state.

Public Health continues to implement a division-wide indirect cost rate and works with the Cost Allocation Unit to keep the plan updated as revisions are completed and as negotiations occur with Cost Allocation Services, however, some of that work has slowed due to staff turnover and Public Health resources being prioritized to address the COVID-19 response.

Revenue sources and changes

The indirect cost rate DCR limitation is 51 percent Other Funds and 49 percent Federal Funds.

New laws that apply to the program unit

None.

COVID-19 Response and Recovery Unit

Expenditures by fund type, positions and full-time equivalents

The Office of the State Public Health Director and the Center for Public Health Practice hold the budget to support Office of the Covid Response and Recovery Unit (CRRU) in the 2021-23 biennium. Discussions are ongoing to decide the placement of the CRRU budget over the long term.

Activities, programs and issues in the program unit base budget

The CRRU Director guides the response, operations, equity strategy, communication, and interactions with other government agencies for the state of Oregon's COVID-19 response. CRRU was developed as a joint effort between Oregon Department of Human Services (ODHS) and OHA and transitioned into OHA's Public Health Division in 2022. The CRRU prioritizes the state's health equity initiatives for the COVID-19 response, including health equity training and capacity building, data collection and publication, community-led response and operational activities, and policy and regulation utilization. The office implements state and division-wide COVID-19 priorities in collaboration with state and local agencies, Tribes, and community-based organizations. CRRU is organized into two sections: Response and Operations.

CRRU Director's Office: The CRRU Director's Office consists of the director, co-deputy directors, administrative support team, Program Support Manager, communications and the COVID-19 Feedback team. The CRRU Director's Office is responsible for setting strategy for the entire Center, coordinating budgets and contracts, working across agencies and supporting and elevating the PH Director and its office.

Response Section: The Response section is split into three functional areas: Disease surveillance, Intervention, and Case Support.

The Surveillance section works in close collaboration with the Public Health Division's Acute and Communicable Disease Prevention and Immunization Programs to collect, analyze and report data on COVID-19 cases, tests, and vaccinations. The work also includes supporting the statewide data systems that contain this information. Work

Oregon Health Authority: Public Health Division

COVID-19 Response and Recovery Unit

activities include supporting IT system access for local public health partners, analyzing data to assess the impact of the pandemic among people in Oregon and on Oregon's health system, and developing reports such as dashboards, narrative reports, and presentations to share information. Equity-focused areas of the surveillance unit include analyzing and reporting COVID-19 data (cases, hospitalizations, deaths, vaccination) by race and ethnicity to inform interventions, and improving IT mechanisms for REALD data collection and reporting.

The Intervention section develops statewide guidance for response to COVID-19 and responds to outbreaks. The Intervention section is comprised of three teams: regional epidemiologists, who support local public health and tribal response to outbreaks, population support epidemiologists, who focus on response to COVID-19 in high-risk congregate settings (for example, carceral settings, congregate living facilities) in collaboration with state agencies including ODOC and ODHS, and regional emergency coordinators, who facilitate interagency response to outbreaks and support other key interventions such as vaccination.

The Case Support Team houses OHA's COVID-19 hotline and text line, which provides a multilingual mechanism for people to report their positive at-home test and ask questions about public health recommendations, such as isolation and testing. Case Support team members also perform data entry (for example, vaccination records, case report forms) and support local public health authorities with outreach to reported cases of COVID-19 to provide information about public health recommendations.

Operations Section: The Operations Section is split into three functional areas: Vaccination Team, Field Operations, and Therapeutics.

The Vaccine team works in collaboration with Public Health Division's Oregon Immunization Program to rollout the COVID-19 vaccines and boosters to eligible populations across the state. This work includes utilizing priority allocations of doses to providers and partners to support vaccine access to communities most impacted by historical and contemporary racism, oppression and health inequities; providing essential and equitable access to the vaccine. The team is structured in a way to provide liaisons to critical vaccine partners, such as health systems and clinics, FQHCs, Tribal partners, pharmacies, and local public health authorities. Core work activities include timely

Oregon Health Authority: Public Health Division

COVID-19 Response and Recovery Unit

communication, technical assistance, partnering with community-based organizations and other entities who were offering vaccine locally, allocations of federal vaccine allotments, and exploring data and community input to strategies how best to serve communities during the vaccine rollout.

Field Operations originated as the CRRU Testing Team, focused on working with partners to provide access to COVID-19 testing resources across that state. This work prioritized offering tests to communities most at risk and with the least access to traditional healthcare delivery models. As vaccine was provided to the state, the Testing Team transitioned to Field Operations and added vaccine to their service delivery options. The team continued to work collaboratively with CBOs to support vaccine events across the state and coordinated vaccine access to a range of congregate settings most vulnerable to COVID-19, including assisted living facilities, nursing homes, adult foster care settings, etc.

The Therapeutics team was established to support the equitable distribution of new anti-virals and other therapies developed to protect against COVID-19. The team allocates federal doses distributed to Oregon, provides communication support to providers and to the public, delivers technical assistance to Oregon providers, and has worked to expand access to therapeutics through the federal Test 2 Treat program and through a contract arrangement with the Oregon Primary Care Association.

Background information

The COVID-19 pandemic has had a major impact on the public health system and the core work of the division. PHD has continued to lead the state's response through the CRRU. Staffing for CRRU is comprised of a combination of cross-Agency (OHA and ODHS) staff on job rotations, external hires through limited duration positions, and contracted staffing support.

As of July 13, 2022, in Oregon there were 458 hospitalized COVID-19 positive patients, 830,062 total cases and 7,884 total deaths. The goal of CRRU is to successfully prevent the spread and mitigate the impacts of COVID-19 across all Oregon and tribal communities while laying the foundation for future response efforts by integrating and

Oregon Health Authority: Public Health Division

COVID-19 Response and Recovery Unit

elevating community voices to co-create solutions, sharing power, and effectively guiding the state's approach; centering the state's response in equity and addressing the inequities of the current system and its approach, with a concerted focus on those communities most impacted by historical and contemporary racism and oppression; providing essential and equitable supports and services across all Oregon communities and responding in a coordinated, agile way, that increases impact, maximizes resources, and reduces duplication of efforts

Equity is rooted in policy recommendations and program delivery to support communities impacted by systemic racism, oppression and health inequities. Inequities in health and well-being reflect systemic racism, historical injustice and the inequitable distribution of power and resources across Oregon. CRRU incorporates health and service equity to ensure that all communities have equitable access to programs and services provided by ODHS and OHA.

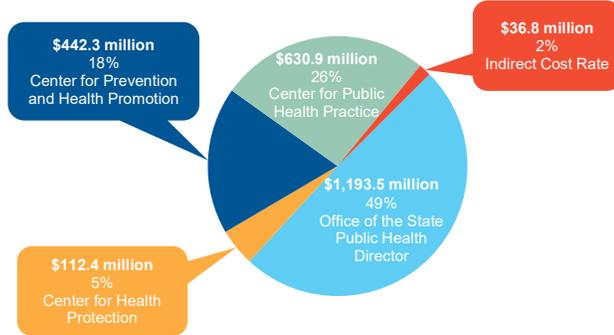
By increasing authentic community participation, building trust between governmental entities and community while ensuring equitable distribution or redistribution of power and resource, the CRRU will help move Oregon toward more equitable outcomes.

Proposed new laws that apply to the program unit

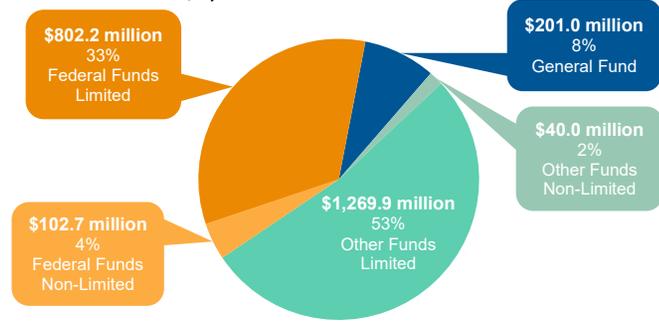
None.

Oregon Health Authority 2021-23 Legislatively Approved Budget

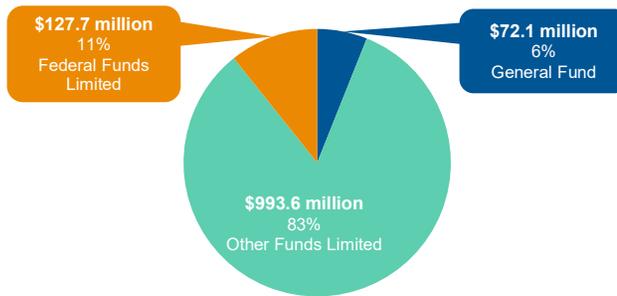
**Public Health by Program
\$2,415.9 million Total Funds**



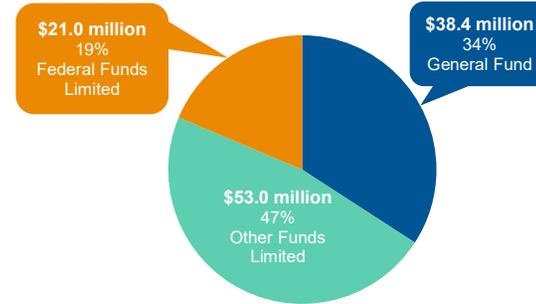
**Public Health by Fund Type
\$2,415.9 million Total Funds**



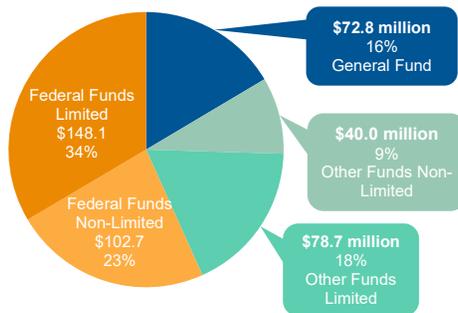
**Office of the State Public Health Director by Fund Type
\$1,193.5 million Total Funds**



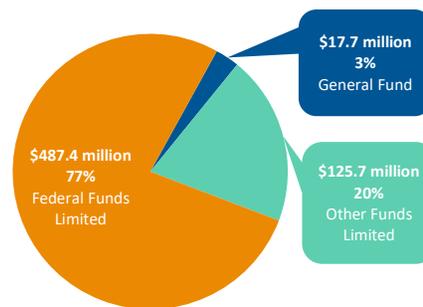
**Center for Health Protection by Fund Type
\$112.4 million Total Funds**



**Center for Prevention and Health Promotion by Fund Type
\$442.3 million Total Funds**



**Center for Public Health Practice by Fund Type
\$630.9 million Total Funds**

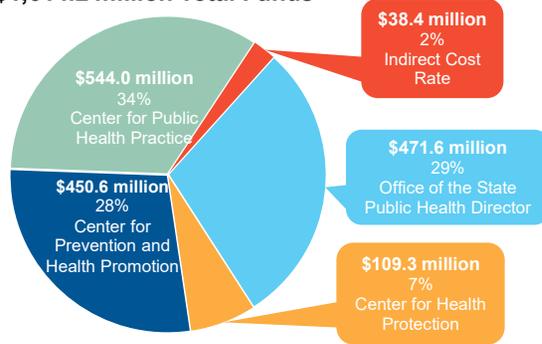


**Indirect Cost Rate by Fund Type
\$36.8 million Total Funds**

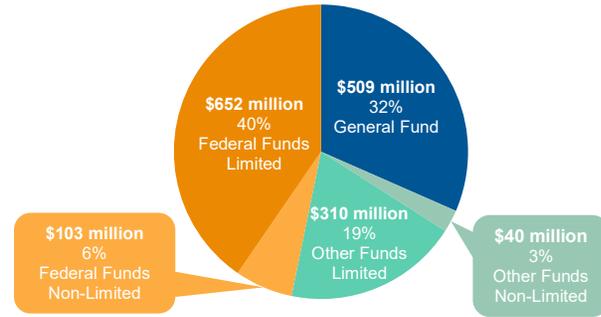


Oregon Health Authority 2023-25 Agency Request Budget

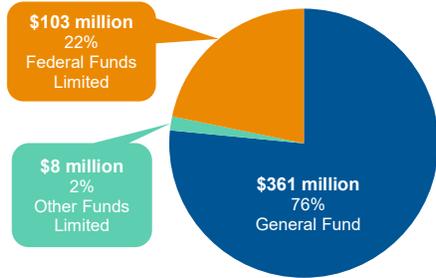
Public Health by Program
\$1,614.2 million Total Funds



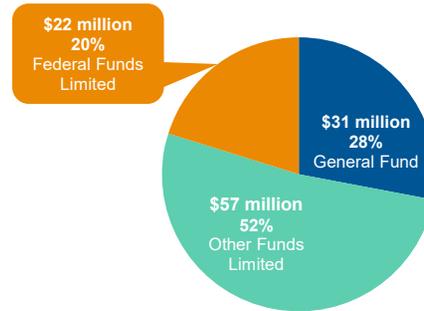
Public Health by Fund Type
\$1,614.2 million Total Funds



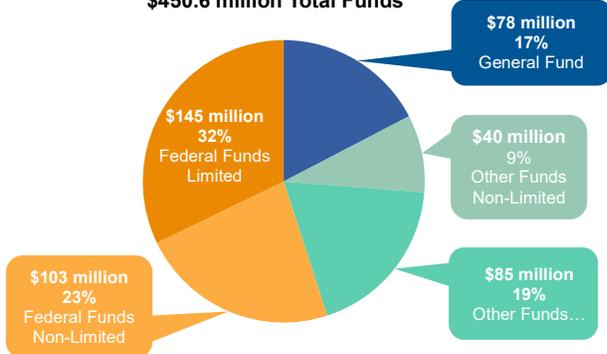
Office of the State Public Health Director by Fund Type
\$471.6 million Total Funds



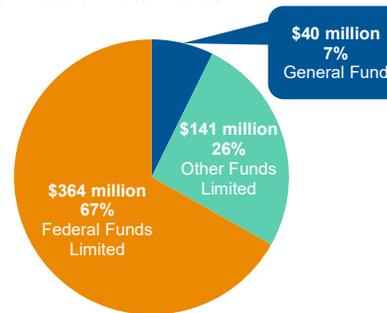
Center for Health Protection by Fund Type
\$109.7 million Total Funds



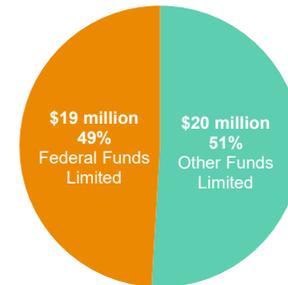
Center for Prevention & Health Promotion by Fund Type
\$450.6 million Total Funds



Center for Public Health Practice by Fund Type
\$544 million Total Funds



Indirect Cost Rate by Fund Type
\$38.4 million Total Funds



ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	172,350	-	-	-	-	-	172,350
Other Revenues	-	-	292,892	-	-	-	292,892
Federal Funds	-	-	-	543,057	-	-	543,057
Total Revenues	\$172,350	-	\$292,892	\$543,057	-	-	\$1,008,299
Personal Services							
Temporary Appointments	2,044	-	9,778	2,055	-	-	13,877
Overtime Payments	588	-	14,018	1,843	-	-	16,449
Shift Differential	2	-	25	37	-	-	64
All Other Differential	28,972	-	36,892	551,995	-	-	617,859
Public Employees' Retire Cont	5,298	-	9,128	99,254	-	-	113,680
Pension Obligation Bond	277,178	-	165,057	11,151	-	-	453,386
Social Security Taxes	2,418	-	4,645	42,528	-	-	49,591
Paid Family Medical Leave Insurance	118	-	204	2,215	-	-	2,537
Vacancy Savings	(144,268)	-	53,145	(168,021)	-	-	(259,144)
Total Personal Services	\$172,350	-	\$292,892	\$543,057	-	-	\$1,008,299
Total Expenditures							
Total Expenditures	172,350	-	292,892	543,057	-	-	1,008,299
Total Expenditures	\$172,350	-	\$292,892	\$543,057	-	-	\$1,008,299

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	311,393	-	-	-	-	-	311,393
Other Revenues	-	-	354,452	-	-	-	354,452
Federal Funds	-	-	-	7,039	-	-	7,039
Total Revenues	\$311,393	-	\$354,452	\$7,039	-	-	\$672,884
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	66,036	-	-	-	66,036
Empl. Rel. Bd. Assessments	-	-	26	-	-	-	26
Public Employees' Retire Cont	-	-	11,834	-	-	-	11,834
Social Security Taxes	-	-	5,052	-	-	-	5,052
Paid Family Medical Leave Insurance	-	-	264	-	-	-	264
Worker's Comp. Assess. (WCD)	-	-	23	-	-	-	23
Flexible Benefits	-	-	19,800	-	-	-	19,800
Total Personal Services	-	-	\$103,035	-	-	-	\$103,035
Services & Supplies							
Instate Travel	47,760	-	32,608	1,624	-	-	81,992
Out of State Travel	10,420	-	-	-	-	-	10,420
Employee Training	13,195	-	9,009	508	-	-	22,712
Office Expenses	90,870	-	62,038	3,088	-	-	155,996
Telecommunications	29,718	-	20,290	1,009	-	-	51,017
Professional Services	99,952	-	21,830	-	-	-	121,782
IT Professional Services	-	-	88,570	-	-	-	88,570
Other Services and Supplies	8,255	-	5,641	281	-	-	14,177

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	11,223	-	11,431	529	-	-	23,183
Total Services & Supplies	\$311,393	-	\$251,417	\$7,039	-	-	\$569,849
Total Expenditures							
Total Expenditures	311,393	-	354,452	7,039	-	-	672,884
Total Expenditures	\$311,393	-	\$354,452	\$7,039	-	-	\$672,884
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.50
Total FTE	-	-	-	-	-	-	0.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(31,314,321)	-	-	-	-	-	(31,314,321)
Other Revenues	-	-	(976,361,442)	-	-	-	(976,361,442)
Federal Funds	-	-	-	(184,785,703)	-	-	(184,785,703)
Transfer from General Fund	-	-	(10,000,000)	-	-	-	(10,000,000)
Total Revenues	(\$31,314,321)	-	(\$986,361,442)	(\$184,785,703)	-	-	(\$1,202,461,466)
Services & Supplies							
Instate Travel	(4,674)	-	-	(200)	-	-	(4,874)
Employee Training	(1,286)	-	-	-	-	-	(1,286)
Office Expenses	(8,894)	-	-	(600)	-	-	(9,494)
Telecommunications	(2,909)	-	-	-	-	-	(2,909)
Professional Services	(1,274,573)	-	(986,361,442)	(176,785,625)	-	-	(1,164,421,640)
Food and Kitchen Supplies	(19,884)	-	-	-	-	-	(19,884)
Other Services and Supplies	(809)	-	-	-	-	-	(809)
Expendable Prop 250 - 5000	(1,292)	-	-	-	-	-	(1,292)
Total Services & Supplies	(\$1,314,321)	-	(\$986,361,442)	(\$176,786,425)	-	-	(\$1,164,462,188)
Special Payments							
Dist to Counties	-	-	-	(508,406)	-	-	(508,406)
Dist to Non-Gov Units	(20,000,000)	-	-	(2,081,141)	-	-	(22,081,141)
Dist to Individuals	-	-	-	(5,409,731)	-	-	(5,409,731)
Intra-Agency Gen Fund Transfer	(10,000,000)	-	-	-	-	-	(10,000,000)
Total Special Payments	(\$30,000,000)	-	-	(\$7,999,278)	-	-	(\$37,999,278)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	(31,314,321)	-	(986,361,442)	(184,785,703)	-	-	(1,202,461,466)
Total Expenditures	(\$31,314,321)	-	(\$986,361,442)	(\$184,785,703)	-	-	(\$1,202,461,466)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	6,237,249	-	-	-	-	-	6,237,249
Other Revenues	-	-	11,729,158	-	-	-	11,729,158
Federal Funds	-	-	-	33,612,094	-	-	33,612,094
Total Revenues	\$6,237,249	-	\$11,729,158	\$33,612,094	-	-	\$51,578,501

Services & Supplies							
Instate Travel	21,403	-	35,870	71,744	-	-	129,017
Out of State Travel	2,548	-	7,870	26,168	-	-	36,586
Employee Training	9,350	-	11,764	38,993	-	-	60,107
Office Expenses	29,135	-	76,263	69,349	-	-	174,747
Telecommunications	11,840	-	16,430	33,076	-	-	61,346
Data Processing	9,406	-	5,979	30,555	-	-	45,940
Publicity and Publications	19,952	-	22,085	19,811	-	-	61,848
Professional Services	986,197	-	4,810,886	24,324,448	-	-	30,121,531
IT Professional Services	165,051	-	44,859	211,471	-	-	421,381
Attorney General	184,611	-	397,747	41,154	-	-	623,512
Dispute Resolution Services	-	-	443	-	-	-	443
Employee Recruitment and Develop	425	-	30	417	-	-	872
Dues and Subscriptions	2,317	-	2,803	6,414	-	-	11,534
Facilities Rental and Taxes	3,404	-	2,219	864	-	-	6,487
Fuels and Utilities	-	-	7,659	-	-	-	7,659
Facilities Maintenance	1,594	-	1,622	11,325	-	-	14,541
Food and Kitchen Supplies	41,959	-	935,698	1,413,167	-	-	2,390,824
Medical Services and Supplies	149,827	-	1,718,504	548,453	-	-	2,416,784
Other Care of Residents and Patients	818	-	136	457	-	-	1,411

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Agency Program Related S and S	32,699	-	641,631	318,774	-	-	993,104
Intra-agency Charges	8	-	628	20	-	-	656
Other Services and Supplies	65,210	-	95,763	93,299	-	-	254,272
Expendable Prop 250 - 5000	6,951	-	8,167	14,021	-	-	29,139
IT Expendable Property	6,687	-	14,143	26,854	-	-	47,684
Total Services & Supplies	\$1,751,392	-	\$8,859,199	\$27,300,834	-	-	\$37,911,425
Capital Outlay							
Technical Equipment	-	-	8,691	21,371	-	-	30,062
Other Capital Outlay	-	-	-	2,520	-	-	2,520
Total Capital Outlay	-	-	\$8,691	\$23,891	-	-	\$32,582
Special Payments							
Dist to Counties	2,565,619	-	1,538,602	4,100,489	-	-	8,204,710
Dist to Other Gov Unit	287,112	-	5,943	595,160	-	-	888,215
Dist to Non-Gov Units	894,584	-	391,861	735,095	-	-	2,021,540
Dist to Individuals	649,840	-	645,342	686,579	-	-	1,981,761
Dist to Contract Svc Providers	78,949	-	28,468	51,958	-	-	159,375
Other Special Payments	9,753	-	251,052	100,427	-	-	361,232
Spc Pmt to Environmental Quality	-	-	-	16,622	-	-	16,622
Spc Pmt to Agriculture, Dept of	-	-	-	1,039	-	-	1,039
Total Special Payments	\$4,485,857	-	\$2,861,268	\$6,287,369	-	-	\$13,634,494

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	6,237,249	-	11,729,158	33,612,094	-	-	51,578,501
Total Expenditures	\$6,237,249	-	\$11,729,158	\$33,612,094	-	-	\$51,578,501
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(6,756,609)	-	-	-	-	-	(6,756,609)
Other Revenues	-	-	6,756,609	-	-	-	6,756,609
Total Revenues	(\$6,756,609)	-	\$6,756,609	-	-	-	-
Personal Services							
Class/Unclass Sal. and Per Diem	(3,204,810)	-	3,204,810	-	-	-	-
Empl. Rel. Bd. Assessments	(1,259)	-	1,259	-	-	-	-
Public Employees' Retire Cont	(574,303)	-	574,303	-	-	-	-
Social Security Taxes	(245,171)	-	245,171	-	-	-	-
Paid Family Medical Leave Insurance	(13,345)	-	13,345	-	-	-	-
Worker's Comp. Assess. (WCD)	(1,093)	-	1,093	-	-	-	-
Flexible Benefits	(940,500)	-	940,500	-	-	-	-
Total Personal Services	(\$4,980,481)	-	\$4,980,481	-	-	-	-
Services & Supplies							
Instate Travel	(74,681)	-	74,681	-	-	-	-
Employee Training	(20,839)	-	20,839	-	-	-	-
Office Expenses	(142,094)	-	142,094	-	-	-	-
Telecommunications	(46,460)	-	46,460	-	-	-	-
Professional Services	(1,292,326)	-	1,292,326	-	-	-	-
IT Professional Services	(4,400)	-	4,400	-	-	-	-
Attorney General	(150,000)	-	150,000	-	-	-	-
Food and Kitchen Supplies	(16,302)	-	16,302	-	-	-	-
Other Services and Supplies	(12,926)	-	12,926	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	(16,100)	-	16,100	-	-	-	-
Total Services & Supplies	(\$1,776,128)	-	\$1,776,128	-	-	-	-
Total Expenditures							
Total Expenditures	(6,756,609)	-	6,756,609	-	-	-	-
Total Expenditures	(\$6,756,609)	-	\$6,756,609	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 070 - Revenue Shortfalls

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	(6,756,609)	-	-	-	(6,756,609)
Total Revenues	-	-	(\$6,756,609)	-	-	-	(\$6,756,609)
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	(3,253,152)	-	-	-	(3,253,152)
Empl. Rel. Bd. Assessments	-	-	(1,272)	-	-	-	(1,272)
Public Employees' Retire Cont	-	-	(582,966)	-	-	-	(582,966)
Social Security Taxes	-	-	(248,869)	-	-	-	(248,869)
Paid Family Medical Leave Insurance	-	-	(12,998)	-	-	-	(12,998)
Worker's Comp. Assess. (WCD)	-	-	(1,104)	-	-	-	(1,104)
Flexible Benefits	-	-	(950,400)	-	-	-	(950,400)
Total Personal Services	-	-	(\$5,050,761)	-	-	-	(\$5,050,761)
Services & Supplies							
Instate Travel	-	-	(74,681)	-	-	-	(74,681)
Employee Training	-	-	(20,839)	-	-	-	(20,839)
Office Expenses	-	-	(142,094)	-	-	-	(142,094)
Telecommunications	-	-	(46,460)	-	-	-	(46,460)
Professional Services	-	-	(1,226,446)	-	-	-	(1,226,446)
IT Professional Services	-	-	-	-	-	-	-
Attorney General	-	-	(150,000)	-	-	-	(150,000)
Dispute Resolution Services	-	-	-	-	-	-	-
Food and Kitchen Supplies	-	-	(16,302)	-	-	-	(16,302)
Other Services and Supplies	-	-	(12,926)	-	-	-	(12,926)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 070 - Revenue Shortfalls

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	-	-	(16,100)	-	-	-	(16,100)
Total Services & Supplies	-	-	(\$1,705,848)	-	-	-	(\$1,705,848)
Total Expenditures							
Total Expenditures	-	-	(6,756,609)	-	-	-	(6,756,609)
Total Expenditures	-	-	(\$6,756,609)	-	-	-	(\$6,756,609)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions	-	-	-	-	-	-	(24)
Total Positions	-	-	-	-	-	-	(24)
Total FTE							
Total FTE	-	-	-	-	-	-	(24.00)
Total FTE	-	-	-	-	-	-	(24.00)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 406 - Public Health Modernization

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	285,999,330	-	-	-	-	-	285,999,330
Other Revenues	-	-	86,986	-	-	-	86,986
Federal Funds	-	-	-	(733,308)	-	-	(733,308)
Total Revenues	\$285,999,330	-	\$86,986	(\$733,308)	-	-	\$285,353,008
Personal Services							
Class/Unclass Sal. and Per Diem	11,538,431	-	59,269	(501,492)	-	-	11,096,208
Empl. Rel. Bd. Assessments	3,940	-	17	(134)	-	-	3,823
Public Employees' Retire Cont	2,067,687	-	10,622	(89,867)	-	-	1,988,442
Social Security Taxes	882,099	-	4,534	(37,755)	-	-	848,878
Paid Family Medical Leave Insurance	46,001	-	254	(1,887)	-	-	44,368
Worker's Comp. Assess. (WCD)	3,434	-	14	(115)	-	-	3,333
Flexible Benefits	2,997,557	-	12,276	(99,233)	-	-	2,910,600
Total Personal Services	\$17,539,149	-	\$86,986	(\$730,483)	-	-	\$16,895,652
Services & Supplies							
Instate Travel	239,780	-	-	(1,150)	-	-	238,630
Employee Training	66,677	-	-	(316)	-	-	66,361
Office Expenses	456,321	-	-	(2,188)	-	-	454,133
Telecommunications	149,185	-	-	(715)	-	-	148,470
Professional Services	19,058,897	-	-	-	-	-	19,058,897
IT Professional Services	1,000,000	-	-	-	-	-	1,000,000
Attorney General	2,800,000	-	-	-	-	-	2,800,000
Food and Kitchen Supplies	754,108	-	-	1,946	-	-	756,054

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 406 - Public Health Modernization

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Other Services and Supplies	41,555	-	-	(198)	-	-	41,357
Expendable Prop 250 - 5000	68,804	-	-	(204)	-	-	68,600
Total Services & Supplies	\$24,635,327	-	-	(\$2,825)	-	-	\$24,632,502
Special Payments							
Dist to Counties	100,324,854	-	-	-	-	-	100,324,854
Dist to Other Gov Unit	30,000,000	-	-	-	-	-	30,000,000
Dist to Non-Gov Units	113,500,000	-	-	-	-	-	113,500,000
Total Special Payments	\$243,824,854	-	-	-	-	-	\$243,824,854
Total Expenditures							
Total Expenditures	285,999,330	-	86,986	(733,308)	-	-	285,353,008
Total Expenditures	\$285,999,330	-	\$86,986	(\$733,308)	-	-	\$285,353,008
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions	-	-	-	-	-	-	98
Total Positions	-	-	-	-	-	-	98

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 406 - Public Health Modernization

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total FTE							
Total FTE							73.50
Total FTE	-	-	-	-	-	-	73.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 409 - Healthier Together Oregon

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	15,000,000	-	-	-	-	-	15,000,000
Total Revenues	\$15,000,000	-	-	-	-	-	\$15,000,000
Personal Services							
Class/Unclass Sal. and Per Diem	1,088,334	-	-	-	-	-	1,088,334
Empl. Rel. Bd. Assessments	351	-	-	-	-	-	351
Public Employees' Retire Cont	195,027	-	-	-	-	-	195,027
Social Security Taxes	83,261	-	-	-	-	-	83,261
Paid Family Medical Leave Insurance	4,351	-	-	-	-	-	4,351
Worker's Comp. Assess. (WCD)	306	-	-	-	-	-	306
Flexible Benefits	267,300	-	-	-	-	-	267,300
Total Personal Services	\$1,638,930	-	-	-	-	-	\$1,638,930
Services & Supplies							
Instate Travel	21,915	-	-	-	-	-	21,915
Employee Training	6,130	-	-	-	-	-	6,130
Office Expenses	41,706	-	-	-	-	-	41,706
Telecommunications	13,635	-	-	-	-	-	13,635
Professional Services	1,165,000	-	-	-	-	-	1,165,000
Food and Kitchen Supplies	69,852	-	-	-	-	-	69,852
Other Services and Supplies	3,798	-	-	-	-	-	3,798
Expendable Prop 250 - 5000	6,300	-	-	-	-	-	6,300
Total Services & Supplies	\$1,328,336	-	-	-	-	-	\$1,328,336

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 409 - Healthier Together Oregon

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Dist to Counties	12,032,734	-	-	-	-	-	12,032,734
Total Special Payments	\$12,032,734	-	-	-	-	-	\$12,032,734
Total Expenditures							
Total Expenditures	15,000,000	-	-	-	-	-	15,000,000
Total Expenditures	\$15,000,000	-	-	-	-	-	\$15,000,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							9
Total Positions	-	-	-	-	-	-	9
Total FTE							
Total FTE							6.75
Total FTE	-	-	-	-	-	-	6.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 417 - Environmental Justice Mapping

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	191,854	-	-	-	-	-	191,854
Total Revenues	\$191,854	-	-	-	-	-	\$191,854
Personal Services							
Class/Unclass Sal. and Per Diem	114,300	-	-	-	-	-	114,300
Empl. Rel. Bd. Assessments	39	-	-	-	-	-	39
Public Employees' Retire Cont	20,483	-	-	-	-	-	20,483
Social Security Taxes	8,744	-	-	-	-	-	8,744
Paid Family Medical Leave Insurance	457	-	-	-	-	-	457
Worker's Comp. Assess. (WCD)	34	-	-	-	-	-	34
Flexible Benefits	29,700	-	-	-	-	-	29,700
Total Personal Services	\$173,757	-	-	-	-	-	\$173,757
Services & Supplies							
Instate Travel	2,435	-	-	-	-	-	2,435
Employee Training	670	-	-	-	-	-	670
Office Expenses	4,634	-	-	-	-	-	4,634
Telecommunications	1,515	-	-	-	-	-	1,515
Food and Kitchen Supplies	7,721	-	-	-	-	-	7,721
Other Services and Supplies	422	-	-	-	-	-	422
Expendable Prop 250 - 5000	700	-	-	-	-	-	700
Total Services & Supplies	\$18,097	-	-	-	-	-	\$18,097

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 417 - Environmental Justice Mapping

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	191,854	-	-	-	-	-	191,854
Total Expenditures	\$191,854	-	-	-	-	-	\$191,854
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.75
Total FTE	-	-	-	-	-	-	0.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 420 - Pandemic Response Information System

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	10,808,044	-	-	-	-	-	10,808,044
Total Revenues	\$10,808,044	-	-	-	-	-	\$10,808,044
Personal Services							
Class/Unclass Sal. and Per Diem	1,669,008	-	-	-	-	-	1,669,008
Empl. Rel. Bd. Assessments	583	-	-	-	-	-	583
Public Employees' Retire Cont	299,085	-	-	-	-	-	299,085
Social Security Taxes	127,682	-	-	-	-	-	127,682
Paid Family Medical Leave Insurance	6,676	-	-	-	-	-	6,676
Worker's Comp. Assess. (WCD)	506	-	-	-	-	-	506
Flexible Benefits	435,600	-	-	-	-	-	435,600
Total Personal Services	\$2,539,140	-	-	-	-	-	\$2,539,140
Services & Supplies							
Instate Travel	35,717	-	-	-	-	-	35,717
Employee Training	10,023	-	-	-	-	-	10,023
Office Expenses	67,958	-	-	-	-	-	67,958
Telecommunications	22,220	-	-	-	-	-	22,220
Professional Services	8,026,541	-	-	-	-	-	8,026,541
Food and Kitchen Supplies	92,563	-	-	-	-	-	92,563
Other Services and Supplies	6,182	-	-	-	-	-	6,182
Expendable Prop 250 - 5000	7,700	-	-	-	-	-	7,700
Total Services & Supplies	\$8,268,904	-	-	-	-	-	\$8,268,904

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 420 - Pandemic Response Information System

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	10,808,044	-	-	-	-	-	10,808,044
Total Expenditures	\$10,808,044	-	-	-	-	-	\$10,808,044
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							11
Total Positions	-	-	-	-	-	-	11
Total FTE							
Total FTE							11.00
Total FTE	-	-	-	-	-	-	11.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 422 - Reg'l Res Hospitals for Disaster Response

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	3,005,068	-	-	-	-	-	3,005,068
Total Revenues	\$3,005,068	-	-	-	-	-	\$3,005,068
Personal Services							
Class/Unclass Sal. and Per Diem	124,740	-	-	-	-	-	124,740
Empl. Rel. Bd. Assessments	39	-	-	-	-	-	39
Public Employees' Retire Cont	22,353	-	-	-	-	-	22,353
Social Security Taxes	9,543	-	-	-	-	-	9,543
Paid Family Medical Leave Insurance	499	-	-	-	-	-	499
Worker's Comp. Assess. (WCD)	34	-	-	-	-	-	34
Flexible Benefits	29,700	-	-	-	-	-	29,700
Total Personal Services	\$186,908	-	-	-	-	-	\$186,908
Services & Supplies							
Instate Travel	2,435	-	-	-	-	-	2,435
Employee Training	670	-	-	-	-	-	670
Office Expenses	4,634	-	-	-	-	-	4,634
Telecommunications	1,515	-	-	-	-	-	1,515
Professional Services	2,800,000	-	-	-	-	-	2,800,000
Food and Kitchen Supplies	7,784	-	-	-	-	-	7,784
Other Services and Supplies	422	-	-	-	-	-	422
Expendable Prop 250 - 5000	700	-	-	-	-	-	700
Total Services & Supplies	\$2,818,160	-	-	-	-	-	\$2,818,160

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 422 - Reg'l Res Hospitals for Disaster Response

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	3,005,068	-	-	-	-	-	3,005,068
Total Expenditures	\$3,005,068	-	-	-	-	-	\$3,005,068
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.75
Total FTE	-	-	-	-	-	-	0.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 424 - Oral Health Workforce Dental Pilot Proj Pgm

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	25,000	-	-	-	-	-	25,000
Total Revenues	\$25,000	-	-	-	-	-	\$25,000
Services & Supplies							
Professional Services	25,000	-	-	-	-	-	25,000
Total Services & Supplies	\$25,000	-	-	-	-	-	\$25,000
Total Expenditures							
Total Expenditures	25,000	-	-	-	-	-	25,000
Total Expenditures	\$25,000	-	-	-	-	-	\$25,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 425 - Universally offered Home Visiting

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	5,924,191	-	-	-	-	-	5,924,191
Federal Funds	-	-	-	156,129	-	-	156,129
Total Revenues	\$5,924,191	-	-	\$156,129	-	-	\$6,080,320
Personal Services							
Class/Unclass Sal. and Per Diem	475,299	-	-	100,035	-	-	575,334
Empl. Rel. Bd. Assessments	166	-	-	29	-	-	195
Public Employees' Retire Cont	85,175	-	-	17,927	-	-	103,102
Social Security Taxes	36,361	-	-	7,653	-	-	44,014
Paid Family Medical Leave Insurance	1,901	-	-	401	-	-	2,302
Worker's Comp. Assess. (WCD)	145	-	-	26	-	-	171
Flexible Benefits	126,225	-	-	22,275	-	-	148,500
Total Personal Services	\$725,272	-	-	\$148,346	-	-	\$873,618
Services & Supplies							
Instate Travel	10,349	-	-	1,826	-	-	12,175
Employee Training	2,848	-	-	503	-	-	3,351
Office Expenses	19,695	-	-	3,476	-	-	23,171
Telecommunications	6,439	-	-	1,136	-	-	7,575
Professional Services	1,150,000	-	-	-	-	-	1,150,000
Other Services and Supplies	1,794	-	-	317	-	-	2,111
Expendable Prop 250 - 5000	2,975	-	-	525	-	-	3,500
Total Services & Supplies	\$1,194,100	-	-	\$7,783	-	-	\$1,201,883

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 425 - Universally offered Home Visiting

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Dist to Counties	2,854,819	-	-	-	-	-	2,854,819
Dist to Other Gov Unit	300,000	-	-	-	-	-	300,000
Other Special Payments	850,000	-	-	-	-	-	850,000
Total Special Payments	\$4,004,819	-	-	-	-	-	\$4,004,819
Total Expenditures							
Total Expenditures	5,924,191	-	-	156,129	-	-	6,080,320
Total Expenditures	\$5,924,191	-	-	\$156,129	-	-	\$6,080,320
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							5
Total Positions	-	-	-	-	-	-	5
Total FTE							
Total FTE							3.75
Total FTE	-	-	-	-	-	-	3.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 428 - PPE & Medical Supply Management

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	2,563,052	-	-	-	-	-	2,563,052
Total Revenues	\$2,563,052	-	-	-	-	-	\$2,563,052
Personal Services							
Class/Unclass Sal. and Per Diem	416,394	-	-	-	-	-	416,394
Empl. Rel. Bd. Assessments	195	-	-	-	-	-	195
Public Employees' Retire Cont	74,619	-	-	-	-	-	74,619
Social Security Taxes	31,853	-	-	-	-	-	31,853
Paid Family Medical Leave Insurance	1,666	-	-	-	-	-	1,666
Worker's Comp. Assess. (WCD)	170	-	-	-	-	-	170
Flexible Benefits	148,500	-	-	-	-	-	148,500
Total Personal Services	\$673,397	-	-	-	-	-	\$673,397
Services & Supplies							
Instate Travel	12,175	-	-	-	-	-	12,175
Employee Training	3,450	-	-	-	-	-	3,450
Office Expenses	23,170	-	-	-	-	-	23,170
Telecommunications	7,575	-	-	-	-	-	7,575
IT Professional Services	1,800,000	-	-	-	-	-	1,800,000
Food and Kitchen Supplies	37,675	-	-	-	-	-	37,675
Other Services and Supplies	2,110	-	-	-	-	-	2,110
Expendable Prop 250 - 5000	3,500	-	-	-	-	-	3,500
Total Services & Supplies	\$1,889,655	-	-	-	-	-	\$1,889,655

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 428 - PPE & Medical Supply Management

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	2,563,052	-	-	-	-	-	2,563,052
Total Expenditures	\$2,563,052	-	-	-	-	-	\$2,563,052
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							5
Total Positions	-	-	-	-	-	-	5
Total FTE							
Total FTE							3.75
Total FTE	-	-	-	-	-	-	3.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 432 - Domestic Well Safety Program

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	2,252,557	-	-	-	-	-	2,252,557
Total Revenues	\$2,252,557	-	-	-	-	-	\$2,252,557
Personal Services							
Class/Unclass Sal. and Per Diem	99,054	-	-	-	-	-	99,054
Empl. Rel. Bd. Assessments	39	-	-	-	-	-	39
Public Employees' Retire Cont	17,750	-	-	-	-	-	17,750
Social Security Taxes	7,578	-	-	-	-	-	7,578
Paid Family Medical Leave Insurance	396	-	-	-	-	-	396
Worker's Comp. Assess. (WCD)	34	-	-	-	-	-	34
Flexible Benefits	29,700	-	-	-	-	-	29,700
Total Personal Services	\$154,551	-	-	-	-	-	\$154,551
Services & Supplies							
Instate Travel	2,435	-	-	-	-	-	2,435
Out of State Travel	-	-	-	-	-	-	-
Employee Training	670	-	-	-	-	-	670
Office Expenses	4,634	-	-	-	-	-	4,634
Telecommunications	1,515	-	-	-	-	-	1,515
Professional Services	2,080,000	-	-	-	-	-	2,080,000
Food and Kitchen Supplies	7,630	-	-	-	-	-	7,630
Other Services and Supplies	422	-	-	-	-	-	422

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 432 - Domestic Well Safety Program

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	700	-	-	-	-	-	700
Total Services & Supplies	\$2,098,006	-	-	-	-	-	\$2,098,006
Total Expenditures							
Total Expenditures	2,252,557	-	-	-	-	-	2,252,557
Total Expenditures	\$2,252,557	-	-	-	-	-	\$2,252,557
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							1
Total Positions	-	-	-	-	-	-	1
Total FTE							
Total FTE							0.75
Total FTE	-	-	-	-	-	-	0.75

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 437 - Newborn Bloodspot Screen Pgm Fee Ratification

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	8,252,000	-	-	-	8,252,000
Total Revenues	-	-	\$8,252,000	-	-	-	\$8,252,000
Personal Services							
Class/Unclass Sal. and Per Diem	-	-	262,080	-	-	-	262,080
Empl. Rel. Bd. Assessments	-	-	78	-	-	-	78
Public Employees' Retire Cont	-	-	46,964	-	-	-	46,964
Social Security Taxes	-	-	20,050	-	-	-	20,050
Paid Family Medical Leave Insurance	-	-	1,048	-	-	-	1,048
Worker's Comp. Assess. (WCD)	-	-	68	-	-	-	68
Flexible Benefits	-	-	59,400	-	-	-	59,400
Total Personal Services	-	-	\$389,688	-	-	-	\$389,688
Services & Supplies							
Instate Travel	-	-	4,870	-	-	-	4,870
Employee Training	-	-	1,440	-	-	-	1,440
Office Expenses	-	-	9,268	-	-	-	9,268
Telecommunications	-	-	3,030	-	-	-	3,030
Professional Services	-	-	1,571,000	-	-	-	1,571,000
Medical Services and Supplies	-	-	6,270,460	-	-	-	6,270,460
Other Services and Supplies	-	-	844	-	-	-	844
Expendable Prop 250 - 5000	-	-	1,400	-	-	-	1,400
Total Services & Supplies	-	-	\$7,862,312	-	-	-	\$7,862,312

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 437 - Newborn Bloodspot Screen Pgm Fee Ratification

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	8,252,000	-	-	-	8,252,000
Total Expenditures	-	-	\$8,252,000	-	-	-	\$8,252,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							1.50
Total FTE	-	-	-	-	-	-	1.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 440 - OR Environmental Lab Accreditation Pgm

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Other Revenues	-	-	809,530	-	-	-	809,530
Total Revenues	-	-	\$809,530	-	-	-	\$809,530
Services & Supplies							
Food and Kitchen Supplies	-	-	809,530	-	-	-	809,530
Total Services & Supplies	-	-	\$809,530	-	-	-	\$809,530
Total Expenditures							
Total Expenditures	-	-	809,530	-	-	-	809,530
Total Expenditures	-	-	\$809,530	-	-	-	\$809,530
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 441 - Licensing of Temporary Staffing Agencies

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	394,482	-	-	-	-	-	394,482
Other Revenues	-	-	-	-	-	-	-
Total Revenues	\$394,482	-	-	-	-	-	\$394,482
Personal Services							
Class/Unclass Sal. and Per Diem	215,592	-	-	-	-	-	215,592
Empl. Rel. Bd. Assessments	106	-	-	-	-	-	106
Public Employees' Retire Cont	38,634	-	-	-	-	-	38,634
Social Security Taxes	16,493	-	-	-	-	-	16,493
Paid Family Medical Leave Insurance	863	-	-	-	-	-	863
Worker's Comp. Assess. (WCD)	92	-	-	-	-	-	92
Flexible Benefits	79,200	-	-	-	-	-	79,200
Total Personal Services	\$350,980	-	-	-	-	-	\$350,980
Services & Supplies							
Instate Travel	6,494	-	-	-	-	-	6,494
Employee Training	1,786	-	-	-	-	-	1,786
Office Expenses	12,356	-	-	-	-	-	12,356
Telecommunications	4,040	-	-	-	-	-	4,040
Professional Services	-	-	-	-	-	-	-
Attorney General	-	-	-	-	-	-	-
Food and Kitchen Supplies	16,302	-	-	-	-	-	16,302
Other Services and Supplies	1,124	-	-	-	-	-	1,124

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 441 - Licensing of Temporary Staffing Agencies

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	1,400	-	-	-	-	-	1,400
Total Services & Supplies	\$43,502	-	-	-	-	-	\$43,502
Total Expenditures							
Total Expenditures	394,482	-	-	-	-	-	394,482
Total Expenditures	\$394,482	-	-	-	-	-	\$394,482
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							2.00
Total FTE	-	-	-	-	-	-	2.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 444 - Regional Infection Prevention and Control

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,301,141	-	-	-	-	-	1,301,141
Total Revenues	\$1,301,141	-	-	-	-	-	\$1,301,141
Personal Services							
Class/Unclass Sal. and Per Diem	804,240	-	-	-	-	-	804,240
Empl. Rel. Bd. Assessments	234	-	-	-	-	-	234
Public Employees' Retire Cont	144,121	-	-	-	-	-	144,121
Social Security Taxes	61,527	-	-	-	-	-	61,527
Paid Family Medical Leave Insurance	3,219	-	-	-	-	-	3,219
Worker's Comp. Assess. (WCD)	204	-	-	-	-	-	204
Flexible Benefits	178,200	-	-	-	-	-	178,200
Total Personal Services	\$1,191,745	-	-	-	-	-	\$1,191,745
Services & Supplies							
Instate Travel	14,610	-	-	-	-	-	14,610
Employee Training	4,120	-	-	-	-	-	4,120
Office Expenses	27,804	-	-	-	-	-	27,804
Telecommunications	9,090	-	-	-	-	-	9,090
Food and Kitchen Supplies	47,040	-	-	-	-	-	47,040
Other Services and Supplies	2,532	-	-	-	-	-	2,532
Expendable Prop 250 - 5000	4,200	-	-	-	-	-	4,200
Total Services & Supplies	\$109,396	-	-	-	-	-	\$109,396

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 444 - Regional Infection Prevention and Control

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	1,301,141	-	-	-	-	-	1,301,141
Total Expenditures	\$1,301,141	-	-	-	-	-	\$1,301,141
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							6
Total Positions	-	-	-	-	-	-	6
Total FTE							
Total FTE							4.50
Total FTE	-	-	-	-	-	-	4.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	412,970	-	-	-	-	-	412,970
Total Revenues	\$412,970	-	-	-	-	-	\$412,970
Personal Services							
Class/Unclass Sal. and Per Diem	251,640	-	-	-	-	-	251,640
Empl. Rel. Bd. Assessments	78	-	-	-	-	-	78
Public Employees' Retire Cont	45,094	-	-	-	-	-	45,094
Social Security Taxes	19,251	-	-	-	-	-	19,251
Paid Family Medical Leave Insurance	1,006	-	-	-	-	-	1,006
Worker's Comp. Assess. (WCD)	68	-	-	-	-	-	68
Flexible Benefits	59,400	-	-	-	-	-	59,400
Total Personal Services	\$376,537	-	-	-	-	-	\$376,537
Services & Supplies							
Instate Travel	4,870	-	-	-	-	-	4,870
Employee Training	1,440	-	-	-	-	-	1,440
Office Expenses	9,268	-	-	-	-	-	9,268
Telecommunications	3,030	-	-	-	-	-	3,030
Food and Kitchen Supplies	15,581	-	-	-	-	-	15,581
Other Services and Supplies	844	-	-	-	-	-	844
Expendable Prop 250 - 5000	1,400	-	-	-	-	-	1,400
Total Services & Supplies	\$36,433	-	-	-	-	-	\$36,433

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 446 - Youth/Adult Suicide Intervnt'n & Prev'n Plans

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	412,970	-	-	-	-	-	412,970
Total Expenditures	\$412,970	-	-	-	-	-	\$412,970
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							2
Total Positions	-	-	-	-	-	-	2
Total FTE							
Total FTE							1.50
Total FTE	-	-	-	-	-	-	1.50

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 449 - OR Psilocybin Services Regulatory Framework

Cross Reference Name: Public Health Programs
Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	6,587,395	-	-	-	-	-	6,587,395
Other Revenues	-	-	-	-	-	-	-
Total Revenues	\$6,587,395	-	-	-	-	-	\$6,587,395
Personal Services							
Class/Unclass Sal. and Per Diem	3,037,560	-	-	-	-	-	3,037,560
Empl. Rel. Bd. Assessments	1,166	-	-	-	-	-	1,166
Public Employees' Retire Cont	544,332	-	-	-	-	-	544,332
Social Security Taxes	232,376	-	-	-	-	-	232,376
Paid Family Medical Leave Insurance	12,135	-	-	-	-	-	12,135
Worker's Comp. Assess. (WCD)	1,012	-	-	-	-	-	1,012
Flexible Benefits	871,200	-	-	-	-	-	871,200
Total Personal Services	\$4,699,781	-	-	-	-	-	\$4,699,781
Services & Supplies							
Instate Travel	68,187	-	-	-	-	-	68,187
Employee Training	19,053	-	-	-	-	-	19,053
Office Expenses	129,738	-	-	-	-	-	129,738
Telecommunications	42,420	-	-	-	-	-	42,420
Professional Services	594,294	-	-	-	-	-	594,294
IT Professional Services	857,420	-	-	-	-	-	857,420
Attorney General	150,000	-	-	-	-	-	150,000
Other Services and Supplies	11,802	-	-	-	-	-	11,802

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 449 - OR Psilocybin Services Regulatory Framework

Cross Reference Name: Public Health Programs
 Cross Reference Number: 44300-030-05-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Expendable Prop 250 - 5000	14,700	-	-	-	-	-	14,700
Total Services & Supplies	\$1,887,614	-	-	-	-	-	\$1,887,614
Total Expenditures							
Total Expenditures	6,587,395	-	-	-	-	-	6,587,395
Total Expenditures	\$6,587,395	-	-	-	-	-	\$6,587,395
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							22
Total Positions	-	-	-	-	-	-	22
Total FTE							
Total FTE							22.00
Total FTE	-	-	-	-	-	-	22.00

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-0000

Agency Request Budget

Package Number: 70

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1020656	1399334	124063	MMS X7653 A P	Manager 3	35X	PF	0	9	11,253	-270,072	-109,820	-379,892	-1	-1.00
1020657	1399335	140315	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1020658	1399336	140316	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1020668	1399351	140333	OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	3	5,503	-132,072	-73,998	-206,070	-1	-1.00
1020670	1399353	122209	OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	10	8,870	-212,880	-94,984	-307,864	-1	-1.00
1020671	1399354	140337	OAH C1116 A P	RESEARCH ANALYST 2	23	PF	0	3	4,555	-109,320	-68,089	-177,409	-1	-1.00
1020672	1399355	140338	OAH C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	-193,368	-89,917	-283,285	-1	-1.00
1020673	1399356	140340	OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	3	3,964	-95,136	-64,406	-159,542	-1	-1.00
1020675	1399358	140342	OAH C2328 A P	PUBLIC HEALTH EDUCATOR 2	26	PF	0	3	5,256	-126,144	-72,459	-198,603	-1	-1.00
1020676	1399359	140344	OAH C0862 A P	PROGRAM ANALYST 3	29	PF	0	3	6,051	-145,224	-77,414	-222,638	-1	-1.00
1020677	1399371	140345	OAH C1244 A P	FISCAL ANALYST 2	27	PF	0	3	5,503	-132,072	-73,998	-206,070	-1	-1.00
1021320	1408171	140347	MMS X7656 A P	Supervisor 2	28X	PF	0	3	5,985	-143,640	-77,002	-220,642	-1	-1.00
1021322	1408173	140350	MMS X7655 A P	Manager 1	31X	PF	0	3	6,930	-166,320	-82,892	-249,212	-1	-1.00
1021980	1409836	144963	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1021981	1409837	144965	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1021982	1409838	144967	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1021983	1409839	144969	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1021984	1409840	144970	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1021985	1409841	144971	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1021986	1409842	144973	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
1021987	1409843	144975	OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	3	5,503	-132,072	-73,998	-206,070	-1	-1.00
1021988	1409844	144977	OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	3	3,964	-95,136	-64,406	-159,542	-1	-1.00
1021995	1409851	144993	OAH C0324 A P	PUBLIC SERVICE REPRESENTATIVE	20	PF	0	3	3,964	-95,136	-64,406	-159,542	-1	-1.00
1021996	1409852	144995	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	-120,456	-70,982	-191,438	-1	-1.00
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										-3,253,152	-1,797,609	-5,050,761		
Federal Funds										0	0	0		
Total Funds										-3,253,152	-1,797,609	-5,050,761	-24	-24.00

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-0000

Agency Request Budget

Package Number: 406

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
117	168930	19658	MMS X7145 A P	COMPLIANCE AND REGULATORY I	31X	PF	0	10	9,718	0	-1	-1	0	0.00
309	170510	31098	MMS X7143 A P	COMPLIANCE AND REGULATORY I	35X	PF	0	10	11,802	0	2	2	0	0.00
1001948	916320	11603	MMS X7145 A P	COMPLIANCE AND REGULATORY I	31X	PF	0	10	9,718	0	1	1	0	0.00
1001953	916420	28416	OAH C0119 A P	EXECUTIVE SUPPORT SPECIALIST	20	PF	0	10	5,503	0	0	0	0	0.00
1002416	965520	23862	OAH C8504 B P	NATURAL RESOURCE SPECIALIST	31	PF	0	10	9,293	0	0	0	0	0.00
1003688	1013680	28701	OAH C0861 A P	PROGRAM ANALYST 2	27	PF	0	3	5,503	-132,072	-73,998	-206,070	-1	-1.00
1003688	1013680	28701	OAH C0861 A P	PROGRAM ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1021304	1408139	139989	MMS X7652 A P	Administrator 1	38X	PF	0	9	13,004	0	0	0	0	0.00
1025439	1433109		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025440	1433110		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025441	1433111		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025442	1433112		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025443	1433113		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025444	1433114		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025445	1433115		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025446	1433116		MMN X1321 A P	HUMAN RESOURCE ANALYST 2	26	PF	18	3	5,700	102,600	56,418	159,018	1	0.75
1025447	1433117		MMN X1322 A P	HUMAN RESOURCE ANALYST 3	29	PF	18	3	6,601	118,818	60,630	179,448	1	0.75
1025448	1433118		MMN X1488 I P	INFORMATION SYSTEMS SPECIALI	32	PF	18	9	10,573	190,314	79,197	269,511	1	0.75
1025449	1433119		MMN X1488 I P	INFORMATION SYSTEMS SPECIALI	32	PF	18	9	10,573	190,314	79,197	269,511	1	0.75
1025450	1433120		MMS X7193 A P	Manager 3	35X	PF	18	3	8,408	151,344	69,077	220,421	1	0.75
1025451	1433121		MMS X7484 A P	Manager 2	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025452	1433122		MMS X7484 A P	Manager 2	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025453	1433123		MMS X7484 A P	Manager 2	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025454	1433124		MMS X7484 A P	Manager 2	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025457	1433127		MMS X7485 A P	Manager 1	31X	PF	18	3	6,930	124,740	62,168	186,908	1	0.75
1025459	1433129		MNSN Z7572 A P	PUBLIC HEALTH PHYSICIAN 2	40	PF	18	3	11,253	202,554	82,376	284,930	1	0.75
1025460	1433130		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,352	48,302	119,654	1	0.75
1025461	1433131		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	18	3	3,964	71,352	48,302	119,654	1	0.75
1025462	1433132		OAH C0212 A P	ACCOUNTING TECHNICIAN	19	PF	18	3	3,790	68,220	47,490	115,710	1	0.75
1025463	1433133		OAH C0437 A P	PROCUREMENT & CONTRACT SPE	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025464	1433134		OAH C0438 A P	PROCUREMENT & CONTRACT SPE	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025465	1433135		OAH C0855 A P	PROJECT MANAGER 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025466	1433136		OAH C0855 A P	PROJECT MANAGER 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-0000

Agency Request Budget

Package Number: 406

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025467	1433137		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025468	1433138		OAH C0862 A P	PROGRAM ANALYST 3	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025469	1433139		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025470	1433140		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025471	1433141		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025472	1433142		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025473	1433143		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025474	1433144		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025475	1433145		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025476	1433146		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025477	1433147		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025478	1433148		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025479	1433149		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025480	1433150		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025481	1433151		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025482	1433152		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025483	1433153		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025484	1433154		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025485	1433155		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025486	1433156		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025487	1433157		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025488	1433158		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025489	1433159		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025490	1433160		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025491	1433161		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025492	1433162		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025493	1433163		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025494	1433164		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025495	1433165		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025496	1433166		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025497	1433167		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025498	1433168		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025499	1433169		OAH C1117 A P	RESEARCH ANALYST 3	26	PF	18	3	5,256	94,608	54,343	148,951	1	0.75

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-0000

Agency Request Budget

Package Number: 406

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025500	1433170		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025501	1433171		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025502	1433172		OAH C1243 A P	FISCAL ANALYST 1	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025503	1433173		OAH C1243 A P	FISCAL ANALYST 1	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025504	1433174		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025505	1433175		OAH C1245 A P	FISCAL ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025506	1433176		OAH C1245 A P	FISCAL ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025507	1433177		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	18	3	6,898	124,164	62,019	186,183	1	0.75
1025508	1433178		OAH C1487 I P	INFORMATION SYSTEMS SPECIAL	31	PF	18	3	6,898	124,164	62,021	186,185	1	0.75
1025509	1433179		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025510	1433180		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025511	1433181		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025512	1433182		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025513	1433183		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025514	1433184		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025515	1433185		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025516	1433186		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025517	1433187		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025518	1433188		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025519	1433189		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025520	1433190		OAH C3819 A P	ENVIRONMENTAL HEALTH SPECIA	28	PF	18	3	5,771	103,878	56,751	160,629	1	0.75
1025521	1433191		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025522	1433192		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025523	1433193		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025524	1433194		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025525	1433195		OAH C6217 A P	EPIDEMIOLOGIST 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025526	1433196		MMN X0873 A P	OPERATIONS & POLICY ANALYST 4	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1025527	1433197		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025528	1433198		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025529	1433199		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025530	1433200		OAH C3781 A P	MICROBIOLOGIST 3	28	PF	18	3	5,771	103,878	56,751	160,629	1	0.75
1025531	1433201		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025532	1433202		OAH C6217 A P	EPIDEMIOLOGIST 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 406

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025533	1433203		OAH C6217 A P	EPIDEMIOLOGIST 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025534	1433204		OAH C6217 A P	EPIDEMIOLOGIST 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025535	1433205		OAH C6217 A P	EPIDEMIOLOGIST 2	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025536	1433206		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025537	1433207		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025538	1433211		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025539	1433212		OAH C0870 A P	OPERATIONS & POLICY ANALYST 3	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
General Funds										11,136,710	5,824,024	16,960,734		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										-40,502	-24,580	-65,082		
Total Funds										11,096,208	5,799,444	16,895,652	98	73.50

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 409

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024944	1432614		MMS X7484 A P	Manager 2	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024945	1432615		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024946	1432616		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024947	1432617		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024948	1432618		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024949	1432619		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1024950	1432620		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1024951	1432621		OAH C1117 A P	RESEARCH ANALYST 3	26	PF	18	3	5,256	94,608	54,343	148,951	1	0.75
1024952	1432622		OAH C0438 A P	PROCUREMENT & CONTRACT SPE	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
General Funds										1,088,334	550,596	1,638,930		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										1,088,334	550,596	1,638,930	9	6.75

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 417

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1024953	1432623		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75	
										General Funds	114,300	59,457	173,757		
										Lottery Funds	0	0	0		
										Other Funds	0	0	0		
										Federal Funds	0	0	0		
										Total Funds	114,300	59,457	173,757	1	0.75

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 420

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024954	1432624		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024955	1432625		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024956	1432626		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024957	1432627		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	24	3	6,350	152,400	79,278	231,678	1	1.00
1024958	1432628		OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
1024959	1432629		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1024960	1432630		OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1024961	1432631		OAH C6218 A P	EPIDEMIOLOGIST 3	32	PF	24	3	6,982	167,568	83,216	250,784	1	1.00
1024962	1432632		MMS X7008 A P	PRINCIPAL EXECUTIVE/MANAGER 33X	33X	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
1024963	1432633		MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER 31X	31X	PF	24	3	6,930	166,320	82,892	249,212	1	1.00
1024964	1432634		MMN X0873 A P	OPERATIONS & POLICY ANALYST 2	32	PF	24	3	7,630	183,120	87,255	270,375	1	1.00
General Funds										1,669,008	870,132	2,539,140		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										1,669,008	870,132	2,539,140	11	11.00

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 422

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1024965	1432635		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,930	124,740	62,168	186,908	1	0.75	
										General Funds	124,740	62,168	186,908		
										Lottery Funds	0	0	0		
										Other Funds	0	0	0		
										Federal Funds	0	0	0		
										Total Funds	124,740	62,168	186,908	1	0.75

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 425

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024966	1432636		OAH C6229 A P	PUBLIC HEALTH NURSE 2	28N	PF	18	3	7,410	133,380	64,416	197,796	1	0.75
1024967	1432637		OAH C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1024968	1432638		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024969	1432639		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1024970	1432640		OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
General Funds										475,299	249,972	725,271		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										100,035	48,312	148,347		
Total Funds										575,334	298,284	873,618	5	3.75

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 428

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024971	1432641		OAH C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1024972	1432642		OAH C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1024973	1432643		OAH C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1024974	1432644		OAH C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1024975	1432645		MMS X7004 A P	PRINCIPAL EXECUTIVE/MANAGER	28X	PF	18	3	5,985	107,730	57,750	165,480	1	0.75
General Funds										416,394	257,003	673,397		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										416,394	257,003	673,397	5	3.75

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 432

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1024976	1432646		OAH C0861 A P	PROGRAM ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75	
										General Funds	99,054	55,497	154,551		
										Lottery Funds	0	0	0		
										Other Funds	0	0	0		
										Federal Funds	0	0	0		
										Total Funds	99,054	55,497	154,551	1	0.75

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024977	1432647		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	18	3	6,930	124,740	62,168	186,908	1	0.75
1024978	1432648		MMS X7654 A P	Manager 2	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
General Funds										0	0	0		
Lottery Funds										0	0	0		
Other Funds										262,080	127,608	389,688		
Federal Funds										0	0	0		
Total Funds										262,080	127,608	389,688	2	1.50

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 441

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1021995	1409851	144993	OAH C0324 A P	PUBLIC SERVICE REPRESENTATIV	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
1021996	1409852	144995	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
General Funds										215,592	135,388	350,980		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										215,592	135,388	350,980	2	2.00

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 444

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024979	1432649		OAH C6229 A P	PUBLIC HEALTH NURSE 2	28N	PF	18	3	7,410	133,380	64,413	197,793	1	0.75
1024980	1432650		OAH C6229 A P	PUBLIC HEALTH NURSE 2	28N	PF	18	3	7,410	133,380	64,413	197,793	1	0.75
1024981	1432651		OAH C6229 A P	PUBLIC HEALTH NURSE 2	28N	PF	18	3	7,410	133,380	64,413	197,793	1	0.75
1024982	1432652		OAH C6229 A P	PUBLIC HEALTH NURSE 2	28N	PF	18	3	7,410	133,380	64,413	197,793	1	0.75
1024983	1432653		OAH C6229 A P	PUBLIC HEALTH NURSE 2	28N	PF	18	3	7,410	133,380	64,413	197,793	1	0.75
1024984	1432654		MMS X7008 A P	PRINCIPAL EXECUTIVE/MANAGER	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
General Funds										804,240	387,505	1,191,745		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										804,240	387,505	1,191,745	6	4.50

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 446

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024985	1432655		MMS X7334 A P	HEALTH POLICY AND PROGRAM M	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024986	1432656		OAH C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
General Funds										251,640	124,897	376,537		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										251,640	124,897	376,537	2	1.50

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Agency Request Budget

Package Number: 449

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1020656	1399334	124063	MMS X7653 A P	Manager 3	35X	PF	24	9	11,253	270,072	109,820	379,892	1	1.00
1020657	1399335	140315	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1020658	1399336	140316	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1020668	1399351	140333	OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1020670	1399353	122209	OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	24	10	8,870	212,880	94,984	307,864	1	1.00
1020671	1399354	140337	OAH C1116 A P	RESEARCH ANALYST 2	23	PF	24	3	4,555	109,320	68,089	177,409	1	1.00
1020672	1399355	140338	OAH C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	24	3	8,057	193,368	89,917	283,285	1	1.00
1020673	1399356	140340	OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
1020675	1399358	140342	OAH C2328 A P	PUBLIC HEALTH EDUCATOR 2	26	PF	24	3	5,256	126,144	72,459	198,603	1	1.00
1020676	1399359	140344	OAH C0862 A P	PROGRAM ANALYST 3	29	PF	24	3	6,051	145,224	77,414	222,638	1	1.00
1020677	1399371	140345	OAH C1244 A P	FISCAL ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1021320	1408171	140347	MMS X7656 A P	Supervisor 2	28X	PF	24	3	5,985	143,640	77,002	220,642	1	1.00
1021322	1408173	140350	MMS X7655 A P	Manager 1	31X	PF	24	3	6,930	166,320	82,892	249,212	1	1.00
1021980	1409836	144963	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1021981	1409837	144965	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1021982	1409838	144967	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1021983	1409839	144969	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1021984	1409840	144970	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1021985	1409841	144971	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1021986	1409842	144973	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	24	3	5,019	120,456	70,982	191,438	1	1.00
1021987	1409843	144975	OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	24	3	5,503	132,072	73,998	206,070	1	1.00
1021988	1409844	144977	OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	24	3	3,964	95,136	64,406	159,542	1	1.00
General Funds										3,037,560	1,662,221	4,699,781		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										3,037,560	1,662,221	4,699,781	22	22.00

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-00000

Current Service Level

Package Number: 21

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022330	1418574		OAH C1244 A P	FISCAL ANALYST 2	27	PP	12	3	5,503	66,036	36,999	103,035	1	0.50
				General Funds						0	0	0		
				Lottery Funds						0	0	0		
				Other Funds						66,036	36,999	103,035		
				Federal Funds						0	0	0		
				Total Funds						66,036	36,999	103,035	1	0.50

POS116 - Net Package Fiscal Impact Report

Public Health Programs

2023-25 Biennium

Cross Reference Number: 44300-030-05-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
1020656	1399334	124063	MMS X7653 A P	Manager 3	35X	PF	0	9	11,253	0	0	0	0	0.00	
1020657	1399335	140315	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1020658	1399336	140316	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1020668	1399351	140333	OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	3	5,503	0	0	0	0	0.00	
1020670	1399353	122209	OAH C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	10	8,870	0	0	0	0	0.00	
1020671	1399354	140337	OAH C1116 A P	RESEARCH ANALYST 2	23	PF	0	3	4,555	0	0	0	0	0.00	
1020672	1399355	140338	OAH C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00	
1020673	1399356	140340	OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	3	3,964	0	0	0	0	0.00	
1020675	1399358	140342	OAH C2328 A P	PUBLIC HEALTH EDUCATOR 2	26	PF	0	3	5,256	0	0	0	0	0.00	
1020676	1399359	140344	OAH C0862 A P	PROGRAM ANALYST 3	29	PF	0	3	6,051	0	0	0	0	0.00	
1020677	1399371	140345	OAH C1244 A P	FISCAL ANALYST 2	27	PF	0	3	5,503	0	0	0	0	0.00	
1021320	1408171	140347	MMS X7656 A P	Supervisor 2	28X	PF	0	3	5,985	0	0	0	0	0.00	
1021322	1408173	140350	MMS X7655 A P	Manager 1	31X	PF	0	3	6,930	0	0	0	0	0.00	
1021980	1409836	144963	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1021981	1409837	144965	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1021982	1409838	144967	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1021983	1409839	144969	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1021984	1409840	144970	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1021985	1409841	144971	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1021986	1409842	144973	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
1021987	1409843	144975	OAH C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	3	5,503	0	0	0	0	0.00	
1021988	1409844	144977	OAH C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	3	3,964	0	0	0	0	0.00	
1021995	1409851	144993	OAH C0324 A P	PUBLIC SERVICE REPRESENTATIVE	20	PF	0	3	3,964	0	0	0	0	0.00	
1021996	1409852	144995	OAH C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	3	5,019	0	0	0	0	0.00	
General Funds											0	0	0		
Lottery Funds											0	0	0		
Other Funds											0	0	0		
Federal Funds											0	0	0		
Total Funds											0	0	0	0	0.00

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

**Oregon Health Authority
2023-25 Biennium**

Agency Number: 44300

Cross Reference Number: 44300-030-05-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	21,093,653	16,812,769	16,812,769	16,812,769	-	-
Non-business Lic. and Fees	12,363,074	12,297,950	12,297,950	12,297,950	-	-
Charges for Services	20,066,704	22,994,778	22,994,778	22,994,778	-	-
Admin and Service Charges	1,600,706	-	-	-	-	-
Fines and Forfeitures	516,056	1,140,607	1,140,607	1,140,607	-	-
Interest Income	51,803	-	-	-	-	-
Sales Income	6,824,937	7,237,854	7,237,854	7,237,854	-	-
Grants (Non-Fed)	1,211,077	108,333	108,333	108,333	-	-
Other Revenues	25,320,364	156,012,000	1,136,607,297	191,280,963	-	-
Transfer In - Intrafund	30,278,774	-	-	-	-	-
Transfer In Other	-	354,831	354,831	354,831	-	-
Transfer from General Fund	-	10,000,000	10,000,000	-	-	-
Tsfr From Administrative Svcs	122,333,544	-	-	-	-	-
Tsfr From Revenue, Dept of	374,708	57,479,724	57,522,608	51,674,668	-	-
Tsfr From Military Dept, Or	110,142,860	-	-	-	-	-
Tsfr From Energy, Dept of	73,826	89,000	89,000	89,000	-	-
Tsfr From Environmental Quality	166,619	995,681	995,681	1,037,499	-	-
Tsfr From Education, Dept of	226,787	-	-	-	-	-
Tsfr From Agriculture, Dept of	236,250	273,992	273,992	273,992	-	-
Tsfr From Transportation, Dept	59,185	-	-	-	-	-
Tsfr From Health Rel Lic Bds	75,150	31,254	31,254	42,750	-	-
Tsfr From Board of Dentistry	174,015	186,800	186,800	227,000	-	-
Tsfr From OLCC	706,227	-	-	-	-	-
Tsfr From Oregon Medical Board	939,060	970,382	970,382	1,452,704	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

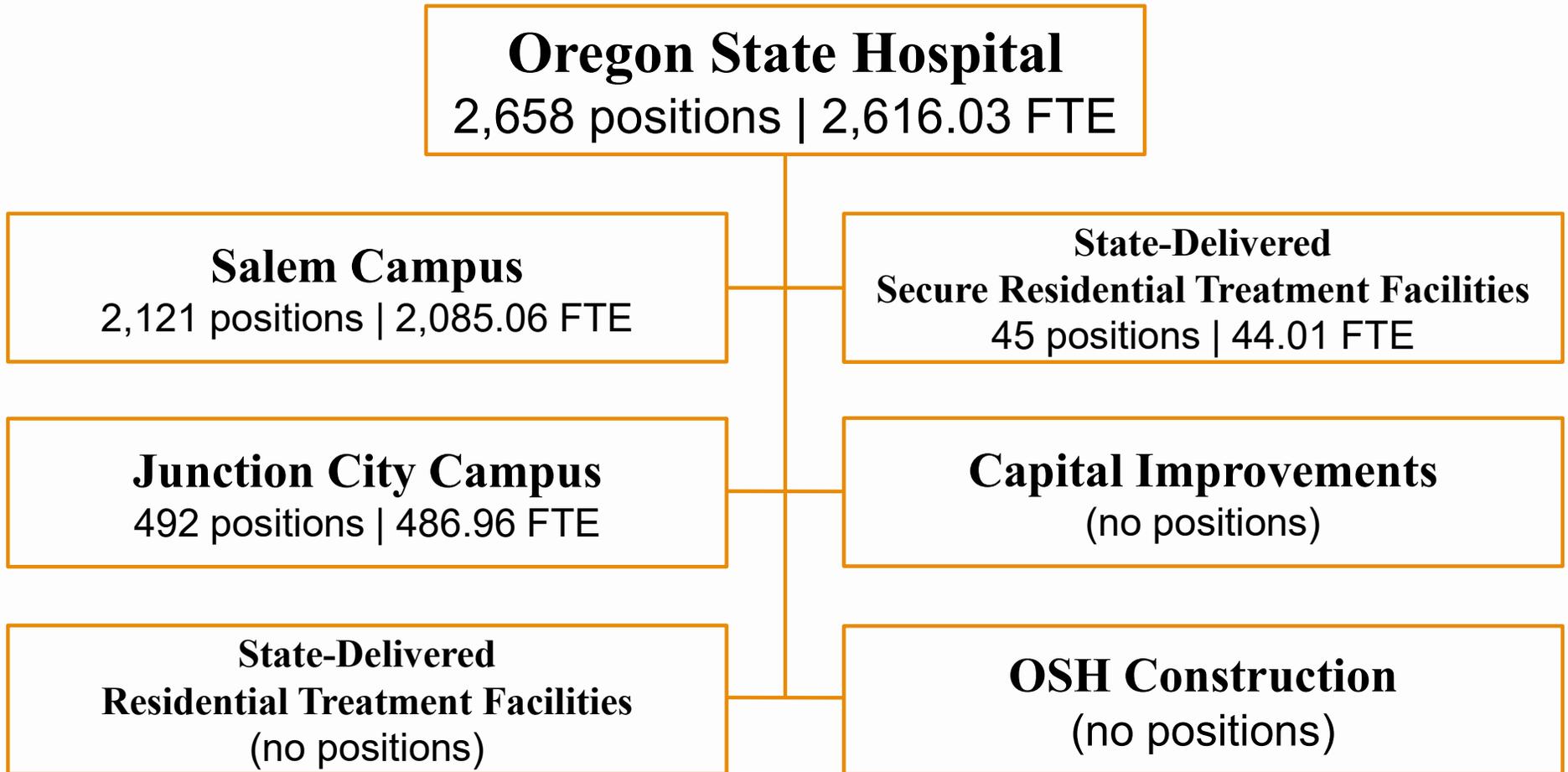
Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-05-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Tsfr From Nursing, Bd of	201,195	177,318	177,318	278,421	-	-
Tsfr From Board of Pharmacy	371,295	378,000	378,000	541,800	-	-
Tsfr From Housing and Com Svcs	1,026,640	-	-	-	-	-
Transfer Out - Intrafund	(233,417)	-	-	-	-	-
Tsfr To OLCC	-	(528,000)	(528,000)	(528,000)	-	-
Total Other Funds	\$356,201,092	\$287,013,273	\$1,267,651,454	\$307,317,919	-	-
Federal Funds						
Federal Funds	392,461,799	413,335,928	821,058,232	671,313,197	-	-
Tsfr To Human Svcs, Dept of	(20,998)	-	-	-	-	-
Tsfr To OR Business Development	(21,425,074)	(17,432,000)	(17,432,000)	(17,432,000)	-	-
Tsfr To Environmental Quality	(1,711,922)	(1,408,066)	(1,408,066)	(1,599,898)	-	-
Tsfr To Agriculture, Dept of	-	-	-	(117,852)	-	-
Total Federal Funds	\$369,303,805	\$394,495,862	\$802,218,166	\$652,163,447	-	-
Nonlimited Other Funds						
Other Revenues	31,032,499	40,000,000	40,000,000	40,000,000	-	-
Total Nonlimited Other Funds	\$31,032,499	\$40,000,000	\$40,000,000	\$40,000,000	-	-
Nonlimited Federal Funds						
Federal Funds	57,720,118	102,729,051	102,729,051	102,729,051	-	-
Total Nonlimited Federal Funds	\$57,720,118	\$102,729,051	\$102,729,051	\$102,729,051	-	-

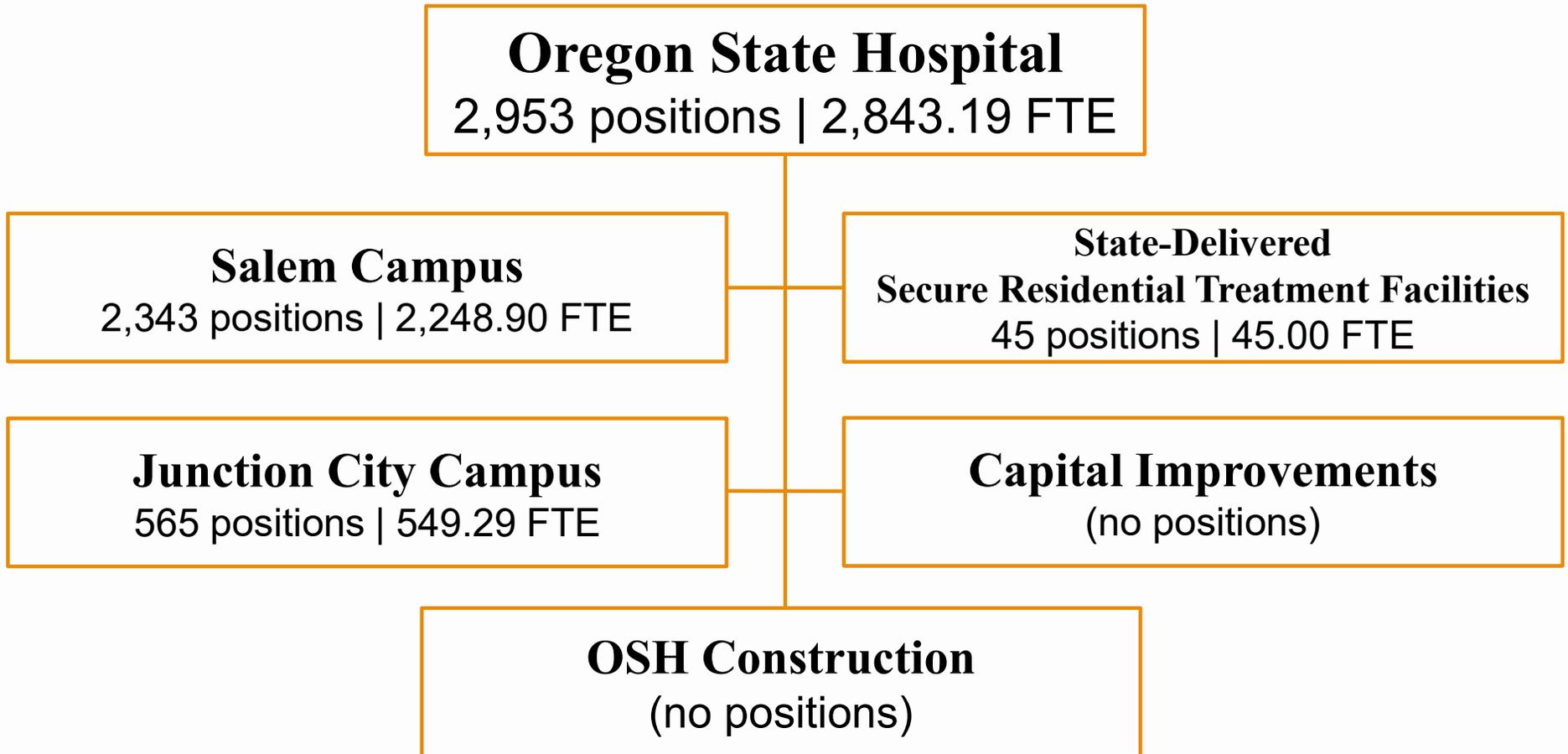
2021-23

Legislatively Approved Budget



2023-25

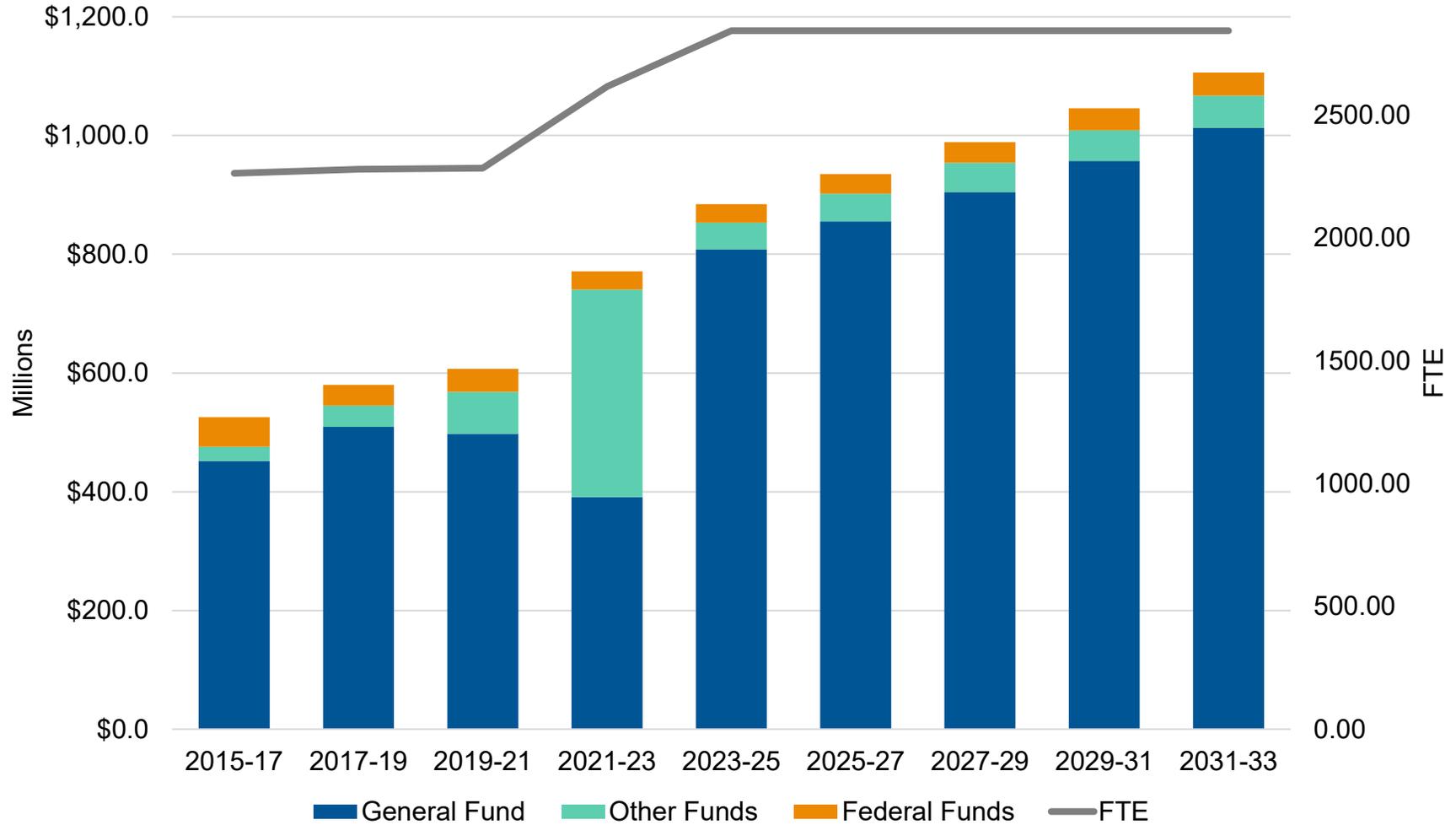
Agency Request Budget



Oregon Health Authority: Oregon State Hospital

Executive Summary

Program Contact: Dolly Matteucci, Superintendent
503-945-2850



Oregon Health Authority: Oregon State Hospital

Executive Summary

Division overview

Oregon State Hospital (OSH) is an essential part of the statewide behavioral health system, providing the highest level of psychiatric care for adults from all 36 counties. The hospital's primary goal is to help people recover from their mental illness and return to life in the community, contributing to healthy and safe communities for all people in Oregon. Oregon State Hospital promotes public safety by treating people who are dangerous to themselves or others in a secure, therapeutic setting. The hospital works in partnership with the other divisions of the Oregon Health Authority including the Health Systems Division (HSD), the Psychiatric Security Review Board (PSRB), regional hospitals, community mental health programs, advocacy groups and other community partners to ensure people with mental illness get the right care, at the right time, in the right place.

OSH operates two campuses with a total of 743 licensed beds, with 592 beds in Salem and 151 beds in Junction City. OSH services are provided 24 hours per day, seven days a week. Oregon's only state-operated secure residential treatment facility also reports to the superintendent of OSH. Pendleton Cottage, a 16-bed facility, is located on the grounds of the former Eastern Oregon Training Center in Pendleton. The secure mental health treatment program provides a community treatment setting for people who need a secure level of care as their first step out of the state hospital.

Funding request

The 2023-25 Agency Request Budget for the Oregon State Hospital includes \$808 million General Fund, \$40.1 million Other Funds, and \$31.3 million Federal Funds to support continuing operations. It also includes position authority for 2,953 positions (2,843.19 FTE).

Program descriptions

Oregon State Hospital's role is to provide services and treatment to individuals that will prepare them for discharge when they no longer require hospital level of care. Services include 24-hour on-site nursing, psychiatric and other credentialed professional services, treatment planning, pharmacy, laboratory, food and nutritional services, and

Oregon Health Authority: Oregon State Hospital

Executive Summary

vocational and educational services. The hospital is accredited by the Joint Commission on the Accreditation of Health Organizations and all 24 hospital-licensed units (21 on the Salem Campus and 3 in Junction City) are certified by the Centers for Medicare & Medicaid Services (CMS). Services are provided by psychiatrists, nurses, and mental health professionals. Upon discharge, people transition to the community with improved skills to better understand and manage their symptoms, fully participate and live in their local community in a variety of community-based settings, and when able, hold a job.

Services are delivered through Interdisciplinary Treatment Teams of which patients and designated family members are team members. Treatment teams collaborate with patients to develop individualized treatment care plans to identify and achieve short- and long-term goals. These goals address potential safety risks, mitigate illness and promote recovery. Treatment care plans indicate which treatments a patient needs such as individual therapy, treatment therapy groups, medications, activities of daily living (cooking, personal finance), community integration and vocational rehabilitation or paid work. Treatment teams also work with each patient to ensure their individual needs are met, including but not limited to, culture, language, religion, LGBTQ+ status, or disability. If the need cannot immediately be met within the hospital's existing resources, the team will find a contractor, such as an interpreter or faith practitioner, to deliver these services for the patient.

Personal Services costs are the main budget driver for the Oregon State Hospital. Salaries, taxes and benefits for staff comprise 88 percent of OSH's 2021-23 Legislatively Approved Budget. Of the 2,658 positions currently budgeted for the Oregon State Hospital, 86 percent are direct-care staff such as nurses, psychiatrists, psychologists, etc. Per ORS 441.154 and ORS 441.155, the staffing plan for OSH is set by the nurse staffing committee, composed of both nurse management and AFSCME-RN union members. The number of staff the hospital needs is based on the level of acuity (the severity of symptoms, direct care needs) and commitment type (civil, guilty except for insanity, aid and assist). Sufficient staffing is key to OSH's ability to provide adequate mental health care treatment and services to its patient population in the most efficacious and efficient manner possible. Timely delivery of effective treatment including patient progression through OSH levels of care and timely discharge are critical to the ability of OSH to comply with legal requirements. The Mink Order of 2003 requires OSH to admit individuals under Aid and Assist orders within seven

Oregon Health Authority: Oregon State Hospital

Executive Summary

days of the signed judge's order. The December 2021 Interim Settlement Agreement with Oregon Health Authority, Oregon State Hospital, Metropolitan Public Defenders and Disability Rights Oregon consolidated two related cases, and appointed a neutral expert in both matters, to make recommendations to address capacity issues at the Oregon State Hospital. Dr. Pinals, the neutral expert, has submitted two reports to Federal Court Judge Michael Mosman that include recommendations to address OSH capacity issues in support of the seven day admission requirement for individuals under aid and assist orders, and also address the behavioral health continuum needs that support the right care, in the right time, and the right place, to improve behavioral health service access to the people of Oregon while relieving the pressure of over-reliance on OSH.

Program justification and link to long-term outcomes

As the only Psychiatric Hospital in Oregon, OSH is devoted to the diagnosis and treatment of people experiencing mental illness. Like any hospital, patients are admitted to OSH for an episode of care. Unlike other hospitals, OSH has most services a patient might need in one location with 24-hour on-site psychiatric and nursing care in a secure and safe environment. This establishes OSH as a key contributor to the 10-year OHA goal of creating health equity and allowing all patients to achieve full health potential and well-being. The contribution and progress of OSH along this path are measured and monitored through OSH's key goals.

OSH's key goals identify our core business, what we strive to do each day as we live our mission, vision and values. Our key goals are identified on our Fundamentals Map, including outcome measures for accountability. The OSH Fundamentals map supports the newly implemented OHA performance system.

OSH's key goals are:

- Excelling in recovery-oriented care and treatment.
- Ensuring safety in all environments.
- Improving processes and performance.
- Recruiting and engaging outstanding staff.
- Employing information technology effectively.

Executive Summary

Program performance

OSH uses Lean methodology as the primary foundation for continuous improvement and organizational performance. Through Lean, OSH has a robust system to align and link all the services it provides with organizational goals and desired outcomes. OSH also tracks performance metrics throughout each level of the hospital using the Lean Daily Management System (LDMS) and the OSH Performance System. This framework provides a clear line of sight to ensure the work is achieving the desired outcomes.

Lean Daily Management System

LDMS is implemented in more than 90 sites throughout the hospital to provide structure for teams to make continuous improvement a part of their everyday work. Work teams track metrics on LDMS boards that are then linked to the OSH Performance System and key organizational goals. LDMS gives each work group a common system for communicating, acting and evaluating results.

Performance System

The OSH Performance System focuses on the hospital's fundamental work processes and desired outcomes, while enforcing discipline around measurement and metrics. The Performance System helps the hospital generate targeted breakthrough initiatives and use problem-solving techniques to address areas where performance is poor. The OSH Fundamentals Map supports the overarching OHA Tier One Fundamentals Map.

The performance system scorecard monitors the hospital's outcome and process measures from the Fundamentals Map, which show progress toward key goals. The scorecard is a way for hospital leadership to manage data, monitor progress and identify achievements. Having this data available enables the hospital to proactively assign resources to continuous improvement teams early enough to make vital improvements that affect patient outcomes, improve safety and reduce costs.

Some examples of metrics tracked on the scorecard are:

Oregon Health Authority: Oregon State Hospital

Executive Summary

- Incidents of aggression
- Patient and staff injuries
- Incidents and duration of seclusion and restraint
- Length of stay
- Admissions wait times
- Time between placement on the Ready-to-Transition List and discharge
- Staff turnover

OSH holds quarterly performance reviews (QPRs) every three months to check the status of our organizational health using the scorecard. QPRs create the discipline to review the status of the routine work (fundamentals) and initiatives (breakthroughs), and to drive problem solving as needed to achieve the goals of the organization.

Enabling legislation/program authorization

The hospital operates under ORS 161.295-400, 179.321, ORS 426, and ORS 443. These statutes provide the authority to operate, control, manage and supervise the Oregon State Hospital campuses and state-delivered residential treatment facilities.

Funding streams

The 2023-25 Agency Request Budget for OSH, excluding capital improvement, totals \$880 million and is made up of 92 percent General Fund revenues. On an ongoing basis, OSH generates Other Funds revenue through billing of services to Medicare for eligible patients. Medicaid funds make up the Federal Funds portion of the budget.

Significant proposed program changes from 2021-23

OSH is a critical component of the behavioral health system in Oregon. OSH strives to meet the needs of each patient while remaining nimble and responsive to the demands for beds and services across the patient populations. OSH

Oregon Health Authority: Oregon State Hospital

Executive Summary

internally reconfigures services to meet the demand for hospital level of care services across the continuum realizing the interplay of service needs across our continuum partners.

The pandemic has challenged OSH, as it has many service providers, to provide the services necessary to the people of Oregon who require hospital levels of care. Low staffing numbers and high vacancy rates have led to staff fatigue and low morale. At times, staffing has forced OSH to modify its operations to ensure staffing levels are sustained at the necessary levels to care and provide treatment for patients. The 2023-25 Agency Request Budget builds in the remaining phases of the OSH sustainable staffing plan and provides OSH with positions for a “posting factor.” These posting factor positions are used to backfill staffing posts on units when they are vacant due to planned or unplanned employee time off. With this additional support, when all positions are filled, OSH will have a budgeted programmatically sound staffing plan for direct nursing care.

Following the report of an independent expert, OSH has adopted admissions processes to provide available beds to the greatest number of individuals requiring a hospital level of care, equalizing the admission timeframes for individuals under Aid and Assist orders and those deemed Guilty Except for Insanity, with these population types prioritized for bed use. With the operationalization last biennium of all OSH beds across both campuses (the opening of the last two SRTF units at Junction City), the ongoing challenge will be to admit and discharge at sufficient rates to maximize the utilization of the campus space to serve those who need services at the hospital. Meeting this challenge requires the right number of trained staff at OSH and effective and efficient treatment and processes and is equally dependent upon a robust and functioning behavioral health continuum of service.

Oregon Health Authority: Oregon State Hospital

Salem Campus

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$328.81	\$261.49	\$25.15	\$615.45	2,121	2,085.06
Agency Request 2023-25	\$647.56	\$33.51	\$25.34	\$706.41	2,343	2,248.90
Difference	\$318.75	-\$227.98	\$0.19	\$90.96	222	163.84
Percent Change	97%	-87%	1%	15%	10%	8%

The Agency Request Budget of \$706.4 million Total Funds continues funding for the Oregon State Hospital (OSH) - Salem Campus services substantially at the current service level for the 2023-25 biennium. This includes the transition back to General Fund from one-time funding made available from the American Rescue Plan Act. This budget also includes policy packages for promoting equity at OSH, complex case management, electronic health record replacement planning, equipment replacement, a sustainable staffing plan for direct nursing care, and deferred maintenance as required by ORS 291.215.

Activities, programs and issues in the program unit base budget

Salem Campus detail

- Capacity: 24 units (592 beds)
- Operating: 24 units (558 beds)
- Population served: aid and assist, guilty except for insanity (GEI), neuropsychiatric (high medical need), and civil commitment (includes voluntary commitments by guardian).
- Census: 513.7 (Daily average population for 2021)
- Square feet: 1.3 million

Oregon Health Authority: Oregon State Hospital

Salem Campus

Background information

Populations served

Oregon State Hospital serves adults who need intensive psychiatric treatment for severe and persistent mental illness. With 24-hour on-site nursing and psychiatric care, the hospital helps patients gain the skills they need to successfully transition back to the community.

The Salem campus serves individuals under three different commitment types:

- **Aid & Assist** – People who come to Oregon State Hospital through a court order under Oregon law (ORS 161.370) for treatment that will help them understand the criminal charges against them and to assist in their own defense.
- **Guilty Except for Insanity (GEI)** – People who come to Oregon State Hospital who have successfully pleaded Guilty Except for Insanity (GEI) for crimes related to their mental illness. These patients are under the jurisdiction of the Psychiatric Security Review Board.
- **Civil** – People who come to Oregon State Hospital through a civil commitment require 24-hour care that is not available through community programs. These patients have been found by the court to be a danger to themselves or others, or unable to provide for their own basic needs – such as health and safety – because of a mental disorder.

Treatment programs – Oregon State Hospital serves patients in the program that best meets their treatment and psychiatric acuity needs.

- **Springs** – The Springs program serves patients from all three commitment types. These patients experience co-occurring mental and physical illnesses that often require hospital-level care for dementia or organic brain injuries. Patients each have individual treatment care plans and attend treatment mall groups every weekday.

Salem Campus

Treatment groups feature sensory and behavioral therapy, focusing on daily living skills, coping and problem-solving skills, and medication management.

- **Archways** – The Archways program primarily serves people under Aid and Assist court orders. This program helps patients stabilize, gain the ability to cooperate with attorneys, understand the charges against them, and participate in their own defense. Patients each have individual treatment care plans and attend treatment mall groups every weekday. Treatment groups primarily focus on understanding the court system and learning basic legal terminology. Other treatment groups and resources include a law library, legal assistance, symptom management, anger management, physical fitness, medication management and drug and alcohol education. Treatment teams conduct hospital level of care assessments to identify individuals that no longer need hospital level of care for ongoing competency restoration, providing notification to the committing court and CMPHD. During their stay, patients are periodically evaluated by forensic evaluators to determine if they are able, never able or not yet able to stand trial.
- **Harbors** – The Harbors program provides acute care psychiatric treatment across all commitment types. Patients each have individual treatment care plans and attend treatment mall groups every weekday. Treatment groups are designed to achieve psychiatric stabilization to transition to lower levels of psychiatric care within the hospital. Treatment groups also focus on symptoms management, medication management, legal skills acquisition, and practicing coping skills.
- **Pathways/Bridges** – Pathways/Bridges is a combined program. Pathways serves the GEI and Aid and Assist population. Bridges serves people in GEI population patients who are preparing to transition back to the community. Bridges units are licensed at the secure residential treatment level of care. The goal is to help patients achieve their highest level of health, safety, and independence as they prepare for discharge or conditional release to a less-restrictive community setting. Individuals work on living skills through daily treatment

Oregon Health Authority: Oregon State Hospital

Salem Campus

mall activities, classes, and approved outings. They also participate in discharge planning with their treatment team members.

- **Crossroads** – The Crossroads program provides progressive care services for patients from all three commitment types. Patients each have an individual treatment care plan and attend treatment mall groups every weekday. These groups are designed to help patients learn how to manage their symptoms and medications, develop coping and recreational skills, budget and manage their money, and plan and prepare meals.

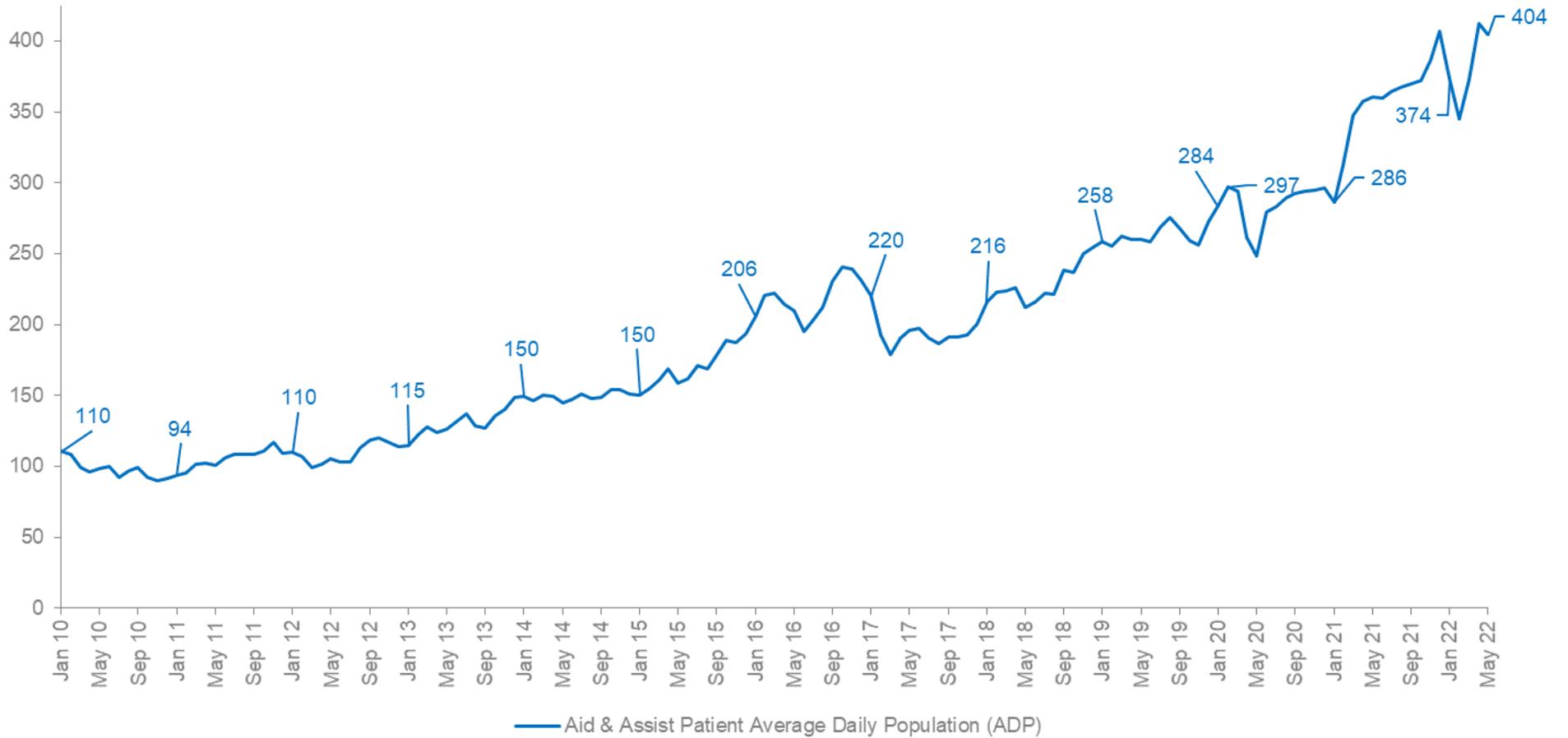
Increasing Aid and Assist population

The number of people sent to OSH to be restored to competency so they can assist in their own defense has grown significantly over the past several years. To serve this growing population OSH has consolidated units, converted units and opened units. The Aid and Assist population at OSH spiked dramatically in October 2018 and has continued to increase through 2022. The Average Daily Population (ADP) increased from 221 in 2018 to 404 in May 2022. Because of this unprecedented increase, multiple conversions were required to provide hospital bed capacity to serve people under Aid and Assist orders that are waiting in jail to receive psychiatric care and competency restoration services.

Key to addressing this issue is developing a robust array of community services, including crisis interventions – such as mobile crisis teams and assertive community teams – that enable law enforcement and other community partners to connect people with mental health services, rather than arrest them. Additionally, community capacity for competency restoration must expand via diversion pre-hospitalization and post-hospitalization for those who do not require hospital level of care. The Oregon Health Authority (OHA), including the Health Systems Division (HSD) and OSH, is working with community partners to strengthen and expand these services.

Oregon Health Authority: Oregon State Hospital

Salem Campus



Oregon Health Authority: Oregon State Hospital

Salem Campus

Nurse Staffing

Adequate nurse staffing is fundamental for effective treatment and patient and staff safety at OSH. Per Oregon Revised Statute 441.154 and 441.155, the staffing plan for OSH is set by the Nurse Staffing Committee, composed of both nurse management and AFSCME-RN union members. On average, about 20.1 percent of the OSH direct-care staff (registered nurses, licensed practical nurses, and mental health technicians) are absent each day. OSH has experienced an increase in its rate of non-delivered staff since the pandemic. This number does not include planned absences such as vacation or personal business. To meet the staffing plan's minimum staffing requirements, the hospital is requesting a true posting factor for non-delivered staff and utilizes a system of voluntary overtime opportunities for employees to cover for other staff absences. If not enough people volunteer, the hospital must mandate staff to work overtime. However, even with overtime shifts and nursing agency contracted staffing, the hospital's staffing needs are not always met.

In addition to back-filling unplanned absences, OSH nursing staffing requirements are affected by:

- Acuity – The hospital needs a greater staff-to-patient ratio to maintain a patient-centric and effective treatment in a safe environment to accommodate for the severity of illness in the patient population.
- Precautions – The hospital needs additional staff to carry out physician-ordered patient “precautions,” which is when one staff is assigned to monitor and engage an individual patient who the physician has assessed as having a medical risk or risk of harming themselves or others.

Per statute, the OSH Nurse Staffing Committee established a Nurse Staffing Plan in April 2017 (revised most recently in late 2019). In addition to meeting the requirements of the law regarding the length of shifts, lunch-break coverage, mandatory overtime, etc., the staffing plan also ensures the hospital meets the standards needed to maintain Centers for Medicare & Medicaid Services (CMS) certification.

Oregon Health Authority: Oregon State Hospital

Salem Campus

The prevalence of staff call-outs (unplanned absences) and physician-ordered patient precautions has driven staffing needs well beyond the Nurse Staffing Committee's staffing plan a. Historically and currently, OSH has relied on overtime as the primary means to meet staffing needs when direct-care staff are absent and to staff patient acuity/precaution needs. Over the past three years, OSH has averaged 18,795 hours and \$884,023 in monthly overtime to fill planned and unplanned direct-care staff vacancies, in addition to an increased reliance on contract agency staffing.

However, the 2015 Secretary of State audit of OSH overtime practices pointed out that *“Excessive overtime creates safety risks because it can lead to fatigue, affecting nursing staffs’ ability to deliver good patient care, making good clinical decisions, and communicating effectively. Fatigued nursing staff could make errors, take unnecessary risks, be forgetful, and be in a poor mood.”*

Further, in 2016, The Joint Commission visited OSH to follow up on concerns of inadequate staffing levels. The surveyor investigated the following standard: *EP 3 §482.62(d)(2) - (B150) - (2) There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient’s active treatment program.* Because the surveyor observed the high level of unplanned direct-staff absences at OSH, she found that: *“This Standard is NOT MET as evidenced by: Observed in Record Review at Oregon State Hospital (2600 Center Street, NE, Salem, OR) site for the Psychiatric Hospital deemed service. In 35 of 112 shifts reviewed, staffing was noted not to meet the organization’s expected staffing matrix.”*

In 2019-21 the Legislature set aside a Special Purpose Appropriation of \$20 million and directed the OSH to develop *a programmatically and fiscally sustainable staffing plan*. OSH submitted that plan in November 2021 and in May 2022 received 228 new positions. These positions represent the first of three phases to implement OSH's sustainable staffing plan. The majority of the positions —134 — replace the limited duration (LD) float pool OSH established in 2017 to ensure adequate nurse staffing to provide active treatment, a therapeutic milieu, and a safe environment. Previously, the cost for these LD positions and increased nurse agency staffing was not budgeted and

Oregon Health Authority: Oregon State Hospital

Salem Campus

has been a driver of shortfalls since 2017-19 into 2021-23 as the division has only partially afforded to make up costs from its existing budget allocation.

Revenue sources and changes

The Oregon State Hospital receives 91 percent of its funding from the state General Fund. Other Funds revenues consisting of service revenues generated through the billing of Medicare and third-party insurance and local revenue from the hospital café, coffee shop, and patient made wood products sales account for 4 percent of the budget. Finally, Federal Funds from Medicaid and Disproportionate Share Hospital (DSH) payments make up the remaining 4 percent.

One of the financial impacts of a shifting population at Oregon State Hospital is lower numbers of patients on Medicare being admitted. This has reduced the collection of Medicare revenue necessitating fund shift adjustments for 2021-23. DSH payments have also declined due to adjustments in the FMAP rate.

Proposed new laws that apply to the program unit

Legislative concept #44300-002 was derived after OSH had been advised by DOJ to limit the release of social security numbers without specific statutory authority. While this advice has resulted in dramatic cleanup of OSH systems, completion would require that OSH stop releasing social security numbers to OSP for inclusion in NICS. Social security number is the single best identifier for OHA staff who work with PSRB, FBI, and state agencies across the country to verify or eliminate individuals from the prohibited person's file. Inability to cross reference an individual using a social security number puts OHA at risk of being unable to verify or clear an individual attempting to exercise their second amendment rights. OHA receives at least one request per month for this work.

Legislative concept #44300-013 would clone WA 2SSB 5195 which requires emergency departments and other behavioral health/psychiatric facilities to distribute overdose reversal medication.

Oregon Health Authority: Oregon State Hospital

Salem Campus

Legislative concept #44300-024 impacts to the program unit are unknown at this time due to the concept being a placeholder.

Legislative concept #44300-026 allows OSH nursing staff who work 36 hours weekly (on a 12-hour shift model) to be considered full time employees for the purposes of pay, benefits and leave accruals This would maintain the same total number of hours that they work currently but would allow them to work discreet 12-hour shifts. Amend the law requiring full-time state employees to work 40-hours weekly to allow OSH nursing staff to be full-time at 36 hours.

Oregon Health Authority: Oregon State Hospital

State-Delivered Secure Residential Treatment Facility

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$6.36	\$0.63	\$5.44	\$12.42	45	44.01
Agency Request 2023-25	\$6.67	\$0.23	\$5.84	\$12.73	45	45.00
Difference	\$0.31	-\$0.40	\$0.40	\$0.31	0	0.99
Percent change	5%	-64%	7%	2%	0%	2%

The Agency Request Budget of \$12.7 million Total Funds continues funding for the Oregon State Hospital - Pendleton Cottage, a 16-bed state-delivered secure residential treatment facility, at the current service level for the 2023-25 biennium. This request also includes a policy package for deferred maintenance as required by ORS 291.215.

Activities, programs and issues in the program unit base budget

Pendleton Cottage is a state-operated secure residential treatment facility in Pendleton, Oregon. With the capacity to serve up to 16 people, Pendleton Cottage provides 24-hour mental health treatment services for adults in a residential setting. In the 2021-23 biennium, the facility averaged a 95.7 percent occupancy rate, with an average daily population of 15.5. The mission of Pendleton Cottage is to help people recover from their mental illness by focusing on positive life experiences, self-confidence and community integration. Pendleton Cottage is often the first step for people transitioning from the state hospital to a life in the community.

Background information

People served

Pendleton Cottage serves people who have been civilly committed or who are under the jurisdiction of the Psychiatric Security Review Board. Residents no longer require hospital level of care and still need 24-hour care

State-Delivered Secure Residential Treatment Facility

and a higher level of supervision due to the status of their mental illness, safety and security concerns, and/or the severity of their offense.

Treatment philosophy

Pendleton Cottage uses the recovery model for person-centered treatment planning in which residents direct their own treatment. Together, residents and their treatment teams create an integrated service and support plan that incorporates the resident's residential service plan, treatment care plan, and the resident's self-stated dreams, desires and goals.

Residents who are under the jurisdiction of the Psychiatric Security Review Board also must meet the expectations outlined in their conditional release plan. To align with the self-directed treatment approach used at Pendleton Cottage, residents are encouraged to determine how they will meet their conditional release requirements and are offered opportunities for choice.

Pendleton Cottage services

- On-site and telemedicine psychiatric services
- Individual therapy
- Vocational services including on-site paid employment opportunities
- Recreational services, both on- and off-site
- In-house case management
- Medication administration, monitoring and teaching
- Nursing services for individuals who have significant medical needs, such as diabetes, chronic obstructive pulmonary disease, or physical disabilities.

Oregon Health Authority: Oregon State Hospital

State-Delivered Secure Residential Treatment Facility

Facility

Opened in 2009, Pendleton Cottage consists of two separate houses, allowing for the opportunity to serve both men and women. One house has the capacity to serve up to four women and four men, and the other house serves up to eight men. The property also includes a greenhouse and park for the residents to use.

In October 2016, Pendleton Cottage opened the Lane Activity Center, a new treatment space where residents participate in leisure and therapeutic group activities. The center enhances the facility's ability to offer active treatment and help individuals develop the skills they need to successfully move to a lower level of care.

Staffing

Pendleton Cottage has 45 staff, including the administrator, to meet the residents' complex behavioral and medical needs. The average staffing ratio is three staff to eight patients, with at least three direct-care staff and one nurse on every shift. Staff provide:

- Resident supervision
- Therapeutic interventions
- Medical assistance
- Clinical work
- Case management
- Liaison to Psychiatric Security Review Board, including monthly progress reports

Revenue sources and changes

Revenue sources for Pendleton Cottage in the 2023-25 Agency Request Budget include 53 percent General Fund. Other Funds revenues consisting primarily of private payment Room and Board, with additional revenues for service reimbursement and meal tickets, account for 2 percent of the budget. Federal Funds revenue make up the remaining

Oregon Health Authority: Oregon State Hospital

State-Delivered Secure Residential Treatment Facility

46 percent and consist of the federal match of Medicaid claim billing. The increase in services billed for has resulted in a minor increase in Federal Funds revenue and is represented in the 2023-25 fund shift adjustment.

Proposed new laws that apply to the program unit

None.

Oregon Health Authority: Oregon State Hospital

Junction City Campus

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$54.77	\$78.93	\$0.14	\$133.84	492	486.96
Agency Request 2023-25	\$153.40	\$5.57	\$0.13	\$159.10	565	549.29
Difference	\$98.62	-\$73.36	-\$0.01	\$25.25	73	62.33
Percent change	180%	-93%	-6%	19%	15%	13%

The Agency Request Budget of \$159.1 million Total Funds continues funding for the Oregon State Hospital - Junction City Campus services at the current service level for the 2023-25 biennium. This includes the transition back to General Fund from one-time funding made available from the American Rescue Plan Act. This budget also includes policy packages for promoting equity at OSH, complex case management, electronic health record replacement planning, equipment replacement, a sustainable staffing plan for direct nursing care, and deferred maintenance as required by ORS 291.215.

Activities, programs and issues in the program unit base budget

Junction City Campus Detail

- Capacity – 7 units, (151 beds)
- Operating – 7 units, (145 beds)
- Populations served – civil commitment (includes voluntary commitments by guardian), guilty except for insanity (GEI)
- Census – 95.4 (Daily average population for 2021, prior to new unit opening)
- Square feet – 220,000

Oregon Health Authority: Oregon State Hospital

Junction City Campus

Background information

Populations Served

Oregon State Hospital serves adults who need intensive, psychiatric treatment for severe and persistent mental illness. With 24-hour, on-site nursing and psychiatric care, the hospital helps patients gain the skills they need to successfully transition back to the community.

There are two commitment types served at the Junction City campus:

- **Civil** – People who come to Oregon State Hospital through a civil commitment require 24-hour care that is not available through community programs. They have been found by the court to be a danger to themselves or others, or unable to provide for their own basic needs – such as health and safety – because of a mental disorder. A subset of this population is called *Voluntary by Guardian*. Working through the court system, legal guardians may commit their wards who meet civil commitment criteria.
- **Guilty Except for Insanity (GEI)** – Oregon State Hospital serves patients who have successfully pleaded Guilty Except for Insanity (GEI) for crimes related to their mental illness. These patients are under the jurisdiction of the Psychiatric Security Review Board.

Treatment program

Because of its small size, the Junction City campus has only one treatment program. The Junction City campus provides varied treatment mall and group therapy offerings. The program’s intent is to help patients achieve their highest level of health, safety and independence as they prepare for discharge or conditional release to a less-restrictive community setting. Individuals work on living skills through daily treatment mall activities, classes and approved outings. Patients also participate in discharge planning with their treatment team.

Oregon Health Authority: Oregon State Hospital

Junction City Campus

Although the campus admits people from all 36 counties, an emphasis is put on serving seven southern counties – Lane, Curry, Klamath, Douglas, Jackson, Coos and Lake.

Revenue sources and changes

The Agency Request Budget for Junction City campus of the Oregon State Hospital includes 96 percent General Fund. Other Funds revenues comprise the remaining 4 percent of funding, which consist of service revenues generated through the billing of Medicare and third-party insurance as well as local revenues derived from the hospital café and coffee shop. The Junction City campus receives no Federal Funds revenue.

Proposed new laws that apply to the program unit

Legislative concept #44300-002 was derived after OSH had been advised by DOJ to limit the release of social security numbers without specific statutory authority. While this advice has resulted in dramatic cleanup of OSH systems, completion would require that OSH stop releasing social security numbers to OSP for inclusion in NICS. Social security number is the single best identifier for OHA staff who work with PSRB, FBI, and state agencies across the country to verify or eliminate individuals from the prohibited person's file. Inability to cross reference an individual using a social security number puts OHA at risk of being unable to verify or clear an individual attempting to exercise their second amendment rights. OHA receives at least one request per month for this work.

Legislative concept #44300-013 would clone WA 2SSB 5195 which requires EDs and other behavioral health/psychiatric facilities to distribute overdose reversal medication.

Legislative concept #44300-024 impacts to the program unit are unknown at this time due to the concept being a placeholder.

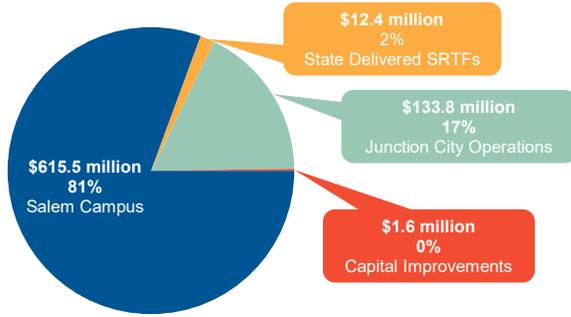
Oregon Health Authority: Oregon State Hospital

Junction City Campus

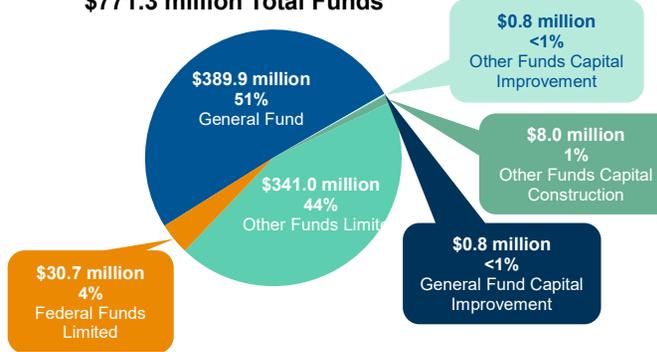
Legislative concept #44300-026 allows OSH nursing staff who work 36 hours weekly (on a 12-hour shift model) to be considered full time employees for the purposes of pay, benefits and leave accruals. This would maintain the same total number of hours that they work currently but would allow them to work discreet 12-hour shifts. Amend the law requiring full-time state employees to work 40-hours weekly to allow OSH nursing staff to be full-time at 36 hours.

Oregon Health Authority 2021-23 Legislatively Approved Budget

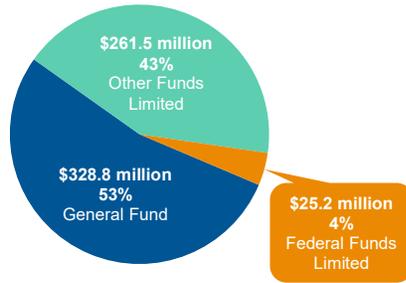
**Oregon State Hospital by Program
\$771.3 million Total Funds**



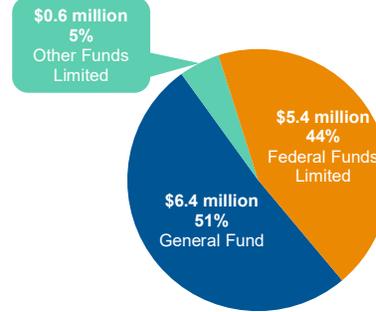
**Oregon State Hospital by Fund Type
\$771.3 million Total Funds**



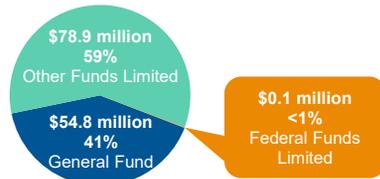
**Salem Campus by Fund Type
\$615.5 million Total Funds**



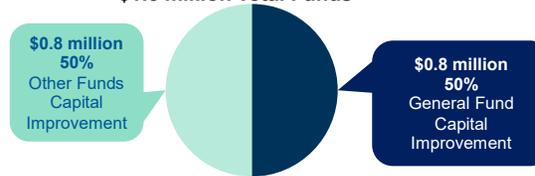
**State Delivered SRTFs by Fund Type
\$12.4 million Total Funds**



**Junction City Operations by Fund Type
\$133.8 million Total Funds**

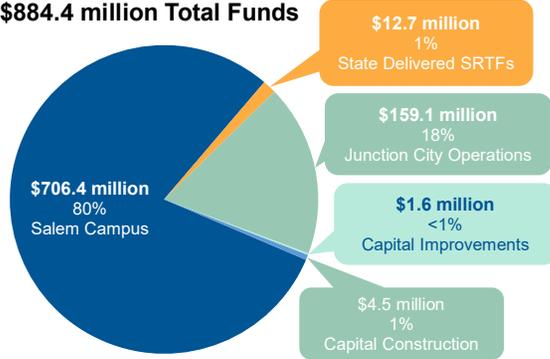


**Capital Improvements by Fund Type
\$1.6 million Total Funds**

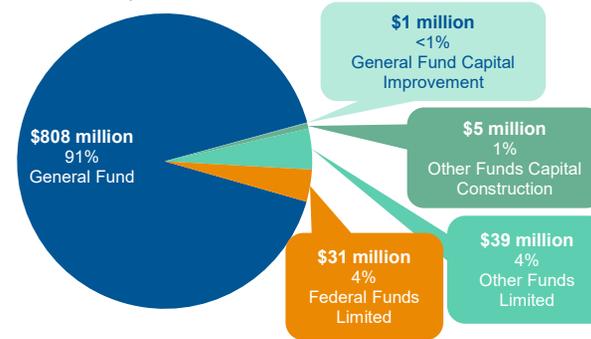


Oregon Health Authority 2023-25 Agency Request Budget

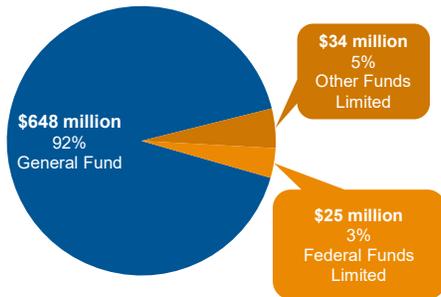
Oregon State Hospital by Program
\$884.4 million Total Funds



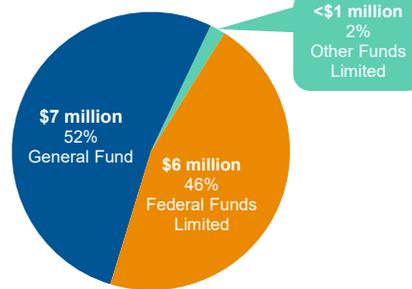
Oregon State Hospital by Fund Type
\$884.4 million Total Funds



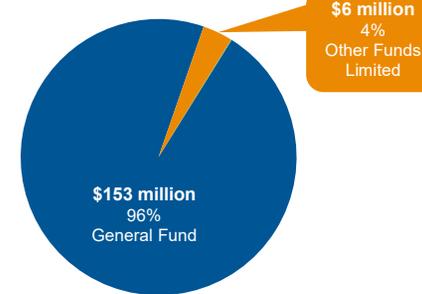
Salem Campus by Fund Type
\$706.4 million Total Funds



State Delivered SRTFs by Fund Type
\$12.7 million Total Funds



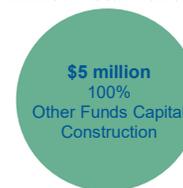
Junction City Operations by Fund Type
\$159.1 million Total Funds



Capital Improvements by Fund Type
\$1.6 million Total Funds



Capital Construction by Fund Type
\$4.5 million Total Funds



ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(8,472,260)	-	-	-	-	-	(8,472,260)
Other Revenues	-	-	11,208,237	-	-	-	11,208,237
Federal Funds	-	-	-	75,054	-	-	75,054
Total Revenues	(\$8,472,260)	-	\$11,208,237	\$75,054	-	-	\$2,811,031
Personal Services							
Temporary Appointments	63,406	-	-	168	-	-	63,574
Overtime Payments	1,137,780	-	-	-	-	-	1,137,780
Shift Differential	300,737	-	-	-	-	-	300,737
All Other Differential	961,125	-	9,589	4,407	-	-	975,121
Public Employees' Retire Cont	430,015	-	1,718	790	-	-	432,523
Pension Obligation Bond	(10,496,611)	-	11,257,782	127,014	-	-	888,185
Social Security Taxes	188,425	-	734	351	-	-	189,510
Paid Family Medical Leave Insurance	9,598	-	38	17	-	-	9,653
Vacancy Savings	(1,066,735)	-	(61,624)	(57,693)	-	-	(1,186,052)
Total Personal Services	(\$8,472,260)	-	\$11,208,237	\$75,054	-	-	\$2,811,031
Total Expenditures							
Total Expenditures	(8,472,260)	-	11,208,237	75,054	-	-	2,811,031
Total Expenditures	(\$8,472,260)	-	\$11,208,237	\$75,054	-	-	\$2,811,031

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services

Cross Reference Name: Oregon State Hospital
 Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	891,993	-	-	-	-	-	891,993
Federal Funds	-	-	-	20,871	-	-	20,871
Total Revenues	\$891,993	-	-	\$20,871	-	-	\$912,864
Personal Services							
Shift Differential	246,760	-	-	-	-	-	246,760
All Other Differential	246,760	-	-	-	-	-	246,760
Public Employees' Retire Cont	88,440	-	-	-	-	-	88,440
Social Security Taxes	37,754	-	-	-	-	-	37,754
Paid Family Medical Leave Insurance	1,974	-	-	-	-	-	1,974
Total Personal Services	\$621,688	-	-	-	-	-	\$621,688
Services & Supplies							
Instate Travel	45,717	-	-	2,165	-	-	47,882
Employee Training	12,574	-	-	596	-	-	13,170
Office Expenses	113,408	-	-	5,368	-	-	118,776
Telecommunications	28,457	-	-	1,346	-	-	29,803
Facilities Rental and Taxes	5,040	-	-	10,080	-	-	15,120
Intra-agency Charges	57,185	-	-	941	-	-	58,126
Other Services and Supplies	7,924	-	-	375	-	-	8,299
Total Services & Supplies	\$270,305	-	-	\$20,871	-	-	\$291,176

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 021 - Phase-in

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	891,993	-	-	20,871	-	-	912,864
Total Expenditures	\$891,993	-	-	\$20,871	-	-	\$912,864
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 022 - Phase-out Pgm & One-time Costs

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	(276,600)	-	-	-	-	-	(276,600)
Tsfr From Administrative Svcs	-	-	(2,283,800)	-	-	-	(2,283,800)
Total Revenues	(\$276,600)	-	(\$2,283,800)	-	-	-	(\$2,560,400)
Services & Supplies							
Data Processing	(60,000)	-	-	-	-	-	(60,000)
IT Professional Services	(72,000)	-	-	-	-	-	(72,000)
Expendable Prop 250 - 5000	(141,000)	-	-	-	-	-	(141,000)
IT Expendable Property	(3,600)	-	-	-	-	-	(3,600)
Total Services & Supplies	(\$276,600)	-	-	-	-	-	(\$276,600)
Capital Outlay							
Household and Institutional Equip.	-	-	(840,469)	-	-	-	(840,469)
Building Structures	-	-	(1,443,331)	-	-	-	(1,443,331)
Total Capital Outlay	-	-	(\$2,283,800)	-	-	-	(\$2,283,800)
Total Expenditures							
Total Expenditures	(276,600)	-	(2,283,800)	-	-	-	(2,560,400)
Total Expenditures	(\$276,600)	-	(\$2,283,800)	-	-	-	(\$2,560,400)
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	3,051,805	-	-	-	-	-	3,051,805
Other Revenues	-	-	1,093,606	-	-	-	1,093,606
Federal Funds	-	-	-	199,553	-	-	199,553
Transfer In - Intrafund	-	-	32,989	-	-	-	32,989
Transfer from General Fund	-	-	32,989	-	-	-	32,989
Total Revenues	\$3,051,805	-	\$1,159,584	\$199,553	-	-	\$4,410,942
Transfers Out							
Transfer Out - Intrafund	-	-	(32,989)	-	-	-	(32,989)
Total Transfers Out	-	-	(\$32,989)	-	-	-	(\$32,989)
Services & Supplies							
Instate Travel	64,913	-	-	174	-	-	65,087
Out of State Travel	7,697	-	-	-	-	-	7,697
Employee Training	55,926	-	-	48	-	-	55,974
Office Expenses	143,084	-	-	433	-	-	143,517
Telecommunications	63,425	-	-	109	-	-	63,534
Data Processing	249,322	-	53,339	-	-	-	302,661
Publicity and Publications	17,556	-	-	-	-	-	17,556
Professional Services	419,158	-	342,917	89,196	-	-	851,271
IT Professional Services	92,216	-	-	-	-	-	92,216
Attorney General	202,030	-	-	-	-	-	202,030
Employee Recruitment and Develop	26,805	-	-	-	-	-	26,805
Dues and Subscriptions	6,976	-	-	-	-	-	6,976

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Facilities Rental and Taxes	23,110	-	-	-	-	-	23,110
Fuels and Utilities	143,607	-	38,156	-	-	-	181,763
Facilities Maintenance	224,810	-	42,581	11,003	-	-	278,394
Food and Kitchen Supplies	290,524	-	118,004	1,394	-	-	409,922
Medical Services and Supplies	596,068	-	465,710	83,702	-	-	1,145,480
Other Care of Residents and Patients	73,766	-	56	-	-	-	73,822
Agency Program Related S and S	83,101	-	26,900	407	-	-	110,408
Intra-agency Charges	61,903	-	-	517	-	-	62,420
Other Services and Supplies	39,789	-	-	30	-	-	39,819
Expendable Prop 250 - 5000	26,249	-	-	532	-	-	26,781
IT Expendable Property	75,320	-	-	-	-	-	75,320
Total Services & Supplies	\$2,987,355	-	\$1,087,663	\$187,545	-	-	\$4,262,563
Capital Outlay							
Household and Institutional Equip.	14,301	-	-	-	-	-	14,301
Industrial and Heavy Equipment	3,823	-	-	-	-	-	3,823
Land Improvements	2,170	-	12,795	-	-	-	14,965
Building Structures	8,986	-	20,194	-	-	-	29,180
Total Capital Outlay	\$29,280	-	\$32,989	-	-	-	\$62,269
Special Payments							
Dist to Individuals	2,063	-	5,943	9,946	-	-	17,952
Intra-Agency Gen Fund Transfer	32,989	-	-	-	-	-	32,989

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 031 - Standard Inflation

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Special Payments							
Other Special Payments	118	-	-	2,062	-	-	2,180
Total Special Payments	\$35,170	-	\$5,943	\$12,008	-	-	\$53,121
Total Expenditures							
Total Expenditures	3,051,805	-	1,126,595	199,553	-	-	4,377,953
Total Expenditures	\$3,051,805	-	\$1,126,595	\$199,553	-	-	\$4,377,953
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 032 - Above Standard Inflation

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	284,824	-	-	-	-	-	284,824
Other Revenues	-	-	224,597	-	-	-	224,597
Federal Funds	-	-	-	44,595	-	-	44,595
Total Revenues	\$284,824	-	\$224,597	\$44,595	-	-	\$554,016
Services & Supplies							
Medical Services and Supplies	283,842	-	221,767	39,859	-	-	545,468
Total Services & Supplies	\$283,842	-	\$221,767	\$39,859	-	-	\$545,468
Special Payments							
Dist to Individuals	982	-	2,830	4,736	-	-	8,548
Total Special Payments	\$982	-	\$2,830	\$4,736	-	-	\$8,548
Total Expenditures							
Total Expenditures	284,824	-	224,597	44,595	-	-	554,016
Total Expenditures	\$284,824	-	\$224,597	\$44,595	-	-	\$554,016
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	334,726,074	-	-	-	-	-	334,726,074
Other Revenues	-	-	(33,971,335)	-	-	-	(33,971,335)
Federal Funds	-	-	-	(754,739)	-	-	(754,739)
Tsfr From Administrative Svcs	-	-	(300,000,000)	-	-	-	(300,000,000)
Total Revenues	\$334,726,074	-	(\$333,971,335)	(\$754,739)	-	-	-
Personal Services							
Class/Unclass Sal. and Per Diem	212,375,712	-	(212,375,712)	-	-	-	-
Temporary Appointments	168	-	-	(168)	-	-	-
All Other Differential	13,996	-	(9,589)	(4,407)	-	-	-
Empl. Rel. Bd. Assessments	71,974	-	(71,974)	-	-	-	-
Public Employees' Retire Cont	38,060,391	-	(38,059,601)	(790)	-	-	-
Pension Obligation Bond	11,384,796	-	(11,257,782)	(127,014)	-	-	-
Social Security Taxes	16,062,709	-	(16,062,359)	(351)	-	-	(1)
Paid Family Medical Leave Insurance	865,139	-	(865,122)	(17)	-	-	-
Worker's Comp. Assess. (WCD)	62,468	-	(62,468)	-	-	-	-
Flexible Benefits	53,776,800	-	(53,776,800)	-	-	-	-
Total Personal Services	\$332,674,153	-	(\$332,541,407)	(\$132,747)	-	-	(\$1)
Services & Supplies							
Instate Travel	174	-	-	(174)	-	-	-
Employee Training	48	-	-	(48)	-	-	-
Office Expenses	433	-	-	(433)	-	-	-
Telecommunications	109	-	-	(109)	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 050 - Fundshifts

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Data Processing	53,339	-	(53,339)	-	-	-	-
Professional Services	559,961	-	(342,917)	(217,043)	-	-	1
Fuels and Utilities	38,156	-	(38,156)	-	-	-	-
Facilities Maintenance	53,584	-	(42,581)	(11,003)	-	-	-
Food and Kitchen Supplies	119,398	-	(118,004)	(1,394)	-	-	-
Medical Services and Supplies	1,171,426	-	(797,868)	(373,558)	-	-	-
Other Care of Residents and Patients	1,390	-	(1,390)	-	-	-	-
Agency Program Related S and S	27,307	-	(26,900)	(407)	-	-	-
Intra-agency Charges	517	-	-	(517)	-	-	-
Other Services and Supplies	30	-	-	(30)	-	-	-
Expendable Prop 250 - 5000	532	-	-	(532)	-	-	-
Total Services & Supplies	\$2,026,404	-	(\$1,421,155)	(\$605,248)	-	-	\$1
Special Payments							
Dist to Individuals	23,455	-	(8,773)	(14,682)	-	-	-
Other Special Payments	2,062	-	-	(2,062)	-	-	-
Total Special Payments	\$25,517	-	(\$8,773)	(\$16,744)	-	-	-
Total Expenditures							
Total Expenditures	334,726,074	-	(333,971,335)	(754,739)	-	-	-
Total Expenditures	\$334,726,074	-	(\$333,971,335)	(\$754,739)	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

**Oregon Health Authority
Pkg: 050 - Fundshifts**

**Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000**

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 402 - OSH Specialized Treatment Svcs & Supports Pgm

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	8,076,367	-	-	-	-	-	8,076,367
Total Revenues	\$8,076,367	-	-	-	-	-	\$8,076,367
Personal Services							
Class/Unclass Sal. and Per Diem	4,140,144	-	-	-	-	-	4,140,144
All Other Differential	76,962	-	-	-	-	-	76,962
Empl. Rel. Bd. Assessments	1,429	-	-	-	-	-	1,429
Public Employees' Retire Cont	755,710	-	-	-	-	-	755,710
Social Security Taxes	322,613	-	-	-	-	-	322,613
Paid Family Medical Leave Insurance	16,870	-	-	-	-	-	16,870
Worker's Comp. Assess. (WCD)	1,259	-	-	-	-	-	1,259
Flexible Benefits	1,084,050	-	-	-	-	-	1,084,050
Total Personal Services	\$6,399,037	-	-	-	-	-	\$6,399,037
Services & Supplies							
Instate Travel	88,898	-	-	-	-	-	88,898
Employee Training	319,062	-	-	-	-	-	319,062
Office Expenses	169,123	-	-	-	-	-	169,123
Telecommunications	55,303	-	-	-	-	-	55,303
Professional Services	392,500	-	-	-	-	-	392,500
Employee Recruitment and Develop	52,625	-	-	-	-	-	52,625
Facilities Maintenance	51,345	-	-	-	-	-	51,345
Other Care of Residents and Patients	78,400	-	-	-	-	-	78,400
Intra-agency Charges	300,689	-	-	-	-	-	300,689

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 402 - OSH Specialized Treatment Svcs & Supports Pgm

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Other Services and Supplies	15,385	-	-	-	-	-	15,385
Expendable Prop 250 - 5000	115,150	-	-	-	-	-	115,150
IT Expendable Property	38,850	-	-	-	-	-	38,850
Total Services & Supplies	\$1,677,330	-	-	-	-	-	\$1,677,330
Total Expenditures							
Total Expenditures	8,076,367	-	-	-	-	-	8,076,367
Total Expenditures	\$8,076,367	-	-	-	-	-	\$8,076,367
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							49
Total Positions	-	-	-	-	-	-	49
Total FTE							
Total FTE							27.43
Total FTE	-	-	-	-	-	-	27.43

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 411 - OSH Sustainable Staffing

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	50,368,167	-	-	-	-	-	50,368,167
Total Revenues	\$50,368,167	-	-	-	-	-	\$50,368,167
Personal Services							
Class/Unclass Sal. and Per Diem	31,767,306	-	-	-	-	-	31,767,306
Empl. Rel. Bd. Assessments	5,920	-	-	-	-	-	5,920
Public Employees' Retire Cont	5,692,634	-	-	-	-	-	5,692,634
Social Security Taxes	2,292,537	-	-	-	-	-	2,292,537
Paid Family Medical Leave Insurance	115,875	-	-	-	-	-	115,875
Worker's Comp. Assess. (WCD)	5,184	-	-	-	-	-	5,184
Flexible Benefits	4,593,600	-	-	-	-	-	4,593,600
Total Personal Services	\$44,473,056	-	-	-	-	-	\$44,473,056
Services & Supplies							
Instate Travel	740,240	-	-	-	-	-	740,240
Employee Training	553,680	-	-	-	-	-	553,680
Office Expenses	1,836,160	-	-	-	-	-	1,836,160
Telecommunications	460,560	-	-	-	-	-	460,560
Intra-agency Charges	1,963,383	-	-	-	-	-	1,963,383
Other Services and Supplies	128,288	-	-	-	-	-	128,288
Expendable Prop 250 - 5000	212,800	-	-	-	-	-	212,800
Total Services & Supplies	\$5,895,111	-	-	-	-	-	\$5,895,111

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 411 - OSH Sustainable Staffing

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	50,368,167	-	-	-	-	-	50,368,167
Total Expenditures	\$50,368,167	-	-	-	-	-	\$50,368,167
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							192
Total Positions	-	-	-	-	-	-	192
Total FTE							
Total FTE							116.00
Total FTE	-	-	-	-	-	-	116.00

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 413 - Complex Case Management Unit

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	8,404,371	-	-	-	-	-	8,404,371
Total Revenues	\$8,404,371	-	-	-	-	-	\$8,404,371
Personal Services							
Class/Unclass Sal. and Per Diem	4,550,592	-	-	-	-	-	4,550,592
Empl. Rel. Bd. Assessments	1,893	-	-	-	-	-	1,893
Public Employees' Retire Cont	815,473	-	-	-	-	-	815,473
Social Security Taxes	348,125	-	-	-	-	-	348,125
Paid Family Medical Leave Insurance	18,208	-	-	-	-	-	18,208
Worker's Comp. Assess. (WCD)	1,662	-	-	-	-	-	1,662
Flexible Benefits	1,450,350	-	-	-	-	-	1,450,350
Total Personal Services	\$7,186,303	-	-	-	-	-	\$7,186,303
Services & Supplies							
Instate Travel	167,622	-	-	-	-	-	167,622
Employee Training	46,316	-	-	-	-	-	46,316
Office Expenses	415,758	-	-	-	-	-	415,758
Telecommunications	104,286	-	-	-	-	-	104,286
IT Professional Services	20,000	-	-	-	-	-	20,000
Intra-agency Charges	390,943	-	-	-	-	-	390,943
Other Services and Supplies	29,043	-	-	-	-	-	29,043
Expendable Prop 250 - 5000	44,100	-	-	-	-	-	44,100
Total Services & Supplies	\$1,218,068	-	-	-	-	-	\$1,218,068

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 413 - Complex Case Management Unit

Cross Reference Name: Oregon State Hospital
 Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Debt Service							
Interest - Bonds	-	-	-	-	-	-	-
Total Debt Service	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	8,404,371	-	-	-	-	-	8,404,371
Total Expenditures	\$8,404,371	-	-	-	-	-	\$8,404,371
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							48
Total Positions	-	-	-	-	-	-	48
Total FTE							
Total FTE							36.66
Total FTE	-	-	-	-	-	-	36.66

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 439 - OSH Asset & Equipment Replacement

Cross Reference Name: Oregon State Hospital
 Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	2,861,000	-	-	-	-	-	2,861,000
Total Revenues	\$2,861,000	-	-	-	-	-	\$2,861,000
Services & Supplies							
Expendable Prop 250 - 5000	1,896,000	-	-	-	-	-	1,896,000
Total Services & Supplies	\$1,896,000	-	-	-	-	-	\$1,896,000
Capital Outlay							
Household and Institutional Equip.	965,000	-	-	-	-	-	965,000
Total Capital Outlay	\$965,000	-	-	-	-	-	\$965,000
Total Expenditures							
Total Expenditures	2,861,000	-	-	-	-	-	2,861,000
Total Expenditures	\$2,861,000	-	-	-	-	-	\$2,861,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 445 - Electronic Health Record Replacement Planning

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	1,937,582	-	-	-	-	-	1,937,582
Total Revenues	\$1,937,582	-	-	-	-	-	\$1,937,582
Personal Services							
Class/Unclass Sal. and Per Diem	1,284,276	-	-	-	-	-	1,284,276
Empl. Rel. Bd. Assessments	276	-	-	-	-	-	276
Public Employees' Retire Cont	230,142	-	-	-	-	-	230,142
Social Security Taxes	87,180	-	-	-	-	-	87,180
Paid Family Medical Leave Insurance	4,310	-	-	-	-	-	4,310
Worker's Comp. Assess. (WCD)	240	-	-	-	-	-	240
Flexible Benefits	207,900	-	-	-	-	-	207,900
Total Personal Services	\$1,814,324	-	-	-	-	-	\$1,814,324
Services & Supplies							
Instate Travel	17,046	-	-	-	-	-	17,046
Employee Training	4,686	-	-	-	-	-	4,686
Office Expenses	42,282	-	-	-	-	-	42,282
Telecommunications	10,608	-	-	-	-	-	10,608
Intra-agency Charges	41,484	-	-	-	-	-	41,484
Other Services and Supplies	2,952	-	-	-	-	-	2,952
Expendable Prop 250 - 5000	4,200	-	-	-	-	-	4,200
Total Services & Supplies	\$123,258	-	-	-	-	-	\$123,258

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 445 - Electronic Health Record Replacement Planning

Cross Reference Name: Oregon State Hospital
 Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	1,937,582	-	-	-	-	-	1,937,582
Total Expenditures	\$1,937,582	-	-	-	-	-	\$1,937,582
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-
Total Positions							
Total Positions							6
Total Positions	-	-	-	-	-	-	6
Total FTE							
Total FTE							5.28
Total FTE	-	-	-	-	-	-	5.28

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 450 - Deferred Maintenance

Cross Reference Name: Oregon State Hospital
Cross Reference Number: 44300-030-06-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	11,996,000	-	-	-	-	-	11,996,000
Total Revenues	\$11,996,000	-	-	-	-	-	\$11,996,000
Services & Supplies							
Facilities Maintenance	11,996,000	-	-	-	-	-	11,996,000
Total Services & Supplies	\$11,996,000	-	-	-	-	-	\$11,996,000
Total Expenditures							
Total Expenditures	11,996,000	-	-	-	-	-	11,996,000
Total Expenditures	\$11,996,000	-	-	-	-	-	\$11,996,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 402

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024752	1432423		MMS X7204 A P	DIVERSITY EQUITY AND INCLUSIO	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024753	1432424		MMN X0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	15	3	4,277	64,155	41,474	105,629	1	0.63
1024754	1432425		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	15	3	6,350	95,250	49,549	144,799	1	0.63
1024755	1432426		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024756	1432427		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024757	1432428		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024758	1432429		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024759	1432430		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024760	1432431		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024761	1432432		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024762	1432433		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024763	1432434		OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	12	3	6,350	76,200	39,638	115,838	1	0.50
1024764	1432435		MMS X7204 A P	DIVERSITY EQUITY AND INCLUSIO	33X	PF	18	3	7,630	137,340	65,440	202,780	1	0.75
1024765	1432436		MMN X0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	15	3	4,277	64,155	41,474	105,629	1	0.63
1024766	1432437		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	15	3	5,503	82,545	46,249	128,794	1	0.63
1024767	1432438		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024768	1432439		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024769	1432440		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024770	1432441		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024771	1432442		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024772	1432443		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024773	1432444		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024774	1432445		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024775	1432446		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024776	1432447		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024777	1432448		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024778	1432449		MMS X7202 A P	DIVERSITY EQUITY AND INCLUSIO	38X	PF	21	3	9,718	204,078	87,735	291,813	1	0.88
1024779	1432450		MMN X0119 A P	EXECUTIVE SUPPORT SPECIALIST	20	PF	18	3	4,277	76,986	49,766	126,752	1	0.75
1024780	1432451		MMN X1322 A P	HUMAN RESOURCE ANALYST 3	29	PF	18	3	6,601	118,818	60,630	179,448	1	0.75
1024781	1432452		MMN X0866 A P	PUBLIC AFFAIRS SPECIALIST 3	31	PF	15	3	7,274	109,110	53,148	162,258	1	0.63
1024782	1432453		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	15	3	7,630	114,450	54,534	168,984	1	0.63
1024783	1432454		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	15	3	7,630	114,450	54,534	168,984	1	0.63
1024784	1432455		MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	15	3	7,630	114,450	54,534	168,984	1	0.63

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Agency Request Budget

Package Number: 402

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1024785	1432456		MMN X1118 A P	RESEARCH ANALYST 4	30	PF	15	3	6,930	103,950	51,808	155,758	1	0.63
1024786	1432457		OAI C1117 A P	RESEARCH ANALYST 3	26	PF	12	3	5,256	63,072	36,229	99,301	1	0.50
1024787	1432458		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	12	3	6,930	83,160	41,446	124,606	1	0.50
1024788	1432459		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	12	3	6,930	83,160	41,446	124,606	1	0.50
1024789	1432460		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	12	3	6,930	83,160	41,446	124,606	1	0.50
1024790	1432461		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	12	3	6,930	83,160	41,446	124,606	1	0.50
1024791	1432462		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	12	3	6,930	83,160	41,446	124,606	1	0.50
1024792	1432463		MMS X7203 A P	DIVERSITY EQUITY AND INCLUSIO	35X	PF	18	3	8,408	151,344	69,077	220,421	1	0.75
1024793	1432464		MMN X0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	15	3	4,277	64,155	41,474	105,629	1	0.63
1024794	1432465		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	12	3	6,930	83,160	41,446	124,606	1	0.50
1024795	1432466		MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	12	3	6,930	83,160	41,446	124,606	1	0.50
1024796	1432467		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024797	1432468		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024798	1432469		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024799	1432470		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
1024800	1432471		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	12	3	5,503	66,036	36,999	103,035	1	0.50
General Funds										4,140,144	2,161,943	6,302,087		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										4,140,144	2,161,943	6,302,087	49	27.43

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
103053	852540	18355	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
103056	852570	7050	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	-114,384	-69,405	-183,789	-1	-1.00
103093	853130	42887	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	-109,128	-68,040	-177,168	-1	-1.00
1001806	956670	39801	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1005836	1081670	46896	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	-138,096	-75,562	-213,658	-1	-1.00
1006368	1087000	27170	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	-138,096	-75,562	-213,658	-1	-1.00
1006461	1087930	39393	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	-109,128	-68,040	-177,168	-1	-1.00
1006539	1088760	46831	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1006578	1089160	45661	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1006619	1089570	14747	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	-138,096	-75,562	-213,658	-1	-1.00
1006648	1089860	66235	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	-109,128	-68,040	-177,168	-1	-1.00
1010659	1172250	37878	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	-119,856	-70,825	-190,681	-1	-1.00
1010669	1172350	66477	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	-114,384	-69,405	-183,789	-1	-1.00
1010690	1172560	42152	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	-125,544	-72,302	-197,846	-1	-1.00
1010700	1172660	26692	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	-131,808	-73,929	-205,737	-1	-1.00
1010710	1172760	29069	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	4	4,337	-104,088	-66,731	-170,819	-1	-1.00
1012889	1231190	36282	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	-109,128	-68,040	-177,168	-1	-1.00
1022037	1409893	145039	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022039	1409895	145052	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022040	1409896	145054	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022042	1409898	145058	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022043	1409899	145060	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022044	1409900	144984	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022045	1409901	144928	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022046	1409902	144927	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022047	1409903	144926	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022048	1409904	144925	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022049	1409905	144924	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022050	1409906	144923	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022051	1409907	144922	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022052	1409908	144921	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022053	1409909	144920	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022054	1409910	144919	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022055	1409911	144918	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022057	1409913	144916	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022058	1409914	144915	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022059	1409915	144914	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022060	1409916	144913	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022061	1409917	144912	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022062	1409918	144911	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022063	1409919	144910	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022064	1409920	144909	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022065	1409921	144908	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022066	1409922	144907	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022067	1409923	144906	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022068	1409924	144905	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022069	1409925	144904	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022070	1409926	144903	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022071	1409927	144902	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022072	1409928	144901	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022073	1409929	144900	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022074	1409930	144899	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022075	1409931	144898	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022076	1409932	145071	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022077	1409933	145069	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022078	1409934	144676	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022079	1409935	144680	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022080	1409936	144698	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022082	1409938	144716	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022083	1409939	144718	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022084	1409940	144723	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022085	1409941	144726	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022086	1409942	144728	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022087	1409943	144729	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022088	1409944	144731	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022089	1409945	144769	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022090	1409946	144771	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022091	1409947	144773	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022092	1409948	144774	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022093	1409949	145041	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022094	1409950	145042	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022095	1409951	145043	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022096	1409952	145044	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022097	1409953	145046	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022098	1409954	145047	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022099	1409955	145048	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022100	1409956	145049	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022101	1409957	145051	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022102	1409958	145053	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022103	1409959	145055	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022104	1409960	145057	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022105	1409961	145059	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022106	1409962	145061	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022107	1409963	145062	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022108	1409964	145063	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022109	1409965	145064	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022110	1409966	145075	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022111	1409967	145083	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022112	1409968	145086	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022114	1409970	145105	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022115	1409971	145107	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022116	1409972	145110	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022117	1409973	145116	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022118	1409974	145117	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022119	1409975	145119	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1022130	1409986	145103	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022141	1409997	145102	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022142	1409998	145099	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022143	1409999	145097	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1022144	1410000	145095	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022145	1410001	145093	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022146	1410002	145091	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022147	1410003	145090	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022148	1410004	145087	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022149	1410005	145084	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022150	1410006	145082	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1022151	1410007	145080	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	-99,552	-65,553	-165,105	-1	-1.00
1024987	1432657		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024988	1432658		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024989	1432659		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024990	1432660		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024991	1432661		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024992	1432662		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024993	1432663		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024994	1432664		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024995	1432665		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024996	1432666		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024997	1432667		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024998	1432668		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1024999	1432669		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025000	1432670		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025001	1432671		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025002	1432672		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025003	1432673		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025004	1432674		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025005	1432675		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025006	1432676		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025007	1432677		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025008	1432678		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025009	1432679		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025010	1432680		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025011	1432681		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025012	1432682		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025013	1432683		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025014	1432684		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025015	1432685		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025016	1432686		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025017	1432687		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025018	1432688		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025019	1432689		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025020	1432690		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025021	1432691		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025022	1432692		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025023	1432693		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025024	1432694		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025025	1432695		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025026	1432696		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025027	1432697		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025028	1432698		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025029	1432699		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025030	1432700		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025031	1432701		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025032	1432702		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025033	1432703		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025034	1432704		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025035	1432705		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025036	1432706		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025037	1432707		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025038	1432708		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025039	1432709		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025040	1432710		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025041	1432711		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025042	1432712		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025043	1432713		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025044	1432714		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025045	1432715		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025046	1432716		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025047	1432717		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025048	1432718		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025049	1432719		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025050	1432720		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025051	1432721		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025052	1432722		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025053	1432723		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025054	1432724		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025055	1432725		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025056	1432726		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025057	1432727		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025058	1432728		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025059	1432729		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025060	1432730		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025061	1432731		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025062	1432732		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025063	1432733		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025064	1432734		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025065	1432735		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025066	1432736		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025067	1432737		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025068	1432738		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025069	1432739		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025070	1432740		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025071	1432741		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025072	1432742		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025073	1432743		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025074	1432744		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025075	1432745		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025076	1432746		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025077	1432747		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025078	1432748		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025079	1432749		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025080	1432750		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025081	1432751		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025082	1432752		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025083	1432753		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025084	1432754		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025085	1432755		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025086	1432756		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025087	1432757		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025088	1432758		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025089	1432759		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025090	1432760		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025091	1432761		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025092	1432762		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025093	1432763		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025094	1432764		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025095	1432765		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025096	1432766		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025097	1432767		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025098	1432768		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025099	1432769		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025100	1432770		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025101	1432771		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025102	1432772		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025103	1432773		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025104	1432774		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025105	1432775		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025106	1432776		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025107	1432777		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025108	1432778		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025109	1432779		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025110	1432780		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025111	1432781		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025112	1432782		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025113	1432783		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025114	1432784		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025115	1432785		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025116	1432786		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025117	1432787		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025118	1432788		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025119	1432789		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025120	1432790		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025121	1432791		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025122	1432792		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025123	1432793		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025124	1432794		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025125	1432795		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025126	1432796		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025127	1432797		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025128	1432798		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025129	1432799		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025130	1432800		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025131	1432801		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025132	1432802		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025133	1432803		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025134	1432804		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025135	1432805		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025136	1432806		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025137	1432807		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025138	1432808		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025139	1432809		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025140	1432810		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025141	1432811		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025142	1432812		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025143	1432813		MMN X1321 A P	HUMAN RESOURCE ANALYST 2	26	PF	18	3	5,700	102,600	56,418	159,018	1	0.75

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025144	1432814		MMN X1322 A P	HUMAN RESOURCE ANALYST 3	29	PF	18	3	6,601	118,818	60,630	179,448	1	0.75
1025145	1432815		MMS X6241 A P	NURSE MANAGER	36	PF	18	3	9,264	166,752	73,079	239,831	1	0.75
1025146	1432816		MMS X6241 A P	NURSE MANAGER	36	PF	18	3	9,264	166,752	73,079	239,831	1	0.75
1025147	1432817		MMS X6241 A P	NURSE MANAGER	36	PF	18	3	9,264	166,752	73,079	239,831	1	0.75
1025148	1432818		OAI C0214 A P	PAYROLL ANALYST	21	PF	18	3	4,155	74,790	49,195	123,985	1	0.75
1025149	1432819		OAI C0104 A P	OFFICE SPECIALIST 2	15	PF	18	3	3,215	57,870	44,801	102,671	1	0.75
1025150	1432820		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025151	1432821		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025152	1432822		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025153	1432823		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025154	1432824		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025155	1432825		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025156	1432826		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025157	1432827		OAI C0212 A P	ACCOUNTING TECHNICIAN	19	PF	18	3	3,790	68,220	47,490	115,710	1	0.75
1025158	1432828		OAI C0404 A P	MAIL EQUIPMENT OPERATOR 2	15	PF	18	3	3,215	57,870	44,801	102,671	1	0.75
1025159	1432829		OAI C0860 A P	PROGRAM ANALYST 1	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025160	1432830		OAI C0860 A P	PROGRAM ANALYST 1	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025161	1432831		OAI C1118 A P	RESEARCH ANALYST 4	30	PF	18	3	6,350	114,300	59,457	173,757	1	0.75
1025162	1432832		OAI C1217 A P	ACCOUNTANT 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025163	1432833		OAI C1244 A P	FISCAL ANALYST 2	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025164	1432834		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025165	1432835		OAI C4014 A P	FACILITY OPERATIONS SPECIALIS	24	PF	18	3	4,776	85,968	52,099	138,067	1	0.75
1025166	1432836		OAI C4101 A P	CUSTODIAN	10	PF	18	7	3,088	55,584	44,208	99,792	1	0.75
1025167	1432837		OAI C4101 A P	CUSTODIAN	10	PF	18	7	3,088	55,584	44,208	99,792	1	0.75
1025168	1432838		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025169	1432839		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025170	1432840		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025171	1432841		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025172	1432842		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025173	1432843		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025174	1432844		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025175	1432845		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025176	1432846		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025177	1432847		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025178	1432848		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025179	1432849		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025180	1432850		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025181	1432851		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025182	1432852		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025183	1432853		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025184	1432854		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025185	1432855		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025186	1432856		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025187	1432857		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025188	1432858		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025189	1432859		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025190	1432860		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025191	1432861		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025192	1432862		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025193	1432863		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025194	1432864		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025195	1432865		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025196	1432866		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025197	1432867		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025198	1432868		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025199	1432869		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025200	1432870		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025201	1432871		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025202	1432872		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025203	1432873		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025204	1432874		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025205	1432875		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025206	1432876		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025207	1432877		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025208	1432878		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025209	1432879		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025210	1432880		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025211	1432881		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025212	1432882		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025213	1432883		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025214	1432884		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025215	1432885		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025216	1432886		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025217	1432887		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025218	1432888		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025219	1432889		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025220	1432890		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025221	1432891		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025222	1432892		OAI C9117 A P	COOK	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025223	1432893		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025224	1432894		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025225	1432895		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025226	1432896		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025227	1432897		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025228	1432898		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025229	1432899		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025230	1432900		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025231	1432901		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025232	1432902		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025233	1432903		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025234	1432904		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025235	1432905		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025236	1432906		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025237	1432907		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025238	1432908		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025239	1432909		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025240	1432910		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025241	1432911		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025242	1432912		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025243	1432913		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025244	1432914		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025245	1432915		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025246	1432916		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025247	1432917		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025248	1432918		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025249	1432919		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025250	1432920		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025251	1432921		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025252	1432922		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025253	1432923		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025254	1432924		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025255	1432925		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025256	1432926		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025257	1432927		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025258	1432928		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025259	1432929		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025260	1432930		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025261	1432931		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025262	1432932		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025263	1432933		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025264	1432934		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025265	1432935		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025266	1432936		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025267	1432937		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025268	1432938		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025269	1432939		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025270	1432940		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025271	1432941		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025272	1432942		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025273	1432943		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025274	1432944		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025275	1432945		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Agency Request Budget

Package Number: 411

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025276	1432946		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025277	1432947		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025278	1432948		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025279	1432949		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	18	3	3,477	62,586	46,026	108,612	1	0.75
1025280	1432950		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025281	1432951		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025282	1432952		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025283	1432953		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025284	1432954		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025285	1432955		OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	18	3	3,483	62,694	46,055	108,749	1	0.75
1025286	1432956		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025287	1432957		OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	18	3	3,780	68,040	47,443	115,483	1	0.75
1025288	1432958		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025289	1432959		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
1025290	1432960		AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	18	9	22,501	405,018	127,516	532,534	1	0.75
5602105	157120	28473	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	-131,808	-73,929	-205,737	-1	-1.00
5602121	157270	29544	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	-109,128	-68,040	-177,168	-1	-1.00
6704007	160970	31579	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	-90,720	-63,259	-153,979	-1	-1.00
9060018	129420	42882	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
9799051	701500	25059	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	-114,384	-69,405	-183,789	-1	-1.00
General Funds										31,767,306	12,705,750	44,473,056		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										31,767,306	12,705,750	44,473,056	192	116.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 413

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
103015	853860	17000	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	-114,384	-69,405	-183,789	-1	-1.00
103054	852550	23800	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1004399	1092760	20798	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	-99,552	-65,553	-165,105	-1	-1.00
1007712	1094730	42470	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	-95,016	-64,375	-159,391	-1	-1.00
1007714	1094750	42704	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	-80,016	-60,479	-140,495	-1	-1.00
1007727	1094880	43613	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1012873	1231020	66808	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
1020550	1395908	119291	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	-104,088	-66,731	-170,819	-1	-1.00
1020551	1395909	119292	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	-90,720	-63,259	-153,979	-1	-1.00
1025291	1432961		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025292	1432962		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025293	1432963		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	18	5	8,130	146,340	67,777	214,117	1	0.75
1025294	1432964		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025295	1432965		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025296	1432966		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025297	1432967		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025298	1432968		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025299	1432969		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025300	1432970		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025301	1432971		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025302	1432972		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025303	1432973		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025304	1432974		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025305	1432975		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025306	1432976		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025307	1432977		OAI C1338 A P	TRAINING & DEVELOPMENT SPEC	23	PF	18	3	4,555	81,990	51,066	133,056	1	0.75
1025308	1432978		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025309	1432979		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025310	1432980		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025311	1432981		OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025312	1432982		OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	18	4	4,758	85,644	52,015	137,659	1	0.75
1025313	1432983		OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	18	3	8,057	145,026	67,436	212,462	1	0.75
1025314	1432984		OAI C6508 A P	OCCUPATIONAL THERAPIST	32	PF	18	3	6,982	125,676	62,411	188,087	1	0.75

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Agency Request Budget

Package Number: 413

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025315	1432985		OAI C6520 A P	ACTIVITIES COORDINATOR	19	PF	18	3	3,790	68,220	47,490	115,710	1	0.75
1025316	1432986		OAI C6534 A P	BEHAVIORAL HEALTH SPECIALIST	27	PF	18	3	5,503	99,054	55,497	154,551	1	0.75
1025317	1432987		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	18	3	6,051	108,918	58,059	166,977	1	0.75
1025318	1432988		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025319	1432989		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025320	1432990		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025321	1432991		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025322	1432992		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025323	1432993		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025324	1432994		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025325	1432995		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025326	1432996		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025327	1432997		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025328	1432998		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025329	1432999		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025330	1433000		OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	18	3	4,148	74,664	49,164	123,828	1	0.75
1025331	1433001		MMS X7085 A P	BUSINESS OPERATIONS MANAGEI	31X	PF	18	3	6,930	124,740	62,168	186,908	1	0.75
1025332	1433002		MMS X7085 A P	BUSINESS OPERATIONS MANAGEI	31X	PF	18	3	6,930	124,740	62,168	186,908	1	0.75
1025333	1433003		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	23	5	8,130	186,990	86,606	273,596	1	0.96
1025334	1433004		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	23	5	8,130	186,990	86,606	273,596	1	0.96
1025335	1433005		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	23	5	8,130	186,990	86,606	273,596	1	0.96
1025336	1433006		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	23	5	8,130	186,990	86,606	273,596	1	0.96
1025337	1433007		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	23	5	8,130	186,990	86,606	273,596	1	0.96
1025338	1433008		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025339	1433009		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025340	1433010		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025341	1433011		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025342	1433012		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025343	1433013		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025344	1433014		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025345	1433015		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025346	1433016		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025347	1433017		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Agency Request Budget

Package Number: 413

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025348	1433018		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025349	1433019		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025350	1433020		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025351	1433021		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025352	1433022		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
1025353	1433023		OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	23	3	3,477	79,971	58,813	138,784	1	0.96
6102003	159310	21027	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	-183,120	-87,255	-270,375	-1	-1.00
6703008	160680	44887	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	-83,448	-61,371	-144,819	-1	-1.00
6703010	160700	62724	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	-90,720	-63,259	-153,979	-1	-1.00
9060016	129400	62680	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	-99,552	-65,553	-165,105	-1	-1.00
9799040	701300	38586	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	-99,552	-65,553	-165,105	-1	-1.00
9799047	701430	65149	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	-109,128	-68,040	-177,168	-1	-1.00
General Funds										4,550,592	2,635,711	7,186,303		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										4,550,592	2,635,711	7,186,303	48	36.66

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Agency Request Budget

Package Number: 445

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1025354	1433024		AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	LF	21	5	8,130	170,730	79,075	249,805	1	0.88
1025355	1433025		MMN X0856 A P	PROJECT MANAGER 3	32	LF	21	3	7,630	160,230	76,348	236,578	1	0.88
1025356	1433026		MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	LF	21	3	6,930	145,530	72,530	218,060	1	0.88
1025357	1433027		AMP U7517 A P	PHYSICIAN SPECIALIST	49	LF	21	9	22,501	472,521	145,555	618,076	1	0.88
1025358	1433028		OAI C1488 I P	INFORMATION SYSTEMS SPECIALI	33	LF	21	9	9,914	208,194	88,804	296,998	1	0.88
1025359	1433029		OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	LF	21	3	6,051	127,071	67,736	194,807	1	0.88
General Funds										1,284,276	530,048	1,814,324		
Lottery Funds										0	0	0		
Other Funds										0	0	0		
Federal Funds										0	0	0		
Total Funds										1,284,276	530,048	1,814,324	6	5.28

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
624	689240	65121	MMS X7814 A P	Training and Development Manager 2		PF	0	10	10,720	0	0	0	0	0.00
2515	564600	7612	MMS X7083 A P	BUSINESS OPERATIONS MANAGER	35X	PF	0	10	11,802	0	0	0	0	0.00
32001	125190	30721	MMS X7374 I P	Information Technology Manager 2		PF	0	7	10,720	0	0	0	0	0.00
33001	125200	28856	MMS X6241 A P	NURSE MANAGER	36	PF	0	5	10,203	0	0	0	0	0.00
33002	125210	19309	MMS X7115 A P	Clinical Rehabilitation Manager 1		PF	0	10	9,718	0	0	0	0	0.00
103002	853730	31474	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103003	853740	28454	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
103004	853750	22415	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
103005	853760	41782	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
103011	853820	65545	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
103012	853830	46294	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
103015	853860	17000	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103016	853870	46079	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103021	853920	45445	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
103022	853930	45788	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
103023	853940	43166	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103024	853950	42898	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
103027	853980	43070	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
103034	852350	42034	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	9	9,264	0	0	0	0	0.00
103036	852370	23672	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
103038	852390	35791	MMS X7085 A P	BUSINESS OPERATIONS MANAGER	31X	PF	0	3	6,930	0	0	0	0	0.00
103042	852430	19541	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
103043	852440	8248	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
103044	852450	32141	AMH C6255 A P	NURSE PRACTITIONER	33	PF	0	7	10,145	0	0	0	0	0.00
103045	852460	52610	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
103047	852480	27207	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
103053	852540	18355	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
103054	852550	23800	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
103055	852560	42982	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103056	852570	7050	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103057	852580	30117	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
103058	852600	12310	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103059	852610	30899	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
103060	852620	52258	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
103061	852630	65542	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
103063	852650	45663	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
103065	852680	52063	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
103066	852690	39398	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
103067	852710	35430	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	4	4,758	0	0	0	0	0.00
103070	852830	14944	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
103076	852910	36292	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
103078	852930	9575	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	3	6,930	0	0	0	0	0.00
103082	852980	34969	MMS X6241 A P	NURSE MANAGER	36	PF	0	8	11,802	0	0	0	0	0.00
103083	852990	18502	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
103084	853000	15069	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
103085	853010	32456	OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	0	8	6,982	0	0	0	0	0.00
103088	853050	46443	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
103089	853070	31580	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
103090	853080	43395	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103091	853100	30959	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
103093	853130	42887	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
103095	853180	45702	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
103096	853190	29015	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
103097	853210	45447	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
103098	853230	65543	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
103102	853280	65544	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
103103	853290	24155	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
103104	853310	12931	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
103105	853330	19212	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
103107	860890	34974	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
120001	125230	18847	MMS X7814 A P	Training and Development Manager		PF	0	10	10,720	0	0	0	0	0.00
120003	125250	55774	MMS X7776 A P	SECURITY OPERATIONS SUPERVI	28X	PF	0	7	7,274	0	0	0	0	0.00
130005	125370	34307	MMS X4046 A P	MAINTENANCE & OPERATIONS SU	27	PF	0	3	5,985	0	0	0	0	0.00
205001	125410	12730	OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	6	7,327	0	0	0	0	0.00
205002	125420	62669	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	2	7,678	0	0	0	0	0.00
205200	125490	45928	OAI C4101 A P	CUSTODIAN	10	PF	0	10	3,483	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
210001	153160	10980	MMS X7665 A P	COMMUNICATIONS MANAGER 1	31X	PF	0	3	6,930	0	0	0	0	0.00
220001	153190	17568	MMS X7696 A P	RECORDS MANAGEMENT SUPERV	28X	PF	0	10	8,408	0	0	0	0	0.00
415020	125980	26531	OAI C4101 A P	CUSTODIAN	10	PF	0	8	3,215	0	0	0	0	0.00
415022	125990	62670	OAI C4101 A P	CUSTODIAN	10	PF	0	8	3,215	0	0	0	0	0.00
415024	126010	23971	OAI C4101 A P	CUSTODIAN	10	PF	0	8	3,215	0	0	0	0	0.00
415027	126040	47674	OAI C4101 A P	CUSTODIAN	10	PF	0	8	3,215	0	0	0	0	0.00
426009	126170	62671	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
426025	126300	62672	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
426026	126310	62673	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
426027	126320	34164	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
426036	126370	62674	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
426053	126420	30644	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
426062	126480	36426	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
426067	126520	36643	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
426078	126590	42802	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
426123	126850	4812	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
426148	126910	36239	OAI C4101 A P	CUSTODIAN	10	PF	0	10	3,483	0	0	0	0	0.00
426202	126950	8950	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
426203	126960	62675	OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	3	6,350	0	0	0	0	0.00
426205	126980	38783	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
426213	127060	38031	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
426216	127090	43172	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
426224	127160	33986	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
426302	127190	8707	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	8	7,678	0	0	0	0	0.00
426305	127220	38651	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
426307	127240	34595	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
426308	127250	25114	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
501001	153400	24678	MMS X6265 A P	PHARMACY MANAGER 2	43	PF	0	7	15,804	0	0	0	0	0.00
501002	153410	62686	OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	10	8,870	0	0	0	0	0.00
501003	153420	6058	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	10	4,555	0	0	0	0	0.00
501004	153430	12333	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
501007	153460	47176	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	3	3,335	0	0	0	0	0.00
501008	153470	62688	OAI C6389 A P	PHARMACY CLERK & TECHNICIAN	17	PF	0	3	3,483	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
501010	153490	34698	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
501011	153500	26657	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
501012	153510	26206	MMS X6264 A P	PHARMACY MANAGER 1	41	PF	0	9	15,804	0	0	0	0	0.00
526001	127450	34572	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	9	9,264	0	0	0	0	0.00
526040	127530	39690	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	10	23,623	0	0	0	0	0.00
526061	127560	46412	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	9	9,264	0	0	0	0	0.00
536115	127720	28293	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	10	10,252	0	0	0	0	0.00
536117	127740	50451	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	2	3,334	0	0	0	0	0.00
536205	127900	30182	MMS X6209 A P	MENTAL HEALTH SUPERVISING REGISTERED NURSE	32	PF	0	9	10,203	0	0	0	0	0.00
557001	128110	62678	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
557002	128120	290	MMS X7643 M P	Psychology Manager 3		PF	0	10	13,572	0	0	0	0	0.00
716022	128180	45762	OAI C6508 A P	OCCUPATIONAL THERAPIST	32	PF	0	10	9,751	0	0	0	0	0.00
717030	128230	16385	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	10	9,718	0	0	0	0	0.00
737001	128340	45815	MMS X7296 A P	FOOD SERVICE SUPERVISOR 2	28X	PF	0	10	8,408	0	0	0	0	0.00
927001	128480	40923	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
1000020	128520	32375	MMS X6209 A P	MENTAL HEALTH SUPERVISING REGISTERED NURSE	32	PF	0	3	7,630	0	0	0	0	0.00
1000028	128580	30015	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	5	8,130	0	0	0	0	0.00
1000034	128640	2640	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	9	9,789	0	0	0	0	0.00
1000036	128660	41599	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	8	9,345	0	0	0	0	0.00
1000045	128720	1787	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1000054	128770	45787	OAI C0118 A P	EXECUTIVE SUPPORT SPECIALIST	17	PF	0	10	4,776	0	0	0	0	0.00
1000067	128800	48649	OAI C0104 A P	OFFICE SPECIALIST 2	15	PF	0	9	4,155	0	0	0	0	0.00
1000082	128910	24243	OAI C4101 A P	CUSTODIAN	10	PF	0	10	3,483	0	0	0	0	0.00
1001239	896010	4429	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,930	0	0	0	0	0.00
1001240	896030	25947	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1001242	896100	2368	MMS X6209 A P	MENTAL HEALTH SUPERVISING REGISTERED NURSE	32	PF	0	9	10,203	0	0	0	0	0.00
1001246	896140	29189	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	10	10,252	0	0	0	0	0.00
1001250	896180	33947	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	7	8,924	0	0	0	0	0.00
1001252	896200	45153	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	9	9,789	0	0	0	0	0.00
1001253	896210	43389	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	9	4,547	0	0	0	0	0.00
1001254	896220	28781	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	8	4,337	0	0	0	0	0.00
1001256	896240	38414	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	9	4,547	0	0	0	0	0.00
1001257	896250	28572	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	8	4,337	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1001258	896260	29573	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1001260	896280	43611	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1001263	896310	65686	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1001264	896320	30504	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	4	4,758	0	0	0	0	0.00
1001267	896350	65687	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1001270	896380	41959	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1001271	896390	7134	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1001272	896400	30502	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	4	4,758	0	0	0	0	0.00
1001274	896420	32798	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1001279	896470	27169	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1001280	896480	27240	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	8	4,766	0	0	0	0	0.00
1001282	896500	44699	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1001283	896510	38858	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1001327	896950	45677	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
1001797	956580	43197	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1001798	956590	32657	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1001799	956600	36022	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1001800	956610	44698	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1001801	956620	43446	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1001803	956640	43140	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1001804	956650	42893	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	0	0	0	0	0.00
1001805	956660	35276	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1001806	956670	39801	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1001807	956680	34948	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1001808	956690	37077	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1001809	956700	29014	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1001813	956740	25453	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1001815	956760	25064	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1001816	956770	28595	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1001819	956800	9898	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1001822	956830	42154	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1001823	956840	65881	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1001829	956900	11904	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1001833	956940	28444	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1001834	956950	27233	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1001835	956960	65882	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1001836	956970	2341	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1001837	956980	65883	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	4	4,337	0	0	0	0	0.00
1002769	978140	18183	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	9	9,264	0	0	0	0	0.00
1002773	978180	30057	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1002775	978200	42537	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	4	8,450	0	0	0	0	0.00
1002776	978210	65943	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
1002777	978220	39911	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1002778	978230	27009	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1003650	1013030	7640	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1003651	1013040	13941	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1003652	1013050	11978	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1003655	1013080	29001	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	6	8,519	0	0	0	0	0.00
1003656	1013090	47468	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
1003657	1013100	56701	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1003715	1014410	47178	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	10	4,555	0	0	0	0	0.00
1003718	1014440	66075	OAI C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	0	7	6,664	0	0	0	0	0.00
1003724	1013130	30156	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1003727	1013160	11198	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1003729	1013180	30301	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1003964	1027390	16687	MMS Z7312 A P	Government Relations Administrator		PF	0	10	13,661	0	0	0	0	0.00
1004009	1025290	30741	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1004010	1025300	19472	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1004011	1025310	32019	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1004012	1025320	31106	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1004013	1025330	27168	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1004015	1025350	66123	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1004016	1025360	26850	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1004017	1025370	26671	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1004020	1025180	38866	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	3	3,335	0	0	0	0	0.00
1004275	1030390	4528	OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	9	8,450	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1004276	1030400	26425	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1004277	1030410	66139	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	8	4,766	0	0	0	0	0.00
1004366	1030500	47334	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	6	4,337	0	0	0	0	0.00
1004367	1030510	16998	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1004368	1030520	24194	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1004373	1030570	66141	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1004375	1030590	42897	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1004376	1030600	45659	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	0	0	0	0	0.00
1004378	1030620	25743	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1004380	1092570	23116	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1004382	1092590	55767	OAI C4101 A P	CUSTODIAN	10	PF	0	8	3,215	0	0	0	0	0.00
1004383	1092600	66240	OAI C6389 A P	PHARMACY CLERK & TECHNICIAN	17	PF	0	10	4,776	0	0	0	0	0.00
1004387	1092640	20154	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1004389	1092660	30843	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1004391	1092680	22931	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1004392	1092690	35025	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1004393	1092700	25316	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1004396	1092730	31272	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1004398	1092750	26590	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1004399	1092760	20798	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1004401	1092780	32461	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1005231	1088570	42705	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1005232	1088580	13367	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1005233	1088590	25677	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1005234	1088600	30796	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1005235	1088610	31008	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1005236	1088620	42886	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005238	1088640	5191	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1005239	1088650	35433	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1005240	1088660	49070	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
1005243	1088690	23167	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
1005791	1081210	52206	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
1005809	1081390	36496	AMH C6255 A P	NURSE PRACTITIONER	33	PF	0	10	11,709	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1005810	1081400	44009	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	4	17,640	0	0	0	0	0.00
1005813	1081430	33889	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,930	0	0	0	0	0.00
1005814	1081440	29482	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	9	9,264	0	0	0	0	0.00
1005816	1081460	45172	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	4	17,640	0	0	0	0	0.00
1005823	1081530	3485	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1005835	1081660	10896	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005836	1081670	46896	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005837	1081680	11645	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005838	1081690	23469	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005845	1081760	6566	MMS X4046 A P	MAINTENANCE & OPERATIONS SU	27	PF	0	9	8,015	0	0	0	0	0.00
1005846	1081770	35334	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	9	9,264	0	0	0	0	0.00
1005847	1081780	54436	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	8	9,345	0	0	0	0	0.00
1005849	1081800	38327	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	9	10,203	0	0	0	0	0.00
1005850	1081810	66202	MMS X7113 A P	Clinical Rehabilitation Manager 3		PF	0	10	11,802	0	0	0	0	0.00
1005851	1081820	37297	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	5	8,408	0	0	0	0	0.00
1005852	1081830	30184	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
1005854	1081850	37790	MMS X7085 A P	BUSINESS OPERATIONS MANAGEI	31X	PF	0	8	8,831	0	0	0	0	0.00
1005855	1081860	29600	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
1005856	1081870	36614	MMS X7085 A P	BUSINESS OPERATIONS MANAGEI	31X	PF	0	8	8,831	0	0	0	0	0.00
1005857	1081880	22	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	9	10,203	0	0	0	0	0.00
1005858	1081890	28978	AMH C6226 A P	STAFF DEVELOPMENT NURSE	30	PF	0	5	8,130	0	0	0	0	0.00
1005860	1081900	66203	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
1005861	1081910	43363	MMS X7085 A P	BUSINESS OPERATIONS MANAGEI	31X	PF	0	2	6,601	0	0	0	0	0.00
1005867	1081960	29639	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1005868	1081970	30539	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1005869	1081980	21801	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005874	1082030	27734	MMS X7008 A P	PRINCIPAL EXECUTIVE/MANAGER	33X	PF	0	3	7,630	0	0	0	0	0.00
1005875	1082040	20305	OAI C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	10	7,678	0	0	0	0	0.00
1005876	1082050	37946	MMS X7776 A P	SECURITY OPERATIONS SUPERVI	28X	PF	0	7	7,274	0	0	0	0	0.00
1005877	1082060	23836	OAI C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	5	6,051	0	0	0	0	0.00
1005879	1082080	28475	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1005890	1082190	38321	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	7	8,408	0	0	0	0	0.00
1005892	1082250	29076	MMS X7472 A P	Nursing Administrator 1		PF	0	10	13,661	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1005893	1082260	27887	MMS X7472 A P	Nursing Administrator 1		PF	0	10	13,661	0	0	0	0	0.00
1005894	1082270	36058	MMS X7084 A P	BUSINESS OPERATIONS MANAGER	33X	PF	0	8	9,718	0	0	0	0	0.00
1005895	1082280	35905	MMS X7155 A P	CONSTRUCTION AND FACILITY MA	31X	PF	0	3	6,930	0	0	0	0	0.00
1005896	1082290	16563	MMS X7645 M P	Psychology Manager 1		PF	0	10	11,176	0	0	0	0	0.00
1005897	1082300	56139	MMN X0856 A P	PROJECT MANAGER 3	32	PF	0	3	7,630	0	0	0	0	0.00
1005899	1082320	21412	MMS X7644 M P	Psychology Manager 2		PF	0	10	12,328	0	0	0	0	0.00
1005900	1082330	35043	MMS X7644 M P	Psychology Manager 2		PF	0	10	12,328	0	0	0	0	0.00
1005901	1082340	15873	MMS X7644 M P	Psychology Manager 2		PF	0	10	12,328	0	0	0	0	0.00
1005903	1082360	35425	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1005904	1082370	16956	MMS X7008 A P	PRINCIPAL EXECUTIVE/MANAGER	33X	PF	0	10	10,720	0	0	0	0	0.00
1005905	1082380	36290	MMS X7084 A P	BUSINESS OPERATIONS MANAGER	33X	PF	0	8	9,718	0	0	0	0	0.00
1005906	1082390	38412	MMS X7085 A P	BUSINESS OPERATIONS MANAGER	31X	PF	0	7	8,408	0	0	0	0	0.00
1005909	1082420	14915	MMS X9105 A P	SUPERVISING FOOD SERVICE WC	20	PF	0	9	5,700	0	0	0	0	0.00
1005910	1082430	41145	MMS X9105 A P	SUPERVISING FOOD SERVICE WC	20	PF	0	8	5,432	0	0	0	0	0.00
1005911	1082440	8332	MMS X9105 A P	SUPERVISING FOOD SERVICE WC	20	PF	0	9	5,700	0	0	0	0	0.00
1005914	1082470	2199	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	9	9,264	0	0	0	0	0.00
1005919	1082520	26192	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005941	1082740	27172	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
1005942	1082750	30641	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005943	1082760	18823	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005944	1082770	18870	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1005945	1082780	27238	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005946	1082790	30875	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005947	1082800	26130	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005948	1082810	32897	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
1005949	1082820	27961	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1005950	1082830	33404	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1005970	1083000	29495	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	4	4,758	0	0	0	0	0.00
1005971	1083010	30517	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1005972	1083020	29089	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1005974	1083040	37471	OAI C6263 A P	PHARMACIST 2	41	PF	0	10	15,046	0	0	0	0	0.00
1006015	1083450	29267	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006017	1083470	66206	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1006019	1083490	43796	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006026	1083560	66207	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006027	1083570	33091	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
1006029	1083590	37295	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006030	1083600	32528	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006031	1083610	52062	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006032	1083620	2166	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006033	1083630	42360	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006034	1083640	29257	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006035	1083650	47931	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
1006036	1083660	66208	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
1006037	1083670	38785	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
1006038	1083680	51989	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006039	1083690	28976	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006040	1083700	37736	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006044	1083740	48807	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
1006045	1083750	28973	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006047	1083770	9792	OAI C6263 A P	PHARMACIST 2	41	PF	0	7	13,020	0	0	0	0	0.00
1006048	1083780	29302	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1006049	1083790	29893	OAI C6263 A P	PHARMACIST 2	41	PF	0	10	15,046	0	0	0	0	0.00
1006050	1083800	36288	OAI C6263 A P	PHARMACIST 2	41	PF	0	10	15,046	0	0	0	0	0.00
1006051	1083810	29891	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1006057	1083870	38181	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1006058	1083880	66209	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1006061	1083910	25498	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	10	4,555	0	0	0	0	0.00
1006074	1084040	19451	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006075	1084050	16821	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006076	1084060	7615	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1006077	1084070	3171	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006078	1084080	32735	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006079	1084090	32656	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006083	1084130	31598	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006100	1084320	49810	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1006101	1084330	46953	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	2	7,678	0	0	0	0	0.00
1006138	1084700	66213	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1006144	1084760	13255	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1006145	1084770	5580	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1006146	1084780	26027	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1006147	1084790	66214	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	6	4,337	0	0	0	0	0.00
1006165	1084970	18592	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1006168	1085000	10445	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006190	1085220	29317	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006197	1085290	49350	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
1006198	1085300	29300	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006199	1085310	7539	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006200	1085320	29000	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006201	1085330	66216	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1006203	1085350	66217	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006204	1085360	45656	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006206	1085380	41656	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006208	1085400	66218	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
1006209	1085410	44885	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
1006210	1085420	66219	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006212	1085440	25526	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006213	1085450	66220	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006214	1085460	66221	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1006215	1085470	49337	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
1006217	1085490	45658	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
1006219	1085510	39971	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1006222	1085540	51878	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1006223	1085550	28980	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
1006224	1085560	42359	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
1006225	1085570	32388	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1006227	1085590	31040	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	4	4,758	0	0	0	0	0.00
1006251	1085830	14435	OAI C0861 A P	PROGRAM ANALYST 2	27	PF	0	4	5,771	0	0	0	0	0.00
1006252	1085840	4250	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1006255	1085870	66222	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
1006300	1086320	29979	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
1006301	1086330	56785	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
1006302	1086340	30155	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1006359	1086910	39207	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
1006360	1086920	29235	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
1006361	1086930	29062	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1006362	1086940	31632	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1006368	1087000	27170	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006410	1087420	37627	OAI C2320 B P	INSTITUTION TEACHER MA	26S	PF	0	12	5,283	0	0	0	0	0.00
1006452	1087840	27905	OAI C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	0	3	5,503	0	0	0	0	0.00
1006461	1087930	39393	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	0	0	0	0	0.00
1006462	1087940	764	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006463	1087950	30579	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1006476	1088080	2207	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006483	1088150	28947	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1006484	1088160	46893	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
1006515	1088470	15769	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	4	17,640	0	0	0	0	0.00
1006516	1088480	48014	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	3	6,930	0	0	0	0	0.00
1006519	1088510	29629	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	9	9,264	0	0	0	0	0.00
1006537	1088740	41615	MMS X7086 A P	BUSINESS OPERATIONS SUPERVI	28X	PF	0	9	8,015	0	0	0	0	0.00
1006538	1088750	5579	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006539	1088760	46831	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1006540	1088770	35483	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1006541	1088780	8007	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006544	1088810	1623	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1006545	1088820	66226	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
1006546	1088830	32797	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006547	1088840	66227	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1006548	1088850	33087	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1006549	1088860	29883	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1006550	1088870	66228	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006551	1088880	66229	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1006552	1088890	66230	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1006558	1088950	66231	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006559	1088960	42536	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1006560	1088980	36427	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1006561	1088990	33655	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1006564	1089020	21128	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006565	1089030	31590	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1006568	1089060	66232	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1006570	1089080	28361	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006574	1089120	19828	OAI C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	0	3	4,555	0	0	0	0	0.00
1006577	1089150	43789	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1006578	1089160	45661	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1006581	1089190	21307	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1006582	1089200	34597	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006583	1089210	1219	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1006584	1089220	1007	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
1006585	1089230	25047	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006589	1089270	66233	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006590	1089280	20737	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006591	1089290	45055	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006595	1089330	20957	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1006596	1089340	34738	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1006597	1089350	6026	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006598	1089360	66234	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1006599	1089370	27919	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1006600	1089380	26599	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006601	1089390	26474	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006602	1089400	22650	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1006603	1089410	35914	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1006607	1089450	28472	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1006609	1089470	24653	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006610	1089480	29790	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006611	1089490	9808	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1006614	1089520	23989	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006616	1089540	36465	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006618	1089560	2	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	4	4,337	0	0	0	0	0.00
1006619	1089570	14747	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006620	1089580	31109	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1006623	1089610	29239	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
1006628	1089660	19426	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	6	4,337	0	0	0	0	0.00
1006629	1089670	13265	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1006630	1089680	37205	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	6	4,337	0	0	0	0	0.00
1006631	1089690	45657	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	6	4,337	0	0	0	0	0.00
1006632	1089700	23138	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006633	1089710	22580	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006635	1089730	4876	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1006647	1089850	44043	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
1006648	1089860	66235	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	0	0	0	0	0.00
1006649	1089870	19178	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006650	1089880	26693	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1006663	1090010	23140	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006664	1090020	27080	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006669	1090070	4507	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006670	1090080	26371	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1006671	1090090	38851	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1006672	1090100	28826	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1006673	1090110	34708	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1006674	1090120	43074	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1006686	1090240	34067	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	9	9,264	0	0	0	0	0.00
1006687	1090250	28563	OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	3	6,350	0	0	0	0	0.00
1006779	1091170	39919	MMS X7083 A P	BUSINESS OPERATIONS MANAGEI	35X	PF	0	10	11,802	0	0	0	0	0.00
1006780	1091180	30175	MMS X7084 A P	BUSINESS OPERATIONS MANAGEI	33X	PF	0	10	10,720	0	0	0	0	0.00
1007564	1093250	38215	OAI C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	0	2	4,356	0	0	0	0	0.00
1007565	1093260	52196	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1007566	1093270	7606	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	5	4,148	0	0	0	0	0.00
1007567	1093280	20539	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	8	4,766	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1007568	1093290	52195	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	6	4,337	0	0	0	0	0.00
1007569	1093300	11938	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1007570	1093310	66249	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1007571	1093320	31633	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
1007581	1093420	57392	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	9	8,057	0	0	0	0	0.00
1007582	1093430	66251	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	3	6,051	0	0	0	0	0.00
1007590	1093510	34696	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1007591	1093520	30139	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	2	7,678	0	0	0	0	0.00
1007592	1093530	66252	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	4	8,450	0	0	0	0	0.00
1007593	1093540	6811	OAI C6263 A P	PHARMACIST 2	41	PF	0	7	13,020	0	0	0	0	0.00
1007594	1093550	26958	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1007595	1093560	27335	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1007596	1093570	25162	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	10	4,555	0	0	0	0	0.00
1007597	1093590	33199	OAI C6389 A P	PHARMACY CLERK & TECHNICIAN	17	PF	0	3	3,483	0	0	0	0	0.00
1007601	1093620	66253	OAI C6389 A P	PHARMACY CLERK & TECHNICIAN	17	PF	0	3	3,483	0	0	0	0	0.00
1007603	1093640	4381	AMH C6255 A P	NURSE PRACTITIONER	33	PF	0	10	11,709	0	0	0	0	0.00
1007606	1093660	66254	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	3	6,930	0	0	0	0	0.00
1007607	1093670	66255	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	10	9,718	0	0	0	0	0.00
1007608	1093690	30670	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	0	7	9,264	0	0	0	0	0.00
1007613	1093740	41013	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
1007616	1093770	45674	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	6	9,293	0	0	0	0	0.00
1007617	1093780	45476	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	7	9,751	0	0	0	0	0.00
1007618	1093790	55919	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
1007656	1094170	30963	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1007663	1094240	34707	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007664	1094250	24615	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007665	1094260	28881	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1007666	1094270	34330	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007668	1094290	27236	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1007669	1094300	28174	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007671	1094320	26665	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007672	1094330	34599	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1007675	1094360	32385	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1007678	1094390	44027	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1007679	1094400	19	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007681	1094420	9267	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007682	1094430	45053	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1007683	1094440	18866	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007684	1094450	66260	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1007685	1094460	42653	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1007686	1094470	21783	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007687	1094480	38729	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007689	1094500	24173	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007690	1094510	43417	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1007691	1094520	35035	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	0	0	0	0	0.00
1007692	1094530	25845	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007693	1094540	28908	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1007695	1094560	45246	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1007696	1094570	32376	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1007697	1094580	18508	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007700	1094610	45047	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007701	1094620	39615	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	0	0	0	0	0.00
1007702	1094630	20842	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1007703	1094640	23846	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1007704	1094650	34316	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1007705	1094660	9689	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1007706	1094670	28824	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1007708	1094690	27570	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007709	1094700	23024	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1007710	1094710	45250	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1007712	1094730	42470	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1007713	1094740	26955	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007714	1094750	42704	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	0	0	0	0	0.00
1007715	1094760	33545	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007716	1094770	17234	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007717	1094780	10076	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1007718	1094790	44041	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1007719	1094800	41785	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007720	1094810	28865	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007721	1094820	25842	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007722	1094830	6985	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007723	1094840	35280	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007724	1094850	45655	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1007725	1094860	42883	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1007726	1094870	30652	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1007727	1094880	43613	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1010372	1165480	11161	OAI C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	6	6,350	0	0	0	0	0.00
1010373	1165490	46526	OAI C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	10	8,870	0	0	0	0	0.00
1010374	1165500	66435	MMN X1245 A P	FISCAL ANALYST 3	30	PF	0	6	8,015	0	0	0	0	0.00
1010555	1171410	45353	OAI C0861 A P	PROGRAM ANALYST 2	27	PF	0	3	5,503	0	0	0	0	0.00
1010562	1171510	38788	OAI C0862 A P	PROGRAM ANALYST 3	29	PF	0	3	6,051	0	0	0	0	0.00
1010564	1171540	34454	OAI C0861 A P	PROGRAM ANALYST 2	27	PF	0	10	7,678	0	0	0	0	0.00
1010567	1171580	44914	OAI C0861 A P	PROGRAM ANALYST 2	27	PF	0	9	7,327	0	0	0	0	0.00
1010581	1171180	45079	OAI C0870 A P	OPERATIONS & POLICY ANALYST 2	23	PF	0	3	4,555	0	0	0	0	0.00
1010582	1171190	26957	OAI C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	8	6,982	0	0	0	0	0.00
1010583	1171200	66468	OAI C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,350	0	0	0	0	0.00
1010584	1171210	27290	MMN X1245 A P	FISCAL ANALYST 3	30	PF	0	8	8,831	0	0	0	0	0.00
1010585	1171220	24221	OAI C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	10	8,870	0	0	0	0	0.00
1010586	1171230	14806	OAI C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,350	0	0	0	0	0.00
1010587	1171240	29128	OAI C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	3	6,350	0	0	0	0	0.00
1010588	1171250	24343	OAI C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	10	8,870	0	0	0	0	0.00
1010591	1171300	46529	OAI C0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	8	8,057	0	0	0	0	0.00
1010599	1171530	45482	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	8	10,242	0	0	0	0	0.00
1010600	1171560	58202	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	6	9,293	0	0	0	0	0.00
1010601	1171600	54414	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1010604	1171720	33643	MMS X7776 A P	SECURITY OPERATIONS SUPERVISOR	28X	PF	0	5	6,601	0	0	0	0	0.00
1010605	1171730	39594	MMS X7776 A P	SECURITY OPERATIONS SUPERVISOR	28X	PF	0	10	8,408	0	0	0	0	0.00
1010607	1171750	46149	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1010608	1171760	66474	MMS X7115 A P	Clinical Rehabilitation Manager 1		PF	0	10	9,718	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1010609	1171770	1428	MMS X6264 A P	PHARMACY MANAGER 1	41	PF	0	3	11,802	0	0	0	0	0.00
1010613	1171380	11578	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
1010614	1171390	29024	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1010618	1171840	14012	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1010621	1171870	37899	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
1010624	1171900	47431	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
1010627	1171930	36950	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
1010631	1171970	30308	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1010635	1172010	37079	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1010636	1172020	29709	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
1010638	1172040	30043	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1010641	1172070	29067	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1010643	1172090	16214	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1010645	1172110	55754	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
1010646	1172120	47557	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1010647	1172130	53459	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	6	4,337	0	0	0	0	0.00
1010648	1172140	4265	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	7	4,547	0	0	0	0	0.00
1010649	1172150	34664	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1010650	1172160	14146	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1010651	1172170	26031	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1010652	1172180	2009	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1010653	1172190	27322	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1010654	1172200	36304	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	9	4,994	0	0	0	0	0.00
1010655	1172210	44174	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1010656	1172220	13446	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010657	1172230	11217	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010658	1172240	12076	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010659	1172250	37878	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1010660	1172260	5699	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010661	1172270	29634	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1010662	1172280	27571	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010663	1172290	28898	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010664	1172300	15126	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1010665	1172310	10563	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010666	1172320	42889	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1010667	1172330	26694	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010668	1172340	30900	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010669	1172350	66477	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1010670	1172360	4170	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1010671	1172370	7195	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
1010672	1172380	15545	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
1010673	1172390	66478	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
1010674	1172400	20478	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010675	1172410	27077	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010676	1172420	18354	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010677	1172430	42895	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1010678	1172440	42493	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010680	1172460	46083	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1010681	1172470	7020	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010682	1172480	43384	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	0	0	0	0	0.00
1010683	1172490	35907	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1010684	1172500	36278	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1010685	1172510	26695	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1010686	1172520	34282	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	0	0	0	0	0.00
1010687	1172530	28702	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010688	1172540	18395	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
1010689	1172550	41655	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1010690	1172560	42152	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
1010692	1172580	45441	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
1010693	1172590	20477	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010694	1172600	21964	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010695	1172610	19457	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010696	1172620	34718	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010697	1172630	10564	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010698	1172640	26708	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1010699	1172650	38483	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1010700	1172660	26692	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
1010701	1172670	28832	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
1010702	1172680	39467	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
1010703	1172690	28299	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010704	1172700	4906	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010706	1172720	14391	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010707	1172730	21113	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010708	1172740	37296	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	0	0	0	0	0.00
1010709	1172750	35189	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010710	1172760	29069	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	4	4,337	0	0	0	0	0.00
1010711	1172770	25606	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010712	1172780	66479	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010713	1172790	32016	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1010714	1172800	43264	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1010715	1172810	25991	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010716	1172820	9009	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1010717	1172830	28718	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1010723	1173070	34186	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010725	1173100	6181	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
1010726	1173110	30154	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010727	1173120	25658	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
1010728	1173130	40371	MMS X6524 A P	REHABILITATION THERAPY PROG	30	PF	0	3	6,930	0	0	0	0	0.00
1010729	1173140	30361	MMS X6241 A P	NURSE MANAGER	36	PF	0	6	10,720	0	0	0	0	0.00
1010730	1173160	29238	MMS X6241 A P	NURSE MANAGER	36	PF	0	7	11,253	0	0	0	0	0.00
1010731	1173170	31595	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010732	1173180	66482	MMS X7083 A P	BUSINESS OPERATIONS MANAGE	35X	PF	0	10	11,802	0	0	0	0	0.00
1010733	1173190	11678	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010734	1173210	16838	MMS X6241 A P	NURSE MANAGER	36	PF	0	8	11,802	0	0	0	0	0.00
1010735	1173220	43828	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
1010736	1173230	6906	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010737	1173250	22780	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010738	1173260	6576	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010739	1173280	11040	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1010740	1173290	34273	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
1010741	1172840	30477	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010743	1172860	30363	MMS X6241 A P	NURSE MANAGER	36	PF	0	8	11,802	0	0	0	0	0.00
1010744	1172870	27778	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010745	1172890	66480	MMS X6241 A P	NURSE MANAGER	36	PF	0	8	11,802	0	0	0	0	0.00
1010746	1172900	22456	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010747	1172910	12632	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010748	1172920	12328	MMS X6241 A P	NURSE MANAGER	36	PF	0	5	10,203	0	0	0	0	0.00
1010749	1172940	16612	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010750	1172950	26390	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010751	1172960	231	MMS X6241 A P	NURSE MANAGER	36	PF	0	8	11,802	0	0	0	0	0.00
1010753	1172990	30369	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010754	1173000	18004	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010755	1173020	15397	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010756	1173030	16059	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010757	1173040	30035	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010758	1173050	7589	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1010759	1173090	29102	OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	0	10	7,678	0	0	0	0	0.00
1011746	1204300	46185	AMH C6219 A P	REGISTERED NURSE EPIDEMIOLOG	31	PF	0	10	10,736	0	0	0	0	0.00
1011747	1204310	52154	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	2	16,001	0	0	0	0	0.00
1011748	1204320	39070	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	2	16,001	0	0	0	0	0.00
1011749	1204330	16831	MESN Z7082 A P	BUSINESS OPERATIONS ADMINIST	38X	PF	0	6	11,253	0	0	0	0	0.00
1011750	1204340	41546	MMS X0113 A P	SUPPORT SERVICES SUPERVISOR	20	PF	0	8	5,432	0	0	0	0	0.00
1011751	1204350	36824	MMS X4046 A P	MAINTENANCE & OPERATIONS SU	27	PF	0	8	7,630	0	0	0	0	0.00
1011752	1204360	38920	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	2	7,274	0	0	0	0	0.00
1011753	1204370	47665	MMS X6241 A P	NURSE MANAGER	36	PF	0	7	11,253	0	0	0	0	0.00
1011754	1204380	66599	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1011760	1204500	44183	OAI C6521 A P	REHABILITATION THERAPIST	24	PF	0	2	4,555	0	0	0	0	0.00
1011761	1204510	38667	MMS X9119 A P	SUPERVISING COOK	18	PF	0	9	5,188	0	0	0	0	0.00
1011762	1204520	42150	MNSN Z7518 A P	SUPERVISING PHYSICIAN	50	PF	0	8	23,323	0	0	0	0	0.00
1011763	1204530	66601	OAI C0015 A P	HEALTH INFORMATION SPECIALIS	18	PF	0	10	5,019	0	0	0	0	0.00
1011766	1205560	38472	OAI C0104 A P	OFFICE SPECIALIST 2	15	PF	0	8	3,964	0	0	0	0	0.00
1011767	1205570	66606	OAI C0104 A P	OFFICE SPECIALIST 2	15	PF	0	3	3,215	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1011768	1205430	53330	OAI C0104 A P	OFFICE SPECIALIST 2	15	PF	0	7	3,790	0	0	0	0	0.00
1011769	1204560	9065	OAI C0104 A P	OFFICE SPECIALIST 2	15	PF	0	2	3,088	0	0	0	0	0.00
1011770	1205580	57216	OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	0	8	4,356	0	0	0	0	0.00
1011771	1204570	58074	OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	0	3	3,483	0	0	0	0	0.00
1011774	1205600	38481	OAI C0118 A P	EXECUTIVE SUPPORT SPECIALIST	17	PF	0	10	4,776	0	0	0	0	0.00
1011775	1205440	57496	OAI C0118 A P	EXECUTIVE SUPPORT SPECIALIST	17	PF	0	10	4,776	0	0	0	0	0.00
1011776	1205350	26213	OAI C0118 A P	EXECUTIVE SUPPORT SPECIALIST	17	PF	0	10	4,776	0	0	0	0	0.00
1011777	1204590	42169	OAI C0860 A P	PROGRAM ANALYST 1	23	PF	0	7	5,503	0	0	0	0	0.00
1011778	1204600	57295	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1011779	1205610	38016	OAI C0758 A P	SUPPLY SPECIALIST 1	14	PF	0	10	4,155	0	0	0	0	0.00
1011780	1205620	38010	OAI C0759 A P	SUPPLY SPECIALIST 2	20	PF	0	10	5,503	0	0	0	0	0.00
1011781	1205630	38668	OAI C0759 A P	SUPPLY SPECIALIST 2	20	PF	0	7	4,776	0	0	0	0	0.00
1011782	1205450	38519	OAI C0860 A P	PROGRAM ANALYST 1	23	PF	0	3	4,555	0	0	0	0	0.00
1011783	1205360	30094	OAI C1117 A P	RESEARCH ANALYST 3	26	PF	0	9	6,982	0	0	0	0	0.00
1011785	1205370	33987	OAI C2304 A P	MANUAL ARTS INSTRUCTOR	17	PF	0	10	4,776	0	0	0	0	0.00
1011786	1205380	38094	OAI C2304 A P	MANUAL ARTS INSTRUCTOR	17	PF	0	8	4,356	0	0	0	0	0.00
1011787	1204620	5825	OAI C2320 B P	INSTITUTION TEACHER MA	26S	PF	0	19	6,144	0	0	0	0	0.00
1011790	1205640	16757	OAI C4005 A P	PLUMBER	24	PF	0	10	6,664	0	0	0	0	0.00
1011791	1205460	37669	OAI C4008 A P	ELECTRICIAN 2	26	PF	0	10	7,327	0	0	0	0	0.00
1011792	1205470	38463	OAI C4009 A P	ELECTRICIAN 3	28	PF	0	8	7,327	0	0	0	0	0.00
1011793	1205480	3258	OAI C4012 A P	FACILITY MAINTENANCE SPECIALI	18	PF	0	10	5,019	0	0	0	0	0.00
1011794	1205490	41545	OAI C4012 A P	FACILITY MAINTENANCE SPECIALI	18	PF	0	6	4,155	0	0	0	0	0.00
1011795	1205500	38172	OAI C4012 A P	FACILITY MAINTENANCE SPECIALI	18	PF	0	10	5,019	0	0	0	0	0.00
1011796	1205650	38127	OAI C4037 A P	PHYSICAL/ELECTRONIC SECURIT`	20	PF	0	10	5,503	0	0	0	0	0.00
1011800	1204660	41888	OAI C4110 A P	GROUND MAINTENANCE WORKE	17	PF	0	10	4,776	0	0	0	0	0.00
1011801	1205530	38436	OAI C4116 A P	LABORER/STUDENT WORKER	12	PF	0	9	3,629	0	0	0	0	0.00
1011802	1205540	47086	OAI C4116 A P	LABORER/STUDENT WORKER	12	PF	0	10	3,790	0	0	0	0	0.00
1011803	1205550	38793	OAI C4101 A P	CUSTODIAN	10	PF	0	10	3,483	0	0	0	0	0.00
1011805	1205660	38245	OAI C5247 A P	COMPLIANCE SPECIALIST 2	25	PF	0	10	6,982	0	0	0	0	0.00
1011807	1205680	40595	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	8	10,242	0	0	0	0	0.00
1011808	1205690	39462	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
1011809	1205700	35188	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1011810	1205710	46186	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1011811	1205720	42196	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
1011812	1205730	31430	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1011813	1205740	38652	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
1011814	1204690	53924	OAI C6271 A P	DIETITIAN 2	26	PF	0	10	7,327	0	0	0	0	0.00
1011815	1204700	66602	OAI C6271 A P	DIETITIAN 2	26	PF	0	3	5,256	0	0	0	0	0.00
1011816	1204720	66603	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1011817	1204710	34407	OAI C6520 A P	ACTIVITIES COORDINATOR	19	PF	0	10	5,256	0	0	0	0	0.00
1011818	1204730	34452	OAI C6520 A P	ACTIVITIES COORDINATOR	19	PF	0	3	3,790	0	0	0	0	0.00
1011819	1204740	47189	OAI C6520 A P	ACTIVITIES COORDINATOR	19	PF	0	7	4,555	0	0	0	0	0.00
1011822	1204770	28241	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	3	6,051	0	0	0	0	0.00
1011823	1204780	57628	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
1011824	1204790	51860	OAI C6520 A P	ACTIVITIES COORDINATOR	19	PF	0	10	5,256	0	0	0	0	0.00
1011826	1204810	34184	OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	0	10	7,678	0	0	0	0	0.00
1011827	1204820	38096	OAI C6648 A P	VOCATIONAL REHABILITATION SPE	26	PF	0	9	6,982	0	0	0	0	0.00
1011829	1204840	30535	OAI C6811 A P	LABORATORY TECHNICIAN 2	17	PF	0	10	4,776	0	0	0	0	0.00
1011833	1204880	44258	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	8	3,629	0	0	0	0	0.00
1011834	1204890	53430	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	8	3,629	0	0	0	0	0.00
1011835	1204900	42253	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	6	3,335	0	0	0	0	0.00
1011836	1204910	40311	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	4	3,088	0	0	0	0	0.00
1011837	1204920	66604	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	8	3,629	0	0	0	0	0.00
1011838	1204930	38778	OAI C9117 A P	COOK	17	PF	0	9	4,555	0	0	0	0	0.00
1011839	1204940	58184	OAI C9117 A P	COOK	17	PF	0	8	4,356	0	0	0	0	0.00
1011840	1204950	38666	OAI C9117 A P	COOK	17	PF	0	10	4,776	0	0	0	0	0.00
1011841	1204960	38326	OAI C9201 A P	SEAMSTER	15	PF	0	10	4,356	0	0	0	0	0.00
1011842	1204970	38781	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1011843	1204980	17806	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011844	1204990	44012	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011845	1205000	29310	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011846	1205010	38653	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	7	4,547	0	0	0	0	0.00
1011847	1205020	38780	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011848	1205030	38330	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011849	1205040	38488	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011850	1205050	38328	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	9	4,994	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1011851	1205060	43082	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	7	4,547	0	0	0	0	0.00
1011852	1205070	38494	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011853	1205080	57565	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	7	4,547	0	0	0	0	0.00
1011854	1205090	38499	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011855	1205100	21257	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011856	1205110	49903	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1011857	1205120	38498	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	8	4,766	0	0	0	0	0.00
1011858	1205130	38495	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	9	4,994	0	0	0	0	0.00
1011859	1205140	34143	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	7	4,547	0	0	0	0	0.00
1011860	1205150	38289	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011861	1205160	38282	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	9	4,994	0	0	0	0	0.00
1011862	1205170	37948	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011863	1205180	3494	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011864	1205190	28360	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011874	1205750	38787	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011875	1205760	34315	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011876	1205770	36639	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011877	1205780	34463	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011878	1205790	66607	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1011879	1205800	66608	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1011880	1205810	43929	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011881	1205820	43163	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1011882	1205830	38655	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1011883	1205840	66609	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1011884	1205850	36023	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1011885	1205860	36026	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011886	1205870	50813	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1011887	1205880	66610	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1011888	1205890	34317	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	2	3,959	0	0	0	0	0.00
1011889	1205900	35192	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011890	1205910	35191	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1011891	1205920	35190	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1011892	1205290	11144	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1011893	1205300	42803	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1011894	1205310	66605	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1011895	1205320	43170	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011896	1205330	50949	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1011897	1205340	47661	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011898	1205930	6192	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
1011900	1205950	23137	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
1011901	1205960	34972	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1011902	1205970	38791	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
1011903	1205980	37737	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1011904	1205990	43383	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1011905	1205390	35277	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1011906	1205400	34735	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
1011907	1205410	38003	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011909	1206000	57566	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1011910	1206010	52197	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
1011911	1206020	38128	OAI C4033 A P	FACILITY ENERGY TECHNICIAN 2	22	PF	0	10	6,051	0	0	0	0	0.00
1011912	1206030	38782	OAI C4003 A P	CARPENTER	22	PF	0	10	6,051	0	0	0	0	0.00
1011913	1206040	38287	OAI C1345 A P	SAFETY SPECIALIST 1	23	PF	0	8	5,771	0	0	0	0	0.00
1011919	1206100	15611	OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	0	10	7,678	0	0	0	0	0.00
1011920	1206110	55775	MMS X7155 A P	CONSTRUCTION AND FACILITY MA	31X	PF	0	9	9,264	0	0	0	0	0.00
1011923	1206140	36021	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011924	1206150	42805	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011926	1206170	38475	OAI C4012 A P	FACILITY MAINTENANCE SPECIALI	18	PF	0	10	5,019	0	0	0	0	0.00
1011928	1206190	66612	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	0	0	0	0	0.00
1011930	1206210	35187	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011931	1206220	66613	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1011934	1206250	7291	OAI C0860 A P	PROGRAM ANALYST 1	23	PF	0	7	5,503	0	0	0	0	0.00
1011935	1206260	38492	OAI C0871 A P	OPERATIONS & POLICY ANALYST 2	27	PF	0	10	7,678	0	0	0	0	0.00
1011936	1206270	39702	OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	0	8	6,982	0	0	0	0	0.00
1011937	1206280	34831	MMS X9119 A P	SUPERVISING COOK	18	PF	0	9	5,188	0	0	0	0	0.00
1011938	1206290	38938	OAI C4101 A P	CUSTODIAN	10	PF	0	8	3,215	0	0	0	0	0.00
1011939	1206300	46448	OAI C4101 A P	CUSTODIAN	10	PF	0	8	3,215	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1011940	1206310	43721	OAI C4101 A P	CUSTODIAN	10	PF	0	10	3,483	0	0	0	0	0.00
1011941	1206320	43715	OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	0	3	5,503	0	0	0	0	0.00
1011942	1206330	43161	OAI C1339 A P	TRAINING & DEVELOPMENT SPEC	27	PF	0	3	5,503	0	0	0	0	0.00
1011943	1206340	3628	OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	0	10	8,450	0	0	0	0	0.00
1011944	1206350	43261	OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	0	10	8,450	0	0	0	0	0.00
1011950	1206410	35431	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1011951	1206420	34000	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1011952	1206430	66614	OAI C6389 A P	PHARMACY CLERK & TECHNICIAN	17	PF	0	3	3,483	0	0	0	0	0.00
1011953	1206440	38690	OAI C6508 A P	OCCUPATIONAL THERAPIST	32	PF	0	7	8,450	0	0	0	0	0.00
1011954	1206450	38728	OAI C6508 A P	OCCUPATIONAL THERAPIST	32	PF	0	2	6,664	0	0	0	0	0.00
1011955	1206460	28969	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011956	1206470	29915	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011957	1206480	28367	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011958	1206490	66615	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
1011959	1206500	3270	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011960	1206510	66616	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1011961	1206520	72	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011967	1206580	31930	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	5	7,630	0	0	0	0	0.00
1011968	1206590	26181	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	0	3	7,630	0	0	0	0	0.00
1011969	1206600	66617	MMN X0873 A P	OPERATIONS & POLICY ANALYST	32	PF	0	3	7,630	0	0	0	0	0.00
1011970	1206610	66618	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	7	8,408	0	0	0	0	0.00
1011972	1206630	38522	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	3	6,930	0	0	0	0	0.00
1011973	1206640	46351	OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	0	3	6,051	0	0	0	0	0.00
1011974	1206650	43260	OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	0	10	8,450	0	0	0	0	0.00
1011975	1206660	52798	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	8	3,629	0	0	0	0	0.00
1011976	1206670	34136	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	9	3,790	0	0	0	0	0.00
1011977	1206680	25424	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	4	3,088	0	0	0	0	0.00
1011978	1206690	40155	OAI C9117 A P	COOK	17	PF	0	8	4,356	0	0	0	0	0.00
1011979	1206700	41542	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	10	23,623	0	0	0	0	0.00
1011980	1206710	27866	AMP U7517 A P	PHYSICIAN SPECIALIST	49	PF	0	4	17,640	0	0	0	0	0.00
1011981	1206720	34163	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1011982	1206730	35561	MMS X6241 A P	NURSE MANAGER	36	PF	0	7	11,253	0	0	0	0	0.00
1011983	1206740	23311	MMS X7125 A P	SOCIAL WORK MANAGER 1	31X	PF	0	5	7,630	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1011984	1206750	29138	MMS X7775 A P	SECURITY OPERATIONS MANAGEI	31X	PF	0	10	9,718	0	0	0	0	0.00
1011985	1206760	66619	MNSN Z7518 A P	SUPERVISING PHYSICIAN	50	PF	0	9	24,488	0	0	0	0	0.00
1011987	1206780	57989	OAI C0104 A P	OFFICE SPECIALIST 2	15	PF	0	10	4,356	0	0	0	0	0.00
1011988	1206790	35565	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1011990	1206810	25649	OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	0	10	8,450	0	0	0	0	0.00
1011991	1206820	34352	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1011992	1206830	29890	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011993	1206840	38413	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1011996	1206870	37686	OAI C6521 A P	REHABILITATION THERAPIST	24	PF	0	10	6,664	0	0	0	0	0.00
1012000	1206910	38789	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1012001	1206920	16507	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1012002	1206930	35656	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
1012003	1206940	43265	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1012004	1206950	20722	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012005	1206960	66620	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	6	5,251	0	0	0	0	0.00
1012006	1206970	66621	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012007	1206980	21968	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012008	1206990	12011	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012009	1207000	25525	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1012010	1207010	22365	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1012011	1207020	25678	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012012	1207030	30842	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
1012013	1207040	28400	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1012014	1207050	400	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1012015	1207060	30761	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1012016	1207070	42153	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1012019	1204450	66600	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	3	6,930	0	0	0	0	0.00
1012020	1204460	40599	OAI C6720 A P	PSYCHIATRIC SOCIAL WORKER	29	PF	0	3	6,051	0	0	0	0	0.00
1012021	1204470	38660	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	9	3,790	0	0	0	0	0.00
1012022	1204480	38662	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	10	3,964	0	0	0	0	0.00
1012023	1204490	38658	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	10	3,964	0	0	0	0	0.00
1012872	1231010	43609	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1012873	1231020	66808	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1012874	1231030	34279	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012875	1231040	34703	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012877	1231060	43610	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1012878	1231070	24632	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012879	1231080	38934	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1012880	1231090	28750	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012882	1231110	1244	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1012883	1231120	66809	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1012884	1231130	36815	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1012885	1231140	32731	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1012886	1231150	45197	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1012887	1231160	30742	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1012888	1231170	31502	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1012889	1231190	36282	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1012891	1231210	28600	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012892	1231220	38725	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1012893	1231230	26231	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012894	1231240	13352	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012895	1231250	20874	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1012898	1231280	34470	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012899	1231290	22222	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1012902	1231320	42916	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1012903	1231330	14385	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	6	8,519	0	0	0	0	0.00
1012904	1231340	38968	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1012906	1231360	55184	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
1012908	1231380	30416	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
1012909	1231390	56678	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	4	7,764	0	0	0	0	0.00
1012912	1231420	35903	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
1012913	1231430	9415	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
1012914	1231440	41786	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
1013990	1263850	42413	OAI C0108 A P	ADMINISTRATIVE SPECIALIST 2	20	PF	0	7	4,776	0	0	0	0	0.00
1013991	1263860	30708	OAI C5248 A P	COMPLIANCE SPECIALIST 3	29	PF	0	10	8,450	0	0	0	0	0.00
1013992	1263870	47881	OAI C9117 A P	COOK	17	PF	0	9	4,555	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1013993	1263900	352	OAI C4101 A P	CUSTODIAN	10	PF	0	7	3,088	0	0	0	0	0.00
1013994	1263910	36948	OAI C0119 A P	EXECUTIVE SUPPORT SPECIALIST	20	PF	0	10	5,503	0	0	0	0	0.00
1013996	1263940	3353	OAI C0119 A P	EXECUTIVE SUPPORT SPECIALIST	20	PF	0	9	5,256	0	0	0	0	0.00
1013997	1263950	29104	OAI C4033 A P	FACILITY ENERGY TECHNICIAN 2	22	PF	0	6	5,019	0	0	0	0	0.00
1013998	1263960	67069	OAI C4034 A P	FACILITY ENERGY TECHNICIAN 3	26	PF	0	9	6,982	0	0	0	0	0.00
1013999	1263970	55179	OAI C4012 A P	FACILITY MAINTENANCE SPECIALI	18	PF	0	8	4,555	0	0	0	0	0.00
1014000	1263980	39326	OAI C4012 A P	FACILITY MAINTENANCE SPECIALI	18	PF	0	10	5,019	0	0	0	0	0.00
1014001	1263990	52557	OAI C9102 A P	FOOD SERVICE WORKER	13	PF	0	4	3,088	0	0	0	0	0.00
1014003	1264010	35759	OAI C0860 A P	PROGRAM ANALYST 1	23	PF	0	10	6,350	0	0	0	0	0.00
1014004	1264020	45352	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
1014005	1264030	39066	OAI C6226 A P	STAFF DEVELOPMENT NURSE	26	PF	0	7	6,350	0	0	0	0	0.00
1014006	1264040	30503	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1014007	1264590	45185	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
1014008	1264600	38792	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
1014009	1264610	34353	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1014010	1264620	9569	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
1014011	1264630	67076	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	6	5,251	0	0	0	0	0.00
1014012	1264640	47664	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1014013	1264650	43716	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
1014014	1264660	32389	OAI C6226 A P	STAFF DEVELOPMENT NURSE	26	PF	0	7	6,350	0	0	0	0	0.00
1014015	1264670	49855	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1014016	1264680	43445	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1014017	1264690	30747	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1014018	1264700	38579	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1014019	1264710	26728	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1014020	1264720	44993	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
1014021	1264730	49164	OAI C6534 A P	BEHAVIORAL HEALTH SPECIALIST	27	PF	0	3	5,503	0	0	0	0	0.00
1014022	1264740	38246	OAI C6534 A P	BEHAVIORAL HEALTH SPECIALIST	27	PF	0	3	5,503	0	0	0	0	0.00
1014023	1264750	49856	OAI C6534 A P	BEHAVIORAL HEALTH SPECIALIST	27	PF	0	4	5,771	0	0	0	0	0.00
1014024	1264760	44186	OAI C6534 A P	BEHAVIORAL HEALTH SPECIALIST	27	PF	0	8	6,982	0	0	0	0	0.00
1014025	1264770	38747	OAI C6521 A P	REHABILITATION THERAPIST	24	PF	0	8	6,051	0	0	0	0	0.00
1014026	1264780	35026	MMS X6241 A P	NURSE MANAGER	36	PF	0	7	11,253	0	0	0	0	0.00
1014027	1264790	30360	OAI C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	0	10	6,350	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1014028	1264800	38431	OAI C5248 A P	COMPLIANCE SPECIALIST 3	29	PF	0	3	6,051	0	0	0	0	0.00
1014029	1265110	5656	MMN X0862 A P	PROGRAM ANALYST 3	29	PF	0	3	6,601	0	0	0	0	0.00
1014030	1264810	54423	MMN X0872 A P	OPERATIONS & POLICY ANALYST 3	30	PF	0	9	9,264	0	0	0	0	0.00
1014031	1265120	44184	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1014032	1265130	43719	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
1014033	1264820	33099	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	10	4,555	0	0	0	0	0.00
1014034	1265140	37098	MMS X7644 M P	Psychology Manager 2		PF	0	3	8,775	0	0	0	0	0.00
1014035	1264830	34938	MMS X7115 A P	Clinical Rehabilitation Manager 1		PF	0	8	8,831	0	0	0	0	0.00
1014036	1264840	51975	MMS X7296 A P	FOOD SERVICE SUPERVISOR 2	28X	PF	0	10	8,408	0	0	0	0	0.00
1014037	1265150	28513	MMS X7082 A P	BUSINESS OPERATIONS ADMINISTRATOR	38X	PF	0	3	9,718	0	0	0	0	0.00
1014038	1265160	29061	MESN Z7472 A P	Nursing Administrator 1		PF	0	10	13,661	0	0	0	0	0.00
1014039	1264850	38480	OAI C0861 A P	PROGRAM ANALYST 2	27	PF	0	10	7,678	0	0	0	0	0.00
1014040	1264860	43737	OAI C0323 A P	PUBLIC SERVICE REPRESENTATIVE	15	PF	0	6	3,629	0	0	0	0	0.00
1014041	1264870	57995	OAI C4101 A P	CUSTODIAN	10	PF	0	10	3,483	0	0	0	0	0.00
1014042	1264880	46876	OAI C0758 A P	SUPPLY SPECIALIST 1	14	PF	0	10	4,155	0	0	0	0	0.00
1014043	1264890	38318	OAI C4116 A P	LABORER/STUDENT WORKER	12	PF	0	7	3,335	0	0	0	0	0.00
1014044	1264910	56697	OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	0	10	4,776	0	0	0	0	0.00
1014045	1264900	67077	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHNICIAN	17	PF	0	2	3,604	0	0	0	0	0.00
1014046	1264920	27549	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHNICIAN	17	PF	0	10	5,231	0	0	0	0	0.00
1014047	1264930	45767	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	6	5,251	0	0	0	0	0.00
1014048	1264940	45827	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1014049	1264950	67078	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	10	4,766	0	0	0	0	0.00
1014050	1264960	34953	OAI C6609 A P	SOCIAL SERVICE ASSISTANT	17	PF	0	10	4,776	0	0	0	0	0.00
1014051	1264970	18408	OAI C6609 A P	SOCIAL SERVICE ASSISTANT	17	PF	0	10	4,776	0	0	0	0	0.00
1014052	1264980	38650	OAI C6609 A P	SOCIAL SERVICE ASSISTANT	17	PF	0	10	4,776	0	0	0	0	0.00
1014053	1264990	42251	OAI C0323 A P	PUBLIC SERVICE REPRESENTATIVE	15	PF	0	4	3,335	0	0	0	0	0.00
1014054	1265000	11786	OAI C0323 A P	PUBLIC SERVICE REPRESENTATIVE	15	PF	0	10	4,356	0	0	0	0	0.00
1014055	1265010	25708	OAI C0860 A P	PROGRAM ANALYST 1	23	PF	0	10	6,350	0	0	0	0	0.00
1014056	1265020	39397	OAI C0323 A P	PUBLIC SERVICE REPRESENTATIVE	15	PF	0	10	4,356	0	0	0	0	0.00
1014057	1265030	67079	OAI C0323 A P	PUBLIC SERVICE REPRESENTATIVE	15	PF	0	10	4,356	0	0	0	0	0.00
1014058	1265040	50950	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	7	4,148	0	0	0	0	0.00
1014060	1265060	67080	MMN X1346 A P	SAFETY SPECIALIST 2	27	PF	0	9	8,015	0	0	0	0	0.00
1014061	1265070	32884	MMS X7004 A P	PRINCIPAL EXECUTIVE/MANAGER	28X	PF	0	9	8,015	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1014062	1265080	44136	MMS X7776 A P	SECURITY OPERATIONS SUPERVI	28X	PF	0	10	8,408	0	0	0	0	0.00
1014063	1265090	67081	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	10	9,718	0	0	0	0	0.00
1014064	1265100	17152	OAI C6648 A P	VOCATIONAL REHABILITATION SPI	26	PF	0	9	6,982	0	0	0	0	0.00
1014498	1273100	7477	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
1014505	1273170	35906	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1014506	1273180	67174	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
1014507	1273190	67175	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	2	3,334	0	0	0	0	0.00
1020534	1395892	119275	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1020535	1395893	119276	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020536	1395894	119277	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020537	1395895	119278	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1020538	1395896	119279	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1020539	1395897	119280	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1020540	1395898	119281	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1020541	1395899	119282	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1020542	1395900	119283	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020543	1395901	119284	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
1020544	1395902	119285	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020545	1395903	119286	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020546	1395904	119287	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1020547	1395905	119288	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020548	1395906	119289	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
1020549	1395907	119290	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020550	1395908	119291	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1020551	1395909	119292	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
1020552	1395910	119293	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020553	1395911	119294	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
1020554	1395912	119295	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1020555	1395913	119296	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020556	1395914	119297	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1020557	1395915	119298	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
1020558	1395916	119300	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
1602301	129020	29602	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
1602302	129030	34214	MMS X6241 A P	NURSE MANAGER	36	PF	0	7	11,253	0	0	0	0	0.00
1605005	129100	5083	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
1605011	129160	28749	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
2150001	384320	18506	MMS X7004 A P	PRINCIPAL EXECUTIVE/MANAGER	28X	PF	0	10	8,408	0	0	0	0	0.00
2150002	383830	39468	OAI C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	0	5	6,051	0	0	0	0	0.00
2150003	384240	47202	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
2150004	384380	30375	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	4	7,274	0	0	0	0	0.00
2301002	153620	17080	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
2301003	153630	736	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
2301004	153640	34748	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
2301005	153650	38435	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	5	4,148	0	0	0	0	0.00
2301006	153660	13363	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
2301007	153670	15650	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
2301008	153680	1545	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
2301009	153690	29918	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
2301010	153700	28443	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
2301011	153710	29194	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
2301012	153720	62690	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	8	4,766	0	0	0	0	0.00
2301013	153730	6518	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
2301014	153740	32029	MMS X7776 A P	SECURITY OPERATIONS SUPERVI	28X	PF	0	7	7,274	0	0	0	0	0.00
2301015	153750	14129	MMS X7776 A P	SECURITY OPERATIONS SUPERVI	28X	PF	0	3	5,985	0	0	0	0	0.00
2301016	153760	37348	MMS X7776 A P	SECURITY OPERATIONS SUPERVI	28X	PF	0	10	8,408	0	0	0	0	0.00
2401043	154220	25156	MMS X6269 A P	CHIEF CLINICAL DIETICIAN	29	PF	0	8	8,408	0	0	0	0	0.00
2401045	154240	32353	MMS X9105 A P	SUPERVISING FOOD SERVICE WC	20	PF	0	9	5,700	0	0	0	0	0.00
2401046	154250	33411	MMS X7775 A P	SECURITY OPERATIONS MANAGEI	31X	PF	0	3	6,930	0	0	0	0	0.00
2501021	154540	10175	MMS X4046 A P	MAINTENANCE & OPERATIONS SU	27	PF	0	9	8,015	0	0	0	0	0.00
2502001	154680	20692	MMS X7155 A P	CONSTRUCTION AND FACILITY MA	31X	PF	0	10	9,718	0	0	0	0	0.00
2600230	122810	33435	MMS X7004 A P	PRINCIPAL EXECUTIVE/MANAGER	28X	PF	0	10	8,408	0	0	0	0	0.00
2601001	154770	29333	MMS X7008 A P	PRINCIPAL EXECUTIVE/MANAGER	33X	PF	0	10	10,720	0	0	0	0	0.00
2602003	154810	62696	MMS X7004 A P	PRINCIPAL EXECUTIVE/MANAGER	28X	PF	0	8	7,630	0	0	0	0	0.00
2602022	154980	36495	MMS X4046 A P	MAINTENANCE & OPERATIONS SU	27	PF	0	9	8,015	0	0	0	0	0.00
2603001	154990	2073	MMS X7785 A P	SHIPPING DISTRIBUTION AND WAI	31X	PF	0	7	8,408	0	0	0	0	0.00
2604009	155230	31781	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
3102001	155330	32736	MMS X7295 A P	FOOD SERVICE MANAGER 1	31X	PF	0	10	9,718	0	0	0	0	0.00
4301001	155380	24467	MMS X7083 A P	BUSINESS OPERATIONS MANAGER	35X	PF	0	9	11,253	0	0	0	0	0.00
4401001	155400	62701	MMS X7123 A P	SOCIAL WORK MANAGER 3	35X	PF	0	10	11,802	0	0	0	0	0.00
4601001	155440	38490	MMS X7764 A P	SCIENCE CHEMISTRY AND LABOR	33X	PF	0	10	10,720	0	0	0	0	0.00
4605001	155530	30646	MMS X7444 A P	Management Analysis Manager 2		PF	0	10	10,720	0	0	0	0	0.00
5101004	155590	29499	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5101005	155600	31886	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5101006	155610	32752	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5102001	155640	33451	OAI C6263 A P	PHARMACIST 2	41	PF	0	8	13,662	0	0	0	0	0.00
5201020	155850	22733	MMS X7125 A P	SOCIAL WORK MANAGER 1	31X	PF	0	10	9,718	0	0	0	0	0.00
5201021	155860	36631	MMS X7125 A P	SOCIAL WORK MANAGER 1	31X	PF	0	10	9,718	0	0	0	0	0.00
5203020	156240	3221	MMS X7125 A P	SOCIAL WORK MANAGER 1	31X	PF	0	9	9,264	0	0	0	0	0.00
5601002	156530	26652	MMS X7004 A P	PRINCIPAL EXECUTIVE/MANAGER	28X	PF	0	4	6,282	0	0	0	0	0.00
5601042	156610	29230	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	10	10,252	0	0	0	0	0.00
5601053	156670	51877	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	8	9,345	0	0	0	0	0.00
5601061	156710	39109	MMS X6209 A P	MENTAL HEALTH SUPERVISING REGISTERED NURSE	32	PF	0	9	10,203	0	0	0	0	0.00
5601062	156720	62705	MMN X0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	3	6,930	0	0	0	0	0.00
5601063	156730	1172	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	5	8,130	0	0	0	0	0.00
5601064	156740	37738	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
5601065	156750	33195	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
5601067	156770	56677	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	7	8,924	0	0	0	0	0.00
5601069	156790	5488	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
5601072	156820	48331	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
5601077	156860	29769	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
5601081	156900	45369	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	8	9,345	0	0	0	0	0.00
5601083	156920	13723	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	10	10,252	0	0	0	0	0.00
5601084	156930	27493	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
5601087	156960	56705	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	6	8,519	0	0	0	0	0.00
5601091	157000	30032	MMS X6241 A P	NURSE MANAGER	36	PF	0	8	11,802	0	0	0	0	0.00
5601094	157030	30512	AMH C6208 A P	MENTAL HEALTH REGISTERED NURSE	30	PF	0	10	10,252	0	0	0	0	0.00
5601095	157040	41612	MMS X6241 A P	NURSE MANAGER	36	PF	0	5	10,203	0	0	0	0	0.00
5601096	157050	62707	OAI C0860 A P	PROGRAM ANALYST 1	23	PF	0	6	5,256	0	0	0	0	0.00
5602101	157080	28662	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHNICIAN	15	PF	0	7	4,148	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
5602102	157090	20968	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5602105	157120	28473	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
5602108	157150	37446	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5602110	157170	40150	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
5602113	157200	10085	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5602116	157220	62709	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
5602119	157250	29799	MMS X7086 A P	BUSINESS OPERATIONS SUPERVI	28X	PF	0	10	8,408	0	0	0	0	0.00
5602121	157270	29544	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	5	4,547	0	0	0	0	0.00
5603008	157340	7902	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5603012	157380	30879	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
5603024	157470	35650	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
5604007	157520	26512	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5604010	157550	16460	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
5604013	157580	17149	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
5604018	157620	28341	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5604019	157630	28920	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
5604023	157660	33959	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
5605003	157680	42594	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
5605009	157740	45060	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5605010	157750	7566	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	4	4,758	0	0	0	0	0.00
5605014	157790	28957	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
5605015	157800	36763	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5605016	157810	27890	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	6	4,766	0	0	0	0	0.00
5605021	157840	9405	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
5605024	157860	20287	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
5606003	157880	33650	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
5606006	157910	16773	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	9	5,492	0	0	0	0	0.00
5606011	157960	25459	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
5606015	158000	19076	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
5606017	158020	45837	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	6	5,251	0	0	0	0	0.00
5606023	158060	30119	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
5607003	158080	47552	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
5607005	158100	52795	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
5607006	158110	62711	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
5607009	158140	62712	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
5607011	158160	62713	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
5607012	158170	15827	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5607015	158200	32550	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
5607018	158230	38865	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
5607019	158240	9175	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
5608006	158300	62714	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
5608007	158310	35185	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
5608008	158320	62715	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
5608009	158330	62716	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
5608010	158340	27392	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5608017	158410	3412	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5608022	158440	1079	MMS X7125 A P	SOCIAL WORK MANAGER 1	31X	PF	0	10	9,718	0	0	0	0	0.00
5610001	158650	44689	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
5610002	158660	51472	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
5610003	158670	62718	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5610004	158680	62719	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5610008	158720	22488	OAI C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	0	8	6,982	0	0	0	0	0.00
5610010	158740	62720	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
5610011	158750	49069	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
5611008	158930	53588	MMS X7116 A P	Clinical Rehabilitation Supervisor 2		PF	0	7	7,274	0	0	0	0	0.00
5612001	158960	52324	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
5612002	158970	25774	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
5612003	158980	51302	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
5612004	158990	48031	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	8	4,766	0	0	0	0	0.00
5612008	159030	62722	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
5612012	159070	11931	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	8	4,766	0	0	0	0	0.00
5612013	159080	18294	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	7	4,994	0	0	0	0	0.00
5613001	159160	29392	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
5613002	159170	31382	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	3	3,780	0	0	0	0	0.00
5613003	159180	15938	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
6102001	159290	2724	MMS X7085 A P	BUSINESS OPERATIONS MANAGEI	31X	PF	0	3	6,930	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
6102003	159310	21027	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
6102031	159560	30651	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	6	8,831	0	0	0	0	0.00
6103001	159590	27572	MMS X7145 A P	COMPLIANCE AND REGULATORY M	31X	PF	0	10	9,718	0	0	0	0	0.00
6103004	159620	52872	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	4	7,764	0	0	0	0	0.00
6103014	159720	36798	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
6104013	160010	7349	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
6104024	160110	41118	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
6701001	160170	22818	MMS X7643 M P	Psychology Manager 3		PF	0	10	13,572	0	0	0	0	0.00
6701016	160230	38097	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	9	10,740	0	0	0	0	0.00
6702030	160570	24158	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	3	4,148	0	0	0	0	0.00
6703000	160600	62723	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
6703003	160630	12260	OAI C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	0	10	6,350	0	0	0	0	0.00
6703004	160640	51447	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
6703006	160660	32363	MMS X9105 A P	SUPERVISING FOOD SERVICE WC	20	PF	0	8	5,432	0	0	0	0	0.00
6703008	160680	44887	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
6703010	160700	62724	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
6703015	160740	62725	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
6703017	160750	62726	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
6703019	160770	31780	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
6703021	160780	32653	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6703022	160790	54418	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
6703023	160800	52494	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6703027	160830	25609	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00
6703030	160840	37203	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
6703031	160850	62727	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
6703033	160870	62728	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6703035	160880	26076	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6703036	160890	6953	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
6704000	160900	29866	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
6704003	160930	45054	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6704004	160940	15649	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6704005	160950	62729	OAI C0871 A P	OPERATIONS & POLICY ANALYST	27	PF	0	10	7,678	0	0	0	0	0.00
6704006	160960	26387	MMS X7086 A P	BUSINESS OPERATIONS SUPERVI	28X	PF	0	10	8,408	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
6704007	160970	31579	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
6704008	160980	38238	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
6704011	161010	36746	OAI C0871 A P	OPERATIONS & POLICY ANALYST ;	27	PF	0	9	7,327	0	0	0	0	0.00
6704012	161020	26097	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6704013	161030	43791	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6704014	161040	62730	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
6704015	161050	62731	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	5	3,780	0	0	0	0	0.00
6704017	161070	62732	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6704018	161080	18403	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6704026	161130	62733	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	6	5,251	0	0	0	0	0.00
6704027	161140	26713	OAI C0871 A P	OPERATIONS & POLICY ANALYST ;	27	PF	0	6	6,350	0	0	0	0	0.00
6704029	161150	35184	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
6704030	161160	62734	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
6704050	161170	27167	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6704051	161180	15394	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6705003	161210	19308	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	4	3,604	0	0	0	0	0.00
6705006	161240	62736	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
6705007	161250	62737	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
6705008	161260	5566	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
6705009	161270	19527	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	9	6,009	0	0	0	0	0.00
6705013	161310	62738	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
6705014	161320	28834	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
6705016	161340	41164	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
6705017	161350	42155	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
6705018	161360	30058	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6705019	161370	62739	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6705020	161380	30362	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6705027	161410	9977	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6705028	161420	19857	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6705029	161430	30937	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
6705030	161440	62740	MMS X6241 A P	NURSE MANAGER	36	PF	0	3	9,264	0	0	0	0	0.00
6705031	161450	20303	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
6705033	161470	12130	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
6706002	161490	31782	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6706003	161500	88	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6706004	161510	34976	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6706007	161540	46895	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
6706008	161550	35021	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
6706011	161580	11536	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
6706014	161600	43832	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	6	5,251	0	0	0	0	0.00
6706015	161610	62741	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	4	4,758	0	0	0	0	0.00
6706016	161620	13441	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	6	5,251	0	0	0	0	0.00
6706017	161630	43071	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
6706018	161640	6777	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6706025	161660	29022	MMS X6241 A P	NURSE MANAGER	36	PF	0	9	12,394	0	0	0	0	0.00
6706033	161710	18960	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
6706035	161730	62742	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	3	6,051	0	0	0	0	0.00
6706038	161750	57170	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
6706040	161770	28780	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6706041	161780	37879	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
6706042	161790	11138	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
6707003	161820	29241	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00
6708001	161850	48867	MMS X6524 A P	REHABILITATION THERAPY PROG	30	PF	0	9	9,264	0	0	0	0	0.00
6801001	162030	51908	AMH C6255 A P	NURSE PRACTITIONER	33	PF	0	10	11,709	0	0	0	0	0.00
6801003	162050	30650	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
8991024	162780	14781	MMS X9105 A P	SUPERVISING FOOD SERVICE WC	20	PF	0	9	5,700	0	0	0	0	0.00
8991048	162870	35864	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
8991049	162880	29243	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
8991090	162970	30609	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
8991098	163050	42660	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
8991099	163060	43160	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
8991100	163070	43393	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
8991101	163080	14393	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	8	5,732	0	0	0	0	0.00
9060010	129340	24473	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9060013	129370	35652	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	5	4,982	0	0	0	0	0.00
9060015	129390	38656	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	10	6,298	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
9060016	129400	62680	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
9060018	129420	42882	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
9060224	129470	33837	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9061220	517540	37232	OAI C6263 A P	PHARMACIST 2	41	PF	0	3	10,740	0	0	0	0	0.00
9061320	129580	7433	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	10	4,555	0	0	0	0	0.00
9061321	129590	3510	OAI C6389 A P	PHARMACY CLERK & TECHNICIAN	17	PF	0	10	4,776	0	0	0	0	0.00
9405777	185960	14048	OAI C0872 A P	OPERATIONS & POLICY ANALYST	30	PF	0	6	7,327	0	0	0	0	0.00
9799001	700660	9487	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	9	10,203	0	0	0	0	0.00
9799010	700770	18822	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9799011	700780	26132	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9799012	700800	27726	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	8	9,345	0	0	0	0	0.00
9799015	700840	50735	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	8	9,345	0	0	0	0	0.00
9799024	700990	43665	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
9799025	701010	28047	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799026	701030	28663	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799027	701050	42701	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
9799029	701090	34737	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
9799031	701120	19858	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
9799032	701140	65148	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
9799033	701150	30516	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799034	701170	20149	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799036	701220	30898	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799037	701240	34975	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799038	701270	32900	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799039	701280	31575	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799040	701300	38586	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	7	4,148	0	0	0	0	0.00
9799041	701320	11989	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799042	701340	26822	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799043	701360	31577	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799044	701380	19528	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799046	701410	23944	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
9799047	701430	65149	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
9799049	701470	4	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

Oregon State Hospital

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
9799051	701500	25059	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799054	701560	32017	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799057	700820	30518	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799126	729870	45294	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
9799153	727660	52185	OAI C6521 A P	REHABILITATION THERAPIST	24	PF	0	9	6,350	0	0	0	0	0.00
9799154	727670	52400	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
9799156	727690	37575	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
9799157	727700	43738	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	8	9,345	0	0	0	0	0.00
9799158	727710	24139	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
9799159	727720	57169	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
9799160	727730	34747	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9799161	727740	53456	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	6	8,519	0	0	0	0	0.00
9799162	727750	55756	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
9799164	727770	51373	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
9799165	727780	30415	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	7	8,924	0	0	0	0	0.00
9799167	727800	65215	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	6	3,959	0	0	0	0	0.00
9799170	727830	46572	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9799171	727840	28651	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
9799173	727860	54112	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9799175	727880	33914	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799176	727890	31591	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	7	5,493	0	0	0	0	0.00
9799177	727900	44031	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	3	3,477	0	0	0	0	0.00
9799178	727910	25154	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799179	727920	34973	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
9799184	727970	23331	OAI C0870 A P	OPERATIONS & POLICY ANALYST	23	PF	0	7	5,503	0	0	0	0	0.00
9799189	728020	45477	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
9799199	728120	39069	OAI C4101 A P	CUSTODIAN	10	PF	0	9	3,335	0	0	0	0	0.00
9799202	728150	21586	OAI C6388 A P	PHARMACY CLERK & TECHNICIAN	16	PF	0	10	4,555	0	0	0	0	0.00
9799209	793980	28961	MMS X7006 A P	PRINCIPAL EXECUTIVE/MANAGER	31X	PF	0	10	9,718	0	0	0	0	0.00
9799211	794000	25612	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	5	8,870	0	0	0	0	0.00
9799213	794020	65387	MMS X7085 A P	BUSINESS OPERATIONS MANAGEI	31X	PF	0	2	6,601	0	0	0	0	0.00
9799215	794040	37264	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	6	6,982	0	0	0	0	0.00
9799217	794060	27510	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-0000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
9799218	794070	18081	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9799220	794090	30306	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9799223	794120	30158	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799226	794150	38578	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799227	794160	36814	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
9799229	794180	65389	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
9799230	794190	26964	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799231	794200	13942	OAI C6135 A P	LICENSED PRACTICAL NURSE	22S	PF	0	3	4,558	0	0	0	0	0.00
9799232	794210	22399	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	10	4,766	0	0	0	0	0.00
9799236	794250	27504	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	9	4,547	0	0	0	0	0.00
9799238	794270	14991	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
9799239	794280	6313	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	8	5,231	0	0	0	0	0.00
9799240	794290	6840	OXNI C6712 A P	MENTAL HEALTH THERAPIST 2	19	PF	0	10	5,754	0	0	0	0	0.00
9900091	129680	38035	OAI C0107 A P	ADMINISTRATIVE SPECIALIST 1	17	PF	0	3	3,483	0	0	0	0	0.00
9901009	760440	38732	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	7	4,547	0	0	0	0	0.00
9901010	760450	36305	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
9901011	760460	21977	OXNI C6708 A P	MENTAL HEALTH SECURITY TECHI	17	PF	0	10	5,231	0	0	0	0	0.00
9901015	760500	6907	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9901018	760530	49473	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	5	8,130	0	0	0	0	0.00
9901021	760560	19458	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9901027	760620	29064	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9901028	760630	45449	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
9901030	760650	45371	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9901033	858750	10233	MMS X4046 A P	MAINTENANCE & OPERATIONS SU	27	PF	0	9	8,015	0	0	0	0	0.00
9901035	858770	10117	MMS X6209 A P	MENTAL HEALTH SUPERVISING RE	32	PF	0	3	7,630	0	0	0	0	0.00
9960206	129880	13378	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	9	9,789	0	0	0	0	0.00
9960207	129890	62681	OXNI C6710 A P	MENTAL HEALTH THERAPY TECHN	15	PF	0	8	4,337	0	0	0	0	0.00
9960208	129900	47560	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	8	9,345	0	0	0	0	0.00
9960224	129970	44992	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00
9960614	130050	51475	OAI C6508 A P	OCCUPATIONAL THERAPIST	32	PF	0	3	6,982	0	0	0	0	0.00
9971451	130120	47030	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
9999002	612570	33409	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00
9999003	612560	25608	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	10	11,267	0	0	0	0	0.00

2023-25 Biennium

Cross Reference Number: 44300-030-06-00-00000

Current Service Level

Package Number: 50

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE	
9999004	612550	64909	OAI C6295 A P	CLINICAL PSYCHOLOGIST 2	35	PF	0	3	8,057	0	0	0	0	0.00	
9999011	612490	28728	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	8	7,678	0	0	0	0	0.00	
9999012	612480	25491	OAI C6535 A P	BEHAVIORAL HEALTH SPECIALIST	29	PF	0	9	8,057	0	0	0	0	0.00	
9999018	631370	13585	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	10	10,252	0	0	0	0	0.00	
9999020	631390	4993	AMH C6208 A P	MENTAL HEALTH REGISTERED NU	30	PF	0	8	9,345	0	0	0	0	0.00	
General Funds											0	0	0		
Lottery Funds											0	0	0		
Other Funds											0	0	0		
Federal Funds											0	0	0		
Total Funds											0	0	0	0	0.00

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300
Cross Reference Number: 44300-030-06-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	18,513	-	-	-	-	-
Non-business Lic. and Fees	8,926	-	-	-	-	-
Admin and Service Charges	8,510	271,517	271,517	271,517	-	-
Care of State Wards	21,742,626	2,369,042	2,369,042	2,369,042	-	-
Rents and Royalties	152,400	-	-	-	-	-
Sales Income	1,558,086	2,559,387	2,559,387	2,559,387	-	-
Other Revenues	643,781	33,126,070	33,564,211	34,109,692	-	-
Transfer In - Intrafund	753,070	785,452	785,452	818,441	-	-
Transfer from General Fund	-	785,452	785,452	818,441	-	-
Tsfr From Administrative Svcs	9,883,852	302,283,800	302,283,800	-	-	-
Tsfr From Military Dept, Or	576,999	-	-	-	-	-
Transfer Out - Intrafund	-	(785,452)	(785,452)	(818,441)	-	-
Transfer to Other	(525,019)	-	-	-	-	-
Total Other Funds	\$34,821,744	\$341,395,268	\$341,833,409	\$40,128,079	-	-
Federal Funds						
Federal Funds	26,845,663	28,392,879	30,728,961	31,303,706	-	-
Total Federal Funds	\$26,845,663	\$28,392,879	\$30,728,961	\$31,303,706	-	-

2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
401	No	Eliminating Health Inequities	The Oregon Health Authority and its Equity and Inclusion Division are leading the state's effort to accomplish the largest and most ambitious transformation in health care and health delivery in the nation. The equity work charged to and led by the OHA Equity and Inclusion Division has agency-wide, state and national scope and impact. Both OHA and especially the Equity and Inclusion Division, due to their standing in this work as best practice, national thought leaders are called upon, not only by the state-wide system and community, but multiple states and their health delivery agencies, as well as federal entities for technical assistance, guidance and consultation. While the Equity and Inclusion Division has led and will continue to lead this work, all divisions of the agency must be prepared and equipped to support equity and inclusion at every level of their work as well. It is critical to the success of this work that the agency hire additional subject matter expertise in the discipline of equity and inclusion and anti-racism.	\$ 20,469,154	\$ 1,227,863	\$ 8,588,093	\$ 30,285,110	92	70.17
402	No	OSH Specialized Treatment Services & Supports Program	As an important step towards achieving agency goals, OSH recognizes, supports, and promotes initiatives that contribute to the advancement of equity and inclusion by active collaboration with the Office of Equity and Inclusion in creating policies, processes, procedures and developing or implementing strategies that will advance agency mission, vision, values, and transformation goals. Transformational change and progress cannot be achieved with one FTE to support the largest workforce in OHA and the people that are cared for at OSH. This POP provides investment and redistribution of resources to build a successful and sustainable infrastructure necessary to advance efforts towards fulfilling the shared goal of health equity for all Oregonians.	\$ 8,076,367	\$ -	\$ -	\$ 8,076,367	49	27.43
403	No	REALD & SOGI Implementation: Getting to Data Justice	This policy package requests resources and funds to address requirements of House Bill 4212 and House Bill 3159 to better collect Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data from providers and insurers. REALD & SOGI data is OHA's best tool to assess how racism, disablism, lack of language access, sexism and heteronormative dominance impact individual and community health. It is also OHA's best tool to close the significant gaps in health inequities experienced by populations that remain invisible. The data also helps OHA evaluate effectiveness of patient and person-centered care. The current lack of quality REALD & SOGI data contributes to more expensive and less effective services, particularly for members of tribal communities, people of color, those with disabilities, and members of the LGBTQIA2S+ community. Solutions must be culturally appropriate and protect citizens' data privacy and security while providing flexibility. OHA can achieve the call to action by communities most impacted by health inequities and by legislation with sufficient resources, staffing, professional supports, and tools.	\$ 16,846,041	\$ 1,443,579	\$ 2,583,302	\$ 20,872,922	7	7.50
404	No	988 & Behavioral Health Crisis System: 988 Call Center and Crisis Stabilization Centers	The passage of House Bill 2417 in Oregon during the 2021 session directs Oregon Health Authority to implement, expand and enhance Oregon's 988 & Behavioral Health Crisis System (988 & BHCS) and declared a state of emergency for Oregon's struggling Behavioral Health Crisis System. Directive includes enhancement of existing services and expansion of the current system to provide a "no wrong door" approach to ensure individuals in crisis receive the appropriate level of care through three programs: a statewide 988 Call Center, expanding mobile crisis team outreach, creating Crisis Stabilization Centers (CSCs) within each county, and developing a seamless continuity of care through follow-up service referral and tracking. This request for funding is specific to (1) ensuring the sustainability and creating capacity necessary to continue to meet the federal standards for 988 Call Centers (2) the design and implementation of Crisis Stabilization Centers statewide.	\$ 268,839,588	\$ 28,939	\$ 71,268,053	\$ 340,136,580	6	4.50
203	No	Mainframe Migration /Provider & Client Payments	Everyone in Oregon deserves uninterrupted access to needed supports and to the income they earn at work. More than one million Oregonians count on the state's current mainframe platform to receive their benefit and provider payments. The COBOL programming code on the mainframe system dates to the 1970s and is increasingly unsupported. Mainframe-proficient staff are shrinking in number and hard to replace, resulting in a variety of service and payment bottlenecks. If these problems are not resolved, there is increasing risk that the agency will be unable to make timely payments to Oregonians, potentially for an extended period. Oregon Department of Human Services and the Oregon Health Authority are therefore jointly requesting the resources necessary to upgrade our mainframe platform and ensure continuity of payments and benefits for the people we serve. It is critical that we migrate all current mainframe functions to more modern, ideally cloud-based solutions. Doing so will help avoid the risk of service breakdowns caused by old software, bring ODHS and OHA technology into alignment with peer agencies, improve flow across interfacing information systems, and allow Oregon to achieve full benefit from its investments in the ONE eligibility system. This investment proposes a strategy to plan for and implement a new payment system, move all remaining benefits currently determined on the mainframe to the ONE system, and develop a plan to decommission or archive remaining mainframe programs and data.	\$ 6,749,495	\$ 5,128,468	\$ 2,603,053	\$ 14,481,016	21	14.50
406	No	Public Health Modernization	Since 2013, Oregon has been on a path to fundamentally shift its practice to ensure essential public health protections are in place for all Oregonians through equitable, outcomes-driven and accountable services. The groundwork laid through initial investments in public health modernization have been critical to Oregon's management of the COVID-19 pandemic. However, the COVID-19 response has highlighted continued inequities in health outcomes and gaps in the public health system, specifically in health equity and cultural responsiveness and apply equity principles across all areas of public health practice. This POP supports continued implementation of the key public health priorities selected by the Oregon Public Health Advisory Board (PHAB) for the 2023-25 biennium and builds on this work by making comprehensive investments across the public health system and elevating work that directly mitigates health inequities. Not funding this POP puts at risk OHA's ability to ensure basic public health protections included in statute are available to every person in Oregon and challenges OHA in continuing to meet the deliverables and timelines prescribed in House Bill 3100 (2015).	\$ 285,999,330	\$ 86,986	\$ (733,308)	\$ 285,353,008	98	73.50
201	LC 475	Medicaid Waiver Placeholder	This policy package would enable the Oregon Health Authority (OHA) to execute and implement the policy and program changes outlined in 1115 Medicaid demonstration waiver and approved by the Centers for Medicare & Medicaid Services (CMS).	\$ 397,000,000	\$ -	\$ 1,446,000,000	\$ 1,843,000,000	-	-
202	No	Redeterminations & Basic Health Program	Procure system improvements for the 100 percent FMAP Tribal Savings and Reinvestment Program, which OHA has operated at the request of Oregon's Federally-recognized Tribes since 2018.	\$ 268,269,931	\$ 87,805	\$ 1,102,652,495	\$ 1,371,010,231	34	30.46
409	No	Healthier Together Oregon	OHA is leading transformation within the health system. Research shows the majority of what leads to optimal health occurs outside clinic walls. Given the influence of the social and environmental conditions outside of the health system, OHA will fall short of its 2030 goal to eliminate health inequities in Oregon without equally transformative work in the social determinants of health. This policy package supports implementation of Healthier Together Oregon (HTO) – the State Health Improvement Plan (SHIP). This POP resources OHA to partner across state agencies to better integrate policies and programs, resource community led solutions for eliminating health inequities and implement policy and system changes grounded in community wisdom. Not funding this policy package risks the state's ability to ensure health for all Oregonians, and risks exacerbating health inequities. It would maintain the status quo of fragmented policies and systems that result in short term solutions to the root causes of health inequities, hindering the elimination of health inequities, and at worst, causing further harm.	\$ 15,000,000	\$ -	\$ -	\$ 15,000,000	9	6.75
410	No	Regional Health Equity Coalition Program Expansion	In alignment with OHA's 2030 strategic goal to eliminate health inequities, this is the second phase of expansion for the legislatively mandated Regional Health Equity Coalition (RHEC) program to move toward statewide representation to address health inequities more meaningfully, especially for communities of color. This policy package requests funding for five new RHECs. This program provides necessary capacity and infrastructure building support for communities to identify the most pressing health equity issues in their region and create meaningful solutions at the policy, systems, and environment change level. The second phase of expansion requires sufficient staff capacity to support RHECs and internal operations related to the program.	\$ 2,098,305	\$ 40,801	\$ 75,772	\$ 2,214,878	3	2.25
411	No	OSH Sustainable Staffing	As directed within the Budget Note within HB 5024 (2021), the Oregon Health Authority was directed to "submit a financially and programmatically sustainable plan to the Emergency Board or Interim Joint Committee on Ways and Means that provides solutions for maintaining appropriate daily staffing levels to ensure the safety of both patients and staff [at the Oregon State Hospital]." HB 5202 (2022) granted a portion of that request, with this policy package requesting the remainder.	\$ 50,368,167	\$ -	\$ -	\$ 50,368,167	192	116.00
412	No	Fixing IT Security Risks & Vulnerabilities	The Information Security and Privacy Office (ISPO) supports both the Oregon Health Authority and Oregon Department of Human Services program and business resources and provide assurance in the protection of agency risk and the confidentiality of information to the communities whom we serve. OHA and ODHS remain responsible for the protection of their regulated data including the breadth, volume, scope, and associated governance, risk and compliance. Information and privacy standards are much greater than that of most other state agencies. Vendor supported systems also fall under agency responsibility. ODHS and OHA must invest in resources and tools to strengthen these essential areas, address Secretary of State audit gaps and mitigate privacy risks and vulnerabilities impacting both agencies.	\$ 3,908,627	\$ 2,946,033	\$ 1,745,284	\$ 8,599,944	10	8.15
413	No	Complex Case Management Unit	This POP would be used to develop and staff a specialized unit at the Oregon State Hospital to treat patients that are not responding to current treatment and require intensive services. Staff will be skilled in working with highly acute patients with a history of assaultive behaviors, self-harm, and other complex clinical and social needs. Initial and ongoing training will be provided to these staff using strategies that promote social learning and create a safe and inclusive milieu. This POP will help prevent patient and staff injuries and promote health equity by addressing the needs of our most acute patients.	\$ 8,404,371	\$ 1,535,000	\$ -	\$ 9,939,371	48	36.66
414	No	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	This POP is in response to strong community feedback that Oregon's longstanding waiver from federal Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) requirements is harmful and needs to end. EPSDT is a critical federal standard to ensure state Medicaid programs meet the health care needs of children ages 0-21. Additionally, we recognize that waiver is a barrier to meeting OHA's goal to eliminate health inequities by 2030. Effective 1/1/2023 this waiver is reversed. This POP funds the staff and system updates necessary for OHA to build an EPSDT program that will meet federal regulations and ensure children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services that EPSDT entitles them to and are necessary to meet our health equity goals.	\$ 1,054,648	\$ -	\$ 1,570,934	\$ 2,625,582	9	6.75
415	No	Adult Intensive Services & Diversion	This policy package would improve mental health services through the strategic funding of mental health diversion programs: jail diversion and civil commitment. These programs seek to decriminalize mental illness and work to move these individuals into appropriate treatment settings for more equitable outcomes. Jail diversion and civil commitment center health equity for people who live in rural or frontier areas and people of color. Without these services individuals may otherwise enter the justice system which would result in continued growth of the Oregon State Hospital census and disproportionately cause negative health outcomes for these populations.	\$ 4,936,539	\$ 8,631	\$ 1,551,419	\$ 6,496,589	7	5.25

2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
416	LC 471	Marketplace Transition from SBM-FP to SBM	This policy package furthers OHA's mission of improving access to quality, affordable health care for Oregonians and its goal to eliminate health inequities by 2030. This package funds the initial stage of Oregon's transition away from the federally facilitated marketplace (FFM) to a state-based eligibility and enrollment platform and call center for operation and administration of Oregon's health insurance exchange. Oregon is seeking a platform that: <ul style="list-style-type: none"> •Interfaces with Oregon's Medicaid systems to keep people covered during transitions and address churn. •Improves the qualified health plan (QHP) shopping and customer service experience for Oregonians. •Implements input from Oregon's various and diverse communities into technology and call center implementation. •Collects, analyzes, and stores enrollment data, including REALD/SOGI data to improve access to affordable coverage for oppressed communities. 	\$ -	\$ 2,059,864	\$ -	\$ 2,059,864	4	3.25
417	No	Environmental Justice Mapping	HB 4077(2022) was Governor Brown's bill to reinvigorate the Environmental Justice Task Force as the Environmental Justice Council (EJC) with expanded membership and duties, and to direct DEQ and OHA to staff the EJC in developing an Environmental Justice Mapping Tool. OHA's fiscal impact statement identified the need for a high-level limited duration 1.0 FTE Research Analyst 4 for this work for 2 years, and then rely on staff of an existing CDC grant-funded program for ongoing informatics support to update data and maintain the tool. However, in June 2022 CDC notified OHA of a 25% cut to the Environmental Public Health Tracking cooperative agreement for the 2022-2027 period, eliminating the position that would have taken over the work from the LD position. OHA is therefore now requesting a permanent 1.0 RA4 to develop and then maintain the Environmental Justice Mapping Tool.	\$ 191,854	\$ -	\$ -	\$ 191,854	1	0.75
418	No	Integrated Care Modeling - Project Nurture Expansion	In the past 20 years, the United States has seen a fourfold increase in the prevalence of maternal substance use disorders during pregnancy. Substance use during pregnancy is associated with adverse maternal and infant health outcomes. A coalition of maternity care providers, substance use treatment agencies, state social service agencies, and Medicaid funding partners in Oregon tested a care model called Project Nurture in three clinics in the Portland area in 2015. A peer-reviewed study found Project Nurture to be associated with reductions in child maltreatment and placement of children in foster care and increases in prenatal visits. Preliminary data from an independent evaluator suggest that Project Nurture may reduce preterm births, reduce intensive neonatal care, and increase engagement in substance use disorder treatment. The POP seeks to expand this statewide.	\$ 10,385,839	\$ -	\$ 385,839	\$ 10,771,678	4	3.00
419	No	MMIS Infrastructure Replacement	Support continued availability of the mission critical Medicaid Management Information System (MMIS) that processes over \$8 billion annually in capitation payments to CCOs and supports the services for over 1.4 million Oregonians. The majority of this request focuses on replacement of end-of-life servers.	\$ 1,387,180	\$ -	\$ 9,936,540	\$ 11,323,720	-	-
420	No	Pandemic Response Information System	This POP will fund the planning and phased development of a robust data system for collection, safe storage, data exchange, and use of data collected over the course of a reportable disease investigation so that Oregon has an appropriately robust, flexible, and scalable system to meet the needs of all people in Oregon, particularly our most vulnerable populations during normal operations and during pandemic and other surge situations. During the 23-25 biennium, OHA will continue to improve and support existing case investigation, outbreak investigation, and contact tracing systems to meet current and emerging requirements. OHA will actively partner with community to plan this effort to develop a comprehensive roadmap for a modernized, interoperable pandemic response information system.	\$ 10,808,044	\$ 8,026,541	\$ -	\$ 18,834,585	26	26.00
421	LC 499	Fee For Service Transformation	More than 100,000 people eligible for Oregon Health Plan (OHP) receive their health care through Fee-For-Service (FFS) rather than Coordinated Care Organizations (CCOs). Many on FFS have complex behavioral and physical health needs and are disproportionately experiencing health inequities. FFS is not resourced to provide person-centered care and coordination to meet the unique needs of the people it serves. FFS does not have systemic standards and metrics for accountability and outcomes, flexible funding, or localized knowledge of support networks and partners to address wider supports and social determinants of health. This policy option package funds a transformation in FFS to create a statewide, person-centered system of care that will reduce health inequities. It keeps the current advantages of FFS while adding innovative elements and creating a full system to better serve its members.	\$ 2,996,295	\$ 25,727	\$ 4,363,250	\$ 7,385,272	25	19.00
422	No	Regional Resource Hospitals for Disaster Response	In local or statewide emergencies where the statewide healthcare system is stressed to capacity, hospitals and Emergency Medical Services (EMS) have limited ability to efficiently coordinate patient distribution beyond normal operations or normal seasonal hospital surges. With temporary federal grant funds, OHA and partners built upon existing Health Care Coalitions and established Regional Resource Hospital systems and collaborated to develop situational communication, patient distribution and resource sharing capacity. OHA also worked with the Oregon Medical Coordination Center to ensure appropriate care no matter where you live in Oregon. These efforts support better and equitable access to all levels of hospital care during major health system surges. Oregon needs a sustained and robust operational system of communication and clinical coordination for current and future emergencies and disasters that isn't dependent on temporary federal COVID-19 related grant funding.	\$ 3,005,068	\$ -	\$ -	\$ 3,005,068	1	0.75
423	LC 496	100% FMAP Tribal Savings and Reinvestment Program	Procure system improvements for the 100 percent FMAP Tribal Savings and Reinvestment Program, which OHA has operated at the request of Oregon's Federally-recognized Tribes since 2018.	\$ 118,602	\$ -	\$ 355,806	\$ 474,408	-	-
424	LC 438	Oral Health Workforce Dental Pilot Project Program	Oral health is essential to overall health. In Oregon oral health inequities exist for children, adolescents and adults based on race, ethnicity, geographic residence, household income, etc. The Oregon Health Authority (OHA) operates the Dental Pilot Project Program that accepts pilot projects that are designed to test various innovative oral health workforce models that eliminate health inequities and increase access to oral health care, but it is scheduled to sunset on January 2, 2025. This policy package and legislative concept would permanently preserve the OHA Dental Pilot Project Program. If improvements are not made to the oral health workforce, then OHA will fail to reach its 10-year strategic goal of eliminating health inequities in Oregon and too many people will continue to experience needless pain and suffering from cavities and oral diseases.	\$ 25,000	\$ -	\$ -	\$ 25,000	-	-
425	No	Universally offered Home Visiting	The policy package will continue to provide the resources required to implement and scale up the next phase of universally offered home visiting (UoHV) in Oregon with the early adopter communities and the next cohort. It also focuses on building out the community alignment, engagement, and health equity work of the initiative. If the UoHV Initiative is not funded, it would result in the inability to fully implement the program as statutorily mandated in ORS 433.301. This would undermine the goal of establishing a more cohesive and comprehensive home-visiting system that is evidence-based and connects every family with a newborn with local resources that are individualized, non-stigmatizing and meet them where they are with what they need. As the program would be implemented at the local level, there would be an impact of reduced capacity to adequately serve families during the biennium.	\$ 5,924,191	\$ -	\$ 156,129	\$ 6,080,320	5	3.75
426	No	Child and Family Behavioral Health Continuum of Care	This policy package seeks to address gaps identified by youth and families to strategically expand the continuum of services available to children, youth and families experiencing behavioral health challenges, using low barrier procurement processes centering communities of color and people with lived experience in the development and implementation of investment and infrastructure.	\$ 11,503,382	\$ 31,708	\$ 1,980,684	\$ 13,515,774	6	4.50
427	No	Medicaid Enterprise System Modularity	To mitigate health inequities and identify areas for targeting equitable healthcare delivery, changes to legacy Agency systems are needed. Lack of investment in infrastructure greatly increases the risk of catastrophic system failure. Even in the absence of system failure, the age of the current IT infrastructure inhibits or otherwise increases the cost to system changes that would benefit Medicaid recipients and recipients of other services provided by ODHS and OHA. To address these concerns, OHA is planning transition from the current monolithic Medicaid Management Information System (MMIS) to a modular system to support more equitable service delivery, beyond providing the basic requirements expected through Centers for Medicare & Medicaid Services (CMS) and Oregon policy requirements. Transforming health care services includes modernizing the entire Medicaid Enterprise System that includes systems that reside outside of MMIS boundaries as well. Foundational to this approach is the establishment of a centralized data environment, with interoperability allowing for connection to various modules that support the delivery of services to the Medicaid population.	\$ 496,549	\$ 1,325,387	\$ 4,468,878	\$ 6,290,814	11	9.29
428	No	PPE & Medical Supply Management	During the COVID-19 pandemic, OHA learned many lessons relevant to health security, preparedness, and response. One vital lesson learned is that Oregon needs to have a robust and operational stockpile and inventory management system for lifesaving PPE and medical supplies to effectively respond to major events such as pandemics, wildfires, and other disasters. This stockpile and management systems should always be operational to be effective for saving as many lives as possible in emergency response.	\$ 2,563,052	\$ -	\$ -	\$ 2,563,052	5	3.75
429	LC 502	988 & Behavioral Health Crisis System: Payer Parity for Behavioral Health Crisis Services	The passage of House Bill 2417 in Oregon during the 2021 session directs Oregon Health Authority to implement, expand and enhance Oregon's 988 & Behavioral Health Crisis System (988 & BHCS) and declared a state of emergency for Oregon's struggling Behavioral Health Crisis System. Directive includes enhancement of existing services and expansion of the current system to provide a "no wrong door" approach to ensure individuals in crisis receive the appropriate level of care through three programs: a statewide 988 Call Center, expanding mobile crisis team outreach, creating Crisis Stabilization Centers (CSCs) within each county, and developing a seamless continuity of care through follow-up service referral and tracking. This request for funding is specific to addressing payor parity for behavioral health crisis services by commercial payors. This is because even though Medicaid is the only payor that cover BH crisis services, these services are required to be accessible and be delivered to all Oregonians regardless of insurance type or status. Payor parity is essential for long term fiscal sustainability and attractive reimbursement for the workforce delivering these services.	\$ 191,854	\$ 1,927,355	\$ -	\$ 2,119,209	1	0.75
430	No	Support for the Health Care Market Oversight Program	Requests General Fund to support the Oregon Health Authority's (OHA) administration of the Health Care Market Oversight (HCMO) program in the 2023-25 biennium. Through the HCMO program, OHA reviews and approves health care consolidation in Oregon, ensuring that health care mergers and acquisitions support statewide goals related to cost, quality, access, and equity. Without this policy package to support the HCMO program, health care in Oregon could become more consolidated, resulting in higher prices without improved quality, and access issues, particularly for low-income communities, rural communities, and communities of color. This package requests funds for four full-time permanent positions and program expenses.	\$ 1,240,524	\$ -	\$ -	\$ 1,240,524	4	4.00
431	No	Staffing for the System of Care Advisory Council (SOCAC)	The System of Care Advisory Council requires additional staffing to fulfill their vision of a future where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities. This proposal adds two positions to enable the Council to attend to the needs of youth and families.	\$ 452,866	-	-	\$ 452,866	2	2.00

2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
432	No	Domestic Well Safety Program	This package would restore the previously federally-funded Domestic Well Safety Program (DWSP) by providing funding to permanently fill a vacant dedicated DWSP staff position. DWSP uses data collected under the state Domestic Well Testing Act to inform people in Oregon about the importance of testing drinking water from wells and provides guidance about how to improve poor water quality, leading to improved health outcomes. DWSP also conducts special projects, including the 2020 Wildfires-Impacted Domestic Well Testing project and the Lower Umatilla Basin Ground Water Management Area (LUBGWMA) project. This package funds public health interventions in LUBGWMA including outreach for domestic well screening and testing and where indicated, water treatment device installation and maintenance.	\$ 2,252,557	\$ -	\$ -	\$ 2,252,557	1	0.75
433	No	MMIS Staffing Capacity for Compliance Changes	The Oregon Health Authority (OHA) has identified a goal to eliminate health inequities by 2030. Central to the pursuit of this goal, OHA has identified two areas related to operations of the Medicaid Management Information System (MMIS) which, without increased staffing, will significantly prohibit the achievement of this goal: Transformed Medicaid Statistical Information System (TMSIS) data reporting and Medicaid Provider Portal security oversight and governance. Because the nature of the Medicaid program lends itself to a greater composition of historically underserved populations, gaps identified throughout these two areas are more likely to impact those communities and further inequities throughout Oregon.	\$ 194,336	\$ -	\$ 582,965	\$ 777,301	4	3.00
434	No	Marketplace Outreach & Operations	This policy package uses existing Marketplace funds to further OHA's goals of 98 percent coverage by 2024 and elimination of health inequities by 2030. Priority populations face significant barriers to accessing health care due to systemic racism, oppression, discrimination, and bias. Specialized and dedicated efforts are needed to mitigate historical and contemporary injustices and either build or rebuild trust to ensure people are connected to the resources they need. With current staffing and due to the increasing demand from the community, the Marketplace needs additional resources to expand outreach and education initiatives to the communities it serves, including those who are and have been underserved and marginalized. With additional staff, these communities will have access to the most effective assistance available to gain access to potentially free or very low-cost health care.	\$ -	\$ 526,331	\$ -	\$ 526,331	3	2.50
435	No	PEBB OEGB Benefits Management System Replacement	The current benefit management systems (BMS) used by the Oregon Educators Benefit Board (OEBB) and Public Employees' Benefit Board (PEBB) no longer support all current business needs since their respective introductions in 2008 and 2003. OEBB and PEBB are seeking to continue implementation of a replacement BMS to improved user experience and customer care. The new BMS will also facilitate the potential collection of REALD/SOGI data and provide a mobile app experience that have a better chance of members, including those in underserved communities, have better access to enroll in benefits, utilize benefit tools and wellness programs, and make informed benefit choices. Not prioritizing and supporting a replacement effort for the current system will result in the canceling of contract signed with new vendor, discontinued implementation efforts, and continued use of end-of-lifecycle technology that is fragmented, non-standard, difficult to support, and is not scalable. Approximately 300,000 covered lives would be at risk for benefits interruption if a replacement system is not identified and procured prior to the expiration of existing vendor support in 2022.	\$ -	\$ 6,631,605	\$ -	\$ 6,631,605	3	2.25
436	No	Alcohol and Drug Policy Commission - Oregon's Strategic Plan Implementation	Additional staff for ADPC to help implement Oregon's Strategic Plan.	\$ 453,897	\$ -	\$ -	\$ 453,897	2	1.76
437	No	Newborn Bloodspot Screening Program Fee Ratification	Oregon newborn bloodspot screening (NBS), which is statutorily mandated for the Oregon Health Authority (OHA), is conducted by the Northwest Regional Newborn Bloodspot Screening (NBS) Program at the Oregon State Public Health Laboratory (OSPHL). The requested fee increase will allow the NBS Program to eliminate the gap between revenue and expenses once sufficient fees are collected. Additionally, because of the evolving landscape for newborn screening, the fee increase will allow the program to be self-sufficient in future years and remain agile, with ability to respond to the needs of Oregon families and comply with federal law and guidelines.	\$ -	\$ 8,252,000	\$ -	\$ 8,252,000	2	1.50
438	No	Affordable Care Act (ACA) Employer Reporting	In 2014 employer required Affordable Care Act (ACA) reporting was delegated to PEBB to complete on behalf of the state of Oregon. This includes 1095C mailings and 1095B mailings to eligible employees, and the electronic 1094C, 1095C, and 1095B to the IRS. There was not a full understanding of ACA reporting at that time. The most complex part of ACA reporting is the data related to offers of coverage owned by HRIS systems. No funding or positions were allocated for this effort.	\$ -	\$ 853,068	\$ -	\$ 853,068	1	0.75
439	No	OSH Asset & Equipment Replacement	The Oregon State Hospital (OSH) Salem facility began construction in 2009, was completed in 2011, and is over 11 years old. The Junction City facility is now over 6 years old. As aging occurs, much of the expendable property and capital assets in operation have outlived or have soon expiring useful lives. Replacement of these items is necessary to provide a safe and secure environment for patients and staff, as well as maintain critical continuity of hospital operations.	\$ 2,861,000	\$ 3,045,000	\$ -	\$ 5,906,000	-	-
440	No	Oregon Environmental Laboratory Accreditation Program	The statutorily mandated Oregon Environmental Laboratory Accreditation Program (ORELAP) was established in 1999. ORELAP accredits Oregon drinking water, environmental, cannabis, and psilocybin laboratories based on consensus standards to ensure laboratories are following federal and state regulations. ORELAP is a fee-based program experiencing a budgetary shortfall. This policy package will support a fee increase and an update to the ORELAP fee structure for simplification and ensure that fees are appropriate for the work required to perform laboratory accreditations of differing and increasing complexity. A fee increase is needed to ensure ORELAP can provide timely quality accreditations that meet established standards and regulatory requirements to best serve ORELAP's clients and protect the health of all Oregonians.	\$ -	\$ 809,530	\$ -	\$ 809,530	-	-
441	No	Licensing of Temporary Staffing Agencies	Provides additional General Funds to implement Senate Bill 1549 (2022) which requires the Health Licensing Office authorize and regulate Temporary Staffing Agencies (TSAs). HLO revenue for each program is derived from authorization holders. Currently HLO has no way of knowing how many TSAs will apply for an authorization.	\$ 394,482	\$ -	\$ -	\$ 394,482	2	2.00
442	No	Children's Health Team	OHA requests general fund to establish a systems policy- and data-focused Children's Health team charge with identifying and addressing health inequities in childhood adolescence, especially those exacerbated by system inefficiencies and barriers. This work will be accomplished through partnership with existing programs and agencies and will inform strategic policy direction within the agency and state.	\$ 1,502,946	\$ 15,428	\$ 775,762	\$ 2,294,136	10	8.25
443	No	Data Governance	OHA lacks a cohesive plan to secure, protect, manage, govern and support data, and is thus faced with significant challenges stewarding data across hundreds of systems. This creates great risk for the agency and prevents OHA from creating an environment where high quality data is collected and shared in a transparent manner, in partnership with community. This proposal is critical to maturing the agency's data governance and ensuring pathways are established for shared leadership with community to determine how data is collected, analyzed and shared by OHA. Without this investment, OHA will fail to comply with recent legislation that establishes standards for collection of demographic data, and DAS policies that require state agencies to inventory and publish agency datasets and to establish a data governance plan.	\$ 1,314,048	\$ 1,151,168	\$ 3,942,053	\$ 6,407,269	10	7.50
444	No	Regional Infection Prevention and Control	Enhanced infection control capacity has been critical to decreasing lives lost in Oregon's vulnerable long term care communities. The purpose of this request is to maintain this capacity initiated by short term federal funds by creating a permanent Regional Infection Prevention & Control Program, comprised of highly-trained, regionally-placed Infection Preventionists and a supervising manager, to provide equitable access to infection control expertise and technical assistance across Oregon and all health care facility settings in every preparedness region, thus preventing the spread of disease for some of Oregon's most vulnerable people. If policy package is not funded, substantial progress in infection control practice improvements, particularly in vulnerable long-term care settings, will be lost and Oregon Health Authority will lose the ability to provide rapid, on-site technical assistance for health care facilities preparing for or responding to high-impact communicable diseases, including but not limited to COVID-19 and antibiotic-resistant bacteria.	\$ 1,301,141	\$ -	\$ -	\$ 1,301,141	6	4.50
445	No	Electronic Health Record Replacement Planning	The Oregon State Hospital's (OSH) current electronic health record (EHR) does not adequately support the clinical or business needs of the hospital. Since 2011, the current system has been in a continuous state of development, preventing OSH from fully eliminating the paper processes and tracking systems. OSH, as part of the state's strategy to eliminate health inequity, must integrate our EHR with community and regional health systems. Our current solution lacks the ability to share clinical information between OSH and other health systems. This lack of effective integration has adverse consequences for patient care when patients move between providers and treatment sites. Additionally, The Joint Commission explicitly cited the hospital in its 2021 survey due to the difficulty users have in finding necessary patient information in the current EHR. Again, this creates additional risk for adverse patient consequences. Finally, the system lacks a functional revenue cycle management element, which presents challenges for billing and reconciling claims and necessitates use of additional ancillary systems. This package requests funding to begin a multi-biennia process of replacing the current OSH EHR.	\$ 1,937,582	\$ -	\$ -	\$ 1,937,582	6	5.28
446	No	Youth and Adult Suicide Intervention & Prevention Plans	Suicide remains a persistent, pervasive, and yet largely preventable cause of death. Oregon's suicide rates remain above the national average. Every death by suicide in Oregon carries a substantial and long-lasting ripple effect into our communities. The important work to prevent youth suicide (ages 5-24) remains a top priority for OHA. Now through intensive community engagement, Oregon has developed a plan for reducing adult suicide. The work of this POP includes initiatives as broad as creating connection and meaningful experiences and as specific as training providers to treat suicidal ideation confidently and effectively. This POP has equity, cultural responsiveness, and community voice woven throughout.	\$ 22,115,940	\$ -	\$ -	\$ 22,115,940	4	3.00
447	No	Life Span Respite	This policy package is designed to provide respite care to ensure independence and decision making when there is a lack of natural supports or of primary paid caregivers. Additional paid caregiving supports are necessary for a short time frame when paid providers are unavailable or when the natural caregiver needs relief. This package also seeks to expand respite services for Rehabilitative and Behavior Rehabilitation Services within the Medicaid State Plan.	\$ 3,894,051	\$ -	\$ 3,811,472	\$ 7,705,523	2	1.50
448	No	Behavioral Health Metrics Incentive Fund	This funding request is to help the Behavioral Health Metrics Committee incentivize a robust metrics system. The Behavioral Health Metrics and Committee support team is currently being built and supporting the design of metrics by the Behavioral Health Committee which HSD would like to incentivize in the next biennium.	\$ 15,000,000	\$ -	\$ -	\$ 15,000,000	-	-
449	No	Oregon Psilocybin Services: Nation's First Regulatory Framework for Psilocybin	Provides additional General Fund for implementation of the Oregon Psilocybin Services Act, M109, by addressing any immediate shortfalls while license applications are being accepted, reviewed, and issued by OHA. Without the additional funding, the sustainability of the work would be jeopardized. OHA wouldn't have adequate resources to license and regulate entities seeking licensure in a timely manner. There would be insufficient staff to continue to implement the regulatory program, review license applications and conduct licensure inspections. Consequently, psilocybin businesses seeking licensure could experience financial hardship due to delays in obtaining licensure, an inability to provide services and to legally receive revenue. Additionally, community members seeking psilocybin services would not have the benefits of access to those services. As the first state in the nation to regulate psilocybin services, successful implementation in Oregon is critical to creating a safe, accessible program for Oregonians and model across the nation.	\$ 6,587,395	\$ -	\$ -	\$ 6,587,395	22	22.00

2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
450	No	Deferred Maintenance	The Salem campus of the Oregon State Hospital consists of 1.2 million square feet of buildings and interior court yards and 23 cottages with a Current Replacement Value (CRV) as reported to the Capital Advisory Board (CPAB) of \$386,588,411. This makes the Oregon State Hospital among the highest replacement value of any single facility owned by the State. The Junction City campus is 229,816 sq. ft. with a current CRV of \$140,646,437 The Pendleton Cottages facility consists of several older buildings with a total square footage of 23,700. The facility has a current replacement value of \$7,846,216 and is presenting considerable deferred maintenance due to the age of the campus. Funding the requested deferred maintenance requests would eliminate the current critical deferred maintenance needs for the Salem, Junction City and Pendleton campuses and maximize the lifespan of the state's investment and public trust.	\$ 11,996,000	\$ -	\$ -	\$ 11,996,000	-	-
451	No	Family Care Settlement	This POP meets OHA's requirements for meeting the agreed upon settlement costs between OHA and FamilyCare.	\$ 6,500,000	\$ -	\$ -	\$ 6,500,000	-	-
				\$ 1,487,616,238	\$ 47,214,817	\$ 2,668,664,475	\$ 4,203,495,530	758	557.20

Oregon Health Authority 2023-25 Policy Package

Division:	Health Policy & Analytics
Program:	Health Policy & Delivery System Innovation, Office of Health Analytics
Policy package title:	Health Care Market Oversight Program Shortfall
Policy package number:	070 (see corresponding policy package #430 – Health Care Market Oversight)
Related legislation:	ORS 415.500 et seq.

Summary statement:

This policy package #070 is required by the Department of Administrative Services to reduce positions and expenditures to revenues available at the current service level. The Health Care Market Oversight (HCMO) program has been covered by General Fund for the 2021-23 biennium. HCMO plans to implement program fees in the 2023-25 biennium but anticipates that fees will not cover all program expenses. Health Policy & Analytics is requesting General Fund dollars to continue this work in a corresponding policy package #430 – Health Care Market Oversight. Without the General Fund investment, OHA would reduce positions and lose capacity to operate the legislatively mandated HCMO program.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	(\$1,153,827)	\$0	\$0	(4)	(4.00)

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

This package #070 is required by the Department of Administrative Services (DAS) to reduce positions and expenditures to revenues available at the current service level. Health Policy & Analytics (HPA) requests General Fund to continue the program in a corresponding policy package #430.

Health Care Market Oversight (HCMO) is a legislatively mandated program (per ORS 415.500 et seq.) and a key strategy to achieve OHA's goals related to containing health care costs. In 2021, the Legislature passed House Bill 2362 to address health care consolidation in Oregon. This law directs OHA to review proposed transactions, such as mergers and acquisitions, that involve health care entities, including hospitals, health insurance companies, and provider groups. The program ensures that health care transactions in Oregon are transparent and support lower costs, increased equity and access, and better quality. Through the program, OHA also monitors, evaluates, and reports on the statewide impacts of health care consolidation. The HCMO program launched March 1, 2022.

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

This policy package #070 is required by DAS to reduce positions and expenditures to revenues available at the current service level. The HCMO program has been covered by General Fund for the 2021-23 biennium. HCMO plans to implement program fees in the 2023-25 biennium but has not yet obtained authorization to collect fees.

Oregon Health Authority: 2023-25 Policy Package

HPA requests General Fund to continue this work in a corresponding policy package #430. Without General Fund investment, OHA would reduce positions and lose capacity to operate the legislatively mandated HCMO program, including:

- Reducing staffing for existing permanent positions from 4.00 FTE to 0 FTE, removing all support for legislatively mandated program activities
- Eliminating funding for community and public engagement, and other program services and supports
- Eliminating funding for Department of Justice consultation on transaction reviews, creating legal risk for OHA

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

Please see policy package #430 – Health Care Market Oversight.

Quantifying results

4. What are the long-term desired outcomes?

Please see policy package #430 – Health Care Market Oversight.

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

Oregon Health Authority: 2023-25 Policy Package

5. How will OHA measure the impacts on health inequities of this policy package?

Please see policy package #430 – Health Care Market Oversight.

How achieved

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

Please see policy package #430 – Health Care Market Oversight.

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

Please see policy package 430 – Health Care Market Oversight.

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

No other agencies or programs are collaborating on this policy package.

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

No.

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

Please see policy package 430 – Health Care Market Oversight.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

OHA anticipates implementing program fees, but since OHA has not yet obtained authorization to collect fees, this policy package does not include estimated fee amounts. Any fees the program collects in the 2023-25 biennium will be used to offset General Fund budgeted to cover program expenses.

OHA plans to finalize the fee schedule after a formal rulemaking process and obtaining fee authorization. The proposed fee schedule includes flat fees for emergency and preliminary (30-day) reviews. There are tiered fees for comprehensive (180-day) reviews, based on the revenue of the second largest entity involved in a transaction. Based on the experiences of other states with similar programs, OHA anticipates that most transactions will not require a comprehensive review. (See proposed fee schedule below.)

Oregon Health Authority: 2023-25 Policy Package

Fee Name	Current Fee	Proposed 23-25 Fee
Emergency Review	0	\$2,000
Preliminary Review	0	\$2,000
Comprehensive Review - Revenue \$10M - \$50M	0	\$25,000
Comprehensive Review - Revenue \$50M - \$200M	0	\$80,000
Comprehensive Review - Revenue \$200M - \$500M	0	\$90,000
Comprehensive Review - Revenue >\$500M	0	\$100,000

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No new responsibilities.

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

Not applicable.

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

Please see policy package 430 – Health Care Market Oversight. Positions to be abolished include:

Position #	Classification	Position Type	Position Authority Status
1021275	Operations & Policy Analyst 4	Permanent	Existing
1021277	Economist 3	Permanent	Existing
1021278	Research Analyst 4	Permanent	Existing
1021276	Operations & Policy Analyst 3	Permanent	Existing

Oregon Health Authority: 2023-25 Policy Package

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

Not applicable.

17. What are the ongoing costs?

Not applicable. This policy package 070 is required by DAS to reduce positions and expenditures to revenues available at the current service level.

18. What are the potential savings?

Not applicable.

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

Reduction on Other Funds fee revenues.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services		(\$1,072,493)		(\$1,072,493)	(4)	(4.00)
Services & Supplies		(\$81,334)		(\$81,334)		
Capital Outlay						
Special Payments						
Other						
Total	\$0	(\$1,153,827)	\$0	(\$1,153,827)	(4)	(4.00)

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Health Policy & DSI	Office of Health Analytics			Total
General Fund	\$0	\$0			\$0
Other Funds	(\$860,724)	(\$293,103)			(\$1,153,827)
Federal Funds	\$0	\$0			\$0
Total Funds	(\$860,724)	(\$293,103)			(\$1,153,827)
Positions	(3)	(1)			(4)
FTE	(3.00)	(1.00)			(4.00)

Oregon Health Authority 2023-25 Policy Package

Division:	Central Services
Program:	Equity and Inclusion Division, External Relations, Human Resources, Strategic Action Team, Chief Financial Office
Policy package title:	Eliminating Health Inequities
Policy package number:	401
Related legislation:	None

Summary statement:

The Oregon Health Authority and its Equity and Inclusion Division are leading the state’s effort to accomplish the largest and most ambitious transformation in health care and health delivery in the nation. The equity work charged to and led by the OHA Equity and Inclusion Division has agency-wide, state and national scope and impact. All divisions of the agency must be prepared and equipped to support equity and inclusion at every level of their work as well. It is critical to the success of this work that the agency hire additional subject matter expertise in the discipline of equity and inclusion and anti-racism. The work requires practitioners with career and lived experience, well versed in the research, theory and practical application of equity and inclusion. This policy package represents the next phase of assets necessary to achieve the state’s and agency’s imperative for health systems transformation and close the gap on health inequities that prevent the opportunity for all people in Oregon to attain optimal health, per a gap analysis related to additional capacity necessary to achieve the strategic goal of eliminating health inequities in Oregon by 2030.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$20,469,154	\$1,227,863	\$8,588,093	\$30,285,110	92	70.17

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Oregon Health Authority (OHA) has worked to center health equity in all its work and programs and still has more to accomplish in this realm to meet the health goals for Oregon and the strategic goal of the agency to eliminate health inequities in Oregon by 2030. In reviewing current assets and work, looking toward the goal of the agency and state, members of the OHA Leadership Team and key personnel determined what more the agency requires after the Legislature’s most recent investment in the agency’s equity and inclusion work. This policy package represents the next phase of assets necessary to achieve Oregon’s and agency’s imperative for health systems transformation and close the gap on health inequities that prevent the opportunity for all people in Oregon to achieve optimal health as represented in the agency’s health equity definition:

“Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

The equitable distribution or redistribution of resources and power; and
Recognizing, reconciling, and rectifying historical and contemporary injustices.”

The following are the areas identified requiring additional resources:

Oregon Health Authority: 2023-25 Policy Package

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

This initiative seeks to bridge OHA's current work to maintain compliance — think of it as the floor of a home related to federal and state statutory and regulatory requirements (for example, ADA, WCAG 2.1, Rehab Act, Title VII, Affirmative Action, EEOC, ORS 659A) — with OHA's strategic goal to eliminate health inequities in Oregon by 2030 from a foundation of anti-racism — think of the home's structure from the floor to the ceiling. OHA seeks to not only have a safe floor for people to exist, it seeks a sound structure in which all people can flourish.

Currently, OHA's dedicated resources responsible for addressing potential civil rights, inclusion and access issues are maxed out due to the perfect storm of COVID-19, Medicaid expansion, and long-standing and current social and racial injustices and social turmoil. Now, more people need more support which requires more resources, like engineers, architects, masons, contractors, and building supplies to maintain the floor's structural integrity and prevent people from falling through. Here, the home is Oregon. Here the resources needed are trained equity and inclusion professionals who can respond to potential civil rights issues, train a workforce to practice equity and anti-racism in how they do their jobs, create processes and systems that are accessible, helpful, usable, and relevant to the people of Oregon, whomever they are, wherever they live, however they communicate and whatever they know. OHA needs more resources to maintain the floor. Importantly, OHA seeks to do more than maintain a floor. OHA seeks to eliminate health disparities in Oregon by 2030, creating a sound and healthy home for all people in Oregon.

Health Equity and Health Emergency Response

The OHA External Relations Division policy package request advances OHA's commitment to eliminating health inequities and advancing co-creation with community and individuals in Oregon through coordination and collaboration across each team. This includes:

Oregon Health Authority: 2023-25 Policy Package

- Division leadership
- The Government Relations team
- The Community Partner Outreach Program
- The OHA Ombuds Program
- The Innovator Agent team (budgeted in the Health Systems Division)
- The Communications team

Together these teams ensure engagement within OHA and externally with individuals and partners is rooted in equity and elevates the voices and experiences of those served by OHA in all programs, operations, and initiatives.

This includes a broad range of activities including ERD leading in the development of culturally and linguistically responsive community-centered and outreach and community engagement strategies, advocating with OHP members facing inequities, overseeing emergency response communications, integrating equity-centered feedback received across teams to agency decisions, and resources for research and paid media.

Health Equity Workforce Development and Support

This initiative is designed to create a training team and staff to support OHA employees in their professional development, career growth, and timely access to support. OHA currently has two Training & Development Specialist 2 positions to deliver in-person training, which is woefully inadequate to serve an organization of over 5,000 FTE. OHA's HR does not have staffing capacity to critically review classification and compensation policies and practices to address barriers to entry (such as minimum qualifications) and analyze and describe lived experience in the context of our current classification system. Additionally, there is inadequate project management resources within

Oregon Health Authority: 2023-25 Policy Package

HR to take on critical projects and initiatives to help ensure a diverse, viable, and vibrant workforce to serve Oregonians. OHA HR is moving out of compliance in meeting legal timeliness standards in the administration of much needed FMLA/OFLA¹ benefits to our staff. The Family Medical Leave Act and the Bureau of Labor and Industries (BOLI) require employers to respond to employees within five business days of request to determine that leave may for a qualifying purpose, given the number of inquiries and our current staffing levels OHA is out of compliance. This also causes additional stress to people who are facing difficult and life altering medical situations as they seek these benefits.

Strategic Action Team (SAT)

This initiative would fund positions as part of a Strategic Action Team, including project management and change management expertise, to create systems and processes that add capacity and enhance work on key initiatives across the agency that get us closer to our strategic goal to eliminate health inequities in Oregon by 2030. The team would amplify and support the work that has been led and is underway via the Equity and Inclusion Division, Tribal Affairs, the Community Partner Outreach Program, broadening the agencies capacity across all divisions to achieve our strategic goal, providing an array of operational supports and resources to strengthen OHA's ability to apply health equity and anti-racism principles and practices in our everyday work. The work of the Strategic Action Team would be informed and driven by communities that have experienced disproportionate health inequities and Oregon's nine federally recognized Tribes.

The Strategic Action Team would:

- Provide coaching and change management support to ensure it has been designed or adapted with health equity and anti-racism principles and practices at the forefront.

¹ The U.S. Family Medical Leave Act and the Oregon Family Leave Act.

Oregon Health Authority: 2023-25 Policy Package

- Assist with scoping, planning, mapping out and communicating an implementation plan that is centered in health equity and anti-racism.
- Ensure that initiatives follow OHA's Tribal Consultation and Urban Indian Program Confer Policy in coordination with OHA's Office of Tribal Affairs and divisional Tribal liaisons.
- Elevate and synthesize applicable best practices, policies, or processes for the program team that redistribute power and resources, centers community in achieving change, and disrupts white supremacy culture practices.
- Document and provide project metrics and a project dashboard or scorecard for a variety of views throughout the organization.
- Support cross-divisional program teams in addressing resistance to anti-racism and change.
- Identify and share when policy, practice, decisions, outputs and documentation is in tension with our strategic goal, indicating the potential need for work to pause.

In addition to the support provided on key agency initiatives or programs, the Strategic Action Team would provide broader agency supports while following the lead and subject matter expertise already established in OHA, including agency-wide supports such as providing:

- Project management tools and templates to assist OHA teams in centering health equity in their work, including forms and templates to facilitate the development of project estimates, project plans, project schedules, issues management, change management and project reporting.
- Project tracking tools and example project metrics and dashboards.
- Coaching resources to support divisions and program staff to create, adapt and manage initiatives with health equity at the core of change management and project management.

Oregon Health Authority: 2023-25 Policy Package

Fiscal Equity

As part of OHA's implementation of the definition of health equity and its work to eliminate health inequities by 2030, this initiative provides the OHA's Fiscal Division with additional staff to better understand, analyze and break down structurally racist financial infrastructures and budgets to better achieve agency goals.

Equity and Inclusion Business and Programmatic Support

This proposal establishes a centralized business and enhanced programmatic structure for Equity and Inclusion both within the division and across the agency, to ensure effective and high-quality programmatic operational processes to support the exponential growth of the division's staffing, managers, teams and programs, many of which are legislatively mandated initiatives.

Among the current 72 positions and additional pending, there is not adequate centralized operations and programmatic resources to develop and implement business processes and workforce development strategies or to organize, monitor and control information and resources related to state and agency policies and division-level and agency level processes, records and programs. If not addressed, this problem undermines OHA's ability to implement legislatively mandated work, and it does not position the division's expanding programs to effectively lead the work within the division and across the agency that it is required to do, to eliminate health inequities in Oregon by 2030.

If this problem remains unaddressed, it will result in increased loss of life and health inequities among the people of Oregon, particularly with OHA's priority populations. The COVID-19 pandemic has underscored systemic racism and health inequities faced by Tribal communities, communities of color, and additional communities in Oregon and across the country most harmed by health inequities. This reality shows it is vital to OHA's mission to redistribute resources to fully support the

Oregon Health Authority: 2023-25 Policy Package

Equity and Inclusion Division, which has been integral in centering equity and anti-racism in OHA's and Oregon's pandemic response, contracts with and requirements of coordinated care organizations and providers, the development of the equity-centered 1115 waiver, the incentivized health equity metric, language and universal access and a multitude of other initiatives.

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

This initiative supports bringing on additional experienced and knowledgeable equity and inclusion professionals who are subject matter experts in training, civil rights, disability access, language access and equity and inclusion and provide the resources they need to support the growing OHA workforce and the varied needs of the people who live and work in Oregon. One example based on where the Oregon's COVID response struggled is that many people who live and work in Oregon communicate in a language other than English. It takes resources to produce and deliver information in languages other than English. It takes expertise to know how to do that effectively and efficiently. A second example is that not everyone can access and use information that is produced and delivered on a website. Even assuming you had a device and internet access, if you are blind you need the information on the website to be formatted so that your screen reader can read the information to you. This proposal buys justice, liberty and life for the people of Oregon, especially the people who have been most harmed by injustice and health inequities, experiencing the most of the worst, including racism, disenfranchisement and marginalization.

Health Equity and Health Emergency Response

Expanded ERD staffing overall is needed across each team to ensure sufficient and enhanced capacity for equity-driven outcomes to improve the overall health for all people in Oregon.

Oregon Health Authority: 2023-25 Policy Package

This proposal allows ERD, across each team to expand scope of external reach to populations most harmed by health inequities, lead OHA overall around community-centered outreach, engagement, and co-creation within all programs, amplify the work of the OHA Equity and Inclusion Division and bring this feedback and community voice to inform, shape and influence OHA programs, policies and practices.

Health Equity Workforce Development and Support

The OHA seeks to support its workforce more fully in its learning and development to better prepare a skilled workforce, ready to provide meaningful service to all people in Oregon. In alignment with OHA's mission, values, and goal to eliminate health inequities by 2030, all leadership, management, and professional development curriculum would include in its content anti-racism and equity principles and practices as they apply to the learning topics. Training is a key component in creating organizational culture, setting expectations, reflecting, modeling, and demonstrating OHA's values. Truly animating our values and instilling their practice in our workforce and enabling OHA staff to make good on its promise to eliminate health inequities. The position request to create a Learning & Development team is: two Training & Development Specialist 2s Learning & Development Consultants, and one Administrative Specialist 2.

The OHA seeks one Operations & Policy Analyst 3 Classification & Compensation Policy Analyst to work in support of organization initiatives to lower barriers to entry around minimum qualifications and codify and promote lived experience in our hiring practices as well as explore class and comp policy changes and interpretations to better support the appropriate classification of OHA staff broadly. Additionally, the agency seeks one Project Manager 3 to take on workforce related projects and initiatives, such as flexible work solutions, succession planning, implementation of a mentorship program, and other key projects to build and uplift our workforce. And lastly, OHA seeks one Human

Oregon Health Authority: 2023-25 Policy Package

Resource Analyst 1 to help shoulder the FMLA/OFLA workload to ensure compliance with legally mandated timelines in administering these time sensitive and critically important benefits to the workforce in need. As a growing organization, it is imperative that OHA grows our HR staff to meet the demand for service and support legal compliance.

Strategic Action Team (SAT)

This initiative would fund positions as part of a Strategic Action Team, including project management and change management expertise, to create systems and processes that add capacity and enhance work on key initiatives across the agency that get us closer to our strategic goal to eliminate health in equities in Oregon by 2030. This team would amplify and support the work that has been led and is underway via the Equity and Inclusion Division, Tribal Affairs, the Community Partner Outreach Program, and broaden the agencies capacity across all divisions to achieve our strategic goal.

The Strategic Action Team would provide an array of operational supports and resources to strengthen the ability of our agency to apply health equity and anti-racism principles and practices in our everyday work.

For key initiatives in the agency, the Strategic Action Team would:

- Provide coaching and change management support to ensure it has been designed or adapted with health equity and anti-racism principles and practices at the forefront.
- Assist with scoping, planning, mapping out and communicating an implementation plan that is centered in health equity and anti-racism.
- Ensure that initiatives follow OHA's Tribal Consultation and Urban Indian Program Confer Policy in coordination with OHA's Office of Tribal Affairs and divisional tribal liaisons.

Oregon Health Authority: 2023-25 Policy Package

- Elevate and synthesize applicable best practices, policies, or processes for the program team that redistribute power and resources, centers community in achieving change, and disrupts white supremacy culture practices
- Document and
- Provide project metrics and a project dashboard or scorecard for a variety of views throughout the organization.
- Support cross-divisional program teams in addressing resistance to anti-racism and change.
- Identify and share when policy, practice, decisions, outputs, and documentation is in tension with our strategic goal, indicating the potential need for work to pause.

In addition to the support provided on key agency initiatives or programs, the Strategic Action Team would provide broader agency supports while following the lead and subject matter expertise already established in OHA, including agency-wide supports such as providing:

- Project management tools and templates to assist OHA teams in centering health equity in their work, including forms and templates to facilitate the development of project estimates, project plans, project schedules, issues management, change management and project reporting
- Project tracking tools and example project metrics and dashboards
- Coaching resources to support divisions and program staff to create, adapt and manage initiatives with health equity at the core of change management and project management

Fiscal Equity

This portion of the policy package would create a new team in OHA's fiscal division who would be fully dedicated to analyzing the agency's investment in health equity and anti-racism, including return on investment in health equity spending at OHA and in OHA funded programs. The team would work

Oregon Health Authority: 2023-25 Policy Package

with community partners to analyze the fiscal impact of their OHA funded health equity work and how financially they are contributing to the goal to eliminate health inequities. This team would better understand and quantify the costs of institutional racism within OHA programs. This team would make recommendations for future budget structure and budgetary levels needed for the elimination of health inequities.

The team would work closely with the Equity and Inclusion Division and Tribal Affairs to ensure that the work of this team is inclusive, collaborative, and in alignment with the direction of agency initiatives.

Equity and Inclusion Business and Programmatic Support

This proposal further develops an infrastructure necessary to support equity and inclusion initiatives within the Equity and Inclusion Division and across the agency. It buys three new positions in the Equity and Inclusion Division's Business Support Unit - two Operations & Policy Analyst 3 (OPA3) positions, one Administrative Support Specialist 2 (AS2) position and four OPA3 programs specialist working across the agency. With the assumption that position descriptions for these ten positions would need to be established prior to the beginning of the biennium, this package would be implemented by October 1, 2023.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity² or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

See answer to #2. The proposal seeks to resource the part of OHA that is mainly responsible for leading, training and modeling how to practice health equity and anti-racist principles in concert with OHA's mission and strategic plan. It recognizes the need for and supports staff and programming to sustainably and consistently inculcate equity and anti-racism as it relates to OHA's workforce and the employment experience to enable the same sustained and consistent service provision and policy development for OHA's service recipients and the people who live and work in Oregon.

Health Equity and Health Emergency Response

As essential to OHA's commitment to eliminating health inequities and co-creating with community, it is essential for OHA to understand individual and community concerns and ensure the workforce is leading with cultural humility and in a linguistically and culturally responsive manner.

The ERD leads and models this externally for OHA as a whole and prioritizes bringing information back internally from community. The ERD teams and programs play essential roles in elevating the voice and experiences of people in Oregon to participate with OHA and act upon that community feedback.

² Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

Oregon Health Authority: 2023-25 Policy Package

Health Equity Workforce Development and Support

As HR is a support to all OHA staff, this initiative would help create and develop a more skilled, better equipped, and healthy workforce to serve populations most harmed by health inequities. HR works as critical infrastructure to ensure that candidates who would best serve populations most harmed by health inequities have no barriers to entry into our organization and upon entry have a more meaningful, mission centered, value aligned onboarding experience and supported learning through professional development courses, reflecting the agency's commitment to equity and anti-racism. It is also imperative that the workforce receive all the benefits and supportive services needed in a timely and culturally responsive manner. All the positions in this policy package would work directly to contribute to OHA employees' ability to deliver on eliminating health inequities by 2030.

Strategic Action Team (SAT)

This policy package would directly enhance the opportunity for OHA to expand its capacity, including skills, experience, and staffing, that help the agency eliminate health inequities during the planning, implementation and communications pertaining to key OHA programs, policies, and initiatives across all divisions of the agency.

Recruitment for the positions on this team would prioritize the following skills, knowledge, and experience to achieve the goals sought by this policy package:

- Lived and professional experience leading organizational transformation and community initiatives to achieve anti-racism, racial equity, decolonization, accessibility processes and outcomes.
- Knowledge, skills, and certifications related to anti-racism, racial equity, diversity and inclusion, decolonization, equity-informed project management and change management principles.

Oregon Health Authority: 2023-25 Policy Package

- Proficient bilingual skills, preferably Spanish.
- Commitment to ongoing personal development on the topics of anti-racism, elimination of health inequities, culturally and linguistically appropriate practices, trauma, healing and resiliency-informed practices, social determinants of health and equity, universal accessibility, and development of diverse and inclusive work environments.
- Experience and skills in trauma, healing and resiliency-informed practices and cross-cultural communication.
- Experience building and stewarding relationships with Tribes and community groups most harmed by historical and current social and health inequities (Tribes, Tribal communities, communities of color, immigrant groups, the disability community).
- Possess interpersonal and professional skills that:
 - Prioritize and center impact versus intent.
 - Understand and work within complexity and multiculturalism.
 - Demonstrate authenticity, humility, and personal accountability in daily interactions. Demonstrate creative and innovative thinking that de-centers white supremacy and dominant culture thinking and approaches. Recognize how current systems and structures limit and obstruct possibilities for equitable outcomes.
 - Prioritizes the relational aspects of work.

Fiscal Equity

This initiative seeks to provide better financial data and analysis so that OHA can meet its 2030 goal to eliminate health inequities. This group of staff would be 100 percent dedicated to reviewing and implementing modern fiscal tracking technologies and strategies to better quantify what the agency is spending on health equity and anti-racism, and conduct tangible analysis related to the return on investment for equity work. This group would also modernize and conduct their work differently. One

Oregon Health Authority: 2023-25 Policy Package

aspect of the health equity definition revolves around equitable distribution or redistribution of resources and power. This group would work to understand, work closely with communities most harmed by racial injustices, and align fiscal practices with health equity. This group would not only work within the confines of the budget system, but build a better, community centered budget build process within OHA.

Equity and Inclusion Business and Programmatic Support

This package supports the resilience and health of OHA's priority populations — communities most harmed by health inequities — because it provides centralized business support resources to the Equity and Inclusion Division's programs and additional programmatic support across the agency. With the assistance of this package, the division's programs would have centralized business resources and supports so they are equipped to do the work they were hired to do: lead nationally-recognized health equity initiatives.

This package furthers the agency's mission and aligns with its 2030 health equity goal, and particularly with the OHA definition for health equity. Compared to many other divisions and departments, the Equity and Inclusion Division has historically not benefitted from equitable resources to develop a centralized operations and business structure. If implemented, this package would model the health equity definition and further right-size the division's resources, to establish internal capacity for managing a growing volume of business operations within the division and equity-related activities across the agency. This investment would recognize and reconcile at least one injustice the division has faced historically.

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

Long-term outcomes include greater workforce satisfaction, productivity and engagement, which makes for better outcomes in the communities that OHA serves. Ultimately there is also a cost reduction related to less turnover, fewer internal investigations and fewer lawsuits.

Health Equity and Health Emergency Response

Further investment in internal engagement would better allow for the integration of community feedback internally to the agency. It would also better elevate and integrate the feedback and experience of communities and individuals throughout Oregon into OHA's work, prioritizing and rectifying historical injustices by ensuring populations most harmed by health inequities, especially OHA priority populations, are embraced and their recommendations acted upon.

Related to external engagement, OHA can better become a trusted messenger for and partner with all people in Oregon, particularly individuals and communities who face historical and contemporary injustices and are most harmed by health inequities.

Health Equity Workforce Development and Support

One goal of this initiative is to create a functioning Learning & Development team that would contribute directly to knowledge, capacity, and skill building for the workforce. In collaboration with agency partners, HR would work toward the goal of eliminating health inequities and to become an actively anti-racist organization. As a supportive arm of the organization, HR success is measured and tied to the overall success of the organization. HR can measure the success of our training

Oregon Health Authority: 2023-25 Policy Package

program in terms of knowledge transfer and the meeting of learning objectives; however, the true test of success is how our workforce performs in service to the people of Oregon, especially in service to people and communities most harmed by health inequities.

Another goal is to create capacity for Classification and Compensation policy work and workforce project management to deliver on valued-added changes for our employees and managers. Critically evaluating HR policies and practices in terms of equity and anti-racism and then implementing improvement projects to shape our current and future workforce to meet the demands of eliminating health inequities by 2030.

Strategic Action Team (SAT)

The SAT would measure impact through:

- Elimination of health inequities by 2030
- De-centering of white dominant culture thinking and practice across the agency
- Consistent adherence to OHA's Tribal Consultation and Urban Indian Program Confer Policy in coordination with OHA's Office of Tribal Affairs and divisional Tribal liaisons
- Incorporation of health equity and anti-racist principles, tools and practices across core initiatives and agency-wide programs
- Increased workforce supports for healing and resiliency

Fiscal Equity

Long term desired outcomes include creating a new, more equity-focused budget build process within OHA with recommendations to DAS and LFO for how to change the entire process to be more equitable. The budget process currently strengthens the structures that disenfranchise and discount resources for Tribal communities and communities of color, in particular. The system is built on white

Oregon Health Authority: 2023-25 Policy Package

dominance and white privilege. Dismantling this structurally racist system will mean that all people in Oregon have the opportunity to thrive. Pricing out the impact of racism on the health and welfare of Tribal communities and communities of color in Oregon will yield a better and more equitable future system. This team would help quantify the impact of OHA's focus on health equity, anti-racism, and health inequities.

Equity and Inclusion Business and Programmatic Support

This program would measure impact through an effective operations structure in the division and across the agency so that the OHA workforce and programs can lead OHA and the state to eliminate health inequities in Oregon.

5. How will OHA measure the impacts on health inequities of this policy package?

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

Impacts would be measured through employee engagement and cultural climate assessments as well as the quantification and decrease of investigations, turn-over (data disaggregated by race, ethnicity, language, disability, sexual orientation, gender identity and gender expression) and lawsuits.

Health Equity and Health Emergency Response

Impacts would be measured in the following manner by each program:

- OHA Ombuds: number and percentage of LEP OHP members served increasing over time; demonstrated advancement of Medicaid systems improvements rooted in equity and based on OHP member experience (for example, increased interpreter reimbursement fees, etc.).
- CPOP: number and reach of Community Partner network particularly to LEP populations and other OHA priority populations.

Oregon Health Authority: 2023-25 Policy Package

- Government Relations: Integration of equity-centered priorities into all policy packages; elevation of community voice at the legislative table and with legislators.
- Communications: Increase in OHA's capacity to provide health information to vulnerable communities, during health emergencies and in other times, when there are even more opportunities to support communities with vital health information — from enrolling for health coverage to increasing access to behavioral health support. Measured by number of communications timely provided in multiple languages and integration of non-traditional media channels.
- Negative impact of not-funding: Inadequate staffing for OHA to co-create with community and implement health equity values.

Health Equity Workforce Development and Support

While impacts on health inequities by this initiative may not be seen in a direct, one-to-one impact measure, as a supportive service to employee learning and well-being this initiative would have an impact on the workforce's ability to successfully fulfill its duties and work. This supportive or behind the scenes work is critically important in goal attainment. Only through a diverse, engaged, well-trained workforce would OHA and Oregon reach the goal to eliminate health inequities, this initiative would play a significant role in creating such a workforce.

Strategic Action Team (SAT)

Outcome and process measures for each agency initiative would be deployed using data disaggregated by race, ethnicity, language, disability, sexual orientation, gender identity and gender expression to measure the impact of this initiative.

Oregon Health Authority: 2023-25 Policy Package

Fiscal Equity

This team would build the financial models and work with staff across the agency to better understand the fiscal impact of its work with a focus on the impacts of health inequities. Currently, this work is not funded and staff doing health equity do not have a financial or economic background to fully price out the impact of the work. This team would integrate fiscal equity in the established processes and make recommendations on how to change these processes to better incorporate health equity spending and dismantle structural racism in the budget. This work will require resourcefulness, creativity, finesse, and resilience.

Equity and Inclusion Business and Programmatic Support

There are many metrics that can be used to measure impacts of this initiative, that would assist in the division meeting its legislatively mandated requirements and ensure it has the resources to lead OHA in meeting its goal to eliminate health inequities in Oregon by 2030.

Contracts, procurement, and grant management:

- Contract and grant agreement turnaround time
- Request for proposal (RFP) turnaround time
- Grant application process turnaround time

Program staffing and workforce strategy:

- Hiring turnaround time
- New hire onboarding / network access turnaround time
- Performance appraisal turnaround time
- Retention rates
- Employee satisfaction rate

Oregon Health Authority: 2023-25 Policy Package

- Workforce equity metrics

Administrative support:

- Customer Satisfaction
- Committee Attendance

Facilities support:

- Office space acquisition
- Ergo Assessments

Accounting:

- Invoice turnaround time
- Payment rework

How achieved

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

The unit has worked diligently to ensure civil rights and universal accessibility for the OHA workforce and for the public; however, personnel are crushed by the workload. For example, each of the three investigators on staff currently have a case count of fifteen at any given time, which is well beyond industry standards. There are no further actions short of additional team members that will alleviate this issue.

Oregon Health Authority: 2023-25 Policy Package

Health Equity and Health Emergency Response

Culturally and linguistically nimble staffing across teams to elevate community input and experience would allow help to shift power imbalances that have led to a lack of representation of people and ideas across race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, geographies, or intersections among these communities or identities in the decision-making, design, and evaluation of OHA policies and programs.

Adequate staffing is needed to ensure accessibility regardless of disability status, language, or access to technology with OHA engagement through the ERD.

Health Equity Workforce Development and Support

HR has a non-budgeted, limited duration Project Manager 3 (PM3) position providing workforce initiative and project management, HR is seeking to resolve the non-budgeted nature of that position through this policy package. HR has a temporary employee working as an Human Resources Analyst 1 (HRA1) FMLA/OFLA Coordinator due to high demand for service. HR is seeking a permanent resource as the need is ongoing.

Strategic Action Team (SAT)

The agency has made progress in the following areas:

- Agency-wide performance measurement system
- Agency strategic goal development and commitment
- Agency-wide anti-racism training
- Agency policy development
- Investments in OHA's Equity and Inclusion Division, Office of Tribal Affairs, Community Partner Outreach Program

Oregon Health Authority: 2023-25 Policy Package

Yet the need for project and change management spanning across the agency became apparent through the gap analysis process. The large, diverse, dynamic and sprawling nature of OHA with eight divisions and nearly 5,000 employees necessitated this proposal for the SAT.

Fiscal Equity

OHA is working under a new definition for health equity and has a goal to eliminate health inequities in Oregon. OHA has asked for and received new resources focused on improving data collection for REALD/SOGI data in all OHA systems, bolstered training in anti-racism for the OHA workforce, increased the workforce focused on health equity, and funded community partners to work on the ground to eliminate health inequities.

All these prior investments did not focus on building up financial and budgetary analysis capacity to better understand and analyze the fiscal structures, systems, and investments in health equity.

Equity and Inclusion Business and Programmatic Support

As a result of the 2021-23 investments, the division added several new positions that lead or support operations, many of which are intended to support each unit in the division. These are critical positions to begin building a foundation for ensuring effective business operations in the division. However, since there has been exponential growth in staffing and programs with additional positions pending, the division needs to right-size the number of centralized operations roles by adding two Operations & Policy Analyst 3 (OPA3) positions and one Administrative Specialist 2 (AS2) position, to establish a centralized system to facilitate division-wide operations processes related to fiscal issues, human resources interface, contracts, procurement and grants management, technology, equipment, office logistics, facilities management and communications strategy; one new Health Care Interpreter (HCI) manager (DEI Manager 1) to address this impactful program that continues to

Oregon Health Authority: 2023-25 Policy Package

grow, as well as a modification for the expanding behavioral health work in the agency to a Diversity Equity and Inclusion Manager 2 (DEI Manager 1 to 2) overseeing high-level staff; and create four additional OPA3 positions to facilitate programmatic support across the agency.

Additionally, the division's Equity Unit proposes adding an Executive Support Specialist 2 (ESS2) position, which would fill a gap in unit-level support to this Unit's Executive Manager.

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

The unit has worked diligently to ensure civil rights and universal accessibility for the OHA workforce and for the public; however, personnel are crushed by the workload. For example, each of the three investigators on staff currently have a case count of fifteen at any given time, which is well beyond industry standards. There are no further actions short of additional team members that will alleviate this issue.

Health Equity and Health Emergency Response

The ERD will not be able to truly elevate and integrate co-creation with the community without adequate staffing.

Health Equity Workforce Development and Support

We considered purchasing all training solutions for professional, leadership, and management development in the market through vendors. However, this is not a cost-effective solution, and it is much more costly to contract for these services. Outsourcing is also not a meaningful solution for management and leadership development as having tailored, specific training for OHA in these areas provides for the most meaningful, applicable, and relevant training for staff.

Oregon Health Authority: 2023-25 Policy Package

Strategic Action Team (SAT)

Alternatives considered included additional investments in specific programs or other divisions, contracted support or no additional investments. The reason for proposed approach relates to the need for accountability and direction at agency Director-level in support of the agency's strategic goal and expectations for cross-agency key initiatives, plus agency-wide implementation of anti-racist and equity principles.

Fiscal Equity

OHA did look at whether current personnel could build onto their current workload, but based on workload within the Fiscal Division, no resources are available to do this important work.

Equity and Inclusion Business and Programmatic Support

Upon being hired, the Director of Operations built relationships with the division's executive support staff to foster communication and coordination, with the intention of building a system whereby executive support and administrative staff dedicate a percentage of their time to do division-wide operations work and agency-wide programmatic work. While this has been possible to a small degree, it has not resulted adequate capacity required for developing a centralized operations foundation for the division and cross divisional programmatic collaboration.

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility
Human Resources

Oregon Health Authority: 2023-25 Policy Package

Health Equity and Health Emergency Response

OHA's Equity and Inclusion Division and Tribal Affairs

Health Equity Workforce Development and Support

OHA's Equity and Inclusion Division

Strategic Action Team (SAT)

Director's Office, Equity and Inclusion Division, Office of Tribal Affairs, External Relations Division, OHA Leadership Team

Fiscal Equity

OHA would work with other budget offices and budget staff in the agency and work with OHA-ODHS Shared Services Budget Unit (SSBU) to discuss how this could be rolled out. In addition, OHA would work with budget and equity counterparts in the Oregon Department of Human Services (ODHS) to discuss the work of this group. OHA also wants to get feedback from the Department of Administrative Services (DAS) and potentially other agency fiscal representatives about how this fiscal equity team could work.

Equity and Inclusion Business and Programmatic Support

The OHA Director's Office.

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

No.

Oregon Health Authority: 2023-25 Policy Package

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

None.

Health Equity and Health Emergency Response

The ERD intersects with local government agencies for all OHA-wide work as appropriate. Adequate equity-centered staffing across ERD would allow OHA to lead in this work with working with other state, Tribal and/or local government agencies and other state agencies around OHA policies.

Health Equity Workforce Development and Support

Not applicable.

Strategic Action Team (SAT)

Not applicable.

Fiscal Equity

DAS and other state agencies will be impacted when OHA puts forward new recommendations for a more equitable, less structurally racist budget process. Currently, budgets are put together with limited community input. This team would work with community partners to build a new budget process that is community led and does not tokenize the needs of community.

Oregon Health Authority: 2023-25 Policy Package

Equity and Inclusion Business and Programmatic Support

None. However, by implementing this package, a centralized business operations structure would positively support the division to more effectively partner, collaborate and consult (i.e., developing MOUs) with other state, tribal and local government agencies on health equity initiatives.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

Assumption that the OHA and state of Oregon seriously wants to eliminate health inequities by 2030.

Health Equity and Health Emergency Response

Assumptions include that OHA will continue to prioritize and need dedicated multi-cultural, multi-lingual and equity-centered teams to ensure OHA moves towards eliminating health inequities and co-creation with community. Assumption that needs to ensure this is coordinated and acted up effectively across OHA for external engagement and ensuring internal understanding and implementation.

Oregon Health Authority: 2023-25 Policy Package

Health Equity Workforce Development and Support

This assumes an ongoing FMLA/OFLA use rate for OHA staff.

Strategic Action Team (SAT)

Positions would be funded beginning July 1, 2023.

Fiscal Equity

Positions would be recruited by January 1, 2024.

Equity and Inclusion Business and Programmatic Support

The position descriptions can be reviewed by OHA Human Resources and DAS and recruited for prior to October 1, 2023.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

The unit would have the capacity to provide timely service and resolution to requests for accessibility from the public and timely resolution of civil rights complaints.

Oregon Health Authority: 2023-25 Policy Package

Health Equity and Health Emergency Response

The OHA Ombuds Program would have capacity for increased Ombuds case work. Particularly given the state's need for accessible mental health and substance use disorder services, Ombuds case work often reflects this critical care area.

Health Equity Workforce Development and Support

No.

Strategic Action Team (SAT)

No.

Fiscal Equity

No.

Equity and Inclusion Business and Programmatic Support

No.

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

This policy package establishes 38 new permanent full-time positions (26.26 FTE), priced between 12 and 21 months for the 2023-25 biennium.

The following are the amounts and classifications for the positions that would be established:

- One Electronic Publishing Design Specialist 3 position

Oregon Health Authority: 2023-25 Policy Package

- One Human Resource Analyst 2 position
- One Procurement & Contract Specialist 3 position
- One Program Analyst 4 position
- One Project Manager 2 position
- One Public Affairs Specialist 2 position
- Two Fiscal Analyst 2 positions
- Two Information Systems Specialist 6 positions
- Three Diversity Equity and Inclusion Manager 2 positions
- Three Operations & Policy Analyst 4 positions
- Two Training & Development Specialist 2 positions
- Four Administrative Specialist 2 positions
- Sixteen Operations & Policy Analyst 3 positions

Health Equity and Health Emergency Response

This policy package would establish 27 new permanent full-time positions, 20.51 FTE, 18 months for positions except for the Human Resources Analyst 2 and the Accounting Manager 2.

The following positions would be established:

- One Project Manager 2 position
- One Project Manager 3 position
- One Operations & Policy Analyst 4 position
- One Human Resources Analyst 2 position
- One Program Analyst 2 position
- One Fiscal Analyst 2 position

Oregon Health Authority: 2023-25 Policy Package

- One Accountant 1 position
- One Accounting Manager 2 position
- Two Administrative Specialist 2 positions
- Five Operations & Policy Analyst 3 positions
- Six Public Affairs Specialist 2 positions
- Six Operations & Policy Analyst 2 positions

Health Equity Workforce Development and Support

This policy package establishes 6 new permanent full-time positions (4.50 FTE), priced at 18 months for the 2023-25 biennium.

The following are the amounts and classifications for the positions that would be established:

- Two Training & Development Specialist 2 positions – Learning & Development Consultants
- One Administrative Specialist 2 position – Learning & Development Support
- One Operations & Policy Analyst 3 position – Classification & Compensation Policy Analyst
- One Project Manager 3 position – Workforce Improvement Initiatives PM
- One Human Resource Analyst 1 position – FMLA/OFLA Coordinator

Strategic Action Team (SAT)

This policy package establishes 10 new permanent full-time positions (10.00 FTE) priced at 24 months each for the 2023-25 biennium.

The following are the amounts and classifications for the positions that would be established:

- Three Operations & Policy Analyst 4 positions
- One Administrative Specialist 2 position

Oregon Health Authority: 2023-25 Policy Package

- Five Project Manager 3 positions
- One Business Operations Manager 3 position

Fiscal Equity

This establishes two new permanent full-time positions (1.50 FTE) priced at 18 months each for the 2023-25 biennium:

- One Economist 3 position to research and analyze data for health equity spending in OHA and other public health and health. They would create reports on spending for health equity and anti-racism efforts for presentation by the Chief Financial Officer, Equity and Inclusion Division director and other OHA leaders. Work across OHA and other state agencies to understand trends for spending in equity and inclusion efforts.
- One Fiscal Analyst 3 position to take on analysis and financial reporting and help build new policy options from the financial data. They would work with and lead discussions around how to build better financial data on equity into decision making at OHA.

Equity and Inclusion Business and Programmatic Support

This policy package establishes 9 new permanent full-time positions (7.40 FTE) priced between 18 and 24 months for the 2023-25 biennium:

- Two Operations & Policy Analyst 3 positions: Responsible for leading the development and implementation of the division's business processes and workforce development strategies to support a coordinated and effective business support system. This position is technical expert on business operations, change management and adult learning strategies, and collaborates with partners such as the Office of Information Services (OIS), Human Resources, Office of Facilities Management, Office of Financial Services (OFS), and Office of Contracts and Procurement (OC&P). In coordination with these partners and the division's Organizational

Oregon Health Authority: 2023-25 Policy Package

improvement Specialist, Project Manager and administrative staff, this position guides the development, implementation and ongoing updates, enhancements and changes to the division's business processes.

- One Administrative Specialist 2 (AS2): Responsible for organizing, inventorying, monitoring, and controlling information and resources related to state and agency policies and division-level processes and records that relate to operations. Serves as the division's lead administrative position to coordinate division-wide purchasing and logistics processes. Collaborates with the division's Organizational Improvement Specialist, Operations Analysts, and administrative positions in each unit to organize, archive, monitor and communicate information related to fiscal, human resources, technology, hardware/software orders, inventory of supplies, purchase of office supplies, submission of invoices for payment, archiving information on established contracts, and maintaining informational resources/supports for division staff.
- One Executive Support Specialist 2 (ESS2) for the health equity unit.
- One Diversity Equity and Inclusion Manager 1 (DEI Manager 1) for Health Care Interpreters (HCI).
- Modified position for behavioral health equity unit manager from Diversity Equity and Inclusion Manager 1 to 2.
- Four Operations & Policy Analyst 3 (OPA3): These positions would provide programmatic support for equity work embedded in the divisions of OHA to advance progress toward the 2030 goal to eliminate health inequities and workplace inclusion. This support is specifically to connect the health and workforce equity subject matter expertise in the Equity and Inclusion Division directly to program, projects and people in OHA divisions.

Oregon Health Authority: 2023-25 Policy Package

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

Not applicable.

17. What are the ongoing costs?

The total for all ongoing costs for this policy package are \$30.3 million in 2023-25.

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

Thirty-eight new permanent full-time positions for \$6.9 million in the 2023-25 biennium. It also includes other Services & Supplies (S&S) such as: language differential for specific positions, licensing, training, travel, second devices, case management system, equipment, software, contracts, interpreter services, translation services, usability testing, and consultants. Other S&S is \$1.9 million in 2023-25.

The total ongoing costs are \$8.7 million.

Health Equity and Health Emergency Response

Budget for staff positions.

Health Equity Workforce Development and Support

Six new permanent full-time positions. \$1.1 million in the 2023-25 biennium.

Strategic Action Team (SAT)

Ten new permanent full-time positions. \$3.0 million in the 2023-25 biennium.

Oregon Health Authority: 2023-25 Policy Package

Fiscal Equity

All costs are ongoing. \$470,000 in the 2023-25 biennium.

Equity and Inclusion Business and Programmatic Support

Nine new permanent full-time positions (7.40 FTE) and Information Technology (IT) costs for nine secondary devices. \$1.85 million in the 2023-25 biennium.

18. What are the potential savings?

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

When working proactively on compliance matters liability is mitigated, therefore, there are potential savings as the work prevents lawsuits and rework when accessibility and compliance are well resourced. Training and workforce equity programs also mitigate lawsuits and rework as the workforce is well informed on policy compliance and accountability.

Health Equity and Health Emergency Response

Streamlined agency work and responsiveness across our agency would lead to equity-centered approaches, enhanced communications, and reduces risks overall to the agency.

Health Equity Workforce Development and Support

While difficult to quantify, potential savings coming from having a well-trained workforce is not to be overlooked.

Strategic Action Team (SAT)

Short term savings relate to efficiencies added through project management and change management supports for the implementation of complex, priority projects including those that have

Oregon Health Authority: 2023-25 Policy Package

been identified or supported as priorities by community partners as well as Oregon's nine-federally recognized Tribes. Long term savings expected through supports and additional capacity for staff retention, healing and resilience, plus the attainment of improved health outcomes and health equity for communities and individuals in Oregon.

Fiscal Equity

Redistribution of resources away from programs and activities that exacerbate health inequities and into programs that move to eliminate health inequities.

Equity and Inclusion Business and Programmatic Support

Savings would result by reducing and avoiding duplicative purchasing of goods and services because of having centralized division-wide operations processes. Savings would also occur as result of executive support and administrative staff not doing duplicative tasks and having more time to do specific support activities for each of the division's units.

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

Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility

This work is on behalf of the entire agency and would use the agency-wide cost allocation pool to distribute costs to revenue sources. The estimated fund splits are 80 percent General Fund, 7 percent Other Funds, and 13 percent Federal Funds.

Health Equity and Health Emergency Response

For ERD Administrations, Government Relations, and Communications the work is on behalf of the entire agency and would use the agency-wide cost allocation pool to distribute costs to revenue

Oregon Health Authority: 2023-25 Policy Package

sources. The estimated fund splits are 80 percent General Fund, 7 percent Other Funds, and 13 percent Federal Funds.

The Ombuds team uses a cost allocation method that distributes costs to revenue sources in the agency based on calls that are received for Oregon Health Plan (OHP) members. The estimated fund splits for this pool are 63.25 percent General Fund and 36.75 percent Federal Funds.

Community Partner Outreach Program utilizes the cabinet report cost allocation pool that distributes costs based on OHP clients by eligibility which is estimated at 50 percent General Fund and 50 percent Federal Funds.

Health Equity Workforce Development and Support

Human Resources utilizes a cost allocation pool method that distributes costs based on the number of employees by division. The estimated fund splits are 82 percent General Fund, 7 percent Other Funds, and 11 percent Federal Funds.

Strategic Action Team (SAT)

This work is on behalf of the entire agency and would use the agency-wide cost allocation pool to distribute costs to revenue sources. The estimated fund splits are 80 percent General Fund, 7 percent Other Funds, and 13 percent Federal Funds.

Fiscal Equity

This work is on behalf of the entire agency and would use the agency-wide cost allocation pool to distribute costs to revenue sources. The estimated fund splits are 80 percent General Fund, 7 percent Other Funds, and 13 percent Federal Funds.

Oregon Health Authority: 2023-25 Policy Package

Equity and Inclusion Business and Programmatic Support

This work is on behalf of the entire agency and would use the agency-wide cost allocation pool to distribute costs to revenue sources. The estimated fund splits are 80 percent General Fund, 7 percent Other Funds, and 13 percent Federal Funds.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$12,627,257	\$991,749	\$3,020,201	\$16,639,207	92	70.17
Services & Supplies	\$7,841,897	\$236,114	\$5,567,892	\$13,645,903		
Capital Outlay						
Special Payments						
Other						
Total	\$20,469,154	\$1,227,863	\$8,588,093	\$30,285,110	92	70.17

Fiscal impact by program

	Central Services OEI	Central Services ERD	Central Services HR	Central Services DO	Central Services CFO	Total
General Fund	\$8,462,137	\$8,302,454	\$894,134	\$2,434,963	\$375,466	\$20,469,154
Other Funds	\$740,459	\$165,178	\$76,326	\$213,046	\$32,854	\$1,227,863
Federal Funds	\$1,375,119	\$6,636,336	\$119,945	\$395,679	\$61,014	\$8,588,093
Total Funds	\$10,577,715	\$15,103,968	\$1,090,405	\$3,043,688	\$469,334	\$30,285,110
Positions	47	27	6	10	2	92
FTE	33.66	20.51	4.50	10.00	1.50	70.17

Oregon Health Authority 2023-25 Policy Package

Division:	Oregon State Hospital
Program:	Salem and Junction City campuses
Policy package title:	OSH Specialized Treatment Services and Supports Program
Policy package number:	402
Related legislation:	None

Summary statement:

As an important step towards achieving agency goals, the Oregon State Hospital (OSH) recognizes, supports, and promotes initiatives that contribute to the advancement of equity and inclusion by active collaboration with the Equity and Inclusion Division in creating policies, processes, procedures and developing or implementing strategies that will advance agency mission, vision, values, and transformation goals. Transformational change and progress cannot be achieved with one FTE to support the largest workforce in OHA and the people that are cared for at OSH. This policy package provides investment and redistribution of resources to build a successful and sustainable infrastructure necessary to advance efforts towards fulfilling the shared goal of health equity for all Oregonians.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$8,076,367	\$0	\$0	\$8,076,367	49	27.43

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Oregon State Hospital is the largest workforce division of the Oregon Health Authority (OHA) and provides services to some of the most vulnerable Oregonians who historically and currently have been harmed by inequities in systems of care. OSH experiences chronic, systemic capacity limitations that have prevented it from carrying out strategies to address inequities in the system for both the people served and the service providers. Health equity work has been historically undervalued and deprioritized, and resources required for transformational change at OSH are under-resourced. Resources are required to facilitate diversity and equity programs and initiatives, foster the implementation of culturally appropriate policies and practices consistent with state and federal requirements, coordinate implementation of laws and regulations such as Section 1557 of the Affordable Care Act and the Americans with Disabilities Act, and promote an increased understanding of the relevance of cultural responsiveness, culturally appropriate care, and diversity to building an organization that effectively meets the needs of its diverse patient population and supports a diverse workforce. There is currently one position to support this work for over 2,400 OHA employees and up to 650 clients on two campuses and a smaller location in Pendleton.

In the current state of resource deficiency, OSH will not be able to meet OHA's mission of eliminating health inequities in Oregon, meet the Governor's State of Oregon DEI Action Plan, or provide care that aligns with the National Standards for Culturally and Linguistically Appropriate Services (National CLAS Standards) as outlined by the U.S. Department of Health and Human Services (HHS). Current investments are focused on responding to emergency situations and restabilizing the division to a pre-pandemic operational state. Simply operating at the historic institutional level is not sufficient for the provision of patient and staff services that address the diversity of the community,

Oregon Health Authority: 2023-25 Policy Package

are equitable and inclusive to all community members, and meet a qualitative standard of excellence for addressing health inequity.

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

This policy package invests in resources dedicated to building an infrastructure that supports culture change necessary for meeting the goals of eliminating health inequities and the provision of national CLAS standards of care. Recognizing, reconciling, and rectifying historical and contemporary injustices for patients and staff require funding for resources including but not limited to:

- Dedicated professionals trained at the intersection of equity and mental health
- Patient-specific cultural, linguistic, and identity-affirming needs and supports
- Extensive workforce training related to equity, inclusion, diversity, anti-racism, and social determinants of health
- External consultation and training for professionals tasked with implementing equity work
- Educational and material resources for professionals tasked with implementing equity work
- Clinical training related to the identification and facilitation of culturally and linguistically responsive treatment services
- Treatment resources required for the implementation of culturally and linguistically responsive treatment services
- Equitable hiring, recruitment, professional development, and retention of a diverse workforce that reflects the diversity of the patients
- Staff support services that are responsive to the diversity of the workforce and promote resilience and healing
- Professionals who can work with frontline staff, patients, and managers to create inclusive and welcoming units

Oregon Health Authority: 2023-25 Policy Package

Additional dedicated OSH staffing resources are needed for the full implementation, tracking, and integration of Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) standards of data collection to drive decision-making processes at all levels of operations. This would include policy and practice implementation, provision of culturally and linguistically responsive and trauma-informed services, service quality improvement initiatives, and staff training for working with diverse populations. These resources are requested in the OSH policy package as OSH is moving towards utilizing REALD data to align treatment services with treatment needs specific to patients at OSH.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Lack of sufficient resources dedicated to equity and inclusion work is a long-standing detriment to progress and impedes the ability to: provide patient care that is culturally-and linguistically appropriate, patient-centered and trauma-informed; implement systems of equitable hiring, retention, professional development, and supports for the workforce; provide training about culturally and linguistically appropriate care to service providers; and implement initiatives that are responsive to the needs of diverse communities. OSH does not have funding allocated to provide patients with cultural supports such as globally recognized gender-affirming care and treatment for LGBTQIA2S+ patients, treatment and leisure materials for Limited English Proficiency patients, treatment programming and supports for patients of color, and resources necessary to help patients from diverse backgrounds connect with community for successful recovery and reintegration. Patient-

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

Oregon Health Authority: 2023-25 Policy Package

specific supports create better therapeutic alliances with providers, decreases time spent in higher levels of care, increases adherence to treatment after reintegration into the community, and increases staff and patient satisfaction with services. These fundamental principles of equity and inclusion are essential for creating a therapeutic community where all people can reach their full potential and well-being and are not disadvantaged by socially determined circumstances, do not experience discrimination or harassment, and can be assured that they will be welcomed with respect and dignity in a professional and inclusive atmosphere.

Quantifying results

4. What are the long-term desired outcomes?

The integration of diversity, equity, inclusion, and anti-racism work has been researched and demonstrates that organizations that have a foundation of equity and inclusion see multiple financial gains of staff retention, decreases in litigation and investigations related to discrimination, harassment, and civil rights violations, as well as higher rates of patient and staff satisfaction. This policy package would provide resources to create a framework and internal infrastructure for equity and inclusion work in alignment with the Equity and Inclusion Division (OEI), OHA's transformation strategies, and needs identified by community partners who are invested in a shared goal of excellence and equity in patient and staff well-being.

5. How will OHA measure the impacts on health inequities of this policy package?

There are qualitative and quantitative metrics that would be collected and analyzed, primarily with regards to patient treatment services. The REALD & SOGI system of demographic collection can be utilized to analyze statistics surrounding target population groups and specific about patient stays:

Oregon Health Authority: 2023-25 Policy Package

- Patient treatment satisfaction survey
- Treatment outcomes for target populations:
 - Decrease in length of stay (measured in days spent at OSH)
 - Decrease in recidivism rates (measured in number of hospital readmissions),
 - Increase in treatment adherence (measured in completion of treatment care plan goals, attendance in treatment activities, etc), and
 - Increase in engagement with treatment services (measured in participation in treatment activities, groups, individual therapy, etc),
 - Decrease in time spent in higher levels of care (measured by days spent at OSH, days in acute care facilities, number of ER admissions specific to mental health, etc)
 - Increase adherence to treatment services after community reintegration (measured by recidivism rates to OSH as well as community tracking of engagement with community resources such as appointments)
- Number of allegations, reports, and/or complaints regarding harassment, discrimination, civil rights violations, abuse, or other workplace issues to monitoring agencies: Equity and Inclusion Division, Human Resources, Basic Rights Oregon, Disability Rights Oregon, Department of Justice, Office of Training and Investigation Services, Equal Employment Opportunity Commission
- Staff satisfaction survey
- Staff retention (data from Workday, qualitative data, exit interviews)

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

In 2018, Oregon State Hospital created the OSH Diversity Liaison position in collaboration with OEI. This single position is the only dedicated resource to facilitate diversity and equity programs and initiatives, foster the implementation of culturally appropriate policies and practices consistent with state and federal requirements, coordinate implementation of laws and regulations such as Section 1557 of the Affordable Care Act and the Americans with Disabilities Act, and promote an increased understanding of the relevance of cultural responsiveness, culturally appropriate care, and diversity to building an organization that effectively meets the needs of the diverse patient population and supports a diverse workforce. This single resource is insufficient to create cultural change that is integrated and sustainable.

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

The OSH Diversity Liaison has exhausted existing internal resources, which are dedicated to the provision of patient care on a day-to-day basis. All current resources are allocated to keeping the hospital operational at a level that is necessary to provide treatment services and care. Those resources, staffing, funding, etc. are not able to be shared across programs.

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

OEI is the primary collaborator with Oregon State Hospital. There are partners in the work, such as the Oregon State Hospital Advisory Board, Joint Commission, Basic Rights Oregon, Disability Rights Oregon, Department of Justice and others that will be made aware of the work and have interest in seeing the work succeed.

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

Agencies that provide services to patients before and after they discharge from OSH would be provided more complete information about the appropriate services necessary to assist each individual patient to be successful upon return to the community.

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

No.

Staffing and fiscal impact

Implementation date(s): October 1, 2023

End date (if applicable): Not applicable

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

Assumes that position descriptions can be reviewed and established through the OHA Human Resources process timely.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

All patients who are admitted to the Oregon State Hospital will have access to these culturally and linguistically appropriate and specific treatment services. This includes globally recognized gender-affirming care and treatment for LGBTQIA2S+ patients, treatment and leisure materials for Limited English Proficiency patients, treatment programming and supports for patients of color, and resources necessary to help patients from diverse backgrounds connect with community for successful recovery and reintegration. Patient-specific supports create better therapeutic alliances with providers, decreases time spent in higher levels of care, and increases adherence to treatment after reintegration into the community.

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

This policy package is specific to new positions, as existing positions do not exist in the current staffing model for the hospital. These positions all impact treatment services for any person admitted to OSH under any type of a commitment.

Total of 49 new permanent, full-time positions (27.43 FTE) priced between 12 and 21 months to accommodate a phased hiring approach so new managers may hire their teams.

Oregon Health Authority: 2023-25 Policy Package

Forty positions in Salem:

- One Diversity Equity & Inclusion Administrator 1
- One Executive Support Specialist 2
- One Human Resource Analyst 3
- One Public Affairs Specialist 3
- One Research Analyst 3
- One Research Analyst 4
- Two Administrative Specialist 2
- Two Diversity Equity and Inclusion Manager 2
- Three Operations & Policy Analyst 4
- Twelve Training & Development Specialist 2
- Fifteen Operations & Policy Analyst 3

Nine positions in Junction City:

- One Diversity Equity and Inclusion Manager 3
- One Administrative Specialist 2
- Two Operations & Policy Analyst 3
- Five Training & Development Specialist 2

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

\$49,500 for initial program planning.

17. What are the ongoing costs?

Standard position costs in 2023-25: \$7.1 million

Oregon Health Authority: 2023-25 Policy Package

Language differential for twenty-two specific client-facing positions that will be recruited for bi- or multi-lingual preference in 2023-25: \$77,000

Other Services & Supplies (S&S) is \$937,000, which includes:

- Second devices for 21 specific positions
- System furniture
- Consultation
- Training and certification
- Equitable recruitment, retention, and patient supports

18. What are the potential savings?

OSH does not anticipate any direct savings to its operating budget.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$6,399,037			\$6,399,037	49	27.43
Services & Supplies	\$1,677,330			\$1,677,330		
Capital Outlay						
Special Payments						
Other						
Total	\$8,076,367	\$0	\$0	\$8,076,367	49	27.43

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program		
	OSH	Total
General Fund	\$8,076,367	\$8,076,367
Other Funds	\$0	\$0
Federal Funds	\$0	\$0
Total Funds	\$8,076,367	\$8,076,367
Positions	49	49
FTE	27.43	27.43

Oregon Health Authority 2023-25 Policy Package

Division:	Equity and Inclusion Division
Program:	REALD & SOGI
Policy package title:	REALD & SOGI Implementation: Getting to Data Equity
Policy package number:	403
Related legislation:	House Bill 2134 (Standards for Collection of Demographic Data, 2013), House Bill 4212 (Strategies to Protect Oregonians from the Effects of the COVID-19 Pandemic, 2020), and House Bill 3159 (Data Justice Act, 2021)

Summary statement:

This policy package requests resources and funds to address requirements of House Bill 4212 and House Bill 3159 to better collect Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data from providers and insurers. REALD & SOGI data is OHA’s best tool to assess how racism, disablism, lack of language access, sexism and heteronormative dominance impact individual and community health. It is also OHA’s best tool to close the significant gaps in health inequities experienced by populations that remain invisible. The data also helps OHA evaluate effectiveness of patient and person-centered care. The current lack of quality REALD & SOGI data contributes to more expensive and less effective services, particularly for members of Tribal communities, people of color, those with disabilities, and members of the LGBTQIA2S+ community. Solutions must be culturally appropriate and protect citizens’ data privacy and security while providing flexibility. OHA can achieve the call to action by communities most impacted by health inequities and by legislation with sufficient resources, staffing, professional supports, and tools.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$16,846,041	\$1,443,579	\$2,583,302	\$20,872,922	7	7.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The REALD & SOGI data standards¹ are intended to help OHA achieve its 2030 goal of eliminating inequities with better data to identify and address inequities. Without good quality and complete REALD & SOGI data, OHA remains limited in its ability to assess how racism, disability, transphobia, homophobia, heterosexism, and lack of language access impact individual and community health. This in turn makes services more expensive and less effective and keeps populations most impacted by inequities invisible. REALD & SOGI is a manifestation of data justice as REALD data standards came from Asian Pacific American Network of Oregon, Oregon Health Equity Alliance and other communities most impacted by health inequities and were codified by House Bill 2134 in 2013. Data justice supports communities by using data to elevate their voice and reveal the systemic inequities they experience.

The barrier addressed by the development of a centralized REALD & SOGI Registry receiving data from providers and insurers, mandated by House Bill 3159 (Data Justice Act passed in 2021 by the Oregon legislature), is poor data infrastructure and lack of investment for collecting REALD & SOGI resulting in poor data quality, which in turn perpetuates bias in what gets collected and how it is used or not used (for example, national standards for race/ethnicity, no disability data). Such lack of

¹ See here for an at-a-glance view of the [REALD data standards](#). Note that the [draft SOGI data recommendations](#) have not been codified into the OARs. The SOGI draft recommendations were, however, put into practice in data systems relating to COVID-19 early 2020. The ONE system (for the Oregon Health Plan) also included gender identity in 2021. OEI will convene a rulemaking advisory committee early 2013, following a series of meetings with providers and community members in fall 2022.

Oregon Health Authority: 2023-25 Policy Package

investment and poor resourcing often stems from not recognizing that REALD & SOGI are proxies for exposure to racism, disablism, and other forms of structural oppression.

This policy package represents an investment to gather more meaningful data collection, which is “critical for the livelihood of our diverse communities, particularly those who have been oppressed in nearly all facets of society” (1). These communities (Tribal communities, communities of color, immigrant and non-English speaking communities, disability communities, and LGBTQIA2S+² communities) are also most impacted by health inequities.

A barrier that would be addressed by this policy package is the lack of understanding by provider staff about how best to collect demographic information (2). Further, the lack of buy-in from provider staff can undermine data collection, which are more likely to come from communities where there is minimal diversity. However, the lack of buy-in also can come from health care settings that are diverse who may feel that disparities in health outcomes are due to structural determinants, not to differences in health care (3).

Currently OHA receives varying levels of demographic data from health providers and insurers for 31 data systems, such as the Trauma Registry and the Cancer Registry. Of these, only five comply with REALD standards and only one consistently receives REALD data from providers—the Oregon Pandemic Emergency Response Application (OPERA), which contains COVID-19 case management data. Additionally, the REALD & SOGI data is not updated regularly. This problem is the impetus for House Bill 3159, expanding the scope of House Bill 4212 (for COVID-19) to all providers and insurers, so that we can receive REALD & SOGI data from providers and insurers for

² LGBTQIA2S+ is an inclusive term that includes people of all genders and sexualities, such as lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, and pansexual.

Oregon Health Authority: 2023-25 Policy Package

all 31 data systems. Currently, demographic data from providers received for the 31 systems is largely limited to race and ethnicity, in the form of the federal Office of Management and Budget (OMB) race/ethnicity categories. These OMB categories represent a “failure to reflect substantial diversity within various groupings, can mask critical between- and within group differences that policies and programs should address. Lack of adequately disaggregated data can contribute to the unmet needs of underrepresented populations by rendering them invisible when policies are made, resources are allocated, and programs are designed and implemented; it reflects systemic inequities and, when oppressed or excluded racial or ethnic groups are involved, systemic racism” (4).

Data are coming to OHA in ways that are inconsistent and fraught with data quality issues. The lack of dedicated resources for onboarding, data quality evaluation, auditing, and remediation of REALD & SOGI data has made it difficult to ensure high quality, standardized, clean data are available for evaluation and appropriate response. Consequently, obtaining REALD & SOGI data requires laborious effort and existing data cannot be effectively analyzed due to lack of timely and complete information. Preparing REALD & SOGI data for analytics and reporting has also been challenged by lack of automated processes. These challenges have also made it difficult to monitor data quality and REALD compliance and inhibit OHA’s ability to publish COVID-19 REALD data on our COVID-19 reporting dashboards or use this information to inform culturally specific interventions to eliminate inequities.

As Oregon’s REALD standards expand beyond the nationally recognized standards for electronic case reporting, and because of the high demand for rapid ingestion of large volumes of data from providers, laboratories, and health systems, OPERA, a case management system for positive cases of COVID-19 only, was unable to sufficiently import the REALD data available for positive cases. House Bill 4212 only requires providers to submit REALD data annually, so a previous case who

Oregon Health Authority: 2023-25 Policy Package

tested negative with complete REALD data is not populated in OPERA later when they test positive unless the provider resubmits that data. This created a serious barrier that undermines OHA's credibility with communities and could have dire consequences. For example, when examining the impact of COVID-19 among Black/African American communities in March 2022 using REALD data, OHA could not find evidence of inequities (50 percent missingness in REALD race/ethnicity data skews the data in such a way that makes it hard to discern impact of COVID-19). Yet, we know that the pandemic disproportionately affected American Indian/Alaska Native, Asian, Black, Hispanic or Latina/o/x and Pacific Islanders from our analyses of OMB race/ethnicity from electronic lab reports (about 30 percent missingness). These communities were 3–5 times more likely to have been hospitalized with or died from COVID-19 before vaccinations were readily available. Understanding who is disproportionately affected is important for OHA's 2030 goal of eliminating health inequities by identifying targeted interventions, policies and meaningful community engagement. However, OMB race and ethnicity categories do not capture the diversity of demographic identities. We need to do better.

Consequently, due to these failures and challenges, we are also not in compliance with the following legislative mandates:

- House Bill 2134 (Standards for Collection of Demographic Data, 2013): requires REALD information to be captured in all systems and surveys maintained by OHA and the Oregon Department of Human Services (ODHS) that request or store person-based demographic information.
- House Bill 4212 (Strategies to Protect Oregonians from the Effects of the COVID-19 Pandemic, 2020): requires providers ordering COVID-19 tests to collect and submit REALD data to OHA.
- House Bill 3159 (Data Justice Act, 2021): builds upon both House Bill 2134 and House Bill 4212 by adding SOGI data collection standards to the OARs associated with House Bill 2134,

Oregon Health Authority: 2023-25 Policy Package

and mandating the creation of a registry for providers, insurers, coordinated care organizations (CCOs), and individuals to electronically submit, review, and update data.

These bill focus on communities that experience health inequities, and together support OHA's goal of creating the conditions for data equity so that communities can do data justice.

For the first time, with the passage of House Bill 3159, OHA has an opportunity to collect REALD & SOGI data from providers and insurers in a consistent manner, following the data collection standards established by rulemaking advisory committee processes. With the requested resources, OHA would have sufficient capacity to support providers and insurers in their data collection efforts with technical assistance, training, and development of resources. Further, the providers and insurers would not have to submit demographic data to multiple OHA programs (for example, Trauma Registry, Cancer Registry); this would be automated with the Repository (back end). The Registry and Repository would allow us to use REALD & SOGI data to improve care/services and identify and address inequities.

The collection of demographic data that aligns with REALD & SOGI standards, along with investment in how that data is processed and prepared for analytics and reporting, would help OHA understand better who are most impacted by health inequities across 30+ surveillance data systems in OHA, such as the Cancer Registry and OPERA (COVID-19). Accurate, complete, and timely demographic data collection, with automated processes for cleaning and processing the data for analytics, are needed to identify populations most impacted by health inequities and understand what specific health services and supports they need. Through this we can better serve these communities.

Oregon Health Authority: 2023-25 Policy Package

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

This policy package requests funds to continue multi-biennia efforts to meet legislation outlined in House Bill 2134 (Standards for Collection of Demographic Data, 2013), House Bill 4212 (Strategies to Protect Oregonians from the Effects of the COVID-19 Pandemic, 2020), and House Bill 3159 (Data Justice Act, 2021). Supporting data collection by external providers, insurers, and individuals, the Initial Registry, Initial Repository, and creating the Enterprise Scale Statewide REALD & SOGI Registry and Repository represents an investment in data equity and facilitates data justice within communities most impacted by health inequities.

Staffing to support data collection efforts and the Repository

This policy package would abolish three limited duration positions and establish them as permanent full-time positions. It would also establish nine new permanent full-time positions. The net impact of this policy package is seven new positions (7.50 FTE) for an estimated total of \$2.0 million for positions-related costs. These positions are needed to:

- Maximize data quality of REALD & SOGI data by increasing buy-in and support from providers and helping providers collecting REALD & SOGI data from patients and members understand how to ask the questions in a culturally centered and appropriate manner.
- Respond to and fill data requests for data files from the Repository (both initial and enterprise scale states).
- Liaise with other OHA divisions to manage division-level requests and coordinate appropriate uses of the Repository data.

Initial Registry (building on the work done in 2022/23 in the 2023-25 biennium):

The piloting of the patient-facing survey tool for REALD & SOGI demographic data collection demonstrated it performed well, but it will need ongoing supports and enhancements. OHA would

Oregon Health Authority: 2023-25 Policy Package

enhance and maintain the patient-facing survey tool for REALD & SOGI demographic data collection at an estimated cost of \$1.4 million. Enhancements would expand existing functionality to enable individuals to receive e-mail confirmation and additional information after submitting the survey and provide options for those who are houseless or do not have a phone. Other enhancements include allowing providers to request to onboard, migrate the platform to state-supported Microsoft, verify address entered, incorporate skip logic to streamline user experience and data quality, offer multilingual integration, and add parameters to filter questions based on age. This tool is one of the mechanisms by which REALD & SOGI data can be submitted to OHA via the initial Registry on a mobile app with QR code functionality.

Initial Repository (building on the work done in 2022/23 in the 2023-25 biennium):

Due to the challenges in data quality, and lack of automated processing so that OHA can use REALD & SOGI data to identify and address inequities, the COVID-19 Response & Recovery Unit (CRRU) data team is working with a vendor to develop a datamart where high level data cleaning, transformation, and normalization of COVID-19 data occurs, including the REALD & SOGI data attached to a case. The CRRU data team is also working closely with the Equity and Inclusion Division (OEI) to ensure REALD & SOGI programming is in alignment with enterprise-wide standards established by OEI. This year OHA plans to replicate these processes with just REALD & SOGI data along with person level identifiers and dates, including data from Orpheus (Public Health Division's data environment for communicable diseases), ARIAS (Public Health Division's data environment for COVID-19 contact tracing), and the ONE system (Medicaid, SNAP, TANF and other ODHS programs). We will develop an additional layer of processing that will deduplicate the REALD & SOGI records (by person and time/event).

OHA aims to have the Initial Repository (COVID-19 + ONE REALD & SOGI) completed by June 2023. Also, OHA plans to implement the data transmission to CCOs and fee-for-service (FFS)

Oregon Health Authority: 2023-25 Policy Package

contractors, like the vaccination reporting, by June 2023. This will be transitioned to cloud interactive data environment during the 2023-25 biennium.

Additionally, OHA must continue to support the processes put in place for House Bill 4212 until the Enterprise Scale Statewide REALD & SOGI Registry and Repository goes live. And there is a need for staffing to handle the governance and data requests associated with the Repository. This policy package will cover:

- The ongoing maintenance and operation costs associated with automating the cleaning and preparing of REALD & SOGI data in the initial Repository
- Transitioning the flat file data transmission to CCOs and FFS contractors, such as Kepro and CareOregon, to a cloud interactive data environment

Enterprise Scale Statewide REALD & SOGI Registry and Repository

Following the passage of House Bill 3159 OHA determined the scope of work required to implement the bill and requests \$18.9 million to purchase software and hardware, undertake third-party consultation, convert data systems to the cloud-based Azure service, and pay for IT professional services for initial planning and development of the Enterprise Scale Statewide REALD & SOGI Registry and Repository.

Planning for the Enterprise Scale Statewide REALD & SOGI Registry and Repository will include the capacity to share validated REALD & SOGI data files with CCOs, ONE, and over 30 other major data systems in OHA and ODHS. To achieve this solution, OHA will need to acquire appropriate consultative and development resources.

Whereas the Initial Registry will collect REALD & SOGI data from providers during the 2023-25 biennium for COVID-19 encounters, the Enterprise Scale Statewide REALD & SOGI Registry and

Oregon Health Authority: 2023-25 Policy Package

Repository will be implemented during the 2025-27 biennium. Per House Bill 3159, the Repository must allow a patient, member, or client to submit data directly to the Registry and allow CCOs, health care providers and health insurers to electronically submit data collected and query the Registry to determine whether it contains current data for a patient, member or client. With these functionalities, OHA would have the capacity to share clean data files to CCOs and FFS contractors such as Kepro, CareOregon, the ONE data system, and over 30 other major data systems in OHA and ODHS relying on data from providers and insurers.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity[1] or equitable health outcomes? How does this policy package further ODHS/OHA’s mission and align with its strategic plan?

This policy package represents an investment to create the conditions for data justice. “Data justice recognizes that the types of data the government collects and relies on are insufficient for understanding community needs, experiences, and equally important, desires. These data do not represent communities in ways that the communities would represent themselves – and government data often entirely erases some communities due to “the problem” of small sample size (for example, Pacific Islanders) or using too broad, and ultimately meaningless, categories (for example, Asian)” (5). This investment will help OHA gather more meaningful data by using REALD & SOGI data elements as proxies for exposure to the interlocking systems of racism, linguistic discrimination, disablism, transphobia, homophobia, heterosexism to identify, and address health inequities. These communities (Tribal communities, communities of color, immigrant and non-English speaking communities, disability communities, and LGBTQIA2S+ communities) are also most impacted by health inequities. Currently, OHA’s ability to identify and eliminate health inequities is compromised by inadequate REALD & SOGI data, that is fraught with missing data and discordance.

Oregon Health Authority: 2023-25 Policy Package

This policy package is intended to address these challenges and directly supports OHA's goal of eliminating inequities currently faced by members of racial and ethnic minority groups, individuals with disabilities, and members of the LGBTQIA2S+ communities who face disproportionate economic and health inequities.

- The investment in **staffing** to support providers with data collection, build relationships, and increase readiness and buy-in to collect REALD & SOGI data is essential. Focusing on data solutions alone will not suffice. Staff with expertise specific to SOGI and race/ethnicity is also essential for ensuring data collection is done appropriately and that data analysis and reporting are done in accordance with best practices and guidance from researchers from the same communities (existing staff is able to cover expertise for disability and language). Staffing is also needed to support the Repository processes. The Repository will be the source of REALD & SOGI data for 30+ systems across OHA and ODHS, and it is imperative that we carefully manage the governance and processes to ensure data integrity and security. We will also need to work with other divisions to manage division-level requests and coordinate appropriate uses of the REALD & SOGI data.
- With the investment in the **Initial Registry**, a patient facing survey tool (mobile app) with QR code functionality, OHA will be able to make it easier for providers to send REALD & SOGI data to OHA and easier for people to provide REALD & SOGI information for themselves in a manner that respects their privacy and is easily accessible (ADA and in multiple languages). The tool has been proven to result in good data quality if workflows are in place to ensure processes, whereby patients/members are asked to answer the REALD & SOGI questions using the mobile app.
- With the investment in the **Initial Repository** we will be able to make it easier to bring together different streams of REALD & SOGI data for automated processing and cleaning. Due to the complexities of the REALD & SOGI data, detailed data cleaning must occur on the raw data prior to analysis being possible. The automation of these cleaning processes contributes to the

Oregon Health Authority: 2023-25 Policy Package

maximization of data completeness and data quality. For example, based on our work with the ONE Repository cleaning, we are able to reduce missingness of REALD race/ethnicity data for OHP members from 40 percent (DSSURS; no cleaning) to 19 percent (ONE; cleaned, average from 2017/18 thru Feb 2022). We anticipate similar or improved results when processing the COVID-19 REALD data. This will enable automation and consistency in the creation of analytic variables which will follow enterprise wide standards set by data governance best practices and community input with a focus on data decolonization. In turn, this will enable data analysts across OHA (OHP) and ODHS (APD, SNAP, TANF) to better understand the populations they serve, improve language access, and identify ways to address inequities by identifying targeted interventions, policies, and meaningful community engagement. The Initial Repository will allow OHA to achieve the following immediate goals:

- Monitor providers' REALD & SOGI data quality and compliance by creating periodic demographic reports
- Publish validated REALD & SOGI data on public facing OHA dashboards
- Use REALD & SOGI data to identify and address inequities in COVID-19 impacts, and among OHP enrollees
- Share clean REALD data with CCOs and FFS contractors who then can more easily use this data to identify and address inequities among their members, and ensure language access
- The investment in the **Enterprise Scale Statewide REALD & SOGI Registry** will expand the Initial Registry to include REALD & SOGI data from health providers and insurers for all members/patients. The ability to offer individuals a direct method to update their REALD & SOGI information and to allow providers to query and update their records as described in Section 2(1)(b) will dramatically improve transparency and equity by removing barriers which

Oregon Health Authority: 2023-25 Policy Package

currently prevent patients, clients, and members from being able to accurately describe their demographics.

- The **Enterprise Scale Statewide REALD & SOGI Repository** will build upon the cleaning processes set up for the Initial Repository, while further enhancing data quality and completeness for nearly everyone living in Oregon. The staffing for governance and Repository requests will carry over from the Initial Repository. This will enable the sharing of clean data files to CCOs and FFS contractors such as Kepro, CareOregon, the ONE data system, and over 30 other major data systems in OHA and ODHS relying on data from providers and insurers.
- This policy package would help OHA achieve the triple aim of better health, better care and lower costs by collecting REALD & SOGI data and bringing that data into the 30+ surveillance systems that currently rely on data from health care providers and insurers. Thereby, this will aid in our ability to monitor data on the health of individuals living in Oregon and using that data to implement meaningful and effective community health strategies.
- This policy package also facilitates the State Health Improvement Plan as most of the 30+ data systems reside in Public Health. The state's health priorities with strategies to advance improvement and measure progress will be greatly enhanced through complete and usable REALD & SOGI data.
- Finally, having usable and complete REALD & SOGI data enables impacted population groups to use more complete REALD & SOGI data for data informed community health improvement and data justice.

Additionally, the success of other policy packages relying on REALD & SOGI data that OHA is putting forward will not succeed without this investment. For example, policy packages that would

Oregon Health Authority: 2023-25 Policy Package

directly rely on the REALD & SOGI data from Enterprise Scale Statewide REALD & SOGI Registry and Registry will be hindered if this policy package is not supported. These include:

- Policy package #201: 1115 Medicaid Waiver
- Policy package #202: Redeterminations & Basic Health Program
- Policy package #406: Public Health Modernization
- Policy package #421: Fee-For-Service Transformation
- Policy package #433: MMIS Staffing Capacity for Compliance Changes
- Policy package #435: PEBB OEGB Benefits Management System Replacement

In addition to the above, efforts proposed in other policy packages would benefit from using quality REALD & SOGI data as proxies of exposure to discrimination and systems of oppression (risk factors) to ensure equity in services and care include the following:

- Policy package #402: Oregon State Hospital Specialized Treatment Services and Supports Program
- Policy package #442: Children's Health Team
- Policy package #415: Adult Intensive Services and Diversion

In summary, this package helps populations impacted by health inequities by ensuring REALD & SOGI data is appropriately captured, stored, and leveraged so that OHA may identify gaps in service continuity and improve patient or person-centered care and services.

Quantifying results

4. What are the long-term desired outcomes?

OHA believes REALD & SOGI data are its best measures or proxies of exposure to the interlocking systems of racism, linguistic discrimination, disablism, transphobia, homophobia, and heterosexism.

Oregon Health Authority: 2023-25 Policy Package

Exposure to harmful systems of oppression have long been associated with poor health outcomes (6). Accurate and high quality REALD & SOGI information enables OHA to understand at a more granular level what communities are impacted and identify the right allocation of resources. Through this we will work to identify focused interventions, enhance policies, and facilitate meaningful community engagement to achieve OHA's 2030 goal of eliminating health inequities.

OHA anticipates making continued progress through 2021-23, establishing an Initial Registry, with a patient facing survey tool, and an Initial Repository, which collects data from the Initial Registry. OHA will be able to monitor House Bill 4212 compliance by providers and publish REALD & SOGI data on a public facing COVID-19 dashboard. CCO's and FFS contractors will be able to access member transmissions.

With this investment, OHA anticipates making the following progress in upcoming biennia:

2023-25 biennium

- OHA and ODHS analysts, with ongoing supports and maintenance of the REALD & SOGI Initial Repository (with COVID-19 and ONE data) would be able to use high quality, more complete, and timely REALD & SOGI data to identify health inequities, reallocate resources, and develop culturally appropriate and accessible interventions to eliminate health inequities by:
 - Storing the raw data in a data environment for future retrieval as needed
 - Processing and cleaning REALD & SOGI data consistently
 - Creating calculated analytic variables for use by analysts across OHA and ODHS
- The Initial Repository and Initial Registry would yield more complete REALD & SOGI demographic data within the ONE population and for COVID-19 reporting.

Oregon Health Authority: 2023-25 Policy Package

- CCOs and FFS contractors would be able to access and retrieve clean REALD and gender identity data ready for analytics and reporting via a flat file initially, and later from a cloud-based interactive data environment.
- Data owners of existing REALD compliant data systems, such as OPERA, ARIAS, and Orpheus, would be able to retrieve REALD & SOGI data for the people in their systems and immediately be able to report on what they know about inequities with respect to COVID-19 and communicable diseases, respectively.
- These efforts would include the 30+ systems relying on data from providers and insurers.
- Providers, health insurers, and community members would be trained by four OEI-led support specialists on REALD & SOGI data collection. This would enable increased REALD & SOGI reporting, high quality data, and the use of culturally appropriate practices to collect this demographic information.

2025-27 biennium:

- REALD & SOGI data would expand to statewide collection with a robust, scalable central REALD & SOGI data Registry and Repository. Providers, health insurers, CCOs, and individuals would be able to use the enterprise Registry and Repository to report, update, and query demographic information.
- REALD & SOGI data would support data justice. OHA, ODHS, CCOs, FFS contractors, and impacted communities could use the data to identify inequities, monitor trends, and inform interventions to address these inequities.

This investment would result in better clinical care with an improved knowledge based about inequities. For example, after New Jersey mandated disaggregated race/ethnicity in hospital discharge data, Chakkalakal and colleagues (7) found that acute myocardial infarction hospitalization

Oregon Health Authority: 2023-25 Policy Package

rates increased for all Asian subgroups except Vietnamese, and suggested that “population health metrics for Asian-American subgroups may be prone to significant underestimation without widespread utilization of similar practices” in collecting disaggregated race/ethnicity data. Further, the more we understand the nature of inequities, the more we can explore and understand causal mechanisms relating to exposure to racism, for example. This is true, not only between groups (for example, between white persons and Black or African Americans), but also within groups (e.g., between African immigrants and African Americans, 8). This policy package represents an investment to build data equity into our data systems so that communities can do data justice. The long-term outcome is better health and improved quality of life for all through the reduction of emergency and charity care expenditures, chronic illnesses, and functional limitations due to chronic conditions, and mortality.

If this policy package is not funded, OHA’s ability to identify and enable opportunities for better health in all communities will continue to be severely limited due to lack of complete, reliable, and timely REALD & SOGI data. Communities most impacted by health inequities, including those who championed House Bill 2134 and House Bill 3159, will continue to be compromised by OHA’s lack of progress. This is an ethical issue and is about equity: “Lack of adequately disaggregated data can contribute to the unmet needs of underrepresented populations by rendering them invisible when policies are made, resources are allocated, and programs are designed and implemented; it reflects systemic inequities and, when oppressed or excluded racial or ethnic groups are involved, systemic racism” (4). Indeed, we run the risk of saying that COVID-19 does not impact certain groups more than others, when in fact we know there are impacts based on aggregated OMB race/ethnicity data for example. Legally, OHA will remain out of compliance with House Bill 2134 (2013) which applies to all programs and activities across OHA; most of the remaining systems in OHA in non-compliance with House Bill 2134 are systems relying on data from providers and insurers. Understanding who is

Oregon Health Authority: 2023-25 Policy Package

disproportionately affected is important for OHA's 2030 goal of eliminating health inequities by identifying targeted interventions, enhancing policies, and facilitating meaningful community engagement.

5. How will OHA measure the impacts on health inequities through this policy package?

Impacts on health inequities would be measured by success in the following areas:

- Whether REALD & SOGI data quality increases. This would indicate provider training and community acceptance successfully produced a Repository that is frequently updated and accurately represents community demographics in real time.
- Whether OHA, ODHS, CCOs and FFS contractors share and use the REALD & SOGI Repository to leverage real time data to identify health inequities, reallocate resources, and develop culturally appropriate and accessible interventions to eliminate health inequities. This would indicate that stakeholders trust the validity of REALD & SOGI data and understand the imperativeness of addressing vulnerabilities within specific populations.
- Whether communities most impacted by health inequities see meaningful progress toward eliminating health inequities. For example, the annual CCO metrics report now includes annual changes in performance by household language. Similarly, the Registry and Repository would allow monitoring across the range of providers and individuals contributing REALD & SOGI data.
- Communities most impacted by health inequities would receive and use more complete REALD & SOGI data to do data justice.

Investment in this package supports a myriad of OHA performance measures that have revealed persistent health disparities, including:

- KPM #1: Initiation of Alcohol and Other Drug Dependence Treatment

Oregon Health Authority: 2023-25 Policy Package

- KPM #2: Engagement of Alcohol and Other Drug Dependence Treatment
- KPM #3: Follow-up after Hospitalization for Mental Illness
- KPM #20: Access to Care
- KPM #21: Member Experience of Care
- KPM #22: Member Health Status
- CCO quality incentive measure: Meaningful Language Access to Culturally Responsive Health Care Services

How achieved

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

House Bill 2134 was passed in 2013 with one funded position to put REALD into practice across the entire agency. This level of resourcing for an agency-wide systems change was insufficient to facilitate coordinated, systematic REALD implementation across the many OHA programs that collect, house, and analyze demographic data.

Between 2016 and 2019, progress was limited to focusing on the ONE system, understanding the data quality issues in the ONE system (OHP) and MMIS. In 2018, the REALD analyst in OEI published [an Assessment of REALD Data Quality in the Oregon Health Plan ONE System Full Report](#). Based upon a deeper understanding of the inherent limitations in the MMIS system, the REALD analyst in OEI developed extensive programming to clean and process the ONE data. The result of this work is considerable. We are now able to reduce missingness of REALD race/ethnicity data by more than half for OHP members from 40 percent (DSSURS) to 19 percent (ONE), based on averages from approximately 2017 through February 2022. Due to these improvements, OEI has

Oregon Health Authority: 2023-25 Policy Package

collaborated with the Health Policy and Analytics division (HPA) to develop a static flat file that can be used by HPA analysts for reporting metrics by REALD. OHA plans to publish an OHA dashboard indicating REALD disaggregated metrics at a statewide level for the first time in fall 2022. The agency continues to work collaboratively across divisions to achieve the full benefit of REALD data and help meet the strategic goal of eliminating health inequities by 2030. This work was also the impetus for the Initial Repository concept.

In 2017, the REALD analyst in OEI convened a group of internal and external stakeholders to develop an OHA policy requiring applicable programs to detail how they will comply with House Bill 2134. The internal policy, along with the inclusion of REALD in OHA's tier one performance measures, helped to improve compliance from about 10 percent in 2018 to 39 percent in June 2022 (28 of 72 major datasets applicable to House Bill 2134). Another 10 data systems are undergoing changes to become compliant over the next few years. In most cases, these data sets or surveys represent cases in which OHA or ODHS staff can control directly how REALD data is collected and can require that the REALD questions are asked according to the standards. However, systems that do rely on data from external sources, such as health providers and insurers, remain largely out of compliance with House Bill 2134.

Due to the pandemic and the lack of REALD data to discern impact of COVID-19, the Legislature passed House Bill 4212 (2020), which required providers to submit REALD for COVID-19 encounters. With additional resources provided by House Bill 3159 in 2021, OEI has been able to better to guide and support the implementation of REALD across the agency and with providers.

Based on lessons learned since 2016, and particularly during the pandemic, the REALD & SOGI unit in OEI clarified that their role as the lead for REALD & SOGI in OHA and with ODHS OEMS. This

Oregon Health Authority: 2023-25 Policy Package

includes developing the business rules for the data dictionary, data cleaning, analyses, and reporting. OEI also monitors data quality and compliance for the ONE system and plans to do this for COVID-19 data once the Repository is built (by December 2022). These actions require a close partnership with data owners/stewards across the agency with OEI acting as the friendly “housing inspectors.” OEI is taking on this role to de-silo efforts relating to REALD & SOGI and to create and foster the conditions for communities most impacted by health inequities to do data justice, so that OHA can eliminate health inequities by 2030.

Additional efforts are currently underway to leverage components of the existing OPERA COVID-19 system and establish a more robust Initial Registry, consisting of reporting from COVID-19 encounters, and an Initial Repository. See below for a description of these efforts.

Within the **Initial Registry**:

- PHD ACDP established components of the Initial Registry for COVID-19 REALD & SOGI data collection.
- OEI and the CRRU collaborated on development of a patient facing survey tool which is an essential component of the Initial Registry.
- OEI, ACDP, and HPA collaborated on provision of a series of webinars to providers to communicate requirements, why we have REALD, how to ask the questions, and to facilitate the development of systems by providers to achieve compliance.
- OEI and the CRRU developed REALD & SOGI training for case investigators.
- OEI and the CRRU are collaborating on a SOGI learning collaborative and a SOGI community of practice.

Oregon Health Authority: 2023-25 Policy Package

Within the **Initial Repository**:

- OEI, ACDP, and the CRRU are collaborating on development of the Initial Repository. This involves reconfiguring how COVID-19 data is processed to include REALD & SOGI data for negative cases as well as positive. These can then be linked to later positive cases with missing REALD & SOGI information.
- The Initial Repository, targeted for completion by December 2022, will consist of data directly from the Initial Registry as well as legacy REALD & SOGI data from a subset of existing agency systems.
- OEI, ACDP, and the CRRU are collaborating on development of SQL coding with Deloitte that will automate cleaning of the REALD & SOGI data from OPERA and will be expanded to include data directly from the Registry, from Orpheus, ARIAS, and ONE.
- The Health Systems Division (HSD) will build a file transfer mechanism by June 2023 to provide clean REALD & SOGI data to CCOs and FFS contractors that they can use to identify and address inequities.

With completion of the **Initial Registry and Initial Repository**:

- OHA will be able to use REALD & SOGI COVID-19 data to identify and address inequities
- OHA will increase compliance with House Bill 2134
- OEI will be able to monitor providers' REALD data quality and compliance with House Bill 4212
- COVID-19 REALD & SOGI data will be published on OHA public facing COVID-19 dashboards.
- Valid REALD & SOGI data will be published on OHA dashboards relating to OHP members
- OHA will be able to use REALD & SOGI data to identify and address inequities in COVID-19 impacts and among OHP enrollees.

Oregon Health Authority: 2023-25 Policy Package

Activities with respect to House Bill 3159 and this policy package include the following:

- In early 2021, OEI, HPA, HSD, and the Office of Information Services (OIS) initiated significant intra-agency planning to forecast a multi-biennium approach to REALD & SOGI implementation under House Bill 3159 and House Bill 2134.
- OEI developed a [REALD & SOGI website](#) page to keep people informed about House Bill 3159 timelines along with options for folks to sign up for email notices as well.
- OEI and HPA collaborated on webinars to keep people informed about House Bill 3159 and upcoming plans.
- In January 2022, leadership from OEI, HPA, HSD, and OIS attended a half-day retreat to achieve consensus on the importance and significance of REALD & SOGI data collection, identify ongoing agency efforts aligned with House Bill 3159, and understand divisional roles in House Bill 3159 implementation.

This policy package is the next step in funding, and the request has been anticipated and established as a future need from prior work based on House Bill 3159.

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

- Expand the existing systems developed for the collection of REALD & SOGI data associated with COVID-19 encounters to apply to all providers and insurers for all patients. However, this is not feasible as these systems do not allow for reporting and updating REALD & SOGI data, as mandated under House Bill 3159. Further, these systems lack the functionalities needed to ensure fidelity in how the data is submitted to OHA. Therefore, this alternative was rejected.
- Continue using demographic information currently available within individual datasets. This option was rejected because it does not fulfill the House Bill 3159 mandate requiring providers

Oregon Health Authority: 2023-25 Policy Package

and insurers to send REALD & SOGI data to OHA on at least an annual basis via the Registry. Nor does it allow for individuals to directly update their REALD & SOGI data.

- Obtain demographic data via linkages of existing state datasets. Within specific populations, such as individuals insured by the Oregon Health Plan, this method somewhat improves the availability of REALD-compliant data and gender identity, but not sexual orientation. This option is rejected because this information is generally only collected at the time of enrollment, and thus is not updated regularly. Further, it does not fulfill the House Bill 3159 mandate requiring providers and insurers to send REALD & SOGI data to OHA on an annual basis via the Registry and does not allow for data corrections or updates.
- Do nothing. If OHA does not collect REALD & SOGI data, it will continue to fail to fulfill the missions of House Bill 2134 and House Bill 3159. Indeed, Oregon has faltered for many years to address the health inequities encountered by Tribal communities, communities of color, immigrant and refugee communities, disability communities and LGBTQIA2S+ communities. We cannot postpone this work if we want to address OHA's goal of eliminating inequities by 2030.

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

REALD & SOGI is a manifestation of data justice as both bills (House Bill 2134 in 2013 and House Bill 3159 in 2021) came from Asian Pacific American Network of Oregon, Oregon Health Equity Alliance in 2013, Coalition of Communities of Color, Immigrant and Refugee Cascade Aids Project, Basic Rights Oregon, Oregon Health Equity Alliance, Racial Justice Council Health Equity Committee, Utopia PDX, Ecumenical Ministries of Oregon Virginia Garcia Memorial Health Center, and many other organizations serving or representing communities most impacted by health inequities.

Oregon Health Authority: 2023-25 Policy Package

This package is a collaborative effort between OHA's Equity and Inclusion Division, Health Services Division, Health Policy & Analytics, and the Office of Information Services. OHA's Equity and Inclusion Division is charged with leading REALD & SOGI implementation for OHA and works closely with ODHS Office of Equity and Multicultural Services who is charged with leading REALD & SOGI implementation for ODHS. The Office of Information Services works in partnership with agency staff and vendors on the technical implementation relating to House Bill 3159 systems. Health Systems Division provides internal agency support regarding REALD & SOGI implementation as it relates to ONE, MMIS, and other health services data systems. Health Policy & Analytics supports OEI's work with REALD & SOGI implementation with external health care providers and insurers. Health Policy & Analytics will also be supporting the Initial Repository and enterprise scale Repository. The Office of Information Services works in partnership with agency staff and vendors on the technical implementation.

Other partners who will be invited to collaborate in this work as we move forward includes: CCOs, FFS providers, insurers, OEI/PEBB, Oregon Association of Hospitals and Health Systems, Oregon Primary Care Association, and many others.

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

No. This policy package is not tied to the legislative concept OHA is proposing that's focused on protecting the privacy of individuals answering the REALD & SOGI questions in any setting, including those on committees, commissions and boards by excluding REALD & SOGI from Public Records Act.

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

Oregon Health Authority: 2023-25 Policy Package

Because the reporting requirements are placed on providers, CCOs, and payers it is reasonable to expect that provider groupings, which are not directly named within the bill itself, will be impacted through efforts to introduce efficiencies in reporting. This includes providers licensed by the boards described within the bill working in county health clinic, Tribal health clinics, or local public health authorities.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

- It is unknown whether enhanced funding might be available from the Centers for Medicare and Medicaid Services (CMS) for the components of this work related to Medicaid programs. This policy package has been priced with the assumption that this work is to the benefit of the entire agency and therefore utilizes the agency-wide cost allocation pool anticipated fund splits.
- The Public Health Emergency will end in December of 2023.
- Work for the patient facing survey tool is included in this policy package.
- Planned work in 2021-23 relating to the Initial Registry and Initial Repository will be completed on time.

Oregon Health Authority: 2023-25 Policy Package

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

Over the course of implementing House Bill 3159, ODHS and OHA would take on new responsibilities including planning for and establishing governance of the proposed REALD & SOGI Repository, Registry, and interfaces. These planning efforts would taper off as components of the project exit the planning phase and enter implementation, which would occur over multiple phases.

During the 2023-25 biennium:

- OEI and HPA would have new responsibilities related to implementing the initial REALD & SOGI Registry and Repository within the ONE population and for COVID-19 reporting.
- OEI would have new responsibilities regarding refining the REALD & SOGI patient-facing survey tool developed for COVID-19 reporting under House Bill 4212.
- OEI would oversee the provider specialist team that trains providers, health insurers, CCOs, FFS contractors, and community members on REALD & SOGI data collection.
- OEI, HPA, HSD, and OIS would collaborate to secure a vendor to implement the statewide Registry and Repository.

During the 2025-27 maintenance and operations phase, OHA and/or OIS in Shared Services would be responsible for supporting onboarding of payers and providers to use interfaces developed for submission of and access to REALD & SOGI data. The nature of this work is indeterminate and would be based on the final design of any User Interfaces or Application Programming Interfaces (API) implemented. This could include activities such as account provisioning and management, password support, API key support and management, or ongoing monitoring to ensure the security of the proposed solution.

Oregon Health Authority: 2023-25 Policy Package

In OHA, several positions have been granted to support onboarding efforts including direct collaboration with CCO and Medicaid partners. This policy package requests additional funding for positions within OEI and HPA to support these new responsibilities and to submit and process an RFP for the enterprise Registry and Repository.

There is no additional impact on OIS.

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

No.

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

A total of ten positions would be needed to implement this policy package. Seven of those positions would be new permanent, full-time positions and three positions would be modified from limited duration to permanent, full-time positions.

OEI positions

- One limited duration Operations and Policy Analyst 4 (OPA4) position in HPA would be modified to a permanent, full-time position in OEI. This position would lead interim REALD Repository data governance efforts and data requests.
- One new permanent, full-time OPA4. This position would serve as a Race and Ethnicity Specialist. The position would work with provider specialists, stakeholders, and data teams to increase readiness and capability in asking and responding to race and ethnicity questions. Furthermore, the position would develop partnerships with stakeholders from communities most

Oregon Health Authority: 2023-25 Policy Package

impacted by health inequities to inform how OHA validates, analyzes, and reports REALD race and ethnicity data from the initial REALD Registry, data environment, and Repository, and future enterprise House Bill 3159 Repository.

- One new permanent, full-time OPA4. This position would provide guidance and expertise regarding current federal and local standards, best practices, resources, and research on SOGI. The position would facilitate capacity building in community and provider settings. A significant proportion of this position's responsibilities would be dedicated to creating partnerships with stakeholders from LGBTQIA2S+ communities to refine SOGI content and data equity policies.
- One limited duration OPA4 position in HPA would be modified to a permanent full-time OPA3 in OEI. This position would support the Repository team and partner with OHA and ODHS colleagues, community partners, and the REALD & SOGI governance committee to inform and support changes to REALD & SOGI standards and analysis protocols.
- Three new permanent, full-time Program Analyst 3 positions. The three new provider specialist positions, working across three regions of the state, will maximize quality REALD & SOGI data collection from providers by assessing and increasing provider readiness, engaging and building relationships with provider leadership and related stakeholders, and communicating provider challenges and successes across interagency REALD & SOGI teams.
- One new permanent, full-time Information Systems Specialist 6 position. This position would oversee the intake, matching, and data storage of the initial and enterprise REALD Registry and Repository.

HPA positions

- One limited duration Research Analyst 4 position would be modified to a permanent, full-time position. This position would fulfill data requests and work with interagency partners on refining the Registry's client index capability.

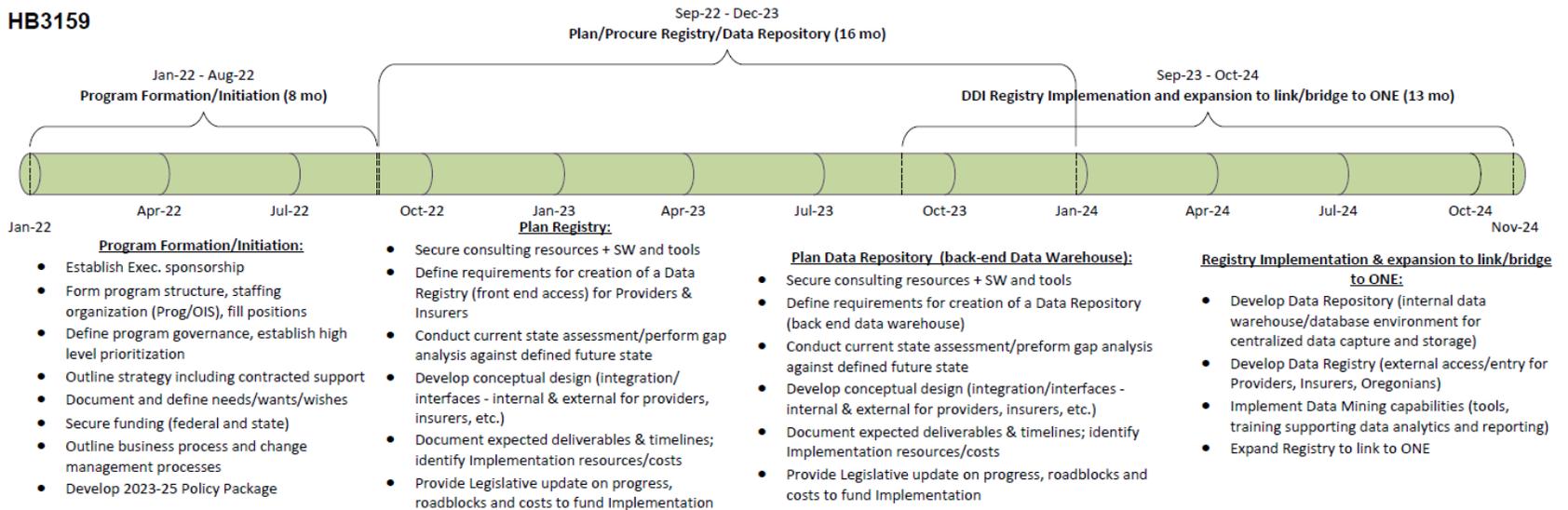
Oregon Health Authority: 2023-25 Policy Package

- One new permanent, full-time OPA3 position. This position would liaise with other divisions to manage division-level requests and coordinate appropriate uses of the initial REALD Registry and Repository. This position may be transferred to divisions for ongoing work.

OIS would leverage existing positions from House Bill 3159 and is not requesting additional staff for the 2023-25 biennium.

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

The following timeline provides a visual representation of expected one-time costs as well as where projected ongoing costs occur:



Oregon Health Authority: 2023-25 Policy Package

Start up and one-time costs include IT Professional Services for hosting (\$3 million), DDI (\$8.75 million), onboarding of external entities and training (\$2.75 million), quality assurance (\$0.25 million), and a vendor to complete the development of the Patient Facing Survey Tool (\$1 million).

Total start up and one-time costs are \$15.75 million.

The Maintenance & Operations (M&O) of the above solutions would be requested ongoing in the 2025-27 biennium.

17. What are the ongoing costs?

- Position-related costs: \$2.0 million in 2023-25 (This will require a 2025-27 phase-in.)
- Second devices for positions, ongoing education, and software in OEI: \$89,000
- Licensing: \$800,000
- Software: \$500,000
- Consulting: \$150,000
- Maintenance and operations support for the patient-facing online survey tool: \$400,000
- Third party Operations & Maintenance for the Initial Registry and Repository: \$750,000 for 6 months (This would require a 2025-27 phase-in.)
- Microsoft Dynamics Licensing (patient-facing online survey tool): \$430,000 for 1 year)This would require a 2025-27 phase-in.)

Total ongoing costs are \$5.12 million in 2023-25.

On an ongoing basis, the maintenance of the Registry, Repository, and corresponding interfaces would comprise direct staffing costs within the agencies but may also include significant ancillary

Oregon Health Authority: 2023-25 Policy Package

costs based on the plan for design, development, and implementation of a solution. This could include vendor costs and ongoing licensure costs.

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

As mentioned above, it is unknown whether CMS will provide enhanced funding for the components of this work that are Medicaid-specific. REALD & SOGI efforts benefit the entire agency and have historically used the agency-wide cost allocation pool to distribute costs to revenue sources. This policy package assumes that will continue. Estimated fund splits are 80 percent General Fund, 7 percent Other Funds, and 13 percent Federal Funds.

19. What are the potential savings?

- With better REALD & SOGI data that can be used to guide clinical care and services resulting in better health for all, we would see reductions in emergency and charity care expenditures and costs related to chronic illnesses and functional limitations due to chronic conditions.
- Centralized storage of REALD & SOGI data and automation of cleansing data irregularities reduces manual processing inefficiencies and improves timely access to and linkages with demographic data. Consequently, health services can be provided swiftly and proactively to all individuals living in Oregon regardless of demographics. For example, future pandemic response may utilize the REALD & SOGI data to provide targeted population health supports to reduce risk in vulnerable communities.
- OHA would realize long-term improvements to data integrity and data equity allowing OHA staffing to transition from processing to analyzing data.
- Centralized storage would decrease redundancies in data storage across multiple environments and data privacy and security containment.

Oregon Health Authority: 2023-25 Policy Package

- The initial and enterprise Repositories would be designed to facilitate linkages with the 100+ state data systems that are required to be REALD & SOGI compliant. This would likely be resource efficient, as having a central source of REALD & SOGI data that is updated at least annually would entail less data storage and processing than retrofitting each individual data system.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$1,589,784	\$111,654	\$115,634	\$1,817,072	7	7.50
Services & Supplies	\$15,256,257	\$1,331,925	\$2,467,668	\$19,055,850		
Capital Outlay						
Special Payments						
Other						
Total	\$16,846,041	\$1,443,579	\$2,583,302	\$20,872,922	7	7.50

Fiscal impact by program

	Central Services OEI	HPA	Total
General Fund	\$16,498,125	\$347,916	\$16,846,041
Other Funds	\$1,443,579	\$0	\$1,443,579
Federal Funds	\$2,680,937	\$(97,635)	\$2,583,302
Total Funds	\$20,622,641	\$250,281	\$20,872,922
Positions	8	(1)	7
FTE	6.50	1.00	7.50

Oregon Health Authority: 2023-25 Policy Package

References

1. Kauh T. Health Affairs Blog [Internet]. Washington D.C.: Health Affairs. 2021 May 18, 2021. [cited 2022]. Available from: <https://www.healthaffairs.org/doi/10.1377/forefront.20211123.426054>.
2. Hasnain-Wynia R, Baker DW. Obtaining data on patient race, ethnicity, and primary language in health care organizations: Current challenges and proposed solutions. *Health Services Research*. 2006;41(4p1):1501-18.
3. Hasnain-Wynia R, Weber DM, Yonek JC, Pumarino J, Mittler JN. Community-level interventions to collect race/ethnicity and language data to reduce disparities. *The American Journal of Managed Care*. 2012;18(6 Suppl):s141-s7.
4. Braveman PA, Arkin E, Proctor D, Kauh T, Holm N. Systemic and structural racism: Definitions, examples, health damages, and approaches to dismantling. *Health Affairs*. 2022;41(2):171-8.
5. Coalition of Communities of Color., OHA REALD & SOGI Unit. Understanding how data justice pertains to our work as a governmental institution. In: Division EI, editor. Portland, OR: Oregon Health Authority; 2022.
6. Yearby R. Structural racism and health disparities: Reconfiguring the social determinants of health framework to include the root cause. *The Journal of Law, Medicine & Ethics*. 2020;48(3):518-26.
7. Chakkalakal RJ, Fox JP, Green JC, Nunez-Smith M, Nallamotheu BK, Hasnain-Wynia R. Hospitalization rates for acute myocardial infarction among Asian-American subgroups: Have we been underestimating the problem? *Journal of Immigrant and Minority Health*. 2018;20(1):20-5.
8. Commodore-Mensah Y, Himmelfarb CD, Agyemang C, Sumner AE. Cardiometabolic health in African Immigrants to the United States: A call to re-examine research on African-descent populations. *Ethnicity & Disease*. 2015;25(3):373-80.

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division
Program:	Behavioral Health
Policy package title:	988 & Behavioral Health Crisis System: 988 call center & crisis stabilization centers
Policy package number:	404
Related legislation:	House Bill 2417 (2021)

Summary statement: House Bill 2417 (2021) directs the Oregon Health Authority to implement, expand and enhance Oregon’s 988 & Behavioral Health Crisis System (988 & BHCS) and declared a state of emergency for Oregon’s struggling behavioral health crisis system. The directive includes enhancement of existing services and expansion of the current system to provide a “no wrong door” approach to ensure people in crisis receive the appropriate level of care through three programs: a statewide 988 call center, expanding mobile crisis team outreach, creating crisis stabilization centers (CSCs) within each county, and developing a seamless continuity of care through follow-up service referral and tracking. This request for funding is specific to (1) ensuring the sustainability and creating capacity necessary to continue meeting federal standards for 988 call centers (2) the design and implementation of crisis stabilization centers statewide. Oregon has received \$5 million from House Bill 2417 for the 988 call centers. However call volume increase in subsequent years will drive resource need to approximately \$21 million in ongoing costs. This is the front door of the continuum of crisis services with relatively less funding need and highest return on investment. In addition, over time, as 988 becomes more well-known and call volume rises, additional resources will be necessary to provide capacity coverage.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$268,839,588	\$28,939	\$71,268,053	\$340,136,580	6	4.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Legislature directed the Oregon Health Authority (OHA) in House Bill 2417 (2021) to build upon and improve Oregon’s coordinated crisis system. OHA proposes this policy package to continue that effort and meet the requirements of the bill by expanding 988 call center capacity and providing access to crisis stabilization centers (CSCs) across Oregon.

House Bill 2417 directs OHA to enhance existing services and expand the current crisis system to provide a “no wrong door” approach to ensure individuals in crisis receive the appropriate level of care. This approach includes establishing a statewide 988 call center, expanding mobile crisis team outreach, creating crisis stabilization units within each county, and developing a seamless continuity of care through follow-up service referral and tracking.

An effective crisis response system includes someone to talk to (988 call center), someone to respond (mobile crisis response), and somewhere to go (CSCs). Due to gaps in the crisis services continuum, individuals in crisis may end up in the hospital or jail systems. This policy package aims to fill the following gaps:

- 988 call centers lack sufficient capacity for call, text, and chat functions at a level that meets the projected need. Over the next five years, OHA anticipates call volume will increase gradually from 80,000 in year one (2022) to over 240,000 from year two (2023) and beyond.
- Statewide access to CSCs, which provide a place for people in crisis to go who need outpatient observation and stabilization services and short-term inpatient beds for people who need more support, but do not need hospital or residential services.

Oregon Health Authority: 2023-25 Policy Package

988 call centers

House Bill 2417 provided funding to begin ensuring people in crisis have someone to talk to by appropriating \$5 million for 988 call center capacity and workforce. In April 2022, OHA was awarded \$2.1 million through a federal grant for training support and workforce capacity at 988 call centers in year one (2022). Oregon's 988 call center projections for implementation are 80,000 calls in 2022, with a gradual increase to 240,750 annually after five years. Correspondingly, annual funding needs for the 988 call center for call, text, and chat functions will grow from \$13 million in 2022 and to \$21 million in 2023 and beyond.

Crisis stabilization centers (CSCs)

To complete the crisis services continuum, Oregon needs to ensure people have somewhere to go by establishing crisis stabilization centers. Currently, individuals in crisis may end up in the hospital or jail systems. CSCs would relieve pressure on those systems and provide an alternative location to go that is more appropriate for the affected communities. CSCs ideally include two levels of care: a 23-hour or less outpatient observation and stabilization service and a short-term (no more than two weeks) inpatient beds for individuals who need more than outpatient stabilization, but don't need to be in a hospital or residential services. In addition, this policy package would ensure the technological needs for each CSC to coordinate with mobile crisis services, 988 call centers, and other behavioral health providers.

Data and Reporting

As Oregon builds out the 988 and BHCS system, OHA, CSCs, and other partners will need current and accurate information regarding service availability and capacity to ensure individuals receive the appropriate level of care in the most efficient way possible. Currently, there is limited visibility into the IT landscape of Oregon's crisis system providers. To propose a solution to integrate information

Oregon Health Authority: 2023-25 Policy Package

sharing and reporting across BHCS providers and services, a comprehensive assessment of current systems is needed, in addition to input from these impacted partners and community members. OHA has begun this assessment in 2022, starting with engagement of CMHPs to understand their current IT systems and processes. Considerable work is still needed to finalize an assessment of all impacted partners and ensure community members are brought into the planning process.

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

This policy package would fund a) additional capacity for 988 call centers to ensure all calls are answered timely as volume increases; b) startup and operational costs to establish 17 crisis stabilization centers (CSCs) across Oregon starting January 2024; c) data integration and reporting for 988 into the BHDW and ROADS System and data collection for crisis services from providers; and d) staffing at OHA for the design and implementation of 988 and the behavioral health crisis system (BHCS).

988 call centers

This policy package requests \$18.4 million General Fund (\$21.2 million Total Funds) for 988 call centers to hire and train crisis intervention specialists, clinical supervisors, and other relevant staff imperative to operating a crisis call center. The added capacity would ensure Oregon is able to answer at least 90 percent of in-state calls with no more than 20 seconds wait time for each call, which is the federal standard. This policy package would fund 51 counselors, 10 supervisors, and 4 quality assurance staff. Implementing a chat and text function is projected to require additional 6 staff per year. 988 call centers are staffed with Qualified Mental Health Associates (QMHA) and Qualified Mental health Professionals (QMHPs), and clinical supervisors trained specifically in crisis intervention and de-escalation for all ages. This is the front door of the continuum of crisis services with least resource need and highest return on investment.

Oregon Health Authority: 2023-25 Policy Package

Crisis stabilization centers

This policy package requests \$249.3 million General Fund (\$316.8 million Total Funds) to establish and operate 17 CSCs that would open steadily from January 2024 to June 2025. This would create about 165 crisis chairs and 238 beds for Oregonians in crisis. The package includes funds for 4 months of operational costs for each center to get off the ground, including staffing, training, and equipment.

Data and Reporting

This policy package also requests \$924k for contracted vendor services to build data integration for 988 data into the BHDW and ROADS systems and enable reporting. This investment would also support data collection for crisis services from providers. The ongoing work to assess the current IT and data landscape will continue with current resources and OHA will produce a landscape analysis and recommendation for the future state of continuum of crisis care data and reporting by the end of the 2023-2025 biennium.

988 & BHCS staffing

This policy package includes \$1.3 million General Fund (\$1.6 million Total Funds) for staffing at OHA to design, implement and ensure the success of the 988 call centers and BHCS system.

988 & behavioral health crisis system (BHCS) project phases

Phase 1: 988 call centers, mobile crisis response expansion, and follow-up service enhancement.

Phase 2: Full expansion of 988 & BHCS including CSCs,

Phase 3: integration into bed capacity tracking and unified platform for data gathering and reporting across the full crisis system of care model.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

This policy package aligns with OHA's strategic goal of eliminating health inequities through the development of more equitable access to behavioral health crisis care for all Oregonians. Building a full continuum of crisis services promotes health equity and would support the diversion of individuals from the emergency department and jail and experiencing a behavioral health response to a behavioral health crisis. Further, this policy package would increase access to culturally, linguistically, and developmentally appropriate crisis services by increasing capacity of 988 call centers and therefore ensuring a larger more diverse workforce that reflects the population they serve. Crisis call centers such as 988 are especially impactful in providing behavioral health crisis intervention and de-escalation services to youth and young adults who are experiencing suicidal thoughts or BH crisis but are hesitant to reach out for clinical help and b) crisis stabilization centers specifically aim to divert individuals from emergency department and jail. Historically, communities of color have been disproportionately experienced adverse outcome such as jail or ED while seeking help for behavioral health crisis. OHA's 988 & BHCS, Equity and Community Partnership, and Recovery and Resilience teams continue to actively work with the Crisis System Advisory Workgroup (CSAW) and the CSAW Steering Committee to ensure the creation of the crisis system is community-led.

This policy package is supportive of OHA's commitment to eliminate health disparities in Oregon by 2030, as communities of color and other communities that have been and are currently economically

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

Oregon Health Authority: 2023-25 Policy Package

and socially marginalized are disproportionately impacted by the lack of comprehensive behavioral health services, especially during a behavioral health crisis. Communities who have historically had less access to health care due to systemic discrimination and racism have a higher risk of encountering law enforcement and first responders and ending up in the emergency department or jail when in crisis.

An alternative number (988) to 911, is critical for individuals who are most disproportionately impacted by inappropriate law enforcement response to a behavioral health crisis. 988 is part of the prevention efforts to divert individuals away from emergency departments and jail by providing an alternative place to go. Individuals who are most likely to need that level of response disproportionately belong to communities of color, LGBTQIA2S+, and individuals with development disabilities (IDD).

Quantifying results

4. What are the long-term desired outcomes?

The development of the statewide coordinated crisis system is intended to increase access to behavioral health services across Oregon. OHA anticipates the following outcomes:

- Improved access to quality community behavioral health services prevents interactions with the criminal justice system and prevents hospitalizations.
- Increased access to quality behavioral health crisis services.
- People can easily access behavioral health services at the appropriate level of care through visibility into bed capacity and a “no wrong door” approach to obtaining services.
- Seamless connections between 988 call centers and crisis response services.

Oregon Health Authority: 2023-25 Policy Package

- People experiencing behavioral health crises can easily access behavioral health treatment that is culturally, linguistically, and developmentally appropriate, while recognizing that crisis response services placed marginalized communities at disproportionate risk of poor outcomes and criminal justice involvement.
- All Oregonians receive a consistent and effective level of behavioral health crisis services no matter where they live, work or travel in the state.
- Prevent suicide deaths.
- Higher quality crisis services workforce with higher competency as well as increased staff retention in crisis services due to system improvement.
- Integrated data and reporting for 988 call centers
- Established data collection pathways for crisis services from providers

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would be use measures disaggregated by REALD and SOGI requirements. The list below captures an initial set of measures that would continue to be built on during the planning phase.

988 call centers:

The contractor would use trauma informed, culturally and linguistically appropriate evidenced-based best practices for data collection and offer opportunities for individuals to engage and provide feedback and recommendations as an essential part of the equitable data collection process. The contractor would collect, analyze, and report granular data that aligns with REALD & SOGI requirements to combat service and systemic inequities inherent in aggregate data and to ensure data-informed decisions and resources are dedicated to mitigating the disproportionate impacts experienced in historically and currently marginalized communities. In addition, the contractor would assume responsibility for and accountability of the behavioral health crisis system data and ensure

Oregon Health Authority: 2023-25 Policy Package

accuracy of the data collected. The contractor would be responsible for providing behavioral health crisis system data to OHA upon request.

Monthly reports from the contractor would include:

- Presenting problem/symptom/issues
- Total number of contacts received, broken down by call, text, or chat.
 - Answer rate
 - Goal: to meet or exceed 90 percent of total calls/texts/chats answered to reduce the amount going to the national back up centers by 10 percent or less
 - Call abandonment rates
 - Goal: of less than 10 percent of total calls
 - Average answer speed
 - Goal: of 90 percent answered in 20 seconds or less
 - Average call length
 - Contact Satisfaction Survey results
 - Goal: of 93 percent or above “favorable.”
- Total number of individuals who contacted 988 via call, text, or chat for themselves
- Total number of individuals who contacted 988 via call, text, or chat for someone else
- Number of contacts for youth and young adults
 - Number and percentage of youth contacts who are 0–17 years of age and callers who are 18–20 years of age
 - Number and ages of youth who contact 988 directly for themselves
 - Relationship to person of concern, if contacting on behalf of a child or young adult
- Total number of calls, texts, and chats transferred from or to the 988 line:
 - Behavioral Health Support Line
 - Alcohol and Drug Hotline

Oregon Health Authority: 2023-25 Policy Package

- County crisis line
- Race Equity Support Line
- Senior Loneliness Line
- Helpers Helping Helpers
- Youthline
- Veteran's Crisis Line
- 911 (includes rescue calls)
- Types of community-based resources that the individual or family was connected to
- Total number and percentage of contacts that were resolved by crisis call centers and did not require an in-person response
- Number and percentage of contacts for youth ages 20 and under that were resolved by 988 call center
- Number of contacts that led to request for Mobile Crisis or MRSS Teams dispatch. Of those contacts, Contractor must also document:
 - Whether contact was through call, text, or chat
 - Time of request for mobile crisis or mobile crisis teams dispatch
 - Name of entity to whom request for mobile crisis or mobile crisis teams dispatch was made
 - Outcome of mobile crisis or mobile crisis teams dispatch request.
- Average number of follow-up calls to individuals
 - Outcome of follow-up calls.
- Number of contacts requesting veterans' services
- Number of contacts coded as suicide in progress

Quarterly reports from the contractor would include:

- The types of contacts received (stated problems/needs).

Oregon Health Authority: 2023-25 Policy Package

- Warm transfer or connection to community-based services, including the type of service and location
- Follow-up utilization failure report identifying reasons individual, or family did not receive services in the community following the call to 988 (self-reported)

Annual reports from the contractor would include:

- Annual budget
- A Quality Improvement Plan focusing on policies, first contact, assessment, referral, and access to local care to ensure there is a comprehensive and coordinated response to individuals at imminent risk for suicide
- 988 call center workforce diversity including:
 - Aggregate data on REALD & SOGI for call center workforce
 - Language and interpretation services availability
- 988 call center training report including:
 - Names of evidence-based trainings approved by OHA on culturally, linguistically, and developmentally appropriate services given to staff
 - Frequency of each training
 - Percentage of staff who have completed training and their designation.

Crisis stabilization centers (CSCs):

- Individuals served (per chair per day)
- Percent of referral accepted
- Referrals from law enforcement
- Law enforcement drop off time
- Referrals from emergency medical services (EMS)

Oregon Health Authority: 2023-25 Policy Package

- EMS drop-off time
- Average length of stay in chairs
- Individuals discharged to the community from UCC Level
- ORS 426 referrals converted to voluntary
- Referred to ED for medical care
- Medicaid Readmission Rate (4–20 days)
- Medicaid Readmission Rate (over 20 days)
- Percent completing an outpatient follow-up visit post discharge
- Total cost of care for crisis episode
- Guest service satisfaction
- Percent of individuals reporting improvement in ability to manage future crisis
- Percent of completed satisfaction survey

How achieved

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

988 call centers:

The Legislature appropriated \$5 million in House Bill 2417 to fund both 988 call centers. OHA has applied and been awarded \$2.1 million through a federal grant for training support and workforce capacity at 988 call centers in year one.

Crisis stabilization centers (CSCs):

Currently, Oregon does not have a network of CSCs. Oftentimes individuals with acute symptoms end up in the hospital system or in jail. House Bill 2417 addressed that gap by directing OHA to

Oregon Health Authority: 2023-25 Policy Package

design and implement crisis stabilization centers as a statewide network of facility-based stabilization services.

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

988 call centers

An alternative that has been proposed in the past to establish a sustainable source of funding for 988 call centers is a 988 fee per phone line per household for telecommunication providers. 911 call centers are funded similarly and a few other states such as Nevada, Washington, and Utah have taken this approach to funding 988. However, this option was not approved or supported by legislators and telecommunication providers.

Crisis stabilization centers (CSCs)

Oregon has a critical need for facility-based crisis stabilization center services for individuals who need more than mobile crisis centers or de-escalation at the location of the crisis. If only 988 call centers and mobile crisis services are available to respond to behavioral health crisis, individuals and families who need facility-based stabilization services would still experience a gap in the continuum of services. These individuals and families would then have to seek services from emergency rooms or could end up in the criminal justice system. Neither emergency departments nor jails are places where appropriate behavioral health crisis intervention and service take place.

Data and Reporting

An alternative that was initially considered and then rejected was more immediate procurement and implementation of a large-scale solution to integrate data, reporting and referrals across all crisis system partners and providers in Oregon. This alternative was ultimately rejected as there has not yet been sufficient engagement of impacted partners and community members to, a) understand the

Oregon Health Authority: 2023-25 Policy Package

current IT and data landscape amongst the crisis continuum of care, and b) reach consensus on the most appropriate integrated solution.

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

Collaboration on this policy package includes but is not limited to the nine-federally recognized tribes and Urban Indian Health Program, consumers, Medicaid providers, CCOs, peer-delivered services community, local community mental health programs (CMHPs), Oregon Council Behavioral Health (OCBH), Crisis System Advisory Workgroup (CSAW), CSAW Steering Committee, Medicaid Advisory Committee (MAC), Oregon Consumer Advisory Council (OCAC), Health Policy Board, Alcohol Drug Policy Commission (ADPC), Addictions and Mental Health Planning and Advisory Council (AMPHAC), Oregon Association of Hospitals and Health Systems (OAHHS), NAMI, law enforcement, emergency medical services, 911 programs, and other first responders.

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

No.

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

This policy package would improve access to 988 & BHCS system services for the nine federally recognized Tribes and the Urban Indian Health Program, Oregon Health Plan members and provide local community mental health programs (CMHPs) and coordinated care organizations the resources to provide the full continuum of crisis services to Oregonians and Tribes. Tribes have the option to

Oregon Health Authority: 2023-25 Policy Package

work with OHA to implement 988 call centers and CSCs that are staffed and run by Tribal communities.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023 for call centers
January 1, 2024 for crisis stabilization centers

End date (if applicable): Not applicable

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

- Brick and mortar, startup costs, and operational costs are based on the capital estimates and the Crisis Now Crisis System Calculator.
- Behavioral health services delivered in a CSCs are Medicaid reimbursable.
- There are no existing state- or agency-owned facilities which could be purchased or acquired through Intergovernmental Agreement.
- Capital costs are estimated based on community need across the state to achieve equity in service between rural, urban, and frontier regions.
- Capital costs are speculated based on needs of a potential procurement process to identify providers who will establish CSCs.

Oregon Health Authority: 2023-25 Policy Package

- We do not have payer parity requiring OHA to support the costs of commercially insured individuals for CSCs.
- OHA's third party consultant and HSD budget estimated a state share of cost based on population data and anticipated Medicaid match and the BH crisis services cost to state funds since crisis services are not covered by payers other than Medicaid.
- There will not be a 988 tax or fee to support the 988 & BHCS system and related services.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

Overall, the anticipation is that as 988 becomes more socialized, call volumes will exponentially increase: 80,000 in year one (2022) to over 240,000 from year two (2023). In addition, behavioral health crisis has had a significant increase in need across all populations over the last two years.

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

The 988 & BH Crisis System includes three programs: 988 call centers, mobile crisis services, and crisis stabilization centers. Following are the critical positions needed for the success of the 988 & BHCS system:

Oregon Health Authority: 2023-25 Policy Package

Principal Executive/Manager E - 988 & BHCS Program Manager

This position will provide system, program, budgetary, and administrative supervision to the staff responsible for the design and implementation of 988 & BHCS. The position will provide much needed management/supervision to the 988 & BHCS system by:

- Developing and implementing policies, procedures, and program priorities consistent with policy established by higher-level officials and by determining the most effective utilization of resources to carry out agency goals and objectives for providing services to target populations.
- Directing the preparation of biennial and interim budget requests for the division or program(s) by determining priorities among requests from reporting staff and by explaining the need for additional resources and obtain resources necessary to implement the 988 & BHCS system.
- Directing the administration and evaluation of the 988 & BHCS system.
- Authorizing redistribution of available resources and may establish administrative control over program or support operations
- Coordinating activities with other agency leadership to ensure compliance with shared policies, program priorities, and applicable laws/rules/regulations.
- Addressing community and professional organizations on program related policies, resolving disputes, direct correspondence, maintaining liaison with representatives of other agencies, community partners, and public.
- Working with legislators and other policy making authorities high level officials, news media, other states to drive program priority and ensure reaching objectives of the 988 & BHCS system through a community led process.

Oregon Health Authority: 2023-25 Policy Package

Operations & Policy Analyst 3

The purpose of this position is to provide development, implementation and accountability of the implementation, operation, and continued administration of 988 call centers in Oregon. The employee focuses specifically on supporting the implementation planning, sustained funding, consistent compliance, evaluation, and improvement of the 988 call centers coordinating internally and externally with stakeholders. This will be done by identifying key stakeholders, design the scope of work as outlined initiative, develop associated policy and program materials, facilitate weekly/monthly program site meetings, as well as monitoring system performance and outcomes of the 988 call center component of the overall 988 & BHCS system. Associated work includes acting as a subject matter expert to support the 988 & BHCS leadership in preparing recommendations for Legislative Session work, Government Relations, OHA leadership and community partners, such as Child Welfare, community justice, Local Alcohol and Drug Policy committees and behavioral health providers. This position must understand the intent, planning and priorities of the 988 call center and all components to be implemented under House Bill 2417 to integrate the other components of the crisis system with the 988 call centers. Projects assigned to this position are sometimes pilots and requires strategic thinking and planning to develop a template for statewide expansion.

The person in this position will manage large and complex contracts that blend multiple funding streams, including federal funding that has separate contracting and reporting requirements. The person in this position is responsible for contract accountability and success. Such work may include corrective action planning or repayment planning with providers.

Externally this position provides technical assistance to local government and community providers so they may expand existing services and develop infrastructure for services serving BIPOC, rural and frontier communities.

Oregon Health Authority: 2023-25 Policy Package

Internally, the position requires extensive partnership, collaboration, and program design with the 988 call centers, Community Mental Health Programs, and Coordinated Care organizations as it relates to the regional crisis system implementation across the state. The position will represent Health Systems Division in this cross-divisional work and be astute at determining when additional leadership is required.

The person in this position will support the 988 & BHCS Program Manager in decision-making to plan, design and direct behavioral health regulations, policies, and priorities. This includes assuring that state and local planning processes are conducted as authorized by state statutes and federal regulations. The person in this position will identify system performance and system development needs, including administrative, legislative, and funding changes to improve the effectiveness of services. The employee will handle complex and potentially controversial agency decisions and may represent the agency in dealings with other state agencies, public and private sector organizations, businesses, and advocacy or special interest groups.

Operations & Policy Analyst 2

This position will coordinate and administer all 988 & BHCS related contracts initiated by the 988 & BHCS team. The position will recommend and plan actions to bring about compliance with 988 & BHCS contracts (including 988 call center, mobile crisis, CSCs), and program goals. Collaborate with 988 & BHCS Program Manager and managers across agency levels to formulate long-range objectives, short-term operational goals, and implementation contracts. Assist agency management by monitoring and tracking program and operational data; participate on committees to gather information or plan studies to evaluate performance data; recommend refinement and development of operating procedures based on results of study. The position will work closely with the contracts

Oregon Health Authority: 2023-25 Policy Package

unit and with federal agencies providing funding opportunities to enhance one or more components of the crisis response system.

Project Manager 3

This position will serve as the project manager for the entire 988 & BHCS system. The position will create, maintain, update, track, monitor and improve the program portfolio and the all the various related workstreams. They will work closely with every staff that coordinate/lead one or more components of the 988 & BHCS and consistently track risks to the program policies, goals and objective, and related mitigation strategies and leadership decisions.

Additional Positions Requested:

Operations & Policy Analyst 2

The Operations and Policy Analyst 2 position would evaluate, manage keep policy, rule, and statute requirements for operational, programmatic and contracting considerations. This position would provide research and technical support for contracts work by researching rules, legislative proposals. They would ensure that contracts contain language to legislative, and other statutory requirements are met in the contract language as written. This position would also provide technical assistance for Medicaid and Behavioral Health Systems which are often integral to the crisis system.

Compliance Specialist 3:

The Compliance Specialist 3 position would monitor, coordinate, ensure compliance across Health System Division across Medicaid Programs and Behavioral Health Programs. They would work closely with program and consult on development of new initiatives throughout the agency. The majority of the work would be broad but would also include detail-oriented tracking and briefing.

Oregon Health Authority: 2023-25 Policy Package

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

988 call centers

The startup cost is \$18.4 million to hire and train crisis intervention specialists, clinical supervisors, and other relevant staff imperative to operating a crisis call center. The startup cost will fund 51 counselors, 10 supervisors, and 4 quality assurance staff. Implementing a chat and text function is projected to require additional 6 staff.

Crisis stabilization centers (CSCs)

The one-time costs associated with the CSCs are the brick-and-mortar costs for the 17 CSCs as well as the startup costs for 4 months of operating costs to support staffing, training, equipment. The specific costs are as follows, \$167.0 million for brick-and-mortar capital costs and \$47.7 million for startup operational funds.

Data and Reporting

One time cost for the 2023-25 biennium of \$924,000 to support contracted vendor services.

17. What are the ongoing costs?

988 call centers:

The startup cost is \$21.2 million to continue maintaining capacity that is built up through start up cost and also fund additional capacity needed as call volume increases.

Crisis stabilization centers (CSCs):

The ongoing costs for Medicaid would be \$29.9 million General Fund and \$170.4 million Federal Funds. Ongoing non-Medicaid costs would be \$57.6 million General Fund only.

Oregon Health Authority: 2023-25 Policy Package

Data and Reporting

None. We anticipate proposing an investment for the 2025-27 biennium if an integrated solution is determined to be the best path forward after completing a landscape assessment and developing consensus among impacted parties.

18. What are the potential savings?

Resourcing 988 call centers at the full capacity will have immediate and long-term savings on the following:

1. Mobile crisis services
2. Emergency department related service including ED boarding
3. Other acute care facilities for behavior health services
4. Residential services
5. Outpatient services

988 call centers are staffed with Qualified Mental Health Associates (QMHA's) and Qualified Mental Health Professionals (QMHP's), and clinical supervisors trained specifically in crisis intervention and de-escalation for all ages. This is the front door of the continuum of crisis services with least resource need and highest return on investment.

The most prominent cost saving as a direct impact of a statewide network of crisis stabilization centers is observed in emergency departments or BH services in acute care settings, including ED boarding, inpatient care, residential treatment services, behavioral health services in the criminal justice system. Long term savings are also anticipated in high intensity and inpatient care specific to individuals with developmental disability with co-occurring mental health needs, and in the foster

Oregon Health Authority: 2023-25 Policy Package

care system in ODHS (adult parents experiencing crisis and ending up in ED or jail contributes to children entering the foster care system).

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

Much of this program is funded by state funds; however, some of the positions are funded through a cost allocation system that includes federal funds. Services delivered in crisis stabilization centers are Medicaid reimbursable.

Funding for program-related efforts is varied and used solely for program costs. No dedicated funds have been allocated to the necessary information systems and data needs to support the program efforts.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos	FTE
Personal Services	\$819,459	\$26,218	\$209,725	\$1,055,402	6	4.50
Services & Supplies	\$18,673,374	\$2,721	\$3,590,536	\$22,266,631		
Capital Outlay						
Special Payments	\$249,346,755		\$67,467,792	\$316,814,547		
Other						
Total	\$268,839,588	\$28,939	\$71,268,053	\$340,136,580	6	4.50

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program				
	Admin	Medicaid	Non-Medicaid	Total
General Fund	\$19,492,833	\$11,836,107	\$237,510,648	\$268,839,588
Other Funds	\$28,939	\$0	\$0	\$28,939
Federal Funds	\$3,800,261	\$67,467,792	\$0	\$71,268,053
Total Funds	\$23,322,033	\$79,303,899	\$237,510,648	\$340,307,025
Positions	6	0	0	6
FTE	4.50	0.00	0.00	4.50

Oregon Health Authority & Oregon Department of Human Services 2023-25 Policy Package

Division:	ODHS, OHA Health Systems Division
Program:	ODHS Self-Sufficiency Programs, OHA HSD Business Information Systems
Policy package title:	Mainframe Migration Provider & Client Payment Systems
Policy package #:	203
Related legislation:	None

Summary statement: Everyone deserves uninterrupted access to needed supports and to the income they earn at work. More than one million Oregonians count on the state’s current mainframe platform to receive their benefit and provider payments. The COBOL programming code on the mainframe system dates to the 1970s and is increasingly unsupported. Mainframe-proficient staff are shrinking in number and hard to replace, resulting in service and payment bottlenecks. There is increasing risk the agency will be unable to make timely payments to Oregonians, potentially for an extended period. ODHS and OHA are therefore jointly requesting resources to upgrade the mainframe platform and ensure continuity of payments and benefits. It is critical to migrate all current mainframe functions to more modern, ideally cloud-based, solutions. Doing so will help avoid the risk of service breakdowns, bring ODHS | OHA technology into alignment with peer agencies, improve flow across information systems, and allow Oregon to fully benefit from its investments in the ONE eligibility system. This package proposes a strategy to plan for and implement a new payment system, move all remaining benefits on the mainframe to the ONE system, and develop a plan to decommission/archive remaining mainframe programs and data.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
ODHS	\$9,253,493	\$1,208,969	\$5,444,560	\$15,907,022	10	7.14
OHA	\$6,749,495	\$5,128,468	\$2,603,053	\$14,481,016	21	14.50
Policy package pricing:	\$16,002,988	\$6,337,437	\$8,047,613	\$30,388,038	31	21.64

Purpose

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

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

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

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

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

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

The project approach has three strategic goals and phases:

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

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

2. A future direction is defined for each item (for example, Gartner TIME model)

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

	6 months	12 months	18 months	24 months
Payment system	Establish governance; assemble team	Define scope; identify vendors	Procure solution	Deploy solution
Move benefits determination to ONE	Establish governance; assemble team	Define scope	Define requirements	Define implementation plan
Decommissioning	Establish governance; assemble team	Identify disposition for each remaining mainframe system	Complete disposition analysis, design cloud environment	Build cloud environment, initiate other disposition actions

Funds for this solution would be used to:

- Procure specialized financial consulting support needed to identify a suitable public sector payments system
- Hire financial analysts with experience in modern payment-processing standards, systems, and practices
- Procure and install the new payments system

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

- Pay the ONE system vendor to implement additional benefits programs in ONE
- Hire additional technology staff to create and operate a cloud environment capable of hosting a new payments system, service authorization system, and many other components that will move off the mainframe
- Pay for technical consulting and implementation work, to move mainframe services to the cloud
- Procure training and modern software tools for our current mainframe team, to help them transition to current technologies and archive or migrate valuable data from the mainframe

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's and/or ODHS's mission and align with its strategic plan?

Migration and modernization of the mainframe environment would support an increase in benefit visibility to clients, and likely increase uptake of benefits, due to their integration into the ONE platform alongside other benefits. Additionally, clients would require less time to apply for all benefits, because the ONE platform facilitates a 'one stop shop' experience for an increased number of benefits. This proposal also reduces the risk of interrupting payments to members of all Oregon communities and of delaying provider services to communities facing inequities. It would improve the agency's ability to respond to the changing needs of those communities. It would also make it easier to collect, store, analyze and use data to provide visibility of equity issues and improve service delivery to these communities. Finally, by increasing capacity it would help to avoid situations where the agency must prioritize one community's needs over another because it isn't possible to advance multiple efforts in parallel.

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

Quantifying results

4. What are the long-term desired outcomes?

This solution would make the agency more flexible and responsive to changing circumstances including federal regulations and policies, which increases trust, compliance and public confidence. When completed, this project would reduce the risk of interrupting payments to members of all Oregonian communities. It would reduce the risk of delaying provider services to communities facing inequities and improves the agency's ability to respond to those communities who are in the most need.

Moving the remaining mainframe-based benefits determination processes to a modern, well-supported system would make it easier and faster to implement changes whether mandated at the agency, state, or federal level. For the last several decades, payment systems have been commercially developed for large customer bases that are configured to meet the customer's needs. Furthermore, commercial payment systems are serviced by a multitude of third-party partners who can assist us with a wide variety of changes to help meet the demands of our communities, programs, legislators, providers and partners. Locating these benefits programs in the ONE system would align with the systems' 'one stop shop' ethos.

Adopting modern systems to replace the current mainframe environment would produce significant secondary benefits which align with Strategy 8 of the Diversity, Equity and Inclusion Action Plan: Diversifying the Workforce and Creating an Inclusive Workplace. This impact is expected because modern systems rely on programming languages, and technological concepts for which there are broader and more diverse hiring pools. This is expected to open doors to applicants with skillsets in those areas.

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

Anticipated outcomes from this solution would include:

- The agency can more easily find resources to work on payments, and find them from multiple sources (vendors, consultants, open recruitment)
- Benefits are more visible to the community, and there is increased uptake of them, due to their integration into the ONE platform alongside other benefits
- Clients require less time to apply for all their benefits, because the ONE platform facilitates a 'one stop shop' experience for an increased number of benefits

Quantifiable outputs from this solution would include:

- A new, vendor-provided payments system has been procured and installed
- The ONE platform determines eligibility for the 6+ benefits programs and 11,000+ Oregonians that are currently determined on the mainframe
- A solution has been identified for future provider authorization for 40,000+ providers

Data on the success of this solution would be gathered from multiple sources:

- Internal recruitment and project staffing metrics
- ONE participation and client satisfaction metrics
- Metrics on the new payment system once implemented
- Moving to a modern, well-supported payment system would make it easier and faster to implement changes to payments, funding, federal reporting

Table –Benefit and Measurement

Benefit	Measurement
Reduce the risk of not being able to make payments to benefits recipients and care providers	A new, vendor payments solution is in place with contractually defined service levels and support availability.
Fill open positions more easily, bringing more resources to bear on agency needs	Recruitment time is decreased for positions that are currently in the mainframe space
Improve flexibility and responsiveness to changing business needs	The volume of work pending in the payments area, and for related programs and divisions, is reduced. New requests are implemented more quickly
Align technology with statewide modernization and cloud forward initiatives	Mainframe solutions are replaced with cloud-based solutions, whether from vendors or internally developed

How achieved

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

Previous efforts to address the problem focused on adding more mainframe staff, procuring contractors, and utilizing system integrators rather than shifting to newer technologies. Those efforts have not been fully successful, as the IT industry has moved almost entirely away from the mainframe: there are simply not enough resources available in the market to meet the agency’s needs. Experienced mainframe staff command very high wages, and the state’s compensation is not competitive with other public and private sector IT employers.

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

Given the lack of overall capacity, the agency has had to prioritize the limited capacity that is available, resulting in suboptimal outcomes. As noted above, OregonSaves was delayed for many care workers. And the agency is currently out of compliance with several federal reporting requirements. The mainframe staff's work is prioritized through IT governance groups comprised of business and IT executives.

Two policy packages (POP 203 Critical Systems and POP 204 Modernization: Financial Payment Systems) were included in the 2021-23 Agency Request Budget to start the work of planning in this critical area. Neither package was funded.

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

Status Quo

Previous efforts to address the staffing problems focused on short-term, less costly solutions such as adding more mainframe staff, rather than shifting to newer technologies. Those efforts have not been successful, as the IT industry has moved almost entirely away from the mainframe. There are simply not enough resources available in the market to meet the agency's needs, address federal regulations, and new policies. Experienced mainframe staff command very high wages, and the state's compensation is not competitive with other public and private sector IT employers. There were two POPs (POP 203 Critical Systems and POP 204 Modernization: Financial Payment Systems) in the 2021-23 Agency Request Budget to start the work of planning in this critical area and both were denied.

Continuing the status quo operation of mainframe systems will retain the risks identified above and over time will increase the risks accumulated with an aging and understaffed workforce. The risks of relying on antiquated, COBOL-based systems became highly visible nationally and in Oregon during

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

the first year of the COVID pandemic; states were not able to rapidly make emergency payments, change benefits rules, and make other adjustments in payments processing. Another large Oregon agency struggled to issue pandemic-related assistance and was unable to scale up its systems to handle a large increase in claimants. The impacts of those issues caused by aging IT systems fell disproportionately on disadvantaged populations.

Failure to fund this investment will cause OHA, ODHS and OIS to pay increased costs for hardware maintenance. In 2022, Enterprise Information Services State Data Center informed its customers that it would no longer be able to operate mainframe hardware due to staffing issues. Instead, EIS is preparing to outsource hardware operation and maintenance to a managed service provider.

If the project was not funded, the largest risk to Oregonians is around benefit and provider payments. With a reduced budget, we would prioritize the payments system replacement first, the ONE benefits migration second, and the provider authorization and other components third. We would defer the lower priority items to a later POP, while continuously seeking opportunities to find funding from other sources for the overall solution.

The risk profile for maintaining a status quo disposition toward mainframe programs was identified as 'not viable.'

- This alternative would not alleviate or mitigate risks identified in staffing, program specialization, system stability and agility and will most certainly result in increasingly disproportionate burden on Oregonian's that have been economically and socially marginalized.
- The high risk of failure to make payments will continue to grow, due to personnel/resource issues.

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

- As mainframe skills, resources and partners become less and less available, we will have more and more risks, delays, and constraints with mainframe-based solutions

Do the minimum amount possible

There are a few identified approaches that incrementally address a better future than the “do nothing” or current state, but minimally:

- A. Reduce personnel risks by adding more positions to the team
 - Currently the mainframe team has 42 positions, of which 13 (30 percent) are unfilled. Recruitments routinely fail multiple times, and candidates do not possess the level of skills we need. The State Data Center is preparing to outsource its mainframe operations to an external partner because they cannot fill internal positions.
- B. Lift and shift (translate) mainframe code to another platform
 - OIS engaged a partner to evaluate the feasibility of migrating the mainframe code to another platform (Microsoft’s Azure cloud platform)
 - Technically, a migration is feasible however it would have significant risks and limitations:
- C. The largest risk to Oregonians is around benefit and provider payments. With a reduced budget, the agency would prioritize the payments system replacement first, the ONE benefits migration second, and the provider authorization and other components third. We would defer the lower priority items to a later funding request and future biennium, while continuously seeking opportunities to find funding from other sources for the overall solution.

This alternative is not viable. “Lift and shift” just moves the problem and doesn't fix the core issues:

- A direct migration to Azure doesn’t address the issue that the payments system has been developed in-house and there is no wider expertise or other source of skills available.

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

- A direct migration doesn't provide any new or improved capabilities; the functionality remains the same.
- The cloud environment is new to the state; we haven't attempted anything close to the scale and complexity of running the current mainframe workloads on Azure. There would be a very high risk of technical and process failures due to our lack of cloud maturity.
- Adding positions does not address the current inability to competitively pay, attract and hire mainframe skilled staff.

Migrate Mainframe Programs [desired solution]

This solution will require investment for the following:

- To procure and install the new payments system
- To pay the ONE system vendor to implement additional benefits programs in ONE
- To hire additional technology staff to create and operate a cloud environment capable of hosting the new payments system, and other components that will move off the mainframe
- To pay for technical consulting and implementation work, to move mainframe services to the cloud
- To procure training and modern software tools for our current mainframe team, to help them transition to current technologies

This project promotes shared, reusable solutions that can be adopted by multiple service areas. Although not in the scope of this effort, a new payments solution could become the default for other new initiatives that have a payments component. Having a robust, well supported, industry-standard solution available means the agency can avoid developing individual solutions for different service areas.

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

Similarly, moving benefits determination from the mainframe to ONE increases its value to Oregonians as a single place to identify the benefits they're eligible for. That in turn encourages current and future benefits programs to use ONE rather than develop their own eligibility processes and tools.

From the IT perspective, adopting more modern and standard solutions expands the range of resources that can be applied to projects and other initiatives. Work that can only be done by the mainframe team today will be easier to assign to other technical specialists in the future.

This solution is the most viable and sustainable of those considered.

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

OIS, ODHS, and the Office of Financial Services (OFS). The agency has also engaged with the State CIO's office, including the State Chief Technology Officer and Data Center Services (DCS). DCS operates the mainframe hardware in the State Data Center for those agencies that still use it.

The ODHS CIO along with the state CTO is forming a workgroup with other agencies still on the mainframe to coordinate and ensure we provide the state an overall approach to moving off the mainframe.

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

No.

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

The mainframe is not directly visible to Tribes or other community members, and as such we have not solicited Tribal or community input on what they believe would be suitable technologies to replace it.

The Service Employees International Union (SEIU) has expressed concerns in the past about initiatives like OregonSaves that have been delayed and had an impact on their members. The union has sought assurances from the agency that ODHS | OHA will take steps to ensure the agencies can meet commitments to its members within agreed timeframes. This solution recognizes those concerns and aims to address them by shifting to more modern technical platforms where the agencies can add resources more easily and respond more quickly to changing needs.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): TBD, this will be a multi biennia effort

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

- The three elements of the POP are somewhat independent of each other, and work can proceed on them independently. However, resources are a constraint in all areas and may limit flexibility.
- Migration of benefits determination from the mainframe to ONE will remain a priority of ONE system governance and unforeseen circumstances will not draw resources away from the project.
- This investment includes vendor and consulting resources and new positions that would reduce the impact of implementation work on active, ongoing mainframe projects and priorities. However, even with those resources it is possible that there would be conflicting demands for current mainframe team resources; the agencies will monitor the capacity and priorities of the team and resolve any issues appropriately and in a timely manner.
- Microsoft's Azure cloud is the target platform for migrating mainframe programs and data.
- The current mainframe team does not have the capacity and modern technology skills to execute a migration to more modern platforms, therefore additional resources will be required.
- Cost of professional services is assumed to be in alignment with other comparable efforts.
- Resources (both internal to the agency and externally/vendors) with the necessary skills will be available
- Only Deloitte can implement new functionality in the ONE system.
- The start of the new ONE maintenance and operations contract in July 2023 does not adversely impact work in progress.
- This solution anticipates demographic and retirement trends in the aging mainframe team.

13. Will there be new responsibilities for OHA, ODHS, and/or Shared Services? Specify which programs and describe their new responsibilities.

ODHS would lead the migration project, including overseeing of contractors, procurement and implementation of new software solutions with support from OIS. OHA staff would participate in business requirements gathering and supporting the migration to ensure ongoing services are not disrupted.

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

It is not anticipated that this project would affect client caseloads; however, it would ensure payments are not interrupted, and benefits determination will be more easily accessible by Oregonians.

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

The Office of Information Services requests a total of 19 new positions to support implementation of a new payment system and migration of the mainframe. These positions include Information System Specialists, Operations & Policy Analysts, a Project Manager, a Fiscal Analyst, and a Principal Executive Manager and Administration Specialist.

ODHS is requesting a total of 10 new positions. These positions include Operations & Policy Analysts to support testing requirements of the APD and SSP legacy systems related to the migration efforts, including the mainframe-based payment system, as well as an Accountant, Project Managers and a Training & Development Specialist to support migration.

Two OPA3 staff would support OHA's Health Systems Division in the migration to a new solution as it relates to integrating with MMIS and other existing OHA systems.

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

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

All costs are ongoing — please see table in question #17.

17. What are the ongoing costs?

	General Fund	Other Funds	Federal Funds	Total Funds
ODHS				
Ongoing OFS & ONE Staff Costs	\$395,225	\$748,270	\$573,003	\$1,716,498
Ongoing OIS Contract Costs (Shared Services Funding with OHA)	\$8,858,267	\$460,699	\$4,871,558	\$14,190,524
OHA				
Ongoing HSD Contract Costs	\$76,315	\$0	\$228,945	\$305,260
Ongoing HSD Staff Costs	\$95,934	\$0	\$287,782	\$383,716
Ongoing OIS Staff Costs	\$94,436	\$3,904,578	\$25,345	\$4,024,359
Ongoing OIS Contract Costs (Shared Services Funding with ODHS)	\$6,482,810	\$1,223,890	\$2,060,981	\$9,767,681
Policy package pricing:	\$16,002,988	\$6,337,437	\$8,047,613	\$30,388,038

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

18. What are the potential savings?

Once the mainframe has been completely migrated to new environments, the agencies expect to save on staff and technology costs related to current operations and maintenance of the legacy mainframe system. This is an expected savings of approximately \$6.15 million per year.

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

Please see the table in question #17 for a breakdown of state General Fund and Federal Funds sources and split by agency. The source of ODHS Other Funds are Waiver-Case Management. The source of OHA Other Funds is a mix of General Fund and Federal Funds — this is the accounting method to track OIS costs.

OHA, OIS, SAEC total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$101,591	\$3,606,862	\$260,636	\$3,969,089	21	14.50
Services & Supplies	\$165,094	\$297,716	\$281,436	\$744,246		
Capital Outlay						
Special Payments	\$6,482,810	\$1,228,890	\$2,060,981	\$9,767,681		
Other						
Total	\$6,749,495	\$5,128,468	\$2,603,053	\$14,481,016	21	14.50

Oregon Health Authority & Oregon Department of Human Services: 2023-25 Policy Package

ODHS (OFS, SAEC, ONE,) total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$337,186	\$705,961	\$501,588	\$1,544,735	10	7.14
Services & Supplies	\$58,039	\$42,309	\$71,415	\$171,763		
Capital Outlay						
Special Payments	\$8,858,268	\$460,699	\$4,871,557	\$14,190,524		
Other						
Total	\$9,253,493	\$1,208,969	\$5,444,560	\$15,907,022	10	7.14

OHA, OIS, SAEC total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$101,591	\$3,606,862	\$260,636	\$3,969,089	21	14.50
Services & Supplies	\$165,094	\$297,716	\$281,436	\$744,246		
Capital Outlay						
Special Payments	\$6,482,810	\$1,228,890	\$2,060,981	\$9,767,681		
Other						
Total	\$6,749,495	\$5,128,468	\$2,603,053	\$14,481,016	21	14.50

Fiscal impact by program

	ODHS	OHA			Total
General Fund	\$9,253,493	\$6,749,495			\$16,002,988
Other Funds	\$1,208,969	\$5,128,468			\$6,337,437
Federal Funds	\$5,444,560	\$2,603,053			\$8,047,613
Total Funds	\$15,907,022	\$14,481,016			\$30,388,038
Positions	10	21			31
FTE	7.14	14.50			21.64

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Office of the State Public Health Director
Policy package title:	Public Health Modernization
Policy package #:	406
Related legislation:	House Bill 2348 (2013); House Bill 3100 (2015); House Bill 2310 (2017); Senate Bill 253 (2019) House Bill 2965 (2021), Senate Bill 1554 (2022)

Summary statement:

Since 2013, Oregon has been on a path to fundamentally shift its practice to ensure essential public health protections are in place for all Oregonians through equitable, outcomes-driven and accountable services. The groundwork laid through initial investments in public health modernization have been critical to Oregon’s management of the COVID-19 pandemic. However, the COVID-19 response has highlighted continued inequities in health outcomes and gaps in the public health system, specifically in health equity and cultural responsiveness and apply equity principles across all areas of public health practice. This policy package supports continued implementation of the key public health priorities selected by the Oregon Public Health Advisory Board (PHAB) for the 2023-25 biennium and builds on this work by making comprehensive investments across the public health system and elevating work that directly mitigates health inequities. Not funding this policy package puts at risk OHA’s ability to ensure basic public health protections included in statute are available to every person in Oregon and challenges OHA in continuing to meet the deliverables and timelines prescribed in House Bill 3100 (2015).

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$285,999,330	\$86,986	\$(733,308)	\$285,353,008	98	73.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Oregon families and communities continue to face new and increasingly complex public health threats. These public health threats do not impact all Oregonians equally. Systemic racism and historical and contemporary injustices have led to health inequities in the state and these inequities have been laid bare, and exacerbated by simultaneous public health emergencies along with long-standing and emerging public health threats. Most recently, people in Oregon have experienced COVID-19, a communicable disease that severely strained the health system and produced disparate impacts on people in Oregon. The demands on Oregon's public health system continue to increase as the impacts of COVID-19, continue to come to the fore (such as increased social isolation, alcohol use and youth behavioral health needs) and other communicable disease threats like hMPXV and highly pathogenic avian influenza emerge. People in Oregon also experienced extreme wildfires which displaced many people and produced wildfire smoke and dangerous air for weeks across entire regions of the state. These wildfires are consequences of a changing climate and, again, the burden of the fires is disparate. While Oregon has seen health improvements for some, some groups like communities of color and households living on low-incomes continue to experience an unjust burden of disease, are more exposed to hazards and have fewer resources (for example, access to care, culturally-responsive interventions and others) to support resilience and recovery. These compounding health needs require a public health system that is equity-centered, community-led and nimble.

In 2013, recognizing the need for a public health system that can support Oregon's health system transformation and achieve the Triple Aim, the legislature set a goal to have a public health system for the future. In 2016, all state and local public health authorities completed an assessment of capacity to implement foundational public health programs. Those assessments found significant gaps in the state's ability to manage new communicable disease outbreaks, center equity and be culturally and linguistically

Oregon Health Authority: 2023-25 Policy Package

responsive to community health needs, proactively measure and mitigate environmental impacts to human health, and collect and report public health data that is needed to solve emerging public health problems. Additionally, the COVID-19 pandemic highlighted inability of the public health system to ensure equitable health outcomes for all people in this country.ⁱ Now, public health system partners have a real understanding of the resources needed to respond to a pandemic and how pandemic response further complicates already-complex public health risks. Comprehensive efforts toward health equity require a shift in resources, moving from a chronically underfunded public health system to one that has the necessary resources to address these risks.^{ii iii}

This policy package supports continued implementation of the key public health priorities selected by the Oregon PHAB for the 2023-25 biennium. These priorities aim to accelerate work toward health equity for communities of color, Tribal communities, immigrant and refugee communities, LGBTQIA2S+ communities, people living in rural Oregon, people with low income and other groups that experience intersecting oppressions.

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

Oregon is on a path toward achieving a public health system that is accountable for eliminating health inequities, prioritizes disproportionately impacted communities in prevention and response efforts, and achieves improved health outcomes. COVID-19 accelerated investments in health equity and forced Oregon to take a deeper look into the systems that create and exacerbate inequities so that the root causes of poor health can be addressed holistically.

The 2023-25 public health modernization efforts focus on expanding investment in and cementing partnership with community, prioritizing a public health workforce that is adequately trained, responsive and valued, and continuing to support the growth of healthy and resilient communities.

Oregon Health Authority: 2023-25 Policy Package

The 2023-25 policy package for public health modernization would:

- Invest in public health workforce development and retention;
- Build on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats;
- Invest in governmental and community public health initiatives that engage Oregonians directly;
- and
- Result in broad implementation of public health modernization across the Oregon public health system.

Specifically, funding this policy package would result in the following system changes that are critical for protecting people from communicable disease, environmental health threats, and chronic disease, as well as bolstering access to reproductive health services:

- Coordinated, statewide systems for responding to communicable disease and environmental health threats, including access to culturally and linguistically responsive services.
- Prevention initiatives that include local expertise to protect people from acute and communicable diseases.
- Healthy and resilient built environments.
- Plans and action to mitigate climate risks to public health.
- Emergency preparedness and response systems for environmental health-related events.
- Plans for expanded access to healthy foods and opportunities for physical activity and community resiliency from exploitation that undermines health.
- Data infrastructure that supports community-led, equity focused data collection and dissemination.
- Cross-sector coordination, including with health systems partners, to ensure access to preventive health services for every person, and cross sector partnerships to eliminate health inequities.
- Critical infrastructure supports for reproductive health clinical providers.

Oregon Health Authority: 2023-25 Policy Package

Foundational Capabilities

A public health system that is inclusive, nimble and representative is equipped with a set of skills and tools – foundational capabilities – that are the pillars for how the public health system protects people from health threats and achieves health for all.

Under ORS 431.131 and 431.141, the governmental public health system is required to provide foundational public health programs and capabilities. These **seven foundational capabilities** describe the framework in which this policy package would achieve the goals listed above and make progress toward an equitable Oregon.

- **Health equity and cultural responsiveness:** Ensure public health programs are co-created with communities and public health programs are culturally and linguistically competent.
- **Assessment and epidemiology:** Analyze data to understand emerging trends for communicable disease and environmental health threats; make data readily available to communities and partners who rely on the information and use data to implement culturally and linguistically responsive interventions.
- **Community partnership development:** Leverage coordinated care organizations, government agencies and other cross-sector partners and invest in community partners to increase the impact of public health modernization work in communities.
- **Emergency preparedness and response:** Work with communities and partners to prepare for, respond to and recover from public health threats and emergencies; ensure that populations most at risk are at the center of planning efforts.
- **Leadership and organizational competencies:** Develop the public health workforce to be better equipped to nimbly respond to new public health threats; use performance management and quality improvement to ensure that public health interventions are resulting in improved outcomes; spread

Oregon Health Authority: 2023-25 Policy Package

capacity from public health modernization across public health program areas; build clinical program infrastructure

- **Communications:** Ensure timely risk communications and proactive communications that are culturally and linguistically responsive.
- **Policy and planning:** Engage with partners, decision-makers and communities to develop and implement policy solutions that are responsive to community needs.

Foundational programs are the “nuts and bolts” work of public health modernization which cannot be successful without comprehensive foundational capabilities. In Oregon, foundational programs include topic-specific work and generally sit in one of the following categories:

- Environmental Health
- Prevention and Health Promotion
- Access to Clinical and Preventative Services
- Communicable Disease Control

This policy package would be managed by the Oregon Health Authority, Public Health Division (OHA-PHD). Throughout 2022, OHA-PHD will continue to convene local public health authorities (LPHA) and Tribal public health (TPH) authorities, community-based organizations, state agencies and representatives from other sectors to develop plans for the implementation of funded work to achieve equitable health outcomes and mitigate the highest risk impacts to health across the state. OHA-PHD will continue to evaluate efforts and outcomes from the current investment and adapt work to incorporate lessons learned into subsequent investments. This package is a continuation of investments over the past three biennia and, therefore, implementation is ongoing.

The specific work in this policy package includes:

Oregon Health Authority: 2023-25 Policy Package

Foundational Capabilities	
Oregon Health Authority-Public Health Division	Provide leadership and partnership for a community-based and equity-centered approach to public health in Oregon
	Build centralized support for public health programs to structurally include community voice and co-creation into practice
	Manage local and Tribal public health authority contracts and grants to community-based organizations
	Provide technical assistance to local, Tribal, community-based organization and clinical partner grantees to support program implementation
	Provide comprehensive translations, interpretation and accessible communications
	Maintain and annually report on public health accountability measures
	Implement data decolonization and survey modernization
	Implement transformation of statewide data systems to diversify data collection and analysis
	Fund community partners and Tribal public health agencies to collaborate in developing state systems for data linkage to be responsive to local needs
	Expand public health and healthcare data exchange
Implement staff training and consultation related to data justice initiatives	
Local public health authorities	Increase workforce capacity, including training and retention, to support bolstering of foundational capabilities and programs
	Expand cross-sector and community partnerships (for example, with CCOs to reduce access barriers for preventive care, with CBOs to expand use of community health workers)
	Co-create health-related interventions with the community
	Hire, train and retain staff for culturally and linguistically responsive activities (for example, health services navigator, community liaison, communications specialists, research staff)
	Ensure consistent staffing across regions (for example, minimum FTE for foundational programs, epidemiologist)
	Develop and invest in community-centered data systems

Oregon Health Authority: 2023-25 Policy Package

	Build community capacity to collect, analyze and use public health data
	Develop comprehensive local modernization plans, as required in Oregon statute
Tribal public health authorities and NARA	Develop and implement Tribal health assessments and improvement plans
	Strengthen partnerships with local and federal public health agencies
	Improve data collection, management and reporting infrastructure so Tribes can easily access their unique data to inform health improvement assessment, planning and programs implementation
	Modify or build physical infrastructure (including facilities) to expand public health programs in Tribal communities
	Expand capacity for Tribal emergency preparedness and all hazards readiness
	Ensure opportunities for Tribal collaborations for public health modernization
	Train Tribal public health staff in core public health functions, including health equity
Community-based organizations	Ensure alignment with goals to eliminate health inequities and support community resilience and recovery
	Collaborate on data justice initiatives, including implementation of culturally specific data collection
	Build capacity for advocacy for community-centered policy development
	Develop workforce by increasing opportunities for training, mentorship and development of technical skills
	Support opportunities for continuing education
Reproductive health clinical delivery system partners	Build operational infrastructure to support patient access to comprehensive reproductive health services

Oregon Health Authority: 2023-25 Policy Package

Foundational Programs	
Oregon Health Authority-Public Health Division	Provide epidemiology support by region
	Implement statutorily required environmental health regulations
	Provide subject matter expertise on environmental health risk mitigation
	Collect and report population health data for the public health system and its partners
	Provide technical updates to the Oregon State Public Health Laboratory (OSPHL)
	Convene partners to develop and implement a framework for using data to identify leading environmental risks to human health and corresponding plans to mitigate risks
	Invest in state public health workforce development, retention and wellness initiatives
	Expand staff capacity to provide data, resources, communications support for chronic disease prevention
	Implement a statewide plan to manage threats to the environment and human health as a result of changes to Oregon’s climate
	Coordinate acute and communicable disease outbreak investigations, including communicable disease testing at the OSPHL.
Local public health authorities	Monitor and regulate environmental health risks within communities
	Provide subject matter expertise or lead environmental health initiatives that support climate change resilience and mitigation (for example, land use, natural resource, transportation, local food supply chain, farm worker communities)
	Convene local partners to develop, exercise and implement emergency preparedness plans
	Increase local investments in community health improvement plans (CHIP)
	Implement chronic disease and injury reduction policy strategies
	Track cases of acute and communicable diseases to ensure individuals and their families receive treatment to curb the spread of disease

Oregon Health Authority: 2023-25 Policy Package

Tribal public health authorities and NARA	Establish and expand Tribal environmental health programs to ensure safe environments for Tribal members, their families and children
	Complete environmental public health assessments with each federally-recognized Tribe in Oregon
	Establish and expand Tribal maternal and infant health programs
Community-based organizations	Co-create culturally and linguistically responsive public health interventions; partner with local public health authorities and other public health system entities on issues such as access to services broadly, mental health services, emergency response and supports for long COVID-19
	Collaborate on or lead environmental justice initiatives
<u>Reproductive health clinical delivery system partners</u>	Support equitable access to reproductive health services

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

This policy package seeks to directly change systems and environments with the goal of eliminating health inequities. Investments in public health modernization ensure that governmental public health and community public health partners have the resources necessary not only to solidify a foundation upon which to identify health inequities, but also to build and redesign systems that eliminate those inequities.

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

Oregon Health Authority: 2023-25 Policy Package

By funding a breadth of local agencies and organizations, investments in public health modernization would further shift resources and power to communities. In addition, continued investments provide meaningful, centralized systems (for example, data, technical assistance, training, fiscal oversight, and contracting) that support statewide collaboration. These efforts, driven by lessons learned during the COVID-19 pandemic, aim to achieve health equity and equitable health outcomes for all people in Oregon.

More specifically related to health equity, this policy package means:

- Substantial investment in local public health and communities to expand and sustain capacity to co-create, plan and lead interventions to address public health threats.
- Progress toward eliminating inequitable health outcomes and anticipated reductions in healthcare costs related to communicable diseases and chronic diseases.
- Solidified partnerships with other governmental agencies and partners to address and respond to inequities related to the social determinants of health^{iv}.
- Justice in data through modernized data systems and infrastructure that include community-led data collection and reporting and a decolonized approach to public health data.
- Investing in antiracist governmental and community public health initiatives that engage Oregonians directly
- A public health workforce representative of the communities served, skilled in the foundational capabilities, cared for and valued and prepared to respond to future public health emergencies and ongoing public health threats.

Quantifying results

4. What are the long-term desired outcomes?

The long-term outcomes are to eliminate health inequities and to establish a structure of continued support to ensure sustained equity. OHA recognizes the need to work with communities to equitably distribute or

Oregon Health Authority: 2023-25 Policy Package

redistribute resources and power. To achieve long-term outcomes, this policy package includes adjustments to public health modernization efforts based on feedback from community organizations, LPHA, Tribal governments and other partners. In addition to ongoing engagement to co-create public health programs with communities, this policy package increases direct investments in community, centers community priorities, increases investments in local public health workforce infrastructure and expands program initiatives to include efforts to reduce chronic disease.

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would measure the success of this policy package through achievement of established public health accountability metrics, which are collected and reported annually. At the proposed funding level, OHA-PHD would provide incentive payments to local public health authorities based on their achievement of process measures established within the funded areas.

Public health accountability metrics continue to shift to reflect community priorities and focus attention on the economic and social injustices that result in health inequities. OHA-PHD expects new metrics that reflect this shift to be in place in 2022. This policy package also includes resources for a comprehensive evaluation by OHA-PHD and LPHA and TPH to identify successes and areas for improvement.

Finally, OHA-PHD would identify the public health system's progress toward eliminating health inequities through annual reporting of key population health measures.

- Workforce development opportunities provided and participation in learning or training opportunities
 - Anti-racism training for PHD employees with affinity spaces and conversations to support staff of color.
 - percent of management reviews completed each year.
 - percent of staff reviews and performance goal setting completed each year.

Oregon Health Authority: 2023-25 Policy Package

- Employee retention by REALD.
- Public health system workforce recruitment and retention (State, local, community, Tribal)
- Total funding allocation and distribution to local health authorities, tribes and CBOs
- Number of multi-drug resistant organisms investigated in long term care facilities with evidence of transmission
- Number of birth or death records processed each year by the vital records modern informatics systems meeting national timeliness and quality performance measures allowing more timely assessment of excess deaths, out of hospital births, births, and deaths associated with emerging infections, suicide, and opioid addiction by race, ethnicity and location.
- Number of laboratory records processed each year by OSPHL (to measure Modernized informatics capacity for Oregon State Public Health Laboratory to efficiently process increasingly complex laboratory information system data)
- Within each region:
 - Number of communicable diseases investigated by regional epidemiologists categorized by race.
 - Number of outbreaks investigated by regional epidemiologists categorized by race
 - Vaccine preventable disease (such as acute hepatitis A and B, pertussis, measles, mumps) rates categorized by race
 - Foodborne disease (such as shiga toxin-producing E. Coli, salmonella and shigella) rates categorized by race.
 - Vaccine preventable diseases and foodborne bacteria rates among houseless populations

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

In the 2017-19, 2019-21 and 2021-23 biennia, OHA-PHD leveraged federal grants and restructured existing positions to expand the reach and impact of the 2017-2023 legislative investments in public health modernization. OHA-PHD also quickly adjusted positions and funding to respond to the COVID-19 pandemic, demonstrating the benefit of a modernizing public health agency. Through this process, OHA-PHD identified gaps and areas for improvement which this policy package seeks to address.

Distribution of legislative investments since 2017:

	2017-19	2019-21	2021-23
LPHAs	\$3.9 million	\$10.3 million	\$33.4 million
Tribes and NARA	-	\$1.1 million	\$4.4 million
CBOs	-	-	\$10 million
OHA	\$1.1 million	\$4.2 million	\$12.8 million
Total	\$5 million	\$15.6 million	\$60.6 million

- In 2017-19 most funds were allocated to eight regional partnerships of LPHA and their key partners, reaching 33 counties.
- In 2019-21, in addition to funding regional models, funds were allocated to each LPHA. For the first time, funds were distributed to most Tribes, the Native American Rehabilitation Association (NARA), and the Northwest Portland Area Indian Health Board. Using innovative service delivery models, funding reached communities most likely to experience health inequities or gaps in access to public health services.
- In 2021-2023, funds were distributed to LPHAs, tribes and tribe-serving organizations. OHA-PHD distributed funds to 147 community-based organizations and established a community engagement program at OHA-PHD.

Oregon Health Authority: 2023-25 Policy Package

- Funds to LPHAs support efforts to plan for local and regional public health interventions that support equitable climate adaptation, building capacity for cross-sector engagement in climate and community health improvement plans and continuing to track cases of acute and communicable diseases.
- Funds to CBOs support communities with information and messengers that are trusted and culturally and linguistically responsive to community needs. This includes support for wraparound services during the COVID-19 pandemic.
- OHA-PHD continues to work closely with Tribal governments and organizations serving Tribes to support building of public health infrastructure carrying out community health assessments and improvement plans.

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

OHA-PHD has explored whether additional federal funding might be available for this policy package. OHA-PHD has requested permission from the Legislature to apply for a new grant from the Centers for Disease Control and Prevention. The funding opportunity, called Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems, is an important yet insufficient investment to fill the gaps in public health infrastructure across the entire state over the five-year grant period. If funding is allocated to OHA-PHD for this purpose, it would support public health modernization at OHA-PHD and could alter the General Fund request for this policy package.

Separate from this request, OHA will continue to align its funding streams to further support public health modernization to the extent possible based on federal funding restrictions.

Oregon Health Authority: 2023-25 Policy Package

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

The PHAB, a committee of the Oregon Health Policy Board, guides this policy package by setting overarching priorities.

OHA-PHD partnered with community-based organizations to understand community priorities and ensure they are included in this policy package. This has been done through a series of meetings with the CBO Advisory Board, and with a joint LPHA/CBO workgroup structure. OHA-PHD partnered with a workgroup of local public health leaders to develop priorities and anticipated outcomes for an increased investment. All LPHA have been engaged also through the Conference of Local Health Officials and federally-recognized Tribes will be engaged through the Senate Bill 770 Health Cluster meeting and, if requested, formal consultation. OHA met with the Tribal Health Director of each federally-recognized Tribe and Urban Indian Program to identify each Tribe and NARA's unique 2023-25 public health needs.

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

No.

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

This policy package invests in Oregon's public health system, with targeted investments in LPHA, TPH and in CBOs. LPHA and TPH efforts include public health responsibilities related to the seven foundational capabilities listed above. CBO efforts include the co-creation of public health interventions grounded in equity and partnership with other public health system partners to inform actions and solutions that work for communities. For OHA-PHD's work funded in this policy package to be successful, OHA-PHD would

Oregon Health Authority: 2023-25 Policy Package

collaborate with several state and local agencies and the sectors they support, and with coordinated care organizations and other health systems partners.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

- Public health will be fully funded to address the needs of people in Oregon through this policy package
- OHA-PHD will have sufficient revenue to address outbreaks, prevention and disparate health outcomes for state, local, Tribal and community work.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

Yes.

Oregon Health Authority: 2023-25 Policy Package

Public Health

OHA-PHD would be responsible for overseeing all contracts and grants included in this policy package in addition to implementing the state-level public health functions needed to improve health outcomes related to the foundational capabilities and programs. Other new responsibilities include:

- Support community outreach and listening sessions, systemic integration of community feedback and technical assistance, guided by the new PHD Equity Office.
- Technical assistance and subject matter expertise, including data analysis, on population strategies addressing physical activity and nutrition
- Support regional collaboration for emergency response with regional all-hazards epidemiologists.
- Infrastructure for survey modernization and inclusive data collection systems.

Office of Information Services

The Office of Information Services would be responsible for implementing public health data system upgrades that are essential for the public health system. For example:

- Collect and report data to LPHA, TPH community-based organizations and other partners so that data can be used for program and policy decision-making.
- Support the OSPHL's whole genome sequencing efforts.

OHA-PHD has consulted OIS on development of this proposal and has included six OIS positions to support the work.

Program Design and Evaluation Services

PDES would be responsible for supporting modernization efforts for the Student Health Survey and Oregon's Behavioral Risk Factor Surveillance Survey input, including coordinating participation of community organizations and TPH.

Oregon Health Authority: 2023-25 Policy Package

OHA-PHD has consulted PDES on development of this part of the proposal and has included one PDES position to support this work.

Office of Equity and Inclusion

OHA-PHD would continue partnership with the OEI on REAL-D and SOGI data efforts and coordination on public health equity work overall.

Human Resources

OHA-PHD has proposed two positions in Human Resources to support hiring of staff under this policy package.

Office of Contracts and Procurement

OHA-PHD has proposed two positions in OC&P to support an increase in contracts under this policy package.

Office of Financial Services

OHA-PHD has proposed one position in OFS to support payroll needs as a result of this policy package.

Health Policy and Analytics

Staff within HPA would provide consultation to OHA-PHD on opportunities to align public health accountability metrics with CCO incentive metrics.

Oregon Health Authority: 2023-25 Policy Package

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

Yes. OHA-PHD anticipates an additional level of service to residents of Oregon and visitors through increased investments subsequent improvements in state, LPHA and TPH. In addition, OHA-PHD anticipates additional levels of service to people in Oregon through increased investments in community-based organizations. For example, in the 2021-23 biennium, OHA-PHD provided funds to 147 community-based organizations to work on tobacco prevention, maternal and child health, climate resilience and other public health modernization capabilities. With an increased investment through this policy package, OHA-PHD expects both broader (geographically and focus area) and more in-depth services throughout the state.

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

The following full-time, permanent positions require **position authority and General Fund** and are priced at 18 months for the 2023-25 biennium (except for the Manager 2 position, which is priced at 24 months):

Accounting Technician: (1) position (OFS)

Administrative Specialist 2: (2) positions

Epidemiologist 2: (5) positions

Fiscal Analyst 1: (2) positions

Fiscal Analyst 2: (3) positions

Fiscal Analyst 3: (2) positions

Human Resource Analyst 2: (1) position (OHR)

Human Resource Analyst 3: (1) position (OHR)

Information Systems Specialist 7: (2) positions (OIS)

Information Systems Specialist 8: (2) positions (OIS)

Oregon Health Authority: 2023-25 Policy Package

Manager 1: (2) positions
Manager 2: (6) positions
Manager 3: (1) position
Microbiologist 3: (1) position
Operations and Policy Analyst 1: (1) position
Operations and Policy Analyst 2: (21) positions
Operations and Policy Analyst 3: (26) positions (2 in OIS)
Operations and Policy Analyst 4: (9) positions
Policy Analyst 2: (1) position
Procurement and Contracts Specialist 2: (1) position (OC&P)
Procurement and Contracts Specialist 3: (1) position (OC&P)
Program Analyst 3: (2) positions
Project Manager 2: (2) positions
Public Health Physician 2: (1) position
Research Analyst 3: (1) positions
Research Analyst 4: (3) positions (1 in PDES)
Manager 2: (1) 24 months, Manager 1 to Manager 2 reclassification

The following full-time, permanent positions require **position authority only** and are priced at 18 months for the 2023-25 biennium:

Environmental Health Specialist 3: (1)
Manager 2: (1)

Existing permanent positions with changes to classification and/or funding source:

Administrator 1: (1) position, 1.0 FTE GF, 9 months
Executive Support Specialist 2: (1) position, 1.0FTE GF 24 months,

Oregon Health Authority: 2023-25 Policy Package

Compliance and Regulatory Manager 1: (1) position, 0.6 FTE GF, 24 months

Compliance and Regulatory Manager 1: (1) position, 0.5 FTE GF, 24 months

Compliance and Regulatory Manager 3: (1) position, 1.0 FTE GF, 24 months

Manager 2: (1) positions, 1.0FTE GF, 24 months

Natural Resources Specialist 4: (1) position 1.0FTE GF, 24 months

Natural Resources Specialist 4: (1) position, 0.45FTE GF, 24 months

Operations and Policy Analyst 3: (1) position, 1.0FTE GF, 24 months

Program Analyst 2: (1) position, 1.0FTE GF, 24 months

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

New positions require a computer, phone and routine software packages that are included in the Services and Supplies line for each newly established position.

17. What are the ongoing costs?

Ongoing costs are associated with personal services and contracts for workforce development, program evaluation, grants management, legal fees, data system upgrades, translations, interpretation and ADA accessibility tools at \$23,889,298. Ongoing costs include special payments to local public health authorities (\$100,000,000), community-based organizations (\$103,500,000), federally recognized Tribes (\$30,000,000), and Multnomah County for Program Design and Evaluation Services staffing (\$324,854). The community-based organization costs are for public health program delivery and data modernization projects.

Software license, phone services, in office rental costs, IT maintenance and operations.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

An investment in the prevention of disease and disability is proven to yield significant savings to Medicaid and other payers by decreasing the need for costly health care. Indeed, just a 10 percent increase in per capita public health spending in Oregon would:

- Lower infant mortality rates from 5.0/1,000 to 4.6/1,000.
- Lower diabetes death rates from 24.1/100,000 to 23.8/100,000.
- Lower heart disease death rates from 132.9/100,000 to 128.6/100,000.
- Lower cancer death rates from 167.3/100,000 to 165.4/100,000.

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

This policy package includes General Fund that would continue environmental public health and health equity work that are essential to meeting the intent of this policy package due to declining Federal Funds revenue. The decline of Federal Funds revenue represents grants that will end during the course of the biennium (the CDC National Initiative to Address COVID-19 Health Disparities grant) and reductions to core CDC environmental public health grants (Environmental Public Health Tracking and ASTDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE)). Existing permanent positions are still needed to support the work in this policy package.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$17,539,149	\$86,986	(\$730,483)	\$16,895,652	98	73.50
Services & Supplies	\$24,635,327		(\$2,825)	\$24,632,502		
Capital Outlay						
Special Payments	\$243,824,854			\$243,824,854		
Other						
Total	\$285,999,330	\$86,986	(\$733,308)	\$285,353,008	98	73.50

Fiscal impact by program

	Office of the State Public Health Director	Center for Health Protection	Center for Prevention & Health Promotion	Center for Public Health Practice	Total
General Fund	\$270,741,042	\$695,876	\$11,090,932	\$3,471,480	\$285,999,330
Other Funds	\$0	\$86,986	\$0	\$0	\$86,986
Federal Funds	(\$81,999)	(\$431,639)	(\$219,670)	\$0	(\$733,308)
Total Funds	\$270,659,043	\$351,223	\$10,871,262	\$3,471,480	\$285,353,008
Positions	78	2	5	13	98
FTE	58.75	1.50	3.50	9.75	73.50

ⁱ Lori Tremmel Freeman, “COVID-19—The Historical Lessons of the Pandemic Reinforce Systemic Flaws and Exacerbate Inequity”, American Journal of Public Health 111, no. S3 (October 1, 2021): pp. S176-S178.
<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306543>

Oregon Health Authority: 2023-25 Policy Package

ⁱⁱ DeSalvo, K., B. Hughes, M. Bassett, G. Benjamin, M. Fraser, S. Galea, N. Garcia, and J. Howard. 2021. Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202104c>

ⁱⁱⁱ Trust for America's Health. Issue Report. The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2019. https://www.tfah.org/wp-content/uploads/2020/03/TFAH_2019_PublicHealthFunding_07.pdf

^{iv} Healthy People 2030 website. Social Determinants of Health. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division
Program: Medicaid
Policy package title: Medicaid Waiver Placeholder
Policy package number: 201
Related legislation: LC 44300-010

Summary statement: This policy package would enable the Oregon Health Authority (OHA) to execute and implement the policy and program changes outlined in 1115 Medicaid demonstration waiver and approved by the Centers for Medicare & Medicaid Services (CMS).

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$397,000,000	\$0	\$1,449,000,000	\$1,843,000,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

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

Generally, section 1115 demonstrations are approved for an initial five-year period and can be extended for up to an additional 3 to 5 years, depending on the populations served. OHA has successfully used the 1115(a) demonstration since 1994 to innovate in the health care system, improve care and lower costs, with the last waiver being renewed in 2017. The 1115 waiver is a unique chance for large-scale health system transformation in the Oregon Health Plan. Oregon's most recent waiver application was submitted to the Centers for Medicare and Medicaid Services (CMS) February 18, 2022, for the 2022-2027 demonstration period. The current waiver was set to expire June 30, 2022, but has been extended by CMS to September 30, 2022. Negotiation with CMS is a blend of legal, financial, policy, and political dynamics. Approval of proposed waiver policy concepts are at the discretion of the federal government. Once agreed to, the Governor must sign the approved application in the 120 days after waiver approval. Implementation planning must be complete within 6 months of approval.

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

Oregon Health Authority: 2023-25 Policy Package

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

The demonstration renewal will continue covering the 1.3 million people in Oregon currently receiving benefits through the Oregon Health Plan (OHP). This proposed demonstration was developed in direct response to the community feedback collected through strategic planning processes and waiver engagement and continues building on the existing foundation of OHP to address health equity more intentionally.

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

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

Upon approval by CMS, the new waiver will require a significant legislative concept and policy package in alignment with the policy and program changes outlined in the waiver. OHA is currently negotiating the next 5-year 1115 waiver with CMS and expects that negotiations will likely not conclude until September 30th, 2022. Therefore, precise outcomes of the negotiation are uncertain, and placeholder language regarding this waiver policy package is needed for now.

Oregon Health Authority: 2023-25 Policy Package

Throughout the negotiation process, as CMS begins to indicate direction and potential approval, OHA staff will update this placeholder with more accurate financial estimates and more detail. OHA will have six months after approval to complete implementation planning, though some changes may go into effect sooner. Any resulting changes to coordinated care organization (CCO) contracts will occur through regular annual reinstatement or at 5-year contract procurement, as appropriate.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

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

- American Indians and Alaska Natives and non-Latino/a/x African Americans are more than twice as likely to die from diabetes as non-Latino/a/x whites.²
- Latino/a/x Oregonians comprise only 12% of the population but represent more than 18% of COVID-19 cases, and Black Oregonians are 3.1 times more likely to have a COVID-19 associated hospitalization than their white counterparts.³

¹ Evaluation of Oregon's 2012-2017 Medicaid Waiver; OHSU Center for Health Systems Effectiveness, Dec. 29, 2017.

² Oregon's State Health Assessment, 2018: <https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/state-health-assessment-full-report.pdf>

³ OHA COVID-19 Weekly Report, Sep. 29, 2021. <https://www.oregon.gov/oha/covid19/Documents/DataReports/Weekly-Data-COVID-19-Report.pdf>

Oregon Health Authority: 2023-25 Policy Package

- Non-Latino/a/x African Americans have nearly twice the rate of avoidable deaths from heart disease, stroke, and high blood pressure as non-Latino/a/x whites.¹
- American Indians and Alaska Natives have a much higher death rate from chronic liver disease than any other group.¹

OHP members and community partners have regularly voiced the need for OHA to address health inequities both in the health system and in the communities where members live and work. The COVID-19 pandemic brought this need into sharp relief as communities most harmed by social injustices were, and still are, disproportionately harmed by the disease. These communities consistently report that lack of access to care and health resources was and is at the center of their struggle to stay safe and healthy.

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

OHA's policy concepts that are incorporated into the 1115 waiver renewal propose to:

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

It is only with continuous and equitable access to coverage that people can access the care they need to stay healthy. OHA knows that people of color and communities most harmed by social injustices have lower coverage rates. OHA's approach seeks to eliminate inequitable access with

Oregon Health Authority: 2023-25 Policy Package

strategies to extend and stabilize coverage to every eligible child and adult in Oregon. This goal aligns with the [State of Oregon's Diversity, Equity, and Inclusion Action Plan](#)⁴.

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

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

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

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

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

The health care system can do more to invest in community-based approaches to address social determinants of health that drive health inequity. With focused equity investments, OHA will

⁴ https://www.oregon.gov/lcd/Commission/Documents/2021-09_Item-2_Directors-Report_Attachment-A_DEI-Action-Plan.pdf

Oregon Health Authority: 2023-25 Policy Package

redistribute both funds and decision-making power to local communities. Focusing on community-driven solutions enables OHA to use funding mechanisms to better address larger scale barriers to health and health equity.

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

The CCO coordinated care model is built on incentivizing quality and access. OHP members and communities have continued to report that equity must be the focus across the system. OHA can make significant progress in driving the system toward more equitable health outcomes by revising the CCO quality incentive metrics program to create space for both (1) traditional quality and access metrics of downstream health effects and (2) innovative metrics addressing upstream causes of health inequities. As quality metrics are selected and implemented, those who are most affected by health inequities will have power within the committee structure that oversees the metrics program.

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

Quantifying results

4. What are the long-term desired outcomes?

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

Oregon Health Authority: 2023-25 Policy Package

1. Maximizing continuous and equitable access to coverage
2. Improving health outcomes by streamlining life and coverage transitions
3. Encourage smart, flexible spending that supports health equity
4. Improving health through focused equity investments led by communities

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

Maximizing continuous and equitable access to coverage	Enrolling a higher percentage of folks who are eligible
	Reducing churn and providing better continuity of coverage
	Reducing/eliminating the inequity in the uninsured rate
Improving health outcomes by streamlining life and coverage transitions	No language, cultural, or economic barriers to care
	Enrollment is preserved in OHP as patients transition between systems
	People experience streamlined, coordinated, and integrated care across health and social systems
	Easier to access and have Medicaid cover housing supports, social supports, and pre-treatment services
Encourage smart, flexible spending that supports health equity	Visible shift in investments on the ground that focus on prevention and equity
	Providing a predictable rate of growth
	Financial power and decision-making on community investments is held by the community itself
	Patients get the care and supports they need, regardless of whether it's a covered benefit

Oregon Health Authority: 2023-25 Policy Package

Improving health through focused equity investments led by communities	Oregon leverages all availability for Federal Funds for health equity
	Funds are invested into focused areas to address health inequities
	Resources are led by communities and invested to improve cross-system coordination

5. How will OHA measure the impacts on health inequities of this policy package?

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

1. Community Investment Collaboratives (CICs), which are community-driven initiatives focused on eliminating health inequities. Oregon proposes to evaluate CICs using a collection impact framework (CIF). This evaluation will focus on both process and outcomes and will use a mixed method design.
2. Tribal Waiver Priorities, which are priorities being identified by representatives of Oregon’s nine federally recognized tribes and Urban Indian Health Program. The new priorities being considered are removal of prior authorizations, adding the Special Diabetes Program for Indians as a covered benefit, and treating tribal-based practices and coverage as a Medicaid-covered benefit. Details about this evaluation will be developed in accordance with CMS requirements and OHA’s Tribal Consultation and Urban Confer Policy.
3. Continuous enrollment, which is a proposal to reduce the unnecessary cycling of members on and off Medicaid by extending continuous enrollment (CE) to any child on Medicaid up to age 6, and CE for two years to any person aged 6 and older. This evaluation will focus on the costs and outcomes of this policy change, and will use existing qualitative data, as well as collect quantitative data among members affected by the change.

Oregon Health Authority: 2023-25 Policy Package

4. Social determinants of health (SDOH) transition services, which are packages of services that will be available to people transitioning out of certain populations or settings (justice-involved, Youth with Special Health Care Needs, psychiatric residential mental health facilities), and to people who are homeless or at-risk, who are dually eligible, who are vulnerable to extreme climate events, or who are child welfare involved. Oregon proposes to evaluate the impact of SDOH transition services on 2–3 of these populations.

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

How achieved

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

Many of the policy proposals in the 1115 waiver have been of interest to OHA, Tribal partners, and community members for years. However, OHA and partners analyzed the options proposed and determined that action could not be taken without an 1115 waiver, which allows for the waiver of certain federal regulations. The 1115 waiver is only renewed and negotiated every 5 years, and amendments are difficult. As such, action through the 1115 waiver was determined necessary to pursue these changes.

In addition to pursuing a policy package, OHA has explored every way to maximize federal investment to cover the proposed costs of the 1115 waiver policies. This includes a request to the federal government for significant financial investment in the form of Designated State Health Program (DSHP) funds. OHA's original ask to the federal government was for \$1.11 billion over the course of the 5-year waiver demonstration. OHA and CMS are actively negotiating this number.

Oregon Health Authority: 2023-25 Policy Package

Regardless of the exact final number, DSHP Federal Funds would represent a significant investment focused on promoting health and health equity and eliminating health inequities in the state.

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

Doing nothing would impede advancement towards achieving OHA's 2030 goal of eliminating health inequities, and current inequities would continue unresolved. Furthermore, not moving forward with the policy package could cause compliance issues that could result in:

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

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

The new application responds to the community feedback OHA has received over the past five years and builds on the existing foundation of OHP to address health equity more intentionally, while aligning with the priorities of Oregon's nine [Federally Recognized Tribes](#)⁵ and the [Urban Indian Health Program](#)⁶.

⁵ https://www.oregon.gov/lcd/Commission/Documents/2021-09_Item-2_Directors-Report_Attachment-A_DEI-Action-Plan.pdf

⁶ <https://www.ihs.gov/urban/>

Oregon Health Authority: 2023-25 Policy Package

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

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

Community partnerships

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

- The waiver of the Early and Periodic Diagnostic and Treatment (EPSDT) benefit for children was removed from the application.⁷
- The waiver of retroactive eligibility was removed from the application.

⁷ OHA requests funding for this policy change in policy package #414.

Oregon Health Authority: 2023-25 Policy Package

- OHA clarified the request for House Bill 3353 (2021) expenditures to count as medical for purposes of rate setting. This request in the application was previously combined with other health-related services requests for rates and was separated out onto its own line for clarity.
- OHA added broadband services to transitions related to extreme climate events.
- OHA changed the number of upstream metrics proposed for its Quality Incentive Program from 3–5 to up to 6.

Partnership with the nine federally recognized Tribes and UIHP

In accordance with CMS requirements and OHA's Tribal Consultation and Urban Indian Health Program (UIHP) Confer Policy, OHA distributed a Dear Tribal Leader Letter, which included an invitation for consultation, on November 29, 2021, to each of Oregon's nine federally recognized Tribes and the UIHP. The 1115 Medicaid Waiver Tribal Consultation occurred via videoconference on December 14, 2021, which was no fewer than sixty days before submission of the final Waiver language to CMS on February 15, 2022.

In addition to meeting the requirements for Tribal Consultation, OHA partnered with the Nine Federally Recognized Tribes so that they were involved in and informed of the ongoing development of the state's 2022-2027 1115 Waiver Application. This included regular updates at Tribal Monthly Meetings and Senate Bill 770 (2001) Health and Human Services Cluster Meetings, drafting a Tribal Concept Paper based on known concerns raised previously by the Nine Federally Recognized Tribes, and working with the Nine Federally Recognized Tribes to develop this concept paper before inclusion in the application. Further, OHA met with the Nine Federally Recognized Tribes in a series of meetings to further develop the policies proposed in the Tribal Concept Paper after waiver submission in preparation for conversations with CMS, to ensure all materials and responses reflected the intent of the nine federally recognized Tribes. OHA continues to update the Nine Federally Recognized Tribes and UIHP about the 1115 waiver at Tribal Monthly Meetings, Senate

Oregon Health Authority: 2023-25 Policy Package

Bill 770 HHS Cluster Meetings, and via email as appropriate. OHA staff are working to ensure that appropriate consultation happens with the Nine Federally Recognized Tribes and UIHP as policies move toward implementation.

Coordinated care organizations (CCOs)

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

Regional health equity coalitions (RHECs)

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

Oregon Health Authority: 2023-25 Policy Package

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

Partnerships with other state agencies

OHA has worked with several other state agencies to ensure success of the 1115 waiver demonstration, including the Oregon Department of Human Services (ODHS), Oregon Department of Corrections (ODOC), and Oregon Housing and Community Services (OHCS). ODHS has been involved in informing the work for youth with special health care needs and the SDOH transition supports, as well as informing any needed changes to the ONE system. OHCS has been consulted on housing policy. ODOC has been consulted on providing eligibility and benefits for those in state prisons.

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

OHA submitted a legislative concept placeholder (LC 44300-010), because the precise outcomes of the negotiations with CMS are uncertain. Currently, the placeholder includes:

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

Oregon Health Authority: 2023-25 Policy Package

researchers, and a representative of the Behavioral Health Committee — will lead the CCO Quality Incentive Program.

- ORS 413.017
- Under its 1115 demonstration, Oregon is proposing to use funds freed up through designated state health programs (DSHPs) to fund bundles of services addressing social determinants of health (SDOH) for populations undergoing a transition (for example, a transition between systems or a life transition). Funds for SDOH service packages would flow through CCOs via a non-risk contract in the first three years of implementation and would be incorporated into CCO capitation in later years. OHA requires statutory authority/allowances for OHA to issue non-risk payments.
 - ORS 414.570 and potentially 414.025 (Definitions for ORS chapters 411, 413 and 414).

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

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

The Nine Federally-Recognized Tribes

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

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

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): To be determined

End date (if applicable): To be determined

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

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

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

New responsibilities for OHA will depend upon what portions of the waiver CMS approves but could involve significant work for the Health Systems Division responsible for administering the state's Medicaid program.

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

To be determined based on the outcomes of negotiations with CMS.

Oregon Health Authority: 2023-25 Policy Package

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

Positions needed will be determined based on what CMS approves. OHA currently roughly anticipates needing 120 new full-time positions to implement waiver policies currently in negotiation with CMS.

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

To be determined based on the outcomes of negotiations with CMS.

17. What are the ongoing costs?

\$50 million for staffing. New responsibilities for OHA will depend upon what portions of the waiver CMS approves but could involve significant work for the Health Systems Division responsible for administering the state's Medicaid program.

\$1,793 million for operational funding for waiver elements that will accomplish the following:

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

18. What are the potential savings?

To be determined based on the outcomes of negotiations with CMS.

Oregon Health Authority: 2023-25 Policy Package

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

There is the high probability of some or all of this work could receive federal Medicaid matching funds to some extent. All funds and fund splits are estimates pending negotiations with CMS.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies						
Capital Outlay						
Special Payments	\$397,000,000		\$1,446,000,000	\$1,843,000,000		
Other						
Total	\$397,000,000	\$0	\$1,446,000,000	\$1,843,000,000	0	0.00

Fiscal impact by program

	HSD Medicaid				Total
General Fund	\$397,000,000				\$397,000,000
Other Funds	\$0				\$0
Federal Funds	\$1,446,000,000				\$1,446,000,000
Total Funds	\$1,843,000,000				\$1,843,000,000
Positions	0				0
FTE	0.00				0.00

Oregon Health Authority 2023-25 Policy Package

Division(s):	Health Systems Division, Health Policy & Analytics, Central Services
Program(s):	HSD: Program Support and Administration, Medicaid HPA: Health Insurance Marketplace
Policy package title:	Redeterminations and Basic Health Program
Policy package number:	202
Related legislation:	House Bill 4035 (2021) LC 44300-011 House Bill 4035 Taskforce Placeholder

Summary statement:

One-third of people in Oregon rely on the Oregon Health Plan for health care. During the pandemic, federal rules led to hundreds of thousands of additional Oregonians receiving health care through OHP. Without state action, this increase in health coverage will be lost when the public health emergency declaration for COVID-19 expires. In 2022, the Legislature passed House Bill 4035 to fund the federally mandated redetermination process to help maintain health care coverage by funding short-term coverage for people who earn too much for Medicaid but not enough to afford other coverage and authorize development of a sustainable long-term solution in the form of a Basic Health Program. This policy package would fund the remaining critical elements needed to implement a redetermination process. This package includes extensive investment in engagement with community partners to ensure OHA meets the needs of diverse Oregon communities.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$268,269,931	\$87,805	\$1,102,652,495	\$1,371,010,231	34	30.46

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

About one in three people in Oregon rely on the Oregon Health Plan (OHP) for their health care coverage. People with coverage are more likely to receive preventive care and to seek care quickly when they are sick, both of which help avoid or minimize many serious health conditions. Losing that coverage contributes to poorer health and health inequities, from short-term acute health problems as well as long-term chronic ones, and to higher expenses for the individual and the entire health care system.

During the COVID-19 public health emergency (PHE), the federal government directed states not to terminate Medicaid members' coverage for the duration of the PHE. Largely as a result, OHP enrollment rose from about 1 million members to about 1.4 million. Oregon's overall uninsured rate fell from 6.0 percent to 4.6 percent, with the largest improvements among African Americans and other populations who have long experienced health inequities.

When the PHE expires, states will be required to assess whether every individual enrolled in Medicaid is eligible, a process known as "redetermination." The PHE is currently set to expire on October 15, 2022. While federal agencies have extended the PHE ten times since it was enacted, and the Congressional Budget Office is now assuming it will be July 2023, in an abundance of caution OHA is working under the assumption that it will indeed expire this October 2022.

Current estimates are that anywhere from 90,000 to 300,000 current OHP members will be ineligible once the redeterminations process begins. This would erase the significant gains in coverage

Oregon Health Authority: 2023-25 Policy Package

achieved during the PHE. Preventing the loss of health care access for many thousands of people in Oregon is a major priority for the Legislature and OHA.

Separately, before the pandemic, there was another challenging problem related to OHP enrollment that OHA had been working to address, known as “churn.” Churn is when a member cycles on and off OHP coverage due to short-term changes in their income, changing family circumstances, or the challenges of navigating the procedures for maintaining coverage. In 2019, one-third of “new” OHP members were returning after less than 12 months, and one-quarter after less than six months. This churn breaks the connections between the patient, their primary care provider, and other providers and community services assisting the patient, which disrupts or delays medical care—again contributing to poorer health and health inequities.

Churn also adds an expensive administrative burden on the state as people are enrolled, disenrolled, and enrolled again. For example, a 2015 cost analysis of national data (2005-2010) estimated that disenrolling and reenrolling one person in coverage within a year incurs administrative costs between \$400 and \$600, an amount which would likely be higher today.

One more related problem is the difficulty in accessing health care faced by people who earn a bit too much to qualify for OHP but not enough to afford quality private coverage. This population includes the “churn” population during those times when their income fluctuates above the OHP threshold. It is the population least likely to have employer-provided coverage. The Affordable Care Act (ACA) provides tax credits to help people with lower incomes purchase coverage through the Health Insurance Marketplace. However, this assistance does not cover the full cost for most people and is based on the price of a silver plan (the second-lowest level, below platinum and gold). Many people either end up with the lowest level of coverage (that is, bronze), which typically has the

Oregon Health Authority: 2023-25 Policy Package

highest co-pays and deductibles and covers the fewest services, or they remain uninsured. Once again, poor or non-existent coverage contributes to poorer health and health inequities.

The Legislature has already taken initiative to address these interwoven challenges. House Bill 4035, passed in 2022, directed OHA—in consultation with ODHS and DCBS and informed by a Community and Partner Workgroup—to develop a process for OHP redetermination upon the end of the PHE. It also created a task force to develop a program to “provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income.”

House Bill 4035 funded the initial costs for the redetermination work in the 2021-23 biennium, including planning and preparatory work needed before the PHE ends. It also funded temporary expansion of OHP for those found ineligible who cannot afford other coverage, to avoid them instantly losing coverage, and the development of a plan for a sustainable long-term solution to ensure lower income people in Oregon can access health care coverage, in the form of a Basic Health Program (BHP).

This polycypackage finishes the work begun in House Bill 4035. In particular, it funds community outreach and engagement efforts for redeterminations and improved access to health care in Oregon through full implementation of the BHP. The Legislature recognized that the end of the PHE brings with it much more than merely an obligation to conduct an enormous administrative redetermination process. It also brings a tremendous opportunity to maintain the gains in health care coverage, ensure coverage for even more people in Oregon, improve health outcomes, reduce health inequities, and save money in our health care system. Instead of falling back to pre-COVID levels of

Oregon Health Authority: 2023-25 Policy Package

health care coverage, Oregon can increase the health and economic benefits associated with having stable access to health care.

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

To realize the goals of the legislature expressed in House Bill 4035, this policy package funds several intertwined elements.

First, it funds the redetermination work itself. Portions of this funding were already planned in the fiscal analysis of House Bill 4035, but were pushed forward from the 2021-23 biennium, as the federal government has delayed the expiration of the PHE, and thus the beginning of the redetermination work, later than originally expected. (Some portions of earlier funding have already been incorporated into the Current Service Level, so they do not appear here.)

This package funds short-term coverage. This temporary expansion of OHP ensures that no one in Oregon loses their OHP coverage with nowhere to go for affordable health care before they can join the BHP. The original fiscal analysis of House Bill 4035 included this funding for the 2021-23 biennium, but it needs to be formally requested again due to the extension of the PHE.

This package funds a set of supporting efforts, each of which is critical to the success of the larger effort as Oregon moves from redeterminations to short-term coverage to long-term coverage through the BHP for people in Oregon with incomes just above Medicaid eligibility. These include (as described further below):

- Policy and actuarial analysis
- Information systems needs
- Advertising and communications

Oregon Health Authority: 2023-25 Policy Package

- Call center support
- Engagement with community partners
- A member feedback management app
- Project management support

Policy and actuarial analysis are required to inform the build of the BHP, make final determinations of caseloads and service levels, and identify and address potential impacts on the Health Insurance Marketplace. Current estimates are that about 108,000 people will ultimately enroll in the program, which would reduce the percentage of uninsured people in Oregon by 0.5 percent (on top of the reductions gained during the PHE). In addition, those estimates project the BHP would have a service level equivalent to OHP while supporting higher rates for CCOs.

Information system needs are primarily enhancements to the ONE system, for streamlining the redetermination process as well as adding BHP members. Recent planning indicates more changes would be needed than previously anticipated to implement changes to the redetermination process.

To be effective, information about the redetermination process and the BHP must be shared with everyone in Oregon who is affected. This package includes a mixture of advertising and communications work to reach a diverse audience across the state.

An effective and efficient call center is essential to assisting OHP members during redeterminations. This package includes several pieces related to the call center. The delay of the PHE expiration extends the call center activities planned for 2021-23 through 2024. Also, a significant increase to the call center's capacity would provide an adequate service level and support needed to provide surge capacity; for example, a contract is in place providing contractor staff for ancillary call services,

Oregon Health Authority: 2023-25 Policy Package

such as the lengthy task of updating the addresses of OHP members, to free up state staff in the call center who must complete the more complex eligibility determinations. A critical new call center would serve individuals who can no longer receive OHP due to income limitations, ensuring they gain alternative coverage without experiencing lapses in health coverage or care. This package also includes dedicated call center staffing to support the community partners who are, in turn, supporting and enhancing the state's already effective and trusted community outreach and enrollment efforts.

Engagement with community partners is essential to ensure the redetermination process and the BHP meets the needs of all diverse communities across Oregon. It also enables the state to benefit from partners' expertise and leadership in outreach to members of their communities. The disparate impacts of the COVID-19 pandemic highlighted the importance of engaging communities in meaningful ways beyond checking a box. Meaningful community engagement means focusing on communities and community members' needs as projects and programs are designed through a community and equity lens and ensuring internal agency infrastructure tracks, responds to, and meaningfully integrates community feedback. The community engagement work would include building partnerships with community organizations and leaders, sharing educational resources, and deliberative dialogue that brings communities together to identify needs and issues and have hard conversations towards finding possible solutions and internal agency infrastructure to carry community-based solutions to operational, implementation and program teams.

During the pandemic, the COVID-19 Response and Recovery Unit used a feedback management app to make the best use of feedback received from OHP members, community partners, public listening sessions, state and local agencies, health care providers, and other external partners. The app proved its value for improving customer service, data tracking, equity-centered systems response, and follow-up services to those providing feedback. It enabled community feedback to be

Oregon Health Authority: 2023-25 Policy Package

incorporated across multiple state agencies involved in COVID-19 response and to elevate community voice for systems improvements through a structured internal approach. A similar approach using the existing system for the redeterminations process would allow for systems escalation and tracking of concerns received across multiple teams, documentation of feedback received by the community, and tracking actions taken based on community feedback. Importantly, this ensures an internal infrastructure to value and elevate the voice of community throughout the agency.

Like any major project, this work requires appropriate project management support. Previously planned support is extended through the end of the 2023-25 biennium in response to the delayed expiration of the PHE, and additional support is requested over what was previously anticipated. All the efforts and elements described above are designed to maximize enrollment in OHP of those people who are Medicaid-eligible and to enable the sustainable implementation of the BHP. Such a program is authorized by Section 1331 of the ACA, to serve people earning between 138 percent and 200 percent of the federal poverty level (FPL), the income level just above the eligibility threshold for OHP. The exact form of the program would depend on, among other things, agreements with the federal Centers for Medicare & Medicaid Services (CMS). Based on initial conversations with CMS, the program is planned for two phases.

The first phase is for people currently on OHP who, through the redetermination process required when the PHE expires, are found not to be eligible to remain on OHP. The second phase is for people not currently in OHP, who are, at best, struggling to afford coverage on the Marketplace, and, at worst, simply uninsured.

Oregon Health Authority: 2023-25 Policy Package

As with OHP, the BHP would be provided through CCOs, taking advantage of Oregon's experience with this innovative approach to Medicaid. Also, this way, if a person's income fluctuates around 138 percent of FPL, the CCO can administratively transition that person between OHP and BHP, while their actual health care remains seamless, maintaining continuity of coverage and access to their health care network. The BHP would include a fee-for-service (Open Card) option for members of Tribes in Oregon, like the option available in OHP.

Note that this policy package does not require significant, ongoing state funds for the BHP service package itself. This is because federal funding is available for the BHP without state match requirements. Section 1331 of the ACA allows states to cover people with income under 200 percent FPL who would otherwise qualify for federal tax credits toward the purchase of private coverage through the Health Insurance Marketplace. To do this, states can receive a lump sum amount based on the tax credits enrollees in the state would have received and use those funds to provide health care coverage directly for those people. This approach allows states to design a more comprehensive and coordinated system for its residents, reduces costs, and avoids many difficulties associated with buying in the Marketplace. With the BHP, Oregon would be the third state to take advantage of this extraordinary opportunity to increase and improve health care coverage for its residents.

The BHP is being designed to operate within the federal funding constraints with limited ongoing state funds required so that the program itself would be essentially 100 percent federally funded. This package includes funding for initial development, ongoing administration of the program, and coverage of services with federal limitations, but does not include, nor need, state funds for the service package itself.

Oregon Health Authority: 2023-25 Policy Package

This package also includes funding to minimize any potential coverage disruptions and ensure stability in the individual market while Oregon creates the BHP. OHA is working with federal partners to determine whether potential federal savings that arise due to the creation of this program could replace the state funds included in this package.

Lastly, this policy package includes funding for the state to consider policy opportunities to give consumers at 138-200 percent FPL a choice between enrollment in the BHP and coverage through a plan on the Health Insurance Marketplace. A key benefit of this would be to offer a similar seamless transition for people whose income fluctuates above and below 200 percent of FPL—much like the “churn” above and below the 138 percent threshold for OHP.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

The populations who most often experience health inequities are the same populations who most often lack health care coverage. For example, the groups of people in Oregon who saw the greatest increase in coverage during the COVID-19 pandemic were, by race, African Americans and, by income, those between 138 percent and 200 percent of FPL. These same populations are most at risk of losing their coverage through redeterminations. Maintaining coverage would improve health equity in every aspect of their lives that can be positively affected through health care services, from preventive care to long-term chronic care to critical care that many people delay due to cost.

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

Oregon Health Authority: 2023-25 Policy Package

Relationships with trusted community partners, in locations and communities where individuals are likely to already go, is essential to support Oregon's populations impacted by health inequities. Community Partners are trusted, local, accessible and effective in supporting OHP members in the redeterminations process. Various community partners and agents currently support both the Health Insurance Marketplace and OHP. New community partners and agents would help with the additional workload, and better ensure equity gaps within communities are addressed. The request in this package for additional resources to support community partners is responsive to ongoing feedback received in multiple forums from community partners and OHP members.

Quantifying results

4. What are the long-term desired outcomes?

The desired outcome of the redeterminations process is that every person eligible for OHP maintains coverage (for example, that no one who is eligible loses coverage merely because of administrative hurdles, such as the lack of up-to-date contact information), and that those who are not eligible for OHP seamlessly move to alternative health care coverage, without interruptions to care, thereby preserving Oregon's gains in coverage.

The desired outcome of the BHP is that a higher percentage of people in Oregon have health care coverage, which in turn helps improve and eliminate inequities in health care access and health outcomes. Coverage should be more stable, with less "churn." As a result, people should experience better health because they receive the care they need when they need it, and overall costs to individuals and the health care system should be lower than otherwise.

Oregon Health Authority: 2023-25 Policy Package

Because the BHP would be administered like OHP, the same or similar measures, such as CCO metrics, would be broadly applicable to track these outcomes. Thus, overall, a larger percentage of Oregon's population should meet improved health metrics and outcomes as measured through CCO metrics.

5. How will OHA measure the impacts on health inequities of this policy package?

During the redetermination process, the call center and community and agent partners would collect demographic information, including REALD/SOGI data, from each person with whom they have contact. OHA would track publicly the number and percentage of the 1.4 million individuals currently in OHP who retain health care coverage through any type of coverage in the 18 months after the ending of the PHE. This would be broken down by REALD/SOGI Data, unhoused, and types of coverage (OHP, BHP, Health Insurance Marketplace, private, and uninsured).

Because the BHP would align with OHP administration and benefits, impacts on health inequities regarding BHP members would be measurable in the same or similar ways as is done with OHP. The same improvements in collecting and analyzing REALD/SOGI data currently underway in the health care system would be broadly applicable to the program without creating new mechanisms.

How achieved

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

The pandemic and the impact it had on OHP enrollment have led to unprecedented circumstances. There simply is no prior experience with such a situation. Without a determined effort, increased

Oregon Health Authority: 2023-25 Policy Package

health care coverage rates during the pandemic will be squandered, and the opportunity to increase coverage rates further will be lost.

In addition to this policy package, OHA is pursuing a new continuous coverage policy via the 1115 OHP Medicaid demonstration waiver renewal. This continuous coverage policy would allow OHP enrollees aged 0–6 to stay enrolled for 5 years at a time without needing to submit for redetermination and would allow for 2 years of continuous coverage for enrollees age 6 and older. As described earlier, many individuals churn on and off OHP due to income fluctuations and an administrative burden. The 1115 waiver continuous coverage policy addresses the administrative burden element, but in addition, this policy package is needed to address the churn associated with fluctuations in income.

In passing House Bill 4035, the Legislature recognized the challenge and opportunity facing our state. This policy package follows their lead toward ensuring health care coverage for more people in Oregon.

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

The main alternative is to do nothing. After the federally mandated redetermination process ends OHP coverage for potentially hundreds of thousands of people in Oregon, they will once again struggle to access affordable health care. The gains in health and health equity will fade away.

Another alternative would be enrollment in an individual, commercial health insurance plan. With cost sharing reductions and tax credits, this coverage would be free or close to free for a portion of this population. However, for others, there will still be costs; these costs, though relatively low, may present a barrier to care, leading individuals to refrain from obtaining needed medication or care and

Oregon Health Authority: 2023-25 Policy Package

ultimately leading to worse health outcomes and higher costs than under a BHP. Additionally, the provider networks used by commercial health plans do not mirror those used by OHP, which means that many people obtaining private coverage will not be able to continue to see their existing providers. Continuity of care will be disrupted, and some individuals may even stop seeking care without access to trusted providers, resulting in churn and correspondingly higher administrative costs for the state. Finally, families that obtain individual commercial coverage may be faced with a situation that requires some individuals to obtain OHP and others to obtain health insurance. This may present logistical hurdles that are difficult for some to navigate, also resulting in a disruption of care and coverage.

Failure to fund specific elements of the package would severely reduce the effectiveness of the package as a whole, which will disrupt the continuity of care and coverage for a significant number of Oregonians. For example, without extensive and effective community outreach as well as advertising and other communication efforts, a significant number of people may never learn of potential loss of their OHP coverage or the opportunity to enroll in the BHP. The Community and Partner Workgroup has articulated through their work that relationships with trusted community partners, in locations and communities where individuals are likely to already go, is essential to support Oregon's populations impacted by health inequities. For another example, without the Medicaid to Marketplace Migration portion of the center, those who do not qualify for continued coverage under OHP or for coverage under the BHP, especially those who are members of marginalized or typically underserved communities, may not even know they qualify for a free or almost free qualified health plan through the Health Insurance Marketplace. These people in Oregon will "fall through the cracks" and increase the rate of uncompensated care furnished by providers and health systems, resulting in higher costs for payers.

Oregon Health Authority: 2023-25 Policy Package

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

Development of the BHP is being informed by CMS and the task force established by House Bill 4035. OHA has been meeting with CMS regularly since March to identify the best path forward for covering people in Oregon whose income hovers above Medicaid eligibility. The next steps involve the submission of a BHP blueprint, which will reflect the opinions and priorities identified by the task force.

As it seeks to do in all its work, OHA would emphasize engagement with community partners in implementing the BHP. By placing communities first, we genuinely shift power to communities and follow their lead to discover and uncover needs, issues, and broader inequities. This approach includes building partnerships with community organizations and official and unofficial community leaders, sharing resources available through our programs and projects, organizing with community partners to identify issues and goals, and being intentional by bringing communities together to have meaningful, needed, and at times hard conversations towards finding solutions. Such community engagement addresses system inequality by assisting historically marginalized communities to be actively engaged and involved. This policy package includes funding for meaningful community engagement to design the program through a community and equity lens, and internal agency infrastructure to ensure, as an agency, OHP not only listens but moves to internal implementation and action based on community engagement.

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

House Bill 4035 created a task force to “develop a proposal for a bridge program to provide affordable health insurance coverage and improve the continuity of coverage for individuals who

Oregon Health Authority: 2023-25 Policy Package

regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income.” OHA has submitted a placeholder legislative concept (44300-11) in case these recommendations require legislative action.

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

The Oregon Department of Human Services (ODHS) would be affected as a partner in the ONE system and call center. This policy package includes funding for these elements as they relate to the BHP, separate from any packages submitted by ODHS on other matters related to the ONE system and call center.

Tribal members would be eligible for coverage under the BHP and would be able to choose between fee-for-service through open card or CCOs.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): The Basic Health Program would become

permanent

Oregon Health Authority: 2023-25 Policy Package

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

The timeline is based on the assumption that the PHE will expire in October 2022 and that OHP will begin redeterminations by January 2023; will implement temporary OHP expansion until December 31, 2023; and will begin implementation of a BHP on January 1, 2024.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

This policy package would fund a vendor-run call center providing enrollment and application assistance and outreach to individuals redetermined ineligible for Medicaid and grant funding for community and agent partners for enrollment and application assistance as well as outreach.

OHA will be responsible for operating a new BHP that covers individuals from 138-200 percent of FPL, with the goal of covering the OHP service package through CCOs. The exact service package would be informed by the recommendations of the Joint Task Force on the Bridge Health Care Program.

Human Resources would be responsible for regular onboarding for limited duration positions described above. Additional OIS resources may be necessary to link the Health Insurance Marketplace phone system to the new call center.

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

Oregon Health Authority: 2023-25 Policy Package

During the process of redeterminations, OHA estimates that 90,000 to 300,000 enrollees will lose OHP coverage. This policy package works to ensure that every person eligible for OHP maintains coverage (for example, no one who is eligible loses coverage merely because of administrative hurdles, such as the lack of up-to-date contact information), and that those who are not eligible for OHP seamlessly move to alternative health care coverage, without interruptions to care, thereby preserving Oregon's gains in coverage.

Preliminary actuarial analysis estimates that 55,000 current enrollees from the OHP, 32,500 current enrollees from the Health Insurance Marketplace, and 21,300 people who are currently uninsured—a total of 108,800 people—would be eligible and choose to enroll in the BHP.

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

This policy package is requesting forty-three positions in addition to the permanent and limited duration positions approved in House Bill 4035:

- Fourteen positions for the creation and operation of a bilingual and bicultural call center support team
- Eight positions for CCO Quality Assurance for compliance and contract requirement oversight for the CCOs
- Two positions for CCO services to address member problems related to access to care, quality of care and health disparity
- Three positions for Claims and Encounter for the review of provider claims and CCO encounter data
- Two positions for policy work, one for eligibility policy and one for Medicaid Policy

Oregon Health Authority: 2023-25 Policy Package

- Three positions to develop, coordinate, and track the project plan for development of a new health coverage option designed to serve people leaving OHP.
- Two positions for Ombuds, for eligibility cases and concerns and Feedback Management integration
- Four positions for the feedback management to ensure community feedback integrated across the agency
- Two positions to manage the metrics work of the BHP
- One position for the Health Policy & Analytics Business Operations to provide program administrative support
- One limited duration position to support the Medicaid to Marketplace Migration Call Center
- One position for health equity to work on the development and integration of health equity policies

Note: Limited duration positions that phase into the 2021-23 biennium for this work were based on an earlier PHE and have been adjusted accordingly in this policy package. Additionally, position description summaries for each of the positions in this policy package are available upon request.

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

Redeterminations

App design modifications for \$100,000, the call center to support OHP members through redetermination for \$37,516,266 and paid advertising for \$1,692,000 are all one-time costs.

Medicaid to Marketplace Migration Call Center

Oregon Health Authority: 2023-25 Policy Package

Eight limited duration positions, community partners, agents and vendor contracted call center costs described in response to question 4 are one-time costs.

Basic Health Program

Four limited duration positions and consulting costs on BHP design and recommendations are one-time costs.

This policy package estimates that OHA would need \$54,400,000 in General Fund dollars to cover up to one month of start-up coverage costs (this amount is also inclusive of ongoing costs listed in question 17). This estimate is based on the number of clients who would qualify for the BHP using an estimated per-member-per-month cost of \$500. These costs could change as costs for services are further defined and the caseload impact is realized.

17. What are the ongoing costs?

Direct Service Cost

OHA estimates it will receive \$979,200,000 from the federal government to cover the costs of operating the BHP for 18 months. These funds would fully cover almost all BHP services, but notably would exclude abortion. This policy package allocates an additional \$54,400,000 to cover one month of start-up coverage costs and 18 months of abortion coverage. It additionally allocates \$10,000,000 for 18 months of a fee-for-service option for Tribal members. See above notes on assumptions.

Administrative Cost

Outside of the cost noted above most administrative cost would be ongoing. This policy package includes \$90,000,000 to implement mitigation strategies to ensure market stability and limit disruptions in coverage caused by implementation of the BHP. Oregon is in ongoing conversation

Oregon Health Authority: 2023-25 Policy Package

with CMS to explore opportunities for federal investments that would eventually replace these General Fund dollars. This policy package also includes forty-two permanent positions and consulting fees.

18. What are the potential savings?

It is estimated that between 90,000 to 300,000 individuals will no longer qualify for Medicaid during the redeterminations process. In the absence of this program, thousands of people could experience a lapse in coverage, churn on and off coverage, or become uninsured. This program is intended to ensure continuity of coverage for this population and could prevent gaps in care that can often lead to higher monthly health care costs due to pent-up demand for health care services.

A 2015 cost analysis of national data (2005-2010) estimated that the process of disenrolling and reenrolling one person in coverage within a year incurs administrative costs between \$400 and \$600, an amount which would likely be higher today.

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

Direct Service Payments

- Medicaid Federal Funds matched with state funds

Position Funding:

- Most of the positions would be funded with an allocation of state funds, Medicaid and CHIP Federal Funds
- Positions not eligible for Federal Funds would be paid entirely with state funds
- Support staff would be allocated over multiple funding sources through the cost allocation system

Oregon Health Authority: 2023-25 Policy Package

Contract Funding:

- Most of the contracts would be funded with Medicaid Federal Funds matched with state funds
- Contracts not eligible for Federal Funds would be paid entirely with state funds

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$4,408,398	\$78,792	\$2,260,925	\$6,748,115	34	30.46
Services & Supplies	\$45,433,283	\$9,013	\$24,549,194	\$69,991,490		
Capital Outlay						
Special Payments	\$218,428,250		\$1,075,842,376	\$1,294,270,626		
Other						
Total	\$268,269,931	\$87,805	\$1,102,652,495	\$1,371,010,231	34	30.46

Fiscal impact by program

	HSD Med	HSD Admin	Central	HPA	Total
General Fund	\$128,428,250	\$22,096,920	\$4,933,647	\$0	\$268,269,931
Other Funds	\$0	\$0	\$87,805	\$0	\$87,805
Federal Funds	\$1,075,842,376	\$22,540,761	\$4,269,358	\$0	\$1,102,652,495
Total Funds	\$1,204,270,626	\$44,637,681	\$9,290,810	\$0	\$1,371,010,231
Positions	0	23	8	3	34
FTE	0.00	17.25	6.50	6.71	30.46

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Office of the State Public Health Director, Policy and Partnerships team
Policy package title:	Healthier Together Oregon
Policy package number:	409
Related legislation:	None

Summary statement:

OHA is leading transformation within the health system. Research shows the majority of what leads to optimal health occurs outside clinic walls. Given the influence of the social and environmental conditions outside of the health system, OHA will fall short of its 2030 goal to eliminate health inequities in Oregon without equally transformative work in the social determinants of health. This policy package supports implementation of Healthier Together Oregon (HTO) – the State Health Improvement Plan (SHIP). This policy package would resource OHA to partner across state agencies to better integrate policies and programs, resource community led solutions for eliminating health inequities and implement policy and system changes grounded in community wisdom. Not funding this policy package risks the state’s ability to ensure health for all Oregonians, and risks exacerbating health inequities. It would maintain the status quo of fragmented policies and systems that result in short term solutions to the root causes of health inequities, hindering the elimination of health inequities, and at worst, causing further harm.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$15,000,000	\$0	\$0	\$0	9	6.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Eighty percent of health outcomes are determined by the environmental and societal conditions outside of the health system. Without a coordinated plan to improve the social and structural determinants of health OHA will not be able to meet the goal of eliminating health inequities by 2030. The COVID-19 pandemic shined a spotlight on race-based inequities and OHA's gaps in prevention efforts. The places where we live, work, play, and learn have far greater impact on our health than the time we spend with a medical provider. This is especially true for priority populations who face unjust barriers to health, such as communities of color and Tribal communities, people with disabilities, people with low income, people who identify as LGBTQIA2S+, immigrants and refugees, and people who live in rural areas.

As a nationally accredited health department, the OHA Public Health Division (PHD) has led development and implementation of a State Health Improvement Plan (SHIP) for over a decade. The PHD has allocated approximately \$125,000 from the annual CDC Preventive Health and Health Services Block Grant, plus funding for one position to coordinate all aspects of the SHIP. To eliminate health inequities, OHA must involve communities in the development of policies and programs, resulting in solutions that center the resilience and wisdom of community and meet their self-determined goals and outcomes. Exclusion of communities in policy and program decision-making risks a failure to advance equitable changes in health outcomes.

The 2020 SHIP is called Healthier Together Oregon (HTO). HTO was developed through a collaborative community leadership process involving the PartnerSHIP Steering Committee and five workgroups organized around identified leading health priorities for Oregonians from OHA's 2018 State Health Assessment: institutional bias; adversity, trauma and toxic stress; access to equitable preventive health services; behavioral health; and the economic drivers of health, including housing,

Oregon Health Authority: 2023-25 Policy Package

transportation, employment and education. HTO includes 62 cross-sector strategies designed to address the root causes of inequitable health outcomes. HTO implementation, including for the work to occur through this policy package, will be supported by the PartnerSHIP, which includes representatives from community-based organizations, coordinated care organizations (CCOs), health systems, local public health authorities, Tribes, philanthropy and other representatives across Oregon.

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

This policy package would make three areas of investment in support of HTO implementation for the 2023-25 biennium:

- \$12 million would be for grants to local community for health improvement strategies, available to groups of partners including local and Tribal public health authorities, CCOs, hospitals, community-based organizations and other entities that participate in community health improvement efforts.
- \$2 million would pay for new staffing resources for OHA.
- \$1 million would be for communications.

Grants to community partnerships

Communities know what is best for the people they serve. Local Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans (CHIPs), when developed with local and Tribal public health authorities, community-based organizations, CCOs, nonprofit hospitals and other partners, amplify community wisdom and local priorities for health. Grants to community partnerships that include these local partners would resource CHIP implementation and provide flexible funding for innovative health improvement strategies, while incentivizing collaborative, cross-sector partnership in support of these plans. Through resourcing strategy implementation at the local level, communities would deliver culturally and linguistically responsive services. Furthermore, using

Oregon Health Authority: 2023-25 Policy Package

a Collective Impact approach, HTO provides a statewide platform to generate collective action on shared health priorities across Oregon.

OHA staffing

As the backbone agency for HTO, OHA is well positioned to convene cross-sector partners for community- and equity-centered approaches to health improvement. While about half of HTO strategies describe responsibilities of OHA, the other half of HTO strategies require partnership with other sectors. New positions would enable OHA to leverage the innovations of community into sustained policy and systems change in other sectors. Positions dedicated to the following cross-sector partnerships would be created:

- Housing: To support partnership with Oregon Housing and Community Services (OHCS) and other partners in housing-related supports and services.
- Economic justice: To support partnership with Business Oregon, Oregon Department of Revenue, Oregon Department of Human Services (ODHS), Oregon Employment Department and other partners who work in education and workforce development, vocational rehabilitation, tax policy, SSI/SSDI supports, and economic development.
- Food systems: To support partnership with ODHS, Oregon Department of Education (ODE), Department of Agriculture, OSU Extension Services, Oregon Food Bank and other providers focused on food and nutrition services, supports and systems.
- Early childhood: To support partnership with the Department of Early Learning and Care and other providers serving families and children aged 0–5.
- Social services: To support partnership with ODHS and other social service and safety net providers.
- Other operations and administrative staff: To provide project management and ensure meaningful community engagement, support community innovations for state policy and

Oregon Health Authority: 2023-25 Policy Package

system change; contract management; and data and research to evaluate outcomes of community investments.

Communications

As an alignment tool, HTO is only effective when communities know about the plan and can utilize its equity driven narrative of health. Communication contracts would ensure development and implementation of a strategic communications plan about HTO.

Below is a high-level implementation timeline for the 2023-25 biennium.

July – December 2023: Recruit and hire new OHA staff, develop guidance for grants and contracts and develop strategic communications plan.

January – June 2024: Release request for applications, issue notice of grant awards and contracts and implement communications plan.

July – December 2024: Inform state level systems change through community innovation and implement communications plan.

January – June 2025: Evaluate outcomes and implement communications plan.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

OHA's agency goal is to eliminate health inequities by 2030. This policy package would resource the collaboration required to help achieve OHA's 2030 goal at the state and local level. At the local level, this policy package would equitably distribute power and resources through grants and contracts to partners who work to advance health equity. These partners could include CBOs, Regional Health Equity Coalitions (RHECs), CCOs, hospitals, local and tribal public health, other governmental agencies, businesses, policy makers, faith communities, social service providers, philanthropic communities, and others. At the state level, new staff positions within OHA would shepherd community level innovations into statewide policy and systems changes that reconcile and rectify historical and contemporary injustices for the entire state.

This policy package would resource HTO and contribute to OHA's mission by investing in partnerships and upstream prevention with local communities who use culturally and linguistically responsive approaches to address health inequities. This policy package would amplify and elevate the voices and wisdom of community and people with lived experience into state system change. Through investment in communications, this policy package would also enable OHA to communicate about the implementation of this plan, holding the agency and other partners accountable to the community identified strategies. This policy package would also support the Triple Aim of better health, better care, and lower costs through upstream prevention.

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

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

The vision of HTO is to create a state where “health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.” In the long term, this policy package aims to eliminate health inequities for priority populations: communities of color and Tribal communities, people with disabilities, people with low income, people who identify as LGBTQIA2S+, immigrants and refugees, and people who live in rural areas. Health equity will be achieved when there are no longer distinguishable differences in health and related outcomes across social identities or geographies. In particular, the following [HTO key indicators](#) were identified by the PartnerSHIP to measure and monitor progress towards the goals of HTO.

- Childhood immunizations
- Childcare cost burden
- Adverse childhood experiences
- Third grade reading proficiency
- Unmet mental health care need among youth
- Chronic school absenteeism
- School disciplinary action
- Dental visits
- Concentrated disadvantage
- Food insecurity
- Housing cost burden
- Poor mental health among adults
- Suicide

Oregon Health Authority: 2023-25 Policy Package

- Opportunity index: Economic dimension
- Colorectal cancer screening
- Premature death

This policy package would achieve the following impacts:

Increased awareness about HTO and adoption of an equity driven narrative about health and wellbeing.

Increased **investment in communities** to implement HTO identified strategies.

Amplified voice of community and people with lived experience for equitable policy and systems change.

Development of authentic and trusting relationships between OHA, CCOs, local and tribal public health, community-led CBOs and other health equity partners.

Improved partnership across state agencies to advance coordinated and community driven policy, system, and environmental change.

Improved accountability from OHA and other state agencies through creation of feedback loops to the community.

Streamlined and coordinated guidance to CCOs and other community partners from OHA and other state partners to support HTO implementation in line with community needs.

Not funding this policy package risks Oregon's ability to ensure health equity is achieved for priority populations. It would also maintain the status quo of fragmented policies and systems. These siloed efforts result in band-aid solutions that at best, hinder the elimination of health inequities, and at worst, cause further harm. During development of HTO, one common concern received from the community feedback process was that HTO would be a plan that just "sits on the shelf". Failing to make this investment and measure of accountability would fuel distrust among priority populations.

Oregon Health Authority: 2023-25 Policy Package

5. How will OHA measure the impacts on health inequities of this policy package?

In addition to the long-term indicators described above, a series of short-term measures have also been identified for HTO. Many of the short-term measures are aligned with other OHA measure sets, including CCO metrics, OHA Key Performance Measures and Public Health Accountability Metrics. When available, short-term measures are disaggregated by race, ethnicity, and other demographics. For example, the following short-term measures have been identified for a subset of HTO strategies prioritized by the PartnerSHIP for 2022:

- People who use active transportation to get to work
- Eligible women enrolled in WIC during pregnancy
- Food Environment Index
- National ranking for broadband access
- Behavioral health providers that report using a language other than English with patients
- OHP members 12 years and older who received an age-appropriate screening for alcohol or other substance abuse
- Eligible children enrolled in CCO fidelity wrap-around services

In addition to these indicators, other process-oriented measures specific to this policy package include:

- Reach of HTO and use of an equity-centered health narrative as defined by the strategic communications plan.
- Number of signed memoranda of understanding and other inter-agency agreements with other state agencies.
- Other measures as identified by the PartnerSHIP to monitor effectiveness and impact of grants and contracts dispersed to the community.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

Using a community-driven and evidence-based planning framework called Mobilizing for Action through Planning and Partnerships (MAPP), HTO focuses on the social and structural drivers of the health outcomes that were prioritized by communities through a robust plan development process. HTO has relied on a modernized public health approach to health improvement planning. HTO has been co-created with community, via the PartnerSHIP and broader community engagement efforts, that amplified the voices of priority populations. HTO has also included the expertise of other sectors, including partners in housing, education, social services, transportation, land use, and economic development.

HTO is gaining traction within OHA and other partners as an organizing and alignment framework. One example within OHA is the contractual requirement that CCO CHIPs align with at least two priorities and strategies of HTO. Other programmatic efforts across the agency are also looking to HTO for alignment.

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

OHA-PHD has explored whether other funding might be available for this policy package, such as CDC funding for social determinants or philanthropic funds for cross-sector health improvement funding. Unfortunately, these funds are not available to state governments at the level determined necessary by the PartnerSHIP.

Oregon Health Authority: 2023-25 Policy Package

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

The PartnerSHIP has co-developed and co-authored this policy package with OHA staff. The PartnerSHIP is an OHA-convened, community-based steering committee that holds decision making power for HTO implementation. The PartnerSHIP includes representation from CCOs, local and tribal public health, RHECs and other CBO partners that work with priority populations. The PartnerSHIP will ensure oversight and accountability of community driven funding and statewide health improvements.

Other state agencies have also been informed of this policy package, including ODHS, OHCS, Department of Environmental Quality, Department of Land Conservation and Development, and the Oregon Department of Transportation. These agencies meet monthly with OHA to align programs and policies related to health, housing and transportation.

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

No.

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

Local and tribal public health authorities would be eligible for funding via grants and contracts. The statewide infrastructure provided through this policy package would expand technical assistance, capacity for partnership development, and policy changes that benefit community health improvement plans.

Oregon Health Authority: 2023-25 Policy Package

The work of other state agencies like OHCS, ODHS, Business Oregon, ODE, and the Department of Early Learning and Care would be supported with increased OHA capacity to contribute to the policy and system changes influenced and led by other sectors.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

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

No assumptions have affected the pricing of this policy package.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

OHA would be responsible for the following:

- Supporting the distribution of \$12 million in grants to communities. While the PartnerSHIP would drive direction and make funding decisions, OHA would provide backbone support related to communication, outreach, monitoring and evaluation.
- Identifying and working with contractor(s) to develop and implement a strategic communications plan.

Oregon Health Authority: 2023-25 Policy Package

- Facilitating and convening cross sector partners for policy and systems change.

Shared services would be responsible for the following:

- This Office of Contracts and Procurement would support the new grants.
- Human Resources would be impacted by hiring and onboarding of new staff under this policy package.

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

No. Funding would not be used for direct service programs.

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

This policy package requests nine full-time, permanent positions, which are priced at 18 months for the 2023-25 biennium.

- One Manager 2 position to provide leadership and management of the new team
- Four Operations & Policy Analyst 4 positions to support sector specific work in housing, economic justice, food systems, early childhood, and social services. (K-12 is already staffed via the Director of Health in Education)
- One Procurement & Contracts Specialist 3 position in the Shared Services Office of Contracts and Procurement
- One Operations and Policy Analyst 2 position to provide project management and community engagement support
- One Fiscal Analyst to support contracts and grants to community

Oregon Health Authority: 2023-25 Policy Package

- One Research Analyst 3 position to support data and evaluation needs of implementation grants
- One temporary Administrative Specialist (AS2) for administrative support to launch the grant program and support the PartnerSHIP

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

The only start-up costs would be related to onboarding new positions, which would require IT, software, and phone services to be purchased. This would include indirect and cost allocation based on new position authority. Facility and furniture purchases for remote work, may also be needed (such as the purchase of ergonomic chairs and sit/stand structures for in office or remote settings following Department of Administrative Services and OHA policy).

17. What are the ongoing costs?

Ongoing costs are maintenance of staff and contracts to continue implementing SHIP priorities into future biennia.

18. What is the potential savings?

Investments in the social determinants of health create a strong return on investment. This [summary by the Common Wealth fund](#)² summarizes ROI data related to interventions in a variety of upstream drivers of health, including housing, food supports and transportation. This policy package would contribute to savings in Medicaid expenses and the health care system at large as investments would be made in upstream program and policy changes that keep people from getting sick in the first place. OHA may realize long-term savings in OHP expenditures due to more cost-effective, high-

² https://www.commonwealthfund.org/sites/default/files/2019-07/COMBINED_ROI_EVIDENCE_REVIEW_7.15.19.pdf

Oregon Health Authority: 2023-25 Policy Package

quality care being delivered to OHP members. To the extent savings occur, they would be reflected in subsequent years' CCO rates, which are based on past expenditures, and incorporated into OHA's budget as part of the capitation rates for CCO-enrolled OHP members. Savings would also be seen through improved coordination in cross sector work as duplicative efforts are decreased.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$2,115,915			\$2,115,915	9	6.75
Services & Supplies	\$1,217,418			\$1,217,418		
Capital Outlay						
Special Payments	\$11,666,667			\$11,666,667		
Other						
Total	\$15,000,000	\$0	\$0	\$15,000,000	9	6.75

Fiscal impact by program

	Office of the State Public Health Director				Total
General Fund	\$15,000,000				\$15,000,000
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$0				\$0
Positions	9				9
FTE	6.75				6.75

Oregon Health Authority 2023-25 Policy Package

Division:	Central Services
Program:	Equity and Inclusion Division
Policy package title:	Regional Health Equity Coalition Program Expansion
Policy package number:	410
Related legislation:	Senate Bill 70 Regional Health Equity Coalitions (2021); ORS 413.042; OAR 943-021-0001, 943-021-0005

Summary statement:	<p>In alignment with OHA’s 2030 strategic goal to eliminate health inequities, this is the second phase of expansion for the legislatively mandated Regional Health Equity Coalition (RHEC) program to move toward statewide representation to address health inequities more meaningfully, especially for communities of color. This policy package requests funding for five new RHECs. This program provides necessary capacity and infrastructure building support for communities to identify the most pressing health equity issues in their region and create meaningful solutions at the policy, systems, and environment change level. The second phase of expansion requires sufficient staff capacity to support RHECs and internal operations related to the program.</p>
---------------------------	---

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$2,098,303	\$40,801	\$75,772	\$2,214,876	3	2.25

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Regional Health Equity Coalitions (RHECs) are autonomous, community-driven, cross-sector groups whose backbone organizations are non-governmental in nature. The work of these coalitions, to identify and address health equity issues, covers a wide range of underserved communities, including communities of color, immigrants, refugees, migrant and seasonal farmworkers, low-income populations, persons with disabilities and lesbian, gay, bisexual, transgender and questioning communities. Communities of color are the leading priority because communities of color often experience the greatest health inequities, both in Oregon and nationally. The work of the RHECs addresses social determinants of health that have persisted for generations in sectors such as health, education, housing, employment and transportation. Ultimately, the coalitions are working to improve the overall state of health equity in Oregon.

Senate Bill 70 (2021) defined RHECs and several other key terms¹, which described the key components of the RHEC model. It also required OHA to work with RHECs and “ensure that it has adequate staffing to support grantees through ongoing technical assistance, contract administration, program planning, and daily operations.”

As defined in statute and rule regional health equity coalitions are:

“(a) Autonomous, community-led, cross-sector groups focused on addressing health inequities experienced by priority populations, at the policy, system, and environmental levels, with the leading priority being communities of color.

¹ Additional key terms defined in this statute included: communities of color, cross sector, priority populations, and community-led.

Oregon Health Authority: 2023-25 Policy Package

(b) Completely independent of coordinated care organizations and public bodies as defined in ORS 174.109.

(c) Supported by fiscal agents such as federally recognized tribes of Oregon and community-based nonprofit entities, including culturally specific organizations, social service providers, organizations that provide health care, organizations that conduct public health research, organizations that provide behavioral health treatment, private foundations, and faith-based organizations.

(d) Required to have decision-making bodies:

(A) Whose membership is at least 51 percent individuals who identify as members of communities of color who have experienced health inequities.

(B) That prioritize the recruitment of members who identify as members of communities of color or who work in roles that address health inequities and institutional racism.

(2) The regional health equity coalition model means an approach that:

(a) Recognizes the impact of structural, institutional and interpersonal racism on the health and well-being of communities of color and other priority populations;

(b) Meaningfully engages priority populations to lead efforts to address health inequities;

(c) Supports and strengthens leadership development for priority populations;

(d) Honors the wisdom of members of priority populations; and

(e) Ensures that policy solutions and system changes build upon the strengths of the priority populations.”

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

The root causes of health inequities have persisted for centuries because systems and institutions have been created to benefit a select group of people over time. According to Agénor, et. al, “structural racism has had a substantial role in shaping the distribution of social determinants of health and the population health profile of the USA, including persistent health inequities.”

Meaningfully impacting health equity issues requires redistribution of resources, and in the context of

Oregon Health Authority: 2023-25 Policy Package

the RHEC program, sustained, long-term efforts with dedicated fiscal investment is critical for success.

Resources are requested to support expansion of the RHEC program to add five more coalitions in additional regions across the state. The RHECs receive funding from several sources, but primary support comes from OHA. This foundational or base funding provides necessary nimble infrastructure support allowing the RHECs to focus their priorities on work that communities indicate are most important, rather than categorical funding which can be too narrowly focused on issues that may not be critical in some regions.

Capacity building grants are used to develop new RHECs by supporting coalitions to pilot the RHEC model with the health equity work they are doing and offers an opportunity to complete foundational RHEC activities. These activities include, but are not limited to: coalition building, developing and solidifying governance structures via charters, conducting community needs assessments, etc. After one biennium, the capacity building grantees are assessed for readiness to move into the implementation phase of their work, and whether the RHEC model aligns with the grantee's vision for their health equity work. Capacity building would take place from 2023 to 2025, with implementation anticipated in subsequent years.

There are several benefits to growing the RHEC model statewide through sustained and expanded funding, including:

- Increasing opportunities for coordinated care organizations (CCOs) to partner with RHECs, offer technical assistance and training to build CCO's capacity around health equity and the social determinants of health.
- Allowing coalitions the level of autonomy needed to improve health equity in meaningful and appropriate ways that ensures anti-racist priorities are not compromised.

Oregon Health Authority: 2023-25 Policy Package

- Continuing to grow the necessary capacity of Oregon to address health equity issues in culturally specific and effective ways.
- Creating additional opportunities to sustainably address issues related to avoidable policy and system barriers which may help lower costs to health and other related systems.

Lastly, three new positions (2.25 FTE) are being requested to support this expansion and ensure adequate support to grantees through continued technical assistance, sufficient time for contract administration activities, daily operations, and future program planning. Positions include a Program Analyst 3 to support program coordination, planning, training, and technical assistance; a Research Analyst 3; and an Administrative Assistant 2.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity² or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

Health inequities continuing to persist is evidence that status quo efforts lead by dominant culture organizations, agencies, and institutions remain largely ineffective. This points to the need for innovative approaches with communities harmed by inequities leading and informing efforts to address structural racism. The RHECs have expertise based in lived experience to apply anti-racist frameworks with regard to policy and systems change efforts and to identify the most critical and regionally-specific health equity issues, while crafting policy, system and environmental solutions.

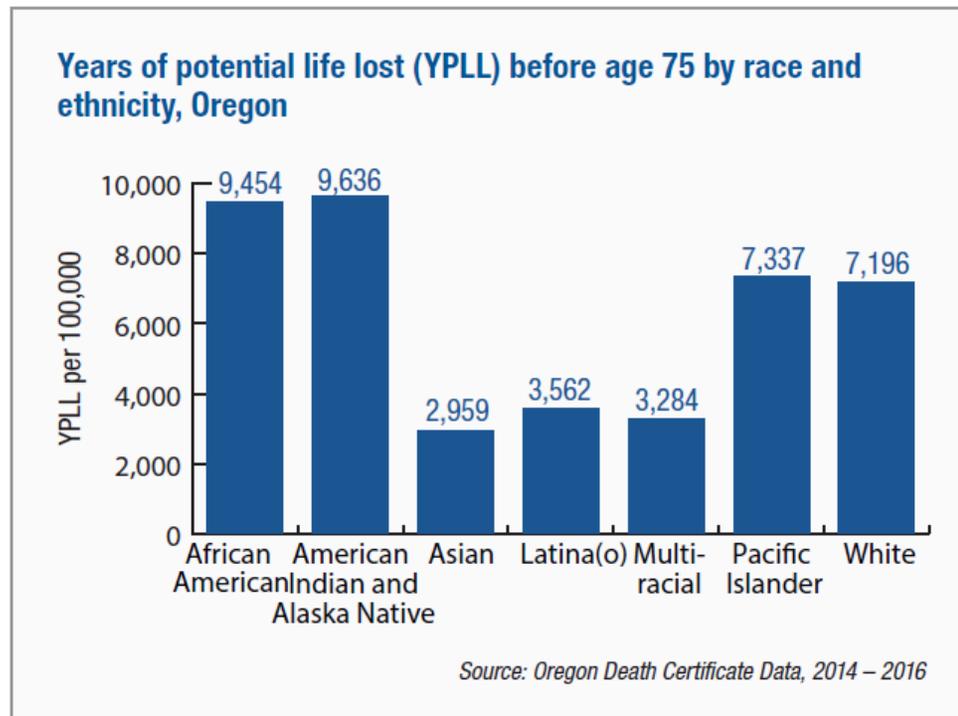
In Oregon, African Americans and American Indians and Alaska Natives experienced more years of potential life lost (YPLL) than any other race and ethnicity in the state. See Figure 1 (Oregon Death

² Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.**

Oregon Health Authority: 2023-25 Policy Package

Certificate Data, 2016). Chronic illness is also greater for many communities of color. For example, African Americans (38.9 percent), Pacific Islanders (36.1 percent), American Indians and Alaska Natives (33.4 percent), and Latinos (29.1 percent) are more likely to experience high blood pressure in this state.

Figure 1. Years of Potential Life Lost before age 75 by Race & Ethnicity in Oregon



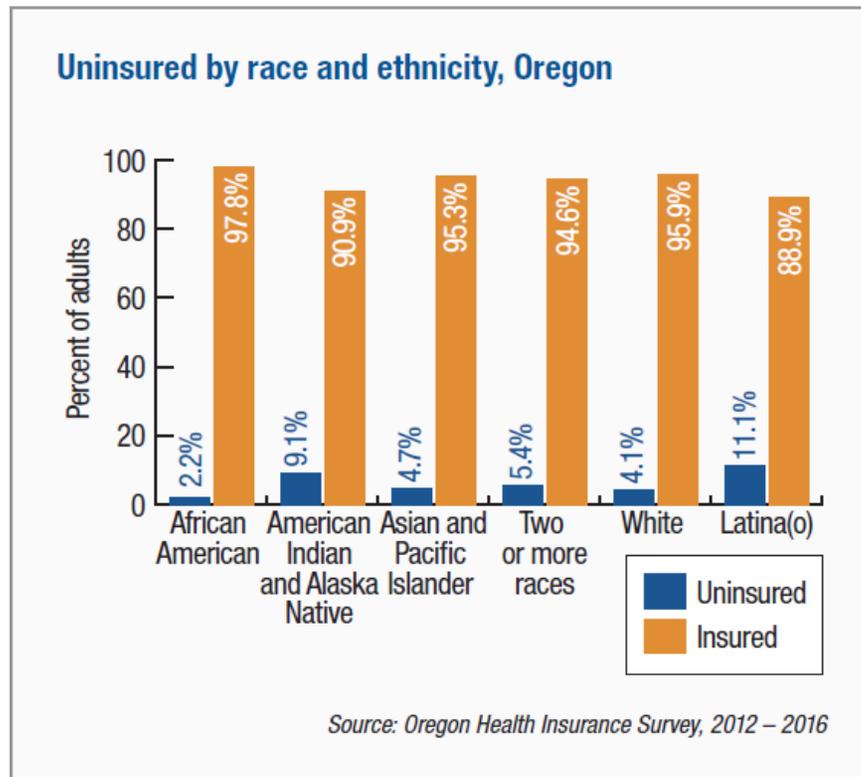
Furthermore, communities of color are also more likely to be uninsured. See Figure 2 (Oregon Health Insurance Survey, 2016).³ Overall, 62 percent of those who are uninsured delayed or did not

³ Oregon Health Insurance Survey. Available from: <https://bit.ly/2NDqLbK>.

Oregon Health Authority: 2023-25 Policy Package

get at least one type of care because of cost (as compared with 20.4 percent to 32.4 percent among those with insurance).⁴ Being uninsured increases the chances that health care needs are unmet, which in turn leads to worse health outcomes.

Figure 2. Oregon Uninsured by Race & Ethnicity



⁴ Oregon Health Authority, Oregon Health Insurance Survey: Cost Barriers to Care Fact Sheet (2015). <https://www.oregon.gov/oha/HPA/ANALYTICS/InsuranceData/2015-OHIS-Cost-Barriers-to-Care-Fact-Sheet.pdf>

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

While communities of color experience avoidable inequities due to structural racism (Agénor, et. al, 2017), there remains great strength, resilience, and wisdom which should inform efforts to ultimately address health equity issues. Many over the years have discussed the power of culture in healing the traumas resulting from racism, discrimination and inequities, and the need for community wisdom to develop creative, long-term solutions to health barriers at the policy, system, and environment change (PSE) level.

The RHECs have the expertise based in lived experience to identify the most critical and regionally-specific health equity issues, while crafting PSE solutions. This means that communities most harmed by health inequities are leading the identification of the “right issues” (i.e., most urgent or impactful issues in their region), and develop more effective solutions with fewer unintended consequences. Coalition efforts also work to address root cause issues that perpetuate structural racism and result in continued health inequities, while working to develop solutions that build on existing strengths and foster health equity. Ultimately, the RHEC model addresses structural racism through policy and systems change to work toward the elimination of health inequities.

Meaningfully impacting these issues and health inequities in general requires sustained, long-term efforts with dedicated fiscal investment. Specific benefits of sustained and expanded funding include:

- Increased opportunities for CCOs to partner with RHECs, offer technical assistance and training to build CCOs’ capacity around health equity and the social determinants of health.
- Allows coalitions the level of autonomy needed to improve health equity in meaningful and appropriate ways that ensures anti-racist priorities are not compromised.

Oregon Health Authority: 2023-25 Policy Package

- Continues to grow the necessary capacity of Oregon to address health equity issues in culturally specific and effective ways.
- Creates additional opportunities to sustainably address issues related to avoidable policy and system barriers which may help lower costs to health and other related systems.

5. How will OHA measure the impacts on health inequities of this policy package?

The requested Research Analyst would be responsible for developing a robust, and culturally appropriate program evaluation to examine program impacts. Evaluation would likely happen through a combination of process measures and outcome measures that would be developed in partnership with RHECs. Methods would rely on documenting practice-based or community-based evidence, with a focus on community-engaged and community-led evaluation efforts, such as community-based participatory research (CBPR⁵), wherever possible.

Due to emerging research regarding place-based investment, the evaluation plan may rely on several methods to evaluate the collective impacts of the investments and associated benefits of the RHECs. The evaluation plan would likely utilize a collective impact framework (CIF⁶). This effort works to build on community strengths and assets and align existing resources toward a common goal. The CIF underscores the important role of community in decision making. This is consistent

⁵ CBPR involves researchers and community engaging as equal partners in all steps of the research process and can be a strategy to improve data collection and interpretation while also promoting community health and addressing health inequities as well as empowering communities with evaluation capacity.

⁶ CIF informs how a network of community partners, organizations, and institutions can develop common objectives, learn, align, and integrate actions, and leverage a shared measurement strategy to promote systems-level change and achieve health equity priorities (Kania and Kramer, 2011).

Oregon Health Authority: 2023-25 Policy Package

with guidance received from community partners over the years and OHA's commitment to shifting power and amplifying community voice in community engagement efforts.

How achieved

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

In July 2011, the Equity and Inclusion Division (OEI) developed the RHEC program to support local, community-led, culturally-specific activities to reduce inequities and address social determinants of health specifically among communities of color. A significant amount of OEI's limited budget has been invested in RHECs over the years, often in lieu of basic infrastructure supports for the division. Because of the demonstrated successes of these coalitions and the urgency to address health inequities and ultimately the early deaths of so many, this strategic investment has continued over the years.

In the 2021 biennium, OEI began the first phase of expansion for the RHEC program which included adding four new coalitions and additional staff to support the program. Since then, a request for grant proposal (RFGP) was issued and through competitive solicitation four new coalitions were awarded. The RHECs have expanded to add nine counties in addition to the existing 11 county region and including Confederated Tribes of Warm Springs.

Because of limited existing internal capacity to roll out an expansion of this magnitude, this expansion effort is using a phased approach. This request is the second phase and continuation of this expansion to work toward statewide representation. These coalitions have had great success over the years, and there needs to be greater capacity to lead critical health equity efforts in regions across the state, especially because Oregon's population is diversifying.

Oregon Health Authority: 2023-25 Policy Package

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

OEI looked at whether current RHECs could expand beyond their regions, but given existing capacity, workload, and partnerships with priority populations this was not possible. Additional resources are needed to support new coalitions in other parts of the state that do not currently have representation. Resources are needed for five additional coalitions.

Related to OEI staff capacity, existing staff could not support an expansion of this magnitude with their current workload and responsibilities and sufficient resources are not available to effectively carry out this important work and legislative mandates.

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

Regional Health Equity Coalitions

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

No.

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

Strengthening RHECs would enhance resources for Tribal Governments and boost opportunities for local and county governments to partner with RHECs and to receive technical assistance and training to build capacity around health equity and the social determinants of health. For example, a

Oregon Health Authority: 2023-25 Policy Package

RHEC capacity building grant to Warm Springs Confederated Tribes has successfully shown that additional RHECs run by Tribal Governments can enhance equity work with Tribes.

Another example is when Mid-Columbia Health Equity Advocates (MCHEA) successfully advocated to County Commissioners for a county identification card for all community members regardless of barriers related to age, housing, transportation, immigration status, and cost. Having an official identification card improves access to basic services and helps make law enforcement interactions less frightening.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): N/A

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

The assumption that health equity and OHA’s 2030 strategic goal to eliminate health inequities are indeed priorities for the agency and the state. The RHECs would receive grants in the amount of \$150,000 per coalition every 12 months to support their efforts.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No, all aspects of this policy package fit within existing responsibilities of the agency including compliance with state and federal law, and OHA's 2030 strategic goal to eliminate health inequities.

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

Not applicable.

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

Three new permanent positions (2.25 FTE) are being requested to support this expansion and ensure adequate support to grantees through continued technical assistance, sufficient time for contract administration activities, daily operations, and future program planning. The positions are as follows:

Program Analyst 3

The purpose of this position is to build community and organizational capacity to address health equity through developing and coordinating funding partnerships between OEI and partner organizations. The Regional Health Equity Coalition (RHEC) Coordinator's role is to coordinate all aspects of the RHEC program, providing communications and logistical support, training and technical assistance directly to RHECs, monitoring contract deliverables, assuring compliance with contracts and other support contracts, and conducting site visits where they would collect and review site visit data and write internal reports on progress and activities.

Oregon Health Authority: 2023-25 Policy Package

Research Analyst 3

This position would be dedicated to evaluation and research specific to the RHEC program. They would be responsible for the following:

- Planning and coordinating moderately complex research and evaluation projects
- Developing research methodology, procedures and forms for data collection
- Analyzing and interpreting information
- Reporting findings and recommendations in plain language

Administrative Analyst 2

This position would assist the RHEC program manager and team. They would perform administrative research, analysis, and/or evaluation in support of the RHEC program. The work performed by this employee requires a comprehensive knowledge of the RHEC program and foundational concepts related to health equity. This would include interpreting laws, rules, policies and procedures and supporting compliance for the RHEC program. They would also lead developing, processing, submitting and tracking grant/contract paperwork, and requests for disbursements to grantees.

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

None.

17. What are the ongoing costs?

The ongoing costs are estimated at \$1.6 million to support the development of five new RHECs across the state; \$0.5 million to increase staff support to three full-time, permanent positions to ensure adequate support to grantees through continued technical assistance, sufficient time for contract administration activities, daily operations, and future program planning, approximately

Oregon Health Authority: 2023-25 Policy Package

\$8,000 for bi-lingual differential for the PA3 position, \$42,900 for other Services & Supplies (S&S), and \$40,000 for training and supporting cross-learning opportunities among coalitions.

18. What are the potential savings?

This funding is a nominal investment for substantial returns in terms of cost savings to impacted systems by way of improving inequities. Sustaining and growing the Regional Health Equity Coalition program provides expertise and assistance to the state to demonstrate and carry out regionally appropriate, concerted efforts to address issues of inequity across Oregon.

Without RHECs, there would not be as many opportunities to address inequities across the social determinants of health and therefore these issues would not be as comprehensively addressed. The RHECs are working to address inequities at the PSE level and across many sectors including health, housing, corrections, behavioral health, education, transportation and beyond.

When community partners are able to name the issues most impacting their health and wellness, and develop solutions to those challenges, it means there is less waste from addressing the wrong issues and pursuing ineffective efforts. These focused and intentional solutions not only save time and resources but move the state closer to health equity.

OHA directly benefits from this partnership because of the expertise RHECs bring in guiding the agency's health equity and PSE efforts toward being more appropriate and meaningful. For example, the RHECs were one of the primary vehicles for establishing the OHA strategic goal through a comprehensive community engagement effort where networks within the RHECs were called upon to host and facilitate community feedback events. They provide direct connection to community partners and investing in this expansion means we improve reach across all of Oregon.

Oregon Health Authority: 2023-25 Policy Package

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

This work is on behalf of the entire agency and would use the agency-wide cost allocation pool to distribute costs to revenue sources. The estimated fund splits are 80 percent General Fund, 7 percent Other Funds, and 13 percent Federal Funds for all costs except the grants to RHECs (\$1.5 million) which are funded at 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$356,878	\$31,227	\$57,990	\$446,095	3	2.25
Services & Supplies	\$1,741,425	\$9,574	\$17,782	\$1,768,781		
Capital Outlay						
Special Payments						
Other						
Total	\$2,098,303	\$40,801	\$75,772	\$2,214,876	3	2.25

Fiscal impact by program

	Central Services OEI	Total
General Fund	\$2,098,304	\$2,098,304
Other Funds	\$40,801	\$40,801
Federal Funds	\$75,772	\$75,772
Total Funds	\$2,214,876	\$2,214,876
Positions	3	3
FTE	2.25	2.25

Oregon Health Authority 2023-25 Policy Package

Division: Oregon State Hospital
Program: Salem Campus, Junction City Campus
Policy package title: Sustainable Staffing
Policy package number: 411
Related legislation: House Bill 5024 (2021) Budget Note, House Bill 5202 (2022)

Summary statement:

As directed within the Budget Note within House Bill 5024 (2021), the Oregon Health Authority was directed to:

“submit a financially and programmatically sustainable plan to the Emergency Board or Interim Joint Committee on Ways and Means that provides solutions for maintaining appropriate daily staffing levels to ensure the safety of both patients and staff [at the Oregon State Hospital].”

House Bill 5202 (2022) granted a portion of that request, with this policy package requesting the remainder.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$50,368,167	\$0	\$0	\$50,368,167	192	116.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Oregon State Hospital (OSH) has been challenged over the years to provide appropriate staffing levels to achieve a high level of quality care while achieving patient and staff safety. This is primarily due to enhanced patient needs from a dramatic shift of the population OSH serves as well as a lack of budgeted position authority necessary to ensure adequate clinical and operational staffing levels resulting from the non-delivered staff for both scheduled and unscheduled leave. This instability negatively affects the consistency of service delivery, cohesion across care providers, and a sense of responsibility to the unit or program teams and to the overall hospital.

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

This policy package represents an equalization of the staffing needs with budget authority. Simplified, this package provides additional positions and some system resources to provide a consistent level of care for our patients while maintaining a safe environment conducive to that care.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

This package directly contributes to health equity among disadvantaged populations with behavioral health symptoms and unable to receive alternative care. As such, it is critical infrastructure for a

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

Oregon Health Authority: 2023-25 Policy Package

portion of the population that otherwise lacks the capacity to receive care or administer to their own needs. In addition to traditional definitions of health equity, OSH patients are often without significant financial, personal support, and infrastructure, that would empower them to begin the treatment process.

Quantifying results

4. What are the long-term desired outcomes?

Long term outcomes are both patient and staff centered. Patients should experience a more personal level of care with staff who know their individual symptomology to assist in their recovery. Staff should experience a more consistent and stable work environment that limits the stress of the job to the treatment being provided, rather than being concerned over adequate levels of support from day to day, removal of the reliance on contracted services that do not possess an established connection to the patient, and an overall enhanced team environment. Both patients and staff should see an environment that better promotes treatment goals, safety, and improved mental and physical health.

5. How will OHA measure the impacts on health inequities of this policy package?

Impacts of this policy package would be primarily measured through staffing levels. The goal of this package is to provide a level of consistent staffing, which should result in staffing levels being sustained even with average call outs and a decreased reliance on contracted services and mandated overtime. This staffing would in turn impact health inequities within individual patients that are not easily measured in any statistical category: increased camaraderie between patients and staff and staff to staff; a better environment of care; fewer obstacles in individual recovery; and, other such essential but immeasurable attributes.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

As the specific request is recent, the prior attempt was a presentation as directed by the Legislature in response to the budget note. In more general terms, the staffing issues have been an ongoing struggle for the hospital with a variety of actions resulting in increased scrutiny of call outs, changes to unit staffing to promote team environments and individual responsibility, review of program structures to allow better staff utilization, and periodic review of staffing needs as a whole. These actions had only varying degrees of success. As a behavioral health facility, OSH will inherently experience instances of aggressive behavior during treatment. If there are no real or perceived additional resources for employees, in terms of available staff or help on the horizon, this can result in loss of morale that leads to staffing issues regardless of how the current limited resources are shifted.

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

This issue is a staffing need. OSH has tried various solutions to resolve the need within existing resources. But OSH simply cannot support a sustainable staffing plan—one that provides ongoing stability for both staff and patients — within its current budget and position authority as contracted staffing drives additional spending as does limited duration or non-budgeted positions, both of which the hospital has utilized. This package is intended to shift that recurring over-spend need to budgeted positions that can deliver the necessary care.

Oregon Health Authority: 2023-25 Policy Package

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

This package has the support of Disability Rights Oregon, who recognize that more reliable staffing contributes directly to more reliable patient care. Both SEIU and AFSCME-Registered Nurses are in support.

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

No. This policy package does not require statutory updates, however, there are portions of the total staffing concept that may require such changes and be introduced as future policy packages.

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

Primary impact would be to communities at the front and back end of the individual patient recovery. It would first assist with providing a hospital-level of care to those individuals who truly need it and ultimately result in the placement of those individuals into community housing as patients no longer in need of hospital-level care. An increase of available community facilities is currently a recognized issue — both for those persons who need a hospital-level of care and a place to transition to, as well as the persons who do not need OSH care but could be treated in communities. OSH admits those who are determined to need hospital care, regardless of community of origin.

Oregon Health Authority: 2023-25 Policy Package

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

No. It is the result of a budget note to address a known issue within the behavioral health continuum of care.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

Pricing is impacted by the pilot and implementation of a more patient-centered staffing tool or “acuity tool”. This method is designed to rate the acuity of a particular unit of the hospital by patient acuity through a standardized measurement of the individual patients’ ability to meet certain clinical criteria. The overall acuity of the program on which the units reside results in the staffing needs for that day and may shift from day to day by patient population and treatment goals. Because this is in pilot, adjustments to quantities or classifications may occur.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There will be associated human resources and payroll needs for the increase in positions. Those position resources are part of this policy package.

Oregon Health Authority: 2023-25 Policy Package

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

No change.

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

This request is for additional staff.

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

Start-up costs outside of the position request are respective to system needs and resources related to training and scheduling, totaling \$350,000.

This would include an ongoing increase to the OSH training budget to improve training and best practices across OSH to industry standards on an ongoing basis. This is estimated at \$350,000 per biennium.

Position pricing for 2023-25 includes a shift in classifications requested. On the Salem campus, this is a net increase of 149 positions (83.75 FTE). The position total of 261, offset by 112 positions that can be re-purposed. The total Salem position request is estimated at \$42.4 million for the 2023-25 biennium. On the Junction City campus, this is a request for 43 positions (32.25 FTE) estimated at \$7.9 million.

Total Start up is estimated at \$50.4 million.

Oregon Health Authority: 2023-25 Policy Package

17. What are the ongoing costs?

Ongoing services and supplies cost are expected to total \$422,000. This is related to the increase in the nursing training budget of \$350,000 per biennium and \$72,000 for the staff scheduling module in the API time management system.

The full pricing of 304 positions is estimated to total \$89 million for the 2025-27 biennium. Salem campus is 261 positions and FTE at an estimated \$79 million. Junction City campus is 43 positions and FTE at an estimated \$10.4 million.

18. What are the potential savings?

No budgetary savings are expected as a result of this package.

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

This policy package would be 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$44,473,056			\$44,473,056	192	116.00
Services & Supplies	\$5,895,111			\$5,895,111		
Capital Outlay						
Special Payments						
Other						
Total	\$50,368,167	\$0	\$0	\$50,368,167	192	116.00

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Salem	Junction City			Total
General Fund	\$42,453,964	\$7,914,203			\$50,368,167
Other Funds	\$0	\$0			\$0
Federal Funds	\$0	\$0			\$0
Total Funds	\$42,453,964	\$7,914,203			\$50,368,167
Positions	149	43			192
FTE	83.75	32.25			116.00

Oregon Health Authority 2023-25 Policy Package

Division:	Office of Information Services
Program:	Privacy and Security
Policy package title:	Fixing IT Risks & Vulnerabilities
Policy package number:	412
Related legislation:	None

Summary statement: The Information Security and Privacy Office (ISPO) supports both the Oregon Health Authority and Oregon Department of Human Services program and business resources and provides assurance in the protection of agency risk and the confidentiality of information to the communities whom we serve. OHA and ODHS remain responsible for the protection of their regulated data including the breadth, volume, scope, and associated governance, risk and compliance. Information and privacy standards are much greater than that of most other state agencies. Vendor supported systems also fall under agency responsibility. ODHS and OHA must invest in resources and tools to strengthen these essential areas, address Secretary of State audit gaps and mitigate privacy risks and vulnerabilities impacting both agencies.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$3,908,627	\$6,446,032 <small>(include OIS limitation)</small>	\$1,745,284	\$12,099,943 <small>(includes OIS limitation)</small>	10	8.15

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

This policy package would enable ODHS and OHA to improve the risk and vulnerability posture of data and information systems. The policy package would allow ODHS and OHA to effectively prevent, monitor and rapidly respond to emerging threats and vulnerabilities by having the staff and tools necessary to address remediation of risk and audit findings. The volume of highly private data, complexity of the systems environments that house the data and the compliance criteria that must be met in protecting the data remain the responsibility of ODHS and OHA. More effective mechanisms to protect and secure the environment are essential to mitigate future security and privacy incidents.

The consolidation of data into solutions, such as Oregon Eligibility, allows for greater access to services for consumers, but also greater risks from bad actors. Data integration can translate into more severe data compromise in the event of a breach. Preventing, detecting, and mitigating privacy and security incidents will become even more critical as the integration of systems and data continues.

The aggressiveness and proficiency of “bad actors” intent on phishing, scamming, and compromising organizations has increased and will continue to do so. The recent dramatic increase in remote access and expansive use of mobile devices to support telecommuting by DHS and OHA employees heightens the need for rigorous controls and oversight. Over 70 percent of cybersecurity threats originate at endpoints, such as email and mobile applications. The resources requested in this policy package focus on implementation of the six Center for Internet Security (CIS) basic Security

Oregon Health Authority: 2023-25 Policy Package

Controls¹ (v7.1). Resources and funding in this policy package, along with finishing the implementation of the IT Asset Management of Hardware & Software project, would allow the agencies to achieve the statewide target of 40+ percent implemented audit finding remediation plans and close the OHA/ODHS top audit finding, which is the inability to monitor the logs and periodical review the logs of suspicious behavior.

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

This policy package provides permanent positions as well as funding for additional software tools to stabilize support for agency level Information Risk and Privacy Management. These positions are essential for the agencies to have the capacity to respond to audit and risk management findings and enhance protection of data and systems for the agencies. The intent is to begin implementation as soon as funding is available. Position recruitments and the procurement of tools would begin September 2023.

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

This policy package directly supports two of the Governor's priorities by:

1. Ensuring ODHS/OHA's data is secure, private and uncorrupted, the agencies support "Create and manage a statewide data strategy to improve data analysis, data quality, information sharing and overall decision making to be done by the Chief Data Officer for the State."
2. Proactively managing system and data access, implementing automated tools to help track access and increasing foundational security support, such as proactive reviews of audit logs,

¹ These include Inventory Control of Hardware and Software Assets, continuous Vulnerability Management, Controlled use of Administrative Privileges, Secure Configuration of Hardware & Software on mobile devices, laptops, workstations and servers, and Maintenance Monitoring & Analysis of Audit Logs.

Oregon Health Authority: 2023-25 Policy Package

the agencies would “Increase IT security by adding enhancements to the State’s Enterprise Security Office, including improvements in intrusion and detection.”

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

Yes. The Enterprise Information Systems assessment of ODHS/OHA implementation of the six Center for Internet Security (CIS) basic Security Controls² (v7.1) resulted in a 31 percent completion score. The Oregon Secretary of State will be auditing ODHS/OHA for compliance with implementation of Center for Internet Security (CIS) Security Controls (v8) in the future³. Many of these have known existing gaps and will likely be identified as issues requiring remediation through this audit.

Quantifying results

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

The increase in risk and privacy management from additional resources would improve the remediation of audit findings, and decrease the number and duration of open findings. This would enable the team to focus not just on critical risk findings, but also high and medium risk findings.

² These include Inventory Control of Hardware and Software Assets, continuous Vulnerability Management, Controlled use of Administrative Privileges, Secure Configuration of Hardware & Software on mobile devices, laptops, workstations and servers, and Maintenance Monitoring & Analysis of Audit Logs.

Oregon Health Authority: 2023-25 Policy Package

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

Yes, directly tied to this policy package are the OHA performance measures included in the OHA Performance System under 1ASP1 - Managing Risk, and OIS performance measures included in the OIS Performance Management System under OP6 - Manage and Mitigate Risk.

7. What are the long-term desired outcomes?

- Improved and more proactive focus on protecting agency data increases the ability to maintain confidentiality of information. This leads to increased trust by Oregonians to provide accurate health information, leading to more reliable and comprehensive population-based health information.
- Increased compliance with CIS Security Controls, which will provide increased functionality, protection, and capabilities.
- Utilizing tools and staff resources to provide more proactive information protection and privacy of agency data reduces the risk of data breaches. Data breaches not only carry significant financial penalties, but they deteriorate public trust in the agencies. If ODHS and OHA cannot safeguard our client's data, it will be significantly more difficult to acquire the data we need to provide services to Oregonians.

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

Not funding this policy package puts ODHS and OHA's data and systems at significant risk. It also compromises the agencies' ability to respond to and remediate Oregon Secretary of State Audit findings. Enhanced federal funding could be at risk if the agencies are non-compliant with federal security requirements.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

- Asset control (CIS Control 1, 2) throughout the procurement process to decommission is in desperate need of attention. Inventory is not tracked from cradle to grave causing a break in the chain of custody.
 - Current State: Policy and processes are defined and approved. Assets are manually tracked and manually managed by OIS. A project is in execution to implement two needed software modules.
 - Needed: Automation is needed in the asset management process in order to have a holistic view of software and hardware deployed and is key to protecting and managing our financial assets, and quickly detecting and alerting when a suspicious asset has been added to the network.
- We have inadequate access controls (CIS control 1, 4, 6). Role Based Access (RBAC) for agency staff, contractors and partners do not follow a consistent structure of Role Base Configuration Management standard. This includes applications and system access. This is centered around authorized approver and authority at the business level.
 - Current state: Access control policy was updated and approved to support internal and third-party processing for authorized access.
 - Needed state: Process has begun to make updates to the online request (785 and 786) forms. This work requires resource to support this effort. Training and education of policies to business level approvers.
- The agencies continue to have exposure of data loss (CIS Control 3).
 - Current state: We currently have base controls to support Data Loss Prevention.

Oregon Health Authority: 2023-25 Policy Package

- Needed state: Data Classification will help support this effort and should be implemented by the agency with OIS partnering on the initiative. In addition, agency awareness and understanding of data levels is needed to support this area including others such as access.
- Though a state requirement, Multifactor Authentication (MFA) (CIS Control 4) is not applied to all publicly accessible systems.
 - Current state: MFA is implemented for a majority of Microsoft 365 accounts with planned completion by late summer 2022. MFA is, also, implemented for VPN.
 - Needed state: Per statewide policy, MFA is required on all public facing websites. Continue implementation of MFA solution with probable next implementation being Citrix. Training and education to agency users on current MFA availability support security and privacy.
- Aging IT Systems are a high risk to the data (CIS Control 4, 5).
 - Current state: There are no security baselines that are applied to workstation or servers. We have aging infrastructure but do not fall under lifecycle and there is an expectation of support. Due to unavailability of funding, some business solutions are no longer being replaced and are no longer under warranty.
 - Needed state: Asset management solution tool for tracking will support this effort. There is currently no centralized server management capability to allow visibility for security support (e.g., security alert of vulnerabilities).
- Configuration management of devices are lacking and baseline configuration of agency assets have not been established (CIS 5, 6).
 - Current state: Standing up a formal Configuration Management Database and awaiting ITAM solution to have its data model defined so that a CMDB (Configuration Management Database) and ITAM data models match. The Data Center is working on a unified CMDB.
 - Needed state: Configuration Management Policy to support effective configuration management for hardware, software, and applicable documentation that may impact ODHS/OHA's network

Oregon Health Authority: 2023-25 Policy Package

performance, operations, and security and further support controls that safeguard the confidentiality, integrity, and availability of information systems.

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

Alternatives include:

1. Do nothing.

This is not a viable option as the responsibility for managing data privacy and maintaining system level protections remains the responsibility of ODHS and OHA. Without additional staff, the ever increase security attacks, particularly from phishing, represent an enormous risk to the agencies and the state.

2. Rely on contracted resources to fill gaps.

This is periodically used on a selective basis to augment analysis. Long term, this is a cost-prohibitive solution and problematic several levels. The Privacy and Risk Management team requires a permanent, dedicated senior level leader to support their work. This role cannot be filled by a contracted resource. The minimal staffing request of four additional positions represents a far lower cost than trying to fill those roles with contracted resources. Contract mechanisms available for securing resources limits the duration of their work, which results in continual loss of knowledge and skill.

3. Outsource the Privacy and Risk Management function.

This approach was partially pursued with the transfer of multiple OIS positions to the Enterprise Information Security Office. Full outsourcing is problematic as intimacy with ODHS and OHA's business and computing environment are critical to supporting this key function.

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

The amount of data, types of data, and protection requirements of ODHS and OHA require significant resources, time and tools to maintain. The more demands that ODHS and OHA put on the state Cyber Security Services group, the less those resources are available to other state agencies. This policy package would enable ODHS and OHA to be more self-sufficient in maintaining data protection and managing risk.

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

It benefits both ODHS and OHA as well as community partners, such as Area Agency on Aging. Feedback and findings from other government entities (e.g., Oregon Enterprise Information Services, U.S. Department of Homeland Security, and Cybersecurity and Infrastructure Security Agency) also provided significant information for the need and content of this policy package.

Oregon Health Authority: 2023-25 Policy Package

14. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity⁴ or equitable health outcomes?

Enhancing agency information protection and ensuring highly confidential health data is protected is incumbent on ODHS and OHA. This policy package helps improve and remove barriers from reliable and trusted agency program resources containing, maintaining, and transmitting protected information and further promotes agency movement towards better digital and technology solutions that drive a concerted and collaborative effort to address the needs of populations experiencing health inequities and inequitable access to systems and services.

Staffing and fiscal impact

Implementation date(s): September 1, 2023

End date (if applicable): Not applicable

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

- Cost of professional services is assumed to be in alignment with other comparable efforts
- Cost of staffing is assumed to be relatively constant
- Federal enhanced funding will be available and leveraged for all Medicaid related efforts
- Resources with the necessary skills will be available
- Estimated costs for a risk management system are accurate

⁴ Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

Oregon Health Authority: 2023-25 Policy Package

- Estimated costs for additional modules/licensing of SolarWinds tool are accurate

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

No.

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

No.

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

No.

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

This policy package requests four (10) permanent positions:

- Hardware/Software Analyst - ISS5 - ITAM
- Inventory Tracking Specialist – ISS2 - ITAM
- Enterprise System Vulnerability Architect – ISS8 - CSS
- Senior End Point Security Analyst – ISS8 - CSS
- Senior Systems Analyst - ISS8 - CSS
- Enterprise Remote Services Admin – ISS7 - CSS

Oregon Health Authority: 2023-25 Policy Package

- Asset Management System Architect – ISS8 - CSS
- PEME Security Control Implementation Manager – PEME - ISPO
- Information Exchange Analyst – OPA2 - ISPO
- SW Standards Coordination Analyst – ISS7 – SDT

These positions would focus on implementation of the six Center for Internet Security (CIS) basic Security Controls¹ (v7.1). The Enterprise Information Systems assessment of ODHS/OHA implementation of the six Center for Internet Security (CIS) basic Security Controls² (v7.1) resulted in a 31 percent completion score. The lack of enhanced procedures and technical resources played a part in the score. The resources identified in this policy package would help ODHS/OHA achieve a higher score to stay in compliance with any future state or federal mandates and audits.

These positions would ensure that ODHS/OHA enforces multifactor authentication on its externally exposed applications, including third-party applications to alleviate any unauthorized access to secure information stored in these applications. These positions would continually assess ODHS/OHA infrastructure for vulnerabilities, and take action to expose and remediate discovered flaws, reducing the risk of enterprise assets being compromised. These positions would achieve this by utilizing multiple modern and complex security and vulnerability management tools. Additionally, these resources are critical in implementing Hardware and Software Asset Management system that will help inventory and document authorized assets list. These resources would create automated processes and reports to detect and address unauthorized assets (both hardware and software). To ensure ODHS/OHA stays in compliance, these positions would develop procedures to ensure a consistent approach to detection and reporting and communicate the appropriate metrics to stakeholders.

Oregon Health Authority: 2023-25 Policy Package

All state agencies including ODHS/OHA are recommended to leverage the CIS Level 1 Benchmarks as its secure configuration standard baseline for all operating systems and software. These positions would ensure the CIS Level 1 Benchmarks are implemented to all ODHS/OHA assets.

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

- SolarWinds is already implemented for OHA & ODHS. This funding is for additional SolarWinds modules/licensing of SolarWinds administrator privileges tool. Security and event management (CIS 6) - **\$500,000**
- Funding for professional services to provide implementation services for new software (CIS 6)- **\$150,000**
- Funding for risk management software to manage risks, vulnerabilities, and incidents (CIS 3) - **\$250,000**
- Information Exchange (internal audit findings) – Access Agreements management - **\$50,000**

NOTE: There are security discussions and planning in process at the statewide and agency level, which may require requesting additional funding in the 2024 session.

21. What are the ongoing costs?

Ongoing costs include annual licensing fees for tools and any SaaS risk management solutions.
\$1,000,000

22. What are the potential savings?

Significant cost avoidance by reducing risks of data breaches. Avoiding data breaches protects highly confidential client data from exposure, sustains trust in the agencies and state security practices and avoids substantial penalties, fines, and other costs.

Oregon Health Authority: 2023-25 Policy Package

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

Office of Information Services is requesting 100 percent Other Funds limitation. Shared Services Funding allocates 58.4 percent to ODHS and 41.6 percent to OHA, with a blended rate of 64.1 percent General Fund, 7.1 percent Other Funds, and 28.8 percent Federal Funds.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	-	\$2,332,565	-	\$2,342,135	10	8.15
Services & Supplies	\$53,124	\$3,685,078	\$13,847	\$3,742,479		
Capital Outlay	-	-	-	-		
Special Payments	\$3,855,503	\$428,389	\$1,731,437	\$6,015,329		
Other	\$	-	-	-		
Total	\$3,908,627	\$6,446,032	\$1,745,284	\$12,099,943	10	8.15

Fiscal impact by program

	SSF	OIS	SAEC	Total
General Fund	\$3,855,503	\$0	\$53,124	\$3,908,627
Other Funds	\$428,389	\$6,009,420	\$8,223	\$6,446,032
Federal Funds	\$1,731,437	\$0	\$13,847	\$1,745,284
Total Funds	\$6,015,329	\$6,009,420	\$75,194	\$12,099,943
Positions		10		10
FTE		8.15		8.15

Oregon Health Authority 2023-25 Policy Package

Division: Oregon State Hospital
Program: Salem and Junction City campuses
Policy package title: Complex Case Management Unit
Policy package number: 413
Related legislation: None

Summary statement: This policy package would be used to develop and staff a specialized unit at the Oregon State Hospital to treat patients who are not responding to current treatment and require intensive services. Staff would be skilled in working with highly acute patients with a history of assaultive behaviors, self-harm, and other complex clinical and social needs. Initial and ongoing training would be provided to these staff using strategies that promote social learning and create a safe and inclusive milieu. This policy package would help prevent patient and staff injuries and promote health equity by addressing the needs of our most acute patients.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$8,404,371	\$1,535,000	\$0	\$9,939,371	48	36.66

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

OHA proposes this policy package to treat patients with complex clinical and social needs that have not responded to “treatment as usual” through the development of two specialized units: a Complex Case Management (CCM) unit on the Salem campus and a specialized unit on the Junction City campus designed to meet the needs of one highly acute patient at a time.

Patients that meet CCM unit criteria have contributed to patient and staff injuries due to recurrent physical aggression and other significant safety events. CCM unit treatment would target patient aggression, suicide attempts, and the associated long lengths of stay. It would also address staff skill development, recruitment, and retention. Attempts to treat these patients on their home unit by assigning a specialized interdisciplinary treatment team have thus far proved inefficient and, in several cases, have had limited effectiveness.

In addition, it is not uncommon for some of these patients to have little to no ability to tolerate living in an environment where they routinely encounter other patients and many staff. This difficulty reliably results in frequent and often severe episodes of violence. A specialized area where intensive treatment can be focused on symptom reduction and skill development, so that the person can eventually be safely placed in a unit milieu or a residential environment, is needed.

There are currently six patients working with a specialized treatment team. They reside on different units throughout the hospital and make up a total of 0.26 percent of all patients served since January 1, 2020, as OSH has treated 2,332 unique patients in that time frame. Please see graphs below for

Oregon Health Authority: 2023-25 Policy Package

the impact these patients have had on hospital Seclusion and Restraint numbers and physical aggression.

Complex Case Management S&R vs. All Others 1/1/2020 through 5/31/2022				Complex Case Management Aggression vs. All Others 1/1/2020 through 5/31/2022			
	Seclusions	Restraints	Total		Agg to Staff	Agg b/t Pats	Total
CCM Total	292	217	509	CCM Total	79	78	151
All Others	3582	3942	7524	All Others	1006	987	2028
CCM %	7.5%	5.2%	6.3%	CCM %	7.3%	7.3%	6.9%

Complex Case Management S&R vs. Current PSRB 1/1/2020 through 5/31/2022				Complex Case Management Aggression vs. Current PSRB 1/1/2020 through 5/31/2022			
	Seclusions	Restraints	Total		Agg to Staff	Agg b/t Pats	Total
CCM Total	292	217	509	CCM Total	79	78	151
Current PSRB	506	333	839	Current PSRB	200	192	392
CCM %	36.6%	39.5%	37.8%	CCM %	28.3%	28.9%	27.8%

Complex Case Management S&R vs. Current 180+ Days 1/1/2020 through 5/31/2022				Complex Case Management Aggression vs. Current 180+ Days 1/1/2020 through 5/31/2022			
	Seclusions	Restraints	Total		Agg to Staff	Agg b/t Pats	Total
CCM Total	292	217	509	CCM Total	79	78	151
Current 180+ Days	1428	2091	3519	Current 180+ Days	425	343	768
CCM %	17.0%	9.4%	12.6%	CCM %	15.7%	18.5%	16.4%

*Some aggressive events occur between patients and to staff and are marked in both categories, so the Agg to Staff and Agg b/t Pats do not add up to the Total.

**Restraints includes all mechanical and manual restraints. Voluntary movement restrictions (VMR) are not included.

Oregon Health Authority: 2023-25 Policy Package

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

This policy package would develop specialized units for CCM patient care with highly skilled interdisciplinary teams (IDT) and nursing staff focused on providing individualized care that includes nontraditional approaches to treatment, and a milieu culture focused on social learning and community building. Funding is requested in Salem to create 27 unique positions and for reclassifying an additional 15 positions, for a total of 42 positions. The Junction City funding would encompass bond-financed capital construction to create a dedicated treatment space and 21 new positions. Total 2023-25 request is for 48 positions, 36.66 FTE. In 2025-27, this would be 63 total positions and FTE within the program across two campuses.

With the training and development specialist (TDS) position being introduced to the Nursing department, the CCM unit would have the necessary staff to provide initial and ongoing training and coaching. Staff in TDS positions would receive specialized training in techniques and therapeutic approaches that are proven to be effective with CCM patients, such as Dialectical Behavioral Therapy and the social learning model. TDS staff would be able to provide in-the-moment coaching to other unit staff to respond and provide de-escalation during crises, as well as structured weekly training and planning sessions for staff.

A secondary benefit of creating the TDS position is the creation of a pathway of professional development within the Nursing department. We anticipate that this would help retention and recruitment within the Nursing department. These positions would potentially also have a positive impact on availability and compliance with the specialized and continuing education that would be necessary to successfully care for the complex patients this unit would serve.

Oregon Health Authority: 2023-25 Policy Package

Initial and ongoing training would be developed in April 2023, so that staff can be hired and trained by July 1, 2023. The CCM Milieu Plan would create an integrated milieu using a treatment model focused on supportive interventions and relational approaches. Staff would be trained in strategies to effectively assess patient skill deficits and inform planful responses. Positive, pro-social behaviors would be modeled and encouraged through coaching. A sense of community would be created by identifying shared goals, such as positive unit activity, and clear mutual expectations. With skilled and highly trained staff and a therapeutic milieu designed to meet the needs of complex patients, treatment quality and delivery would improve and patients with complex needs would have better outcomes, including an improved likelihood of successful discharge. The CCM unit would also reduce the burden on other units (who are currently treating these patients), enabling other units to focus on staff skill development and patient progress to discharge for the majority of OSH patients.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Patients would be identified for the CCM units if they present complex needs and are not improving with typical care, which includes behavior management plans that can be implemented on a standard hospital unit. These patients come from diverse backgrounds, but all have disabling conditions impacting their ability to function. This population's needs related to their disabilities have often been neglected in the community or responded to with restrictive measures such as institutionalization. These measures cause further harm to these individuals through disempowerment and social and cultural isolation. These patients require staff with additional training

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

Oregon Health Authority: 2023-25 Policy Package

to address the underlying clinical issues through culturally responsive, holistic care that celebrates the patient as part of the community.

CCM unit staff would be required to complete initial and ongoing training to address the unmet treatment needs of CCM patients, with an emphasis on least restrictive interventions that promote social learning. Staff would also be trained in anti-racism, cultural responsiveness, and trauma-informed practices. This would influence a therapeutic milieu that empowers patients through skill development, increased autonomy, recognizing and celebrating diversity. The Training and Development Specialists would also be responsible for training and mentoring new staff, serving as agents of change within the organization, and inspiring a more inclusive hospital culture.

Quantifying results

4. What are the long-term desired outcomes?

The specialized units would shorten these patients' length of stay at OSH, reduce aggressive behavior and injuries, reduce self-harmful behavior, and help these patients integrate more safely into the community following discharge. These units would benefit OSH as a whole by reducing the acuity on other units and enabling them to focus on progressing patients towards discharge. Staff would be more equipped to handle patients with complex needs through new mentoring and training pathways.

5. How will OHA measure the impacts on health inequities of this policy package?

The Oregon Health Authority would measure the impacts on health inequities of those that we serve at the Oregon State Hospital by defining and collecting metrics related to the length of stay for identified CCM patients, the use of seclusion and restraint, and the use of Enhanced Supervision

Oregon Health Authority: 2023-25 Policy Package

(assigning staff to monitor a patient at all times at a 1:1 ratio or with visual and verbal checks at frequent intervals). Although the Oregon State Hospital currently collects the majority of these metrics, a baseline number would need to be established for this newly identified patient population.

How achieved

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

In October 2021, OSH formalized the practice of assigning a specialized interdisciplinary team to treat patients for whom “treatment as usual” had not been successful. We call this the Complex Case Management model.

The interdisciplinary team members are selected for each individual patient, which means each CCM patient has a unique team that is different than other patients on the unit and sometimes different from other CCM patients. Eligibility criteria include:

- Recurrent dangerousness to self and/or others
- Low engagement with IDT or treatment clinicians
- Multiple readmissions or long length of stay
- Complex medical or discharge needs
- Traumatic brain injury symptoms impacting treatment or milieu management
- Challenges with team objectivity, countertransference, or caregiver fatigue

In this model as it currently exists, the assigned interdisciplinary team treats the CCM patients on their home units. While there have been several successes, the model has also encountered barriers and inefficiencies addressed below.

Oregon Health Authority: 2023-25 Policy Package

In Junction City, a specialized unit was created, and staff were pulled from other job duties to provide care to a highly complex patient for whom placement in a standard unit milieu would have resulted in extreme suffering and frequent violence. This was not a long-term solution and created the need for additional limited duration positions and overtime usage.

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

Continue current Complex Case Management model.

A few clinicians are assigned to several of the CCM patients, who are housed on different units. The other patients on those units are treated by the unit's assigned interdisciplinary teams. This has resulted in barriers related both to the CCM patients' impact on their home units as well as the units' impact on the patients. This has limited the ability of the assigned CCM interdisciplinary team to effectively meet the intended outcomes of reducing patient aggression and lowering length of stay for several of these patients. Some of the barriers with continuing the current model are:

- There is inconsistent nursing department staffing on the various hospital units. This, in addition to having an off-unit IDT, have led to limited opportunities for the IDT to train nursing staff and model effective strategies for interacting with these patients.
- There has been frequent conflict involving the CCM patients and other patients on their home units.
 - The need for a quick and collaborative IDT response to behavioral issues as they arise is not consistently available due to IDT members being stretched across multiple units.
 - A cohesive IDT that understands the clinical needs of both involved patients is more effective in responding to such incidents, but this is not available as a function of the model itself.
- Other patients are frequently transferred off the unit to avoid conflict with CCM patients
 - This disrupts treatment of the other patients
 - This may reinforce negative behaviors in the CCM patient.

Oregon Health Authority: 2023-25 Policy Package

- Regular unit IDT members have limited ability to be invested in the patient working with the CCM team and feel protective of their assigned patients (the non-CCM patients on the unit), which has led to countertransference, burnout and splitting between the treatment teams.
- There is no clear reporting structure or Program Executive Team (PET) role in the CCM patients' care. Each PET oversees a program of six units, and the clinician managers on the PETs supervise the clinicians assigned to those units. Currently, CCM patients are located on units in several different programs, and their assigned IDT members may be assigned to units in different programs than the patient or each other. This results in clinical discipline directors and the Chief Medical Officer becoming involved in providing additional supervision of CCM clinicians.
- There is a lack of efficiency in the line of communication (nursing report, unit clinical meetings, Treatment Care Planning meeting scheduling) and treatment delivery for the assigned CCM interdisciplinary teams and the home unit staff. This has severely limited the number of eligible patients who can be treated with the CCM model.

Discontinue the Complex Case Management model and reassign CCM patients to unit IDTs.

Effective treatment of CCM patients requires a very high degree of clinical knowledge and skill – substantially more than is typical. In addition, these patients typically require more direct clinician contact than most patients. Unit IDTs have referred patients for CCM team treatment due, in part, to not being equipped to serve these patients effectively. The CCM model was created because it was demonstrably true that “treatment as usual” was not effective for those patients, nor for other patients on the unit, who may not receive the appropriate level of clinical attention when a standard unit’s IDT is also treating a CCM patient. Returning to a “treatment as usual” model would likely lead to an increase/return to unsafe behaviors and unmet treatment needs.

Oregon Health Authority: 2023-25 Policy Package

Discontinue the specialized single-patient unit in Junction City.

At any given time, OSH typically has one or two patients for whom proximity to other patients reliably triggers recurrent episodes of violence, usually directed at others. OSH does not have a dedicated housing and treatment space for such patients, so to address these needs we have historically assigned what would otherwise be patient-use space (additional patient rooms, quiet activity rooms, etc.) to these patients. Such strategies can temporarily impact bed capacity and generally are not successful in limiting the impact of these patients on their peers, and vice-versa. The physical location chosen in such situations can also increase risk to staff due to issues such as limited visibility, proximity to other potentially aggressive patients, and need to maintain proximity to the patient in question for the purposes of redirection. There is also a much higher likelihood of seclusion and restraint, which places both the patient and staff at risk of injury and is traumatic to patients.

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

Internally, OSH has worked with subject matter experts from Nursing, Social Work, Psychiatry, Psychology and Treatment Services to develop appropriate staffing requests and the CCM Unit Milieu plan. If the policy package is approved, OSH will work with the Office of Equity and Inclusion on staff training.

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

No.

Oregon Health Authority: 2023-25 Policy Package

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

If patients continue to have unsafe behaviors (suicidality and aggression) that have not been optimally addressed while the patient is at OSH, the length of stay increases with the patient remaining in the most restrictive environment across the behavioral health continuum. Community partners involved in discharge planning are hesitant to accept such patients into their care, fearing potential negative patient incidents and outcomes, injury to staff, and property destruction. Community Mental Health Programs, Choice Contractors, acute care hospitals, and jail providers would be more engaged in coordinating care for and discharge of patients that demonstrated greater stability, skill development and coping strategies while at OSH. These external partners would benefit from the CCM unit's ability to provide optimal skill development and stabilization before the patient is discharged to the community.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): No end date

Oregon Health Authority: 2023-25 Policy Package

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

The pricing was developed using the current available staffing against the staffing need to identify the gaps. These gaps, or the position differences between available and need, are the foundation of the package's fiscal impact.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There would not be new responsibilities for OHA and/or Shared Services, though there would be an increased workload for Human Resources and potentially the Office of Information Services related to the increase in staff necessary to run the program.

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

With the addition of the positions listed below, the caseloads of clinical staff assigned to this unit would be slightly lower compared to other units in the hospital. This would allow them to provide the intensive, specialized care that is needed. It would double the number of patients that could be served through CCM treatment. There are currently six patients receiving services through the CCM team on multiple units. This potential of doubling of client caseload would help the Oregon State Hospital continue to drive towards the goal of eliminating health inequities to the chronically underserved complex psychiatric patients that would be served by this new unit.

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

OSH would need the following 42 new, permanent full-time positions:

Oregon Health Authority: 2023-25 Policy Package

- 3 Mental Health Registered Nurse positions
- 1 Mental Health Licensed Practical Nurse position
- 13 Mental Health Therapist 2 positions
- 14 Training and Development Specialist 1 positions
- 1 Clinical Social Worker position
- 1 Clinical Psychologist 2 position
- 1 Behavioral Health Specialist 2 position
- 1 Occupational Therapist position
- 4 Training and Development Specialist 2 positions
- 1 Unit Administrator position
- 2 Clinical Rehabilitation Manager 1 positions

At the Salem campus, there are 15 positions currently funded that would be abolished to cover some of the financial impact:

- 14 Mental Health Therapist Technician positions
- 1 Mental Health Supervising Registered Nurse position

The Junction City campus would need 21 new, permanent full-time Nursing positions:

- 5 Mental Health Registered Nurse positions
- 16 Mental Health Therapy Technicians positions

All new positions are priced at 18 months and all abolished positions are priced at 24 months for the 2023-25 biennium.

Oregon Health Authority: 2023-25 Policy Package

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

Start-up costs primarily include the new positions and necessary construction on the Junction City campus. These are priced at 63 new positions with 15 abolished positions to net to 48 positions in the 2023-25 biennium.

The start-up costs would include an increased orientation to the CCM program, expectations, and trainings. Also needed would be hardware and necessary software costs (Avatar licenses, API licenses, Microsoft Suite license, etc.).

Total estimated expenses for the 2023-25 biennium are \$9.9 million.

17. What are the ongoing costs?

The ongoing cost would include the cost of all 63 permanent positions and associated services and supplies. Total estimated expenses for the 2025-27 biennium are \$13.2 million.

18. What are the potential savings?

There is no significant budgetary savings expected from this package, although there are expected efficiency gains. The success of this package would potentially lead to a higher quantity of patients that could be treated within this model before transitioning down to other Units or Programs of lessening intensity. There is a minor possibility, currently indeterminate, of savings related to a decrease in related outside medical expenses that a patient might have, if this package is successful at eliminating that assault or occurrence. The same would be true of Workers Compensation claims for staff who are targets of assaults.

Oregon Health Authority: 2023-25 Policy Package

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

General Fund (85 percent) and bond-financed Other Funds (15 percent) for the capital construction.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$7,186,303			\$7,186,303	48	36.66
Services & Supplies	\$1,218,068	\$35,000		\$1,233,068		
Capital Outlay		\$1,500,000		\$1,500,000		
Special Payments						
Other						
Total	\$8,404,371	\$1,535,000	\$0	\$9,939,371	48	36.66

Fiscal impact by program

	Salem	Junction City	Bond Cap Const	SAEC - COP	Total
General Fund	\$4,372,267	\$4,032,104	\$0	\$0	\$8,404,371
Other Funds	\$0	\$0	\$1,500,000	\$35,000	\$1,535,000
Federal Funds	\$0	\$0	\$0	\$0	\$0
Total Funds	\$4,372,267	\$4,032,104	\$1,500,000	\$35,000	\$9,939,371
Positions	27	21	0	0	48
FTE	16.50	20.16	0.00	0.00	36.66

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division
Program:	Program Support and Administration, Medicaid
Policy package title:	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
Policy package number:	414
Related legislation:	None

Summary statement: This policy package is in response to strong community feedback that Oregon’s longstanding Medicaid waiver from federal Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) requirements is harmful and needs to end. EPSDT is a critical federal standard to ensure state Medicaid programs meet the health care needs of children ages 0-21. Additionally, OHA recognizes that the waiver is a barrier to meeting the agency’s goal to eliminate health inequities by 2030. Effective January 1, 2023, this waiver ends. This policy package funds the staff and system updates necessary for OHA to build an EPSDT program that will meet federal regulations and ensure children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services that EPSDT entitles them to and are necessary to meet our health equity goals.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,054,648	\$0	\$1,570,934	\$2,627,556	9	6.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) is a federal standard that requires state Medicaid programs to cover all medically necessary services for children. Oregon has had a long-standing waiver from these requirements through its 1115 Oregon Health Plan Demonstration Waiver (OHP waiver). OHA engaged in dialogue with our community and the Centers for Medicare & Medicaid Services (CMS) regarding our upcoming OHP waiver renewal and we heard clearly that Oregon's waiver from federal EPSDT requirements is problematic for children and families. Our waiver has been particularly problematic for children with disabilities and special healthcare needs. Because of this waiver, Oregon's Medicaid program has not made individual considerations to meet the needs of children with unique circumstances. The program has applied hard limits that determine which services are covered for children under the Oregon Health Plan. With the current waiver of EPSDT, when children's health needs don't fall above the coverage line on the Prioritized List, Oregon has been waived from federal requirements to make case-by-case considerations and cover all medically appropriate care.

As a response to the strong community feedback that we heard, OHA has reversed this long-standing and harmful waiver. OHA will adopt the important federal EPSDT requirements that protect children, effective January 1, 2023. To fully support this policy change, OHA must build and maintain an EPSDT program to effectively serve Oregon's children on the Oregon Health Plan ages 0-21.

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

This policy package seeks administrative funding for the positions needed to build and maintain an EPSDT program and MMIS updates that are needed for complying with CMS requirements. These

Oregon Health Authority: 2023-25 Policy Package

positions would make it possible to rollout and maintain a robust and compliant EPSDT Program. Children's health needs touch all aspects of Medicaid services and programs, including foster care, school-based programs, behavioral health, dental, physical health, developmental disabilities, home health, maternal health, institutionalized youth, etc. The staff funded in this policy package are need to listen to communities and monitor outcomes. They are also needed to develop policy, operational processes, IT system changes, and contractual requirements, conduct oversight and quality assurance activities, and manage efforts to improve the Oregon Health Plan to better meet the needs of children.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

EPSDT serves all children on the Oregon Health Plan ages 0-21. The EPSDT program is a critical avenue for OHA to identify and close the gaps based on historical racism that impact children. OHA will focus on where gaps exist as resources are prioritized in the program. Community partner and Tribal engagement is included in the program design plans. In anticipation, OHA has identified a need to acknowledge and reduce the limitations of the existing bodies of evidence, and the relationships between the scientific community and under-represented communities that we use in setting policy in the Medicaid program.

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

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

Long term, OHA will work towards a robust and fully compliant EPSDT program that serves children and families well. The program must meet CMS regulatory requirements but OHA will also strive to develop a program through continual family feedback that helps produce better health outcomes and reduces health inequities for children. OHA will need to ensure that families are well informed about their EPSDT benefits. OHA will need to have sound oversight of CCO contractors and the fee-for-service (FFS) program.

5. How will OHA measure the impacts on health inequities of this policy package?

OHA will evaluate the program design to ensure that structures are in place to specifically address the impacts of health inequities before implementation. OHA will use already established outcome measures, such as CCO metrics and required CMS EPSDT reporting, to evaluate whether the program is achieving intended outcomes. OHA will work with community partners, Division of Equity and Inclusion, Ombuds Program, and interested parties to ensure that we receive feedback from traditionally under-represented populations whose voices may not otherwise be identified in our data. OHA may need to develop new measures or analyze existing measures in a new way over time.

How achieved

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

OHA have hired Oregon's first EPSDT Policy Analyst, Jessica Ickes, to join the HSD Medicaid team. Every other state, including DC, has a full EPSDT program. Oregon is the last state to take up this

Oregon Health Authority: 2023-25 Policy Package

work due to the long-standing waiver. Staff from HSD and HPA have organized a project and begun the work needed to make Oregon compliant with federal EPSDT requirements by January 1, 2023. HPA staff are on track to make necessary updates to the Prioritized List, which defines the covered benefit for children. HSD staff are on track to make needed CCO and other care coordination entity contract and MMIS system changes; however, this is not sufficient staffing to sustain the program over time and ensure that inequities for children are continuously being evaluated and addressed.

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

Because of CMS requirements, there were no alternatives considered.

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

OHA is collaborating with the following programs and entities: Title V Maternal and Child Health, Oregon Law Center, Health Evidence Review Commission (HERC), Oregon Health & Science University – Oregon Center for Children & Youth with Special Needs, Children’ Behavioral Health, ODHS – Child Welfare, ODHS – Office of Developmental Disabilities Services.

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

No, OHA has sufficient statutory authority to establish the EPSDT program.

Oregon Health Authority: 2023-25 Policy Package

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

OHP will be better positioned to assist Tribal and local governments as they work to take care of their community members' needs particularly children's needs.

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

No.

Staffing and fiscal impact

Implementation date(s): January 1, 2023

End date (if applicable): N/A

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

This policy package assumes that the budget to pay for medical claims through the Oregon Health Plan is sufficient to accommodate these program changes. OHA is requesting staff to address critical quality issues for children on the Oregon Health Plan and funding for enhancements to our MMIS, but assume there is no need to increase the budget needed to pay for additional utilization of services by members. The new staff in this policy package will increase HSD's manager to employee ratio. There is an assumption that EPSDT will be able to leverage the CCO compliance need and CMS requirement through other Medicaid policy packages.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

OHA will now be required to review requested services for medical appropriateness and approve those that meet EPSDT criteria for children 0-21. Requested services that previously would have been denied because they are not covered (our hard limits) will now need to be reviewed for case-by-case consideration. This affects both CCO and FFS.

OHA will have new CCO contract oversight responsibilities to ensure that the EPSDT program is administered through out all parts of the Oregon Health Plan consistently and that children's needs are being met.

OHA will need to write administrative rule, new contract language, and issue guidance to administer the program. OHA will need to create member facing materials to ensure the members are informed of the benefits and can use them.

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

No anticipated change in client caseloads. This change won't add anyone new to OHP.

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

To implement this policy package, OHA needs an Operations and Policy Analyst 3 position for the following duties:

Oregon Health Authority: 2023-25 Policy Package

- Meet with families, advocates, Tribes, and partners to explain the program, to listen, and take direction for the program.
- Stand up the initial program
- Develop continuous improvement plans and manage improvement activities.
- Write administrative rule, contracts, and guidance to ensure the program remains compliant with federal requirements.
- Issue guidance for providers and CCOs to ensure they understand what is needed.
- Act as contract administrator for agreements with primary care providers in the FFS program.
- Conduct oversight and compliance activities with CCOs and other contractors.

To implement this policy package, OHA needs the following positions:

- To design and implement needed changes in MMIS including assigning children in the FFS program to a PCP who will be responsible for managing their care, OHA needs 1 OPA3 level staff for our MMIS team.
- To receive and review individual cases and make coverage determinations to address the needs of children with unique circumstances, OHA needs 2 additional Medical Review Coordinators.
- To ensure families are well informed of their benefits, OHA needs 1 Public Affairs Specialist 3 staff. This position will coordinate communications and public outreach and create family friendly communications for handbooks, fliers, and websites.
- To support the many activities required to stand up and operate the program, OHA needs 1 OPA 1 level staff for project management. After the initial rollout, OHA will need to take up

Oregon Health Authority: 2023-25 Policy Package

many program improvement and refinement efforts as we listen to our community and work to close gaps in health outcomes. The purpose of this position is to be able to support the implementation of the EPSDT program. This position will gather information from internal and external stakeholders to provide analysis of gaps in services and systems to help coordinate and prioritize system improvements. EPSDT is a program that crosses through all aspects of Medicaid and this individual will be expected to work with other OHA teams, not just HSD, to coordinate EPSDT projects. Will develop PowerPoint presentations, work with and maintain Smartsheet spreadsheets to track work assignments, provide assistance with document development and would be able to provide scheduling assistance as needed for project coordination. This position is expected to help identify and work toward the elimination of health inequities as part of the EPSDT Program.

- To provide ongoing child and adolescent content expertise, direction, and advice to the agency and the Legislature in support of and in partnership with the ESPDT program, the Health Policy & Analytics (HPA) Division would need one OPA4 position. The position would evaluate the broader implications of initiating a comprehensive EPSDT benefit on equitable access to care for children in the Medicaid program.
- To monitor and track implementation of EPSDT by developing and designing analyses and evaluations, a RA4 in HPA is necessary. This position will track ESPDT claims and denials stratified by REALD indicators to ensure there are no inequities in access and outcomes. Additionally, the position would monitor against national trends, as well as state trends outside of the Medicaid program, and prepare technical reports in partnership with the EPSDT program to further inform program rollout and improvements.

Oregon Health Authority: 2023-25 Policy Package

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

We need a one-time upgrade to the MMIS system to add functionality for approving EPSDT reviews in the FFS program and assigning children to a PCP responsible for delivering the EPSDT benefit.

17. What are the ongoing costs?

Staff salaries and benefits are the ongoing costs.

18. What are the potential savings?

There are potential savings though they are unquantifiable. The program focuses on screening and prevention, which should move the burden to providing health care services upstream potentially preventing more expensive costs later in the child’s life.

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

This policy package is 40.8 percent General Fund and 59.2 percent Federal Funds from Medicaid match.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$767,399		\$854,277	\$1,621,676	9	6.75
Services & Supplies	\$287,249		\$716,657	\$1,003,906		
Capital Outlay						
Special Payments						
Other						
Total	\$1,054,648	\$0	\$1,570,934	\$2,625,582	9	6.75

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	HSD Admin	HPA			Total
General Fund	\$848,206	\$206,442			\$1,054,648
Other Funds	\$0	\$0			\$0
Federal Funds	\$1,364,492	\$206,442			\$1,571,990
Total Funds	\$2,212,698	\$412,884			\$2,625,582
Positions	7	2			9
FTE	5.25	1.50			6.75

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division
Program:	Non-Medicaid Behavioral Health
Policy package title:	Adult Intensive Services & Diversion
Policy package number:	415
Related legislation:	None

Summary statement:	<p>This policy package would improve mental health services through the strategic funding of mental health diversion programs: jail diversion and civil commitment. These programs seek to decriminalize mental illness and work to move these individuals into appropriate treatment settings for more equitable outcomes. Jail diversion and civil commitment center health equity for people who live in rural or frontier areas and people of color. Without these services individuals may otherwise enter the justice system which would result in continued growth of the Oregon State Hospital census and disproportionally cause negative health outcomes for these populations.</p>
---------------------------	---

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$4,936,539	\$8,631	\$1,551,419	\$6,496,589	7	5.25

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

This policy package aims to address inequities in access to and quality of mental health and substance use treatment for Oregonians at risk of entering the criminal justice system through the expansion of jail diversion programs and an overhaul of the civil commitment system.

Criminalization of mental illness and inequitable access to healthcare. People of color are incarcerated at higher rates than their white peers. Communities without equitable access to jail diversion programs, such as diversion or mental health courts, and rapid evaluations, have more frequent interactions with law enforcement, are chronically marginalized, and struggle to access appropriate care across multiple systems. There are currently seven rural counties in the state that do not receive OHA funding for jail diversion programs. This lack of funding is a barrier to providing services and interventions that 1) divert individuals with mental illness from jail into the appropriate behavioral health system, 2) respond to the overrepresentation of people of color in the justice system and 3) provide equitable and quality behavioral health services for all Oregonians.

Underutilization of civil commitment. This policy package would ensure Oregonians civilly committed under ORS 426.130 would get their treatment needs met in an appropriate care setting that is the least restrictive environment possible. It would also strive to standardize non-hospital civil commitment practices and procedures across the state and ensure that Community Mental Health Programs (CMHPs) are equipped to have more efficient and effective operations.

Extraordinary lengths of stay in acute psychiatric care settings. The wait list for civilly committed patients at Oregon State hospital has increased 190 percent between 2017 and 2021,

Oregon Health Authority: 2023-25 Policy Package

from 20 days to 38 days, and these patients have no option but to remain in acute psychiatric care hospitals. This policy package would provide capacity for OHA to work closely with acute care hospitals to identify resources and assist with identifying barriers and limitations to discharge.

Lack of standardization of trial visit. Following stabilization during a hospitalization, individuals under civil commitment are eligible for a trial visit, which is an opportunity to step down to a lower level of care outside of the hospital setting while remaining under civil commitment. They are beneficial for those who no longer require a hospital level of care but could still be supported by ongoing monitoring and possible court intervention to remain stable. In 2021, there were 28 trial visits reported in the Acute Care Reporting database, where all civil commitment related data is held. In 2020, there were 38 trial visits reported and in 2019, before the pandemic, 216 trial visits were reported. In 2019, trial visits were just 16 percent of the total 1,282 civil commitment cases that year. And in 2020 and 2021 they made up 5 percent and 4 percent respectively of all civil commitments those years. Trial visits could be the primary mechanism by which CMHPs could step people down from an acute care hospital setting. This team would standardize the commitment process, including trial visit, which would make it easier to step individuals into less restrictive levels of care, thus freeing up space in acute care settings to treat individuals in the most need.

Pre-commitment caseloads are not budgeted as a mandated population. Per ORS 426.070(3)(c), CMHPs are required to begin a pre-commitment investigation upon receiving a Notice of Mental Illness, for every Notice of Mental Illness within its county jurisdiction(s). A pre-commitment investigation can take at minimum 72 hours of intensive services and, for a diversion case, up to 14 calendar days. This requires a substantial amount of dedicated work to both move toward a civil commitment hearing or determine a person does not meet criteria. At this time, CMHPs are not compensated by OHA or any other payor for this work through the mandated caseload budget

Oregon Health Authority: 2023-25 Policy Package

process, putting them at a financial disadvantage to build out dynamic, comprehensive community-based commitment programs.

Insufficient support for CMHPs to comprehensively implement all civil commitment programs.

At this time, OHA has one position, seated in Licensing and Certifications, tasked with managing community and advocate questions and concerns, conducting trainings to certify examiners and investigators, executing all licenses and certifications for hospital and non-hospital placements for civil commitment, serving as subject matter expert for the Division, and more. The current structure of and allocations for civil commitment oversight are insufficient to serve the entire state, which, pre-pandemic, civilly committed nearly 1,300 Oregonians.

Unbalanced investments in adult intensive services. Investments in Aid and Assist have inadvertently ushered CMHPs to pursue civil commitment less often. The lack of capacity in the civil commitment system has led CMHPs to believe the more reliable door into mental health treatment is through criminal charges and then clients being found unfit to proceed. The courts, community providers, and law enforcement are not utilizing diversion methods sufficiently enough to keep those with mental illnesses out of jail. Further complexity includes the continued marginalization of people of color who continue to be overrepresented in Aid and Assist and other criminal justice programs.

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

This policy package would buy programs, staffing, and financial incentives. All would be slated for implementation beginning January 1, 2024.

Oregon Health Authority: 2023-25 Policy Package

Jail diversion programs

This policy package would improve behavioral health services, in seven counties, for residents of rural areas that could otherwise enter the criminal justice system and/or the Oregon State Hospital (OSH). This funding would provide services not covered by Medicaid that can be used for early intervention and diversion services. Jail diversion services, such as diversion and mental health courts, community outreach, rapid evaluations, and housing coordination are services designed to keep individuals with mental illness out of the criminal justice system and, instead, supported by the appropriate community-based services. These services are intended to reduce the number of individuals with mental illness in the criminal justice system, jails, and OSH.

Staffing for a civil commitment program team

This policy package would establish a civil commitment program team to be housed in Intensive Services Unit. Specifically, it includes the following positions:

- Operations & Policy Analyst 4: Program implementation lead
- Operations & Policy Analyst 3: Complex systems consultant
- Operations & Policy Analyst 1: Program support
- Fiscal Analyst 2: Data and budget analysis

Information technology support and management

This policy package would also secure three new positions to manage ongoing data and information technology needs for the intensive services teams. More specifically, it would secure one informational technology manager, one OPA3 position, and one RA3 position.

- Information Technology Manager 1: Manage the Compass team
- Operations & Policy Analyst 3: Identify data needs, facilitate data access, and integrating data into the data warehouse
- Research Analyst 3: Establish evaluation tools and support program analysis and reporting

Oregon Health Authority: 2023-25 Policy Package

Technical assistance & program development

ORS 426 and OAR 309 mandate that certified investigators seek the least-restrictive option possible when investigating whether a person is a person with mental illness. However, providers and community members report that trial visits are rarely done, assisted outpatient commitment is virtually non-existent, and there is a standardization issue across the state among the civil commitment programs with CMHPs interpreting and executing the statutes and rules in different ways. This POP will result in a rulemaking process for Chapter 309 of the Oregon Administrative Rules to update rules to reflect current practices and procedures as well as a community engagement plan to enhance current rules around outpatient commitment and trial visits. This rulemaking process will also spark increased collaboration and partnership between OHA, community members at large, and advocate groups such as Disability Rights Oregon.

Financial compensation for CMHPs

This policy package would increase engagement, cooperation, and collaborative decision-making between the Behavioral Health Division and relevant stakeholders including the CCOs, CMHPs, Department of Administrative Services, and others to determine how to most efficiently and equitably expand the mandated caseloads to incorporate this population, from pre-commitment through post-commitment.

Overall, this policy package aims to shift focus back to community-based treatment and recovery for Oregonians who become civilly committed and those at risk of entering the criminal justice system. The collective efforts of the newly established team would create cost efficiencies via decreases in unnecessary lengths of stay and more efficiently transitioning care to community-based options, such as trial visit. And investments in jail diversion programs would support and empower local communities to better serve those in need.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

OHA's mission guides the agency's work toward helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care. It is well known that the criminal justice system has disproportionately impacted people of color, in addition to other groups that have been economically and socially marginalized. Without robust, functional jail diversion and civil commitment programs, these communities will continue to be ushered into the criminal justice system, further exacerbating poor health outcomes related to weathering, stigmatization, and criminalizing mental illness. This policy package, by way of destigmatizing and decriminalizing mental illness through development of and ongoing support for programs that divert individuals from OSH and jail, helps to bring OHA closer to eliminating health disparities in Oregon.

As it stands today, roughly 5 percent of civil commitments are completed as step-downs into trial visits, and virtually none are completed by assisted outpatient treatment. Currently CMHPs are not adequately supported by OHA's infrastructure for civil commitment and, as such, the outpatient commitment programs across the state are not meeting the need. All Oregonians, including those who are civilly committed and under OHA's care, deserve to heal, recover, and thrive in their own communities. Today, that reality is not equitably distributed across the state. This policy package would increase capacity to develop and sustain more robust community-based commitment programs to close this gap.

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

Oregon Health Authority: 2023-25 Policy Package

In recent years, the overall trends for Oregonians civilly committed under ORS 426.130 have shown access to the state hospital to be significantly more challenging. In a six-year period, OSH admissions for this population decreased roughly 1,100 percent between 2017 and 2021 and the average length of stay (LOS) increased 186 percent. The need for the most restrictive level of care at OSH has not dissipated, it has only been displaced. Today, many civilly committed Oregonians are sitting in inappropriate levels of care that are more restrictive than necessary. Similarly, Oregonians in seven counties – Baker, Clatsop, Jefferson, Lincoln, Tillamook, Wallowa – do not have access to jail diversion programs that provide community-based supports and treatment in the least restrictive setting possible. These are unjust hardships that result from inequitable access to resources.

Due to current inequities in access across Oregon, like the ones previously discussed, the Oregon State Hospital is beyond capacity, and it is now unable to fulfill its full scope. Despite state hospitals being designed to serve and treat those needing civil commitment, just over 2 percent of the Oregon State Hospital census is comprised of civil commitment patients. This has resulted in civil commitment patients being held at acute care hospitals for extended lengths of stay, preventing Oregonians with complex care needs from access to the necessary treatment for recovery. Jail diversion and civil commitment help counter the consequences of criminalizing individuals with mental illness.

With a revamp of Oregon Administrative Rules to bolster community-based approaches to civil commitment on a long-term basis and as a statewide cultural shift in treatment, this policy package expands access to appropriate treatment, diverts clients from incarceration and the justice system, and decreases likelihood of adverse health outcomes related to a person's identities.

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

As diversion programs, jail diversion and civil commitment encourage communities to use the least restrictive environments for treatment and recovery, reducing reliance on and use of incarceration for those living with mental illnesses. Both programs support access to appropriate care in the community and work to destigmatize mental illness through de-institutionalizing and de-criminalizing mental illness. As such, this policy package's long-term desired outcomes underscore OHA's goals of improving quality of life; increasing availability, use, and quality of community-based, integrated health care services; increasing the effectiveness of the integrated health care delivery system; and increasing the efficiency and effectiveness of the state health care system.

- Equitable access to jail diversion programs and community-based services for all Oregonians with mental illness.
- Decrease in jail admissions for Oregonians with mental illness.
- Decreased lengths of stay in jail for Oregonians with mental illness.
- Decrease in recidivism through the availability of alternative community-based services and programs for individuals with mental illness, particularly those with intensive services needs and people of color.
- A reduction in the overrepresentation of people of color in the criminal justice system and OSH.
- Equitable access to appropriate levels of care for Oregonians who are civilly committed.
- Reduced lengths of stay for civilly committed patients being treated in the acute care setting.
- Increased utilization of non-hospital based civil commitment rules and statutes to support community-based treatment and recovery.
- OARs, Chapter 309, would be completely updated, brought current, and include policies and procedures that standardize processes across the state.

Oregon Health Authority: 2023-25 Policy Package

- An understanding of how pre-commitment work could fit within the County Financial Assistance Award (CFAA) funding package for increased financial support for CMHPs to complete this vital work.

5. How will OHA measure the impacts on health inequities of this policy package?

Current MHS 09 (Jail Diversion) quarterly reporting requirements would be used to monitor the success of Oregon's expanded jail diversion programs. The Jail Diversion data could be further enhanced with the use of REALD & SOGI data, and at this time HSD does not have reliable access to these data.

Currently, available data include:

- Race and ethnicity as identified by individual
- Gender as identified by individual
- Diversion type (pre or post booking diversion)
- Types of diversion services received
- Number of charges dismissed
- Number of new arrests

Civil commitment data primarily comes from two reporting systems: MOTS and the Acute Care Reporting systems. In addition, civil commitment data specific to OSH can be obtained from the state hospital staff and the Oregon Judicial Department (OJD) tracks data internally as well. These two databases plus the OSH and OJD data, however, do not fully capture the full scope of civil commitment work, from pre-commitment to the commitment period to post-commitment. Additionally, these siloed data systems could benefit from synthesis and re-imagining to maintain more reliable,

Oregon Health Authority: 2023-25 Policy Package

trustworthy data on civil commitment in the state. At this time, OHA would be able to capture the following data points to measure program progress and its impact on health inequities:

- Number of new civil commitment patients admitted to OSH.
- (Anticipated) Decrease in regional acute care hospital lengths of stay for civil commitment patients.
- Increase in number of civilly committed patients completing commitment in the community through trial visit or other avenues as appropriate.
- Attendance at and number of community sessions soliciting community, provider, client, and family input on rule change(s).
- OARs for civil commitment (Chapter 309, Division 33) reviewed, updated, and changed to increase and encourage community-based commitment capacity; re-purpose trial visit to include both hospital step-down and direct placement from hearing; and standardize practices across the state.

How achieved

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

- Minor changes to Chapter 309 of the Oregon Administrative Rules were made periodically between 1999 and 2016 to keep up with legislative changes related to criteria, custody transfers and transport, and some definitions in 2016 to support the legislative changes related to “ability to meet basic needs” becoming a criterion for civil commitment, and the previous major overhaul was in 1998. No major changes to the community-based commitment options have been seen, and many CMHPs have reported minimal support for these options and hospitals report inconsistent use and understanding of these options. Support from OHA is needed to ensure accurate information is leading to appropriate interpretation of OAR so that effective programs can grow.

Oregon Health Authority: 2023-25 Policy Package

- In the 2021-23 biennium, an adjacent program in the Intensive Services Unit, Aid and Assist, received a great deal of financial support to increase community-based treatment options and reduce the census at OSH. According to House Bill 5024 — apart from Emergency Board and separate housing funds, as well as FTE increases — Aid and Assist received a total of \$19.2 million in the 2021-23 biennium, to be invested in community restoration and evaluation services. While these funds are intended to increase community-based treatment options, it will take time for these programs to take full effect. The OSH census on the Salem campus continues to remain at roughly 70 percent Aid and Assist, and 1.7 percent Civil Commitment, with PSRB making up the difference. These community restoration investments have not created any meaningful room for civil commitment patients to gain access to OSH. One community hospital recently cited that in the last 29 months they have had 1 person get admitted to OSH, whereas historically 25–30 patients per year were able to admit. The community continues to report that, despite increased community options for Aid and Assist, they are experiencing increasingly worse access to OSH for all programs.
- Various regional workgroups and meetings regarding complex cases and lengths of stay at regional acute care hospitals centers have been established to explore OSH admissions issues and serving this population in the community. These meetings and workgroups have too often remained focused on the individual level and have rarely taken the systems perspective in regard to civil commitment. For example, a complex case consultation would be requested for one patient with an extraordinary length of stay in an acute psychiatric care setting; however there has been little-to-no bandwidth and little investment in looking at the threads between each one of these cases to address civil commitment as a statewide issue.

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

Oregon Health Authority: 2023-25 Policy Package

Leaving it as is. OHA could not bring jail diversion programs to the seven counties without these programs. However, that would not be in line with achieving health equity and reducing disparities for all Oregonians. The civil commitment rules appear to have last had a major overhaul in 1998 – nearly 25 years ago. It is time OHA’s rules reflect changes in our society’s perspectives, views, and understanding of mental health, mental illness, and wellness. Without adding these programs and updating operating guidelines, Oregon will maintain current inequitable access to adequate and appropriate treatment.

Monthly complex case group. The unit considered bringing hospitals together on a regular basis to discuss patients with extraordinary lengths of stay, identify barriers and solutions, and transition people out of hospitals and back into the community. In preliminary, exploratory conversations with providers, it became apparent that these types of groups were being held internally at some hospitals and then regional meetings did occur as well. We also learned that coordinated care organizations were also holding internal consult groups about these patients and actively working with hospitals, CMHPs, and other providers to find remedies. Using this as one of the few avenues to increasing equity in behavioral health maintains the narrow focus on individuals or clusters and does not address the systemic issues that could reach Oregonians as a whole.

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

- Licensing and Certifications Unit, Health Systems Division
- Complex Systems Consultations with the various acute care hospitals across the state
- Community Mental Health Programs
- Circuit courts in the seven counties currently without jail diversion programs
- Local Public Safety Coordinating Councils

Oregon Health Authority: 2023-25 Policy Package

- Coordinated care organizations

Once the jail diversion programs and civil commitment group within intensive services are established and operational, they would be collaborating with additional community advocacy groups like Disability Rights Oregon to continually improve and enhance services to clients.

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

It does not require a change to statute.

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

- County governments operating as CMHPs as well as non-governmental CMHPs would be impacted. CMHPs are expected to provide and are responsible for the oversight of community-based jail diversion and commitment programs, including having staff to monitor operations and compliance.
- The circuit courts would be required to understand and carry out statutes related to community-based commitment options. Courts across levels in the seven additional counties would be tasked with integrating new program operations and workflows, which would require increase collaboration with law enforcement and jails. The courts would also have to possibly staff additional FTE to manage increase in workload.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): Not applicable.

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

- Jail Diversion assumed to be operating at 24 months.
- All FTE are priced at 18 months; this assumed recruitment will begin right away but could take up to six months for positions to be filled.
- Budgets for Jail Diversion are based on the budgets submitted by Baker, Clatsop, and Jefferson counties. The other four counties did not submit budgets within the policy package's timeline. These budgets were summed, then averaged, and then multiplied by county population to get assumed costs creating a cost per person. That figure was then multiplied by county population for the remaining four counties to come up with an estimated cost per county.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

- **Jail Diversion Services:** This policy package would provide funding for seven counties that currently don't receive jail diversion funds. This would increase the amount of reporting and data collection currently received.
- **CFAA administration:** Additional service elements would need to be added to seven CMHPs.
- **Intensive Services Unit:** This policy package would create a specific civil commitment specialty within the Intensive Services unit. It would share some responsibilities with the Licensing and Certification unit, while also providing training, technical assistance and legislative support to internal and external partners.
- **Business Information Systems Coordination:** Additional data collection and data sharing would be required for civil commitment to get an accurate assessment of number of investigations, acute care hospital stays and access to community resource.

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

Yes, this policy package would likely have impact on client caseloads and/or services provided.

Jail Diversion Impacts. The desired changes would create jail diversion caseloads in the seven counties that do not currently have jail diversion programs. These services could increase caseloads by 150 clients per county. It is anticipated that this would reduce Aid and Assist caseloads by decreasing the numbers of individuals entering the criminal justice system and diverting them to appropriate community-based services.

Oregon Health Authority: 2023-25 Policy Package

Civil Commitment Impacts. With the anticipated practices and policies standardization as well as changes to Division 33 of Chapter 309 of the Oregon Administrative Rules, it is possible that caseload numbers for pre-commitment services and for trial visit could increase. These rules are primarily related to discharges and trial visit. The number of individuals on trial visit was over 1,200, pre-pandemic. That number decreased to 28 in 2021 due to Covid restrictions. Going forward, OHA expects numbers to grow to 2,400 due to changes in accessibility and support for trial visits.

Dual Impacts. It is anticipated that the new jail diversion programs and the enhanced civil commitment programs would increase the number of Oregonians living with behavioral health conditions remaining in the community for treatment, rather than using inpatient acute psychiatric care beds or ending up in jail. This community-based diversion for treatment supports people to maintain stabilization in their usual environment, which is correlated to longer term recovery. That recovery is also supported by crisis services. Crisis services teams are able to quickly assess people in the community before they substantially decompensate and require a hospital level of care for stabilization or potentially get charged with criminal offenses resulting in jail bookings. OHA anticipates that services provided under crisis services would increase.

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

All positions would support development of the 360 degree of Oregonians receiving services to identify inequities, focus efforts on eliminating those inequities, and connect information across the continuum of care. All positions would be new, permanent positions.

- Operations & Policy Analyst 4 (OPA4) – Lead implementation of the civil commitment program expansions and statewide standardization, oversee rulemaking process, build relationships with

Oregon Health Authority: 2023-25 Policy Package

key internal and external partners, recommend pathways to improved communications and relationships to advance program goals

- Operations & Policy Analyst 3 (OPA3) – Support providers in the community with complex systems issues that are preventing the flow through the courts and care settings, provide technical assistance
- Operations & Policy Analyst 1 (OPA1) – Coordination and administrative support to team
- Fiscal Analyst 2 (FA2) – With thorough knowledge of state and federal budget processes, provide support and project management skills to a wide range of budget analysis activities including monitoring, development, forecasting, and evaluation
- Information Technology Manager 1 – Manage a Compass team responsible for improving access to data needed by behavioral health teams
- Operations & Policy Analyst 3 (OPA3) – Identify data needs, facilitate data access, and integrate the data into the behavioral health data warehouse
- Research Analyst 3 (RA3) – Working with behavioral health programs and health analytics, identify appropriate metrics and data needs for reporting program outcomes, and support improving reporting and program analysis resources.

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

This policy package does not include any one-time costs.

17. What are the ongoing costs?

Positions and corresponding services and supplies are all ongoing costs, including:

- Seven positions for full team described above.
- System changes for the Compass program as it relates to the specific program.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

- **Acute care hospital admission bed usage may decrease.** With a more efficiently moving acute psychiatric care network in the state, including a more robust and standardized community-based commitment option, lengths of stay in acute care hospitals would decrease, allowing for more Oregonians to access the acute care psychiatric setting for treatment.
- **Anticipated decreases in the use of and length of stay in jail beds.** Diverting individuals with mental illness from jail to community-based resources and programs is the focus of diversion programs. Serving individuals in the community is less expensive than housing them in jails.
- **Reducing potential liability to state.** By increasing diversion services, both jail diversion and civil commitment, fewer people would be charged with crimes and would therefore not be as likely to enter the criminal system altogether. This could decrease the number of people at risk of entering the Aid and Assist system, decrease the likelihood they board in jails without access to OSH, and decrease the likelihood that this could result in legal action against OHA. The decrease in Aid and Assist cases across the state could also decrease the demand for OSH beds for that population, opening up beds for the civil commitment and PSRB populations, thus likely reducing the likelihood of lawsuits related to lack of access to OSH, or placement in inappropriate levels of care, for these two populations.

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

Most of the costs will be funded with General Fund. Some support staff will be allocated over multiple funding sources through the cost allocation system. Information Technology costs will be funded with enhanced Medicaid funding allocated for Compass.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$722,809	\$7,729	\$467,827	\$1,198,365	7	5.25
Services & Supplies	\$404,047	\$902	\$1,083,592	\$1,488,541		
Capital Outlay						
Special Payments	\$3,809,683			\$3,809,683		
Other						
Total	\$4,936,539	\$8,631	\$1,551,419	\$6,496,589	7	5.25

Fiscal impact by program

	Non-Medicaid	Admin			Total
General Fund	\$3,809,683	\$1,126,856			\$4,936,539
Other Funds	\$0	\$8,631			\$8,631
Federal Funds	\$0	\$1,551,419			\$1,551,419
Total Funds	\$3,809,683	\$2,686,906			\$6,496,589
Positions	0				7
FTE	0.00				5.25

Oregon Health Authority 2023-25 Policy Package

Division:	Health Policy and Analytics
Program:	Oregon Health Insurance Marketplace
Policy package title:	Marketplace Transition from SBM-FP to SBM
Policy package number:	416
Related legislation:	LC 44300-009

Summary statement:

This policy package furthers OHA’s mission of improving access to quality, affordable health care for Oregonians and its goal to eliminate health inequities by 2030. This policy package funds the initial stage of Oregon’s transition away from the federally facilitated marketplace to a state-based eligibility and enrollment platform and call center for operation and administration of Oregon’s health insurance exchange. Oregon is seeking a platform that:

- Interfaces with Oregon’s Medicaid systems to keep people covered during transitions and address churn.
- Improves the qualified health plan shopping and customer services experience for Oregonians.
- Integrates input from Oregon’s various and diverse communities into technology and call center implementation.
- Collects, analyzes, and stores enrollment data, including REALD & SOGI data to improve access to affordable coverage.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	\$2,059,864	\$0	\$2,059,864	4	3.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The purpose of this policy package is to end Oregon's reliance on the federal health insurance exchange eligibility and enrollment platform and the federal call center, and to fund the initial stage of its transition to a state-based marketplace platform and state-controlled call center.

In 2010, President Obama signed the Affordable Care Act (ACA) into law. Part of the intent of the ACA was to make individual health insurance more affordable so that more of the then-estimated 44 million uninsured Americans could obtain coverage. To reduce costs for individuals and families who do not receive health coverage through an employer or a government program, the ACA uses income-based tax credits that eligible consumers could choose to receive in advance (advanced premium tax credits, or APTC) and subsidies to reduce cost-sharing (cost-sharing reductions, or CSRs) such as co-insurance, co-payments, and deductibles. APTCs and CSRs are available only to consumers who purchase a qualified health plan (QHP) through a health insurance exchange. A health insurance exchange is a public or semi-public entity that administers the provisions of the ACA under state authority, including using technology to determine eligibility for APTCs, allowing consumers to shop for and choose health insurance plans, enrolling consumers in those plans, and storing consumer information. Under the ACA, if a state fails to administer its own exchange, the federal government will step in and do so.

The Oregon Health Insurance Marketplace (Marketplace) is an office of the Health Policy and Analytics (HPA) division of OHA. The Marketplace is Oregon's health insurance exchange, and its mission is to empower Oregonians to improve their lives through local support, education, and access to affordable, high-quality health coverage. The Marketplace administers Oregon's health insurance exchange in this state, through which Oregonians may purchase ACA-compliant individual

Oregon Health Authority: 2023-25 Policy Package

health insurance plans and receive tax credits and cost-saving reductions to make those plans more affordable.

States like Oregon, that retain direct authority over their exchanges but rely on the technology and call center provided by the federal Centers for Medicare and Medicaid Services (CMS), a division of Health and Human Services (HHS), for its APTC, CSR, and plan eligibility, shopping, and enrollment operations, are known as state-based marketplaces on the federal platform (SBM-FPs). Thus, because Oregon is an SBM-FP, Oregonians enroll in QHPs through HealthCare.gov, which is owned and managed by CMS. HealthCare.gov is the front end of the enrollment technology that is known as the federal platform or federally facilitated marketplace (FFM). Tied to the FFM is a telephone consumer assistance center staffed by customer service representatives – federal employees or contractors – who help people with APTC and CSR eligibility, plan enrollment and related support over the phone. Oregon health insurance companies selling plans through the Marketplace pay a fee for use of the federal technology. The fee has fluctuated over the years from zero to three percent of total premiums paid by Oregonians who purchase QHPs through the Marketplace.

Oregon and other states using the federal platform as SBM-FPs began doing so because a lack of alternative options available to them at the time. When the SBM-FP exchange classification was created, the federal government made the FFM and its call center services available without charge.

The agreement with CMS to use the federal platform does not have any guaranteed service levels. Instead, the agreement is focused on the requirements of the SBM-FP, and the conditions with which Oregon and the Marketplace must comply for use of the platform. This is one of the disadvantages of using the federal platform, which also includes the following:

- **Inflexibility of the FFM technology.** Because the HealthCare.gov is a one-size-fits-all solution, it is designed for use by many states and cannot be customized according to Oregon's needs,

Oregon Health Authority: 2023-25 Policy Package

preferences, or requirements. In other words, what works for Oregon must also work for Alabama. For example, CMS cannot or will not operationalize the following:

- Increasing the length of open enrollment to accommodate the specific needs of Oregonians. So, while Oregon has the authority to increase the length of open enrollment (which may be important due to specific conditions in the state, e.g., unusually high COVID-19 infection or hospitalization rates), Oregonians cannot take advantage of the opportunity because the FFM cannot operationalize this change.
- Creating special enrollments to accommodate Oregon-specific circumstances. For example, Oregonians in need could not take advantage of a special enrollment created for victims of wildfires, flooding, or earthquakes unless the FFM deemed it necessary independently of what the state determines.
- Providing on-demand and real-time access to current or historical enrollment data and statistics, including race, ethnicity, and language, disability, sexual orientation, and gender identity data (REALD/SOGI).
- Coordinating with OHA's Medicaid program to eliminate gaps in coverage and care resulting from churn or to auto-enroll individuals who are redetermined ineligible for Medicaid after the end of the public health emergency (PHE).
- Establishing a basic health program to use federal funds to provide Medicaid-like coverage for individuals with incomes from 138 percent of the federal poverty level (FPL) to 200 percent FPL, including lawfully present immigrants who do not qualify for Medicaid due to limited in-country residency.
- Innovating and coordinating with other state agencies to, for example, create an easy Marketplace eligibility system for interested Oregonians that allows them to simply check a box on their tax returns authorizing the automatic transfer and analysis of income data to the Marketplace's system to determine APTC and CSR eligibility.

Oregon Health Authority: 2023-25 Policy Package

- **Lack of control over operations, customer service, and service levels.** Oregonians can face long wait and hold times when contacting the FFM's Customer Assistance Center (CAC), and when finally able to speak with a customer service representative, there is no guarantee that the information provided will be accurate. The latter is due to the fact that the CAC serves many states, and its representatives are not all familiar with Oregon laws and requirements. This has resulted in some Oregonians needing to call the CAC repeatedly over periods extending into weeks or months to resolve complex case issues. While these issues would typically be addressed with the CAC vendor in a service level agreement (SLA) (assuming the state had access to performance metrics), CMS has not entered into an SLA with states for either the enrollment technology or the consumer assistance center, and Oregon does not have the leverage to insist that one be instituted. The agreement for use of the federal platform is presented by CMS to each state for acceptance or rejection. There is no negotiation, and all states receive the same terms. For a state to reject the agreement, it must be able to administer its own exchange and provide its own technology platform.
 - The FFM technology's provider search option is frequently out of date. When a consumer desires to select a plan based on its coverage of their doctors, the consumer cannot always trust that the information displayed is correct. Incorrect provider directory information does not serve as a basis for a plan-selection "redo," meaning that a consumer will have to remain in a plan that doesn't cover their doctors until the next open enrollment (unless they cancel coverage or qualify for special enrollment for another reason).
- **Unpredictable and opaque charges.** The fee for using the FFM is paid directly to CMS by Oregon insurance companies and is passed on to consumers in the form of increased insurance premiums. In 2023, a family of five will pay an estimated \$42.50 per month in premiums solely for the use of the FFM. The fee is established annually by CMS as part of a set of rules called the Notice of Benefit and Payment Parameters (NBPP). While initially free for SBM-FP states to use, starting in 2017, CMS began charging for use of the federal platform. In 2017, 2018, 2019, 2020,

Oregon Health Authority: 2023-25 Policy Package

2021, 2022, and 2023 the fees were 1.5 percent, 2 percent, 3 percent, 2.5 percent, 2.5 percent, 2.25 percent, and 2.25 percent respectively, of total premiums for plans purchased through HealthCare.gov.

- CMS claims its charges are based on the following “special benefits” provided to insurers that use the FFM: (1) provision of consumer assistance tools; (2) consumer outreach and education; (3) management of a Navigator program; (4) regulation of agents and brokers; (5) eligibility determinations; (6) enrollment processes; and (7) QHP certification processes. As an SBM-FP state, Oregon performs the majority of these functions yet CMS charges Oregon only half of one percent less than it charges states that rely on the FFM for all of these functions. Although, for the past several years Oregon has inquired about CMS’s charging calculus and its underlying rationale and have requested a state-specific break down of services used and charges imposed, CMS has refused to acknowledge Oregon’s requests. The state has questioned how a flat percentage fee on premiums could possibly apply across the board. Such a “flat tax” disadvantages smaller states, like Oregon, whose residents collectively use fewer federal resources - fewer people are using the call center, seeking eligibility determinations, using the federal platform, requesting special enrollments, asking shopping-related questions, receiving APTCs, etc.
- CMS's flat user fee does not give Oregon credit for the expense and success of state-specific programs. As an SBM-FP, Oregon funds its own navigator program and funds a very targeted outreach and education program. For the 2016 plan year, without federal navigator funding, Oregon increased its enrollment by 31 percent over the 2015 plan year, far exceeding any of the FFM states. This increase was second only to New Mexico, another SBM-FP state. For the 2017 plan year, when almost all FFM states lost enrollment, Oregon increased enrollment by 6 percent. In fact, six of the ten top performing states, including Oregon and Nevada, were state-based marketplaces. From the 2015 plan year, when Oregon became an SBM-FP, to the 2017 plan year, Oregon increased enrollment by a total of 39 percent, second only to Utah (at 40 percent), and far outperforming the vast

Oregon Health Authority: 2023-25 Policy Package

majority of FFM states. The Marketplace also pays for use of a shopping tool that allows Oregonians to compare plans based on medications taken, accurate provider searches, and more. It provides a superior shopping experience than HealthCare.gov.

- Although CMS has touted savings and cost-reductions at the federal level, it does not account for those savings when setting the user fee. In 2018 alone, CMS collected \$1.2 billion in user fees with a two percent user fee and relatively low enrollment. Conservatively, one could estimate that through 2022, CMS will have collected \$6 billion in user fees, enough to pay for a state-based technology for a state with twice the enrollment of Oregon more than 400 times. The Marketplace estimates that a customizable, state-based enrollment and eligibility platform and a state-controlled call center would save Oregonians roughly \$10 million per year.
- **No ownership of data, stifled innovation.** Oregon does not have direct access to the data of any of its residents enrolled through HealthCare.gov. While CMS provides some data periodically, it frequently requires the Marketplace to keep these data confidential. This poses a problem for the types of targeted outreach and education the Marketplace must engage in to be most effective. Access to more demographic data would enable the Marketplace to make the most effective and efficient decisions regarding how to allocate resources to boost enrollment, especially leading up to and during an open enrollment period. It is necessary for the specialized outreach required to begin to end health inequities in the individual health insurance market.
 - This inability to create and/or share reports at a desired frequency with specific demographic data also limits the Marketplace's ability to provide information regarding health policy initiatives that the Governor or the Legislature may be considering, such as a public option, increasing subsidies to middle income consumers, or a state premium assistance program to help more marginalized and underserved Oregonians more easily afford health insurance. Since the Marketplace is often the mechanism for states to enact these initiatives, starting an effort without a functioning, state-specific technology already in

Oregon Health Authority: 2023-25 Policy Package

place could add years to an implementation timeline for an executive or legislative priority program.

- **Barriers to health equity.** Use of the FFM precludes the state from using input it receives from its various and diverse communities and partners. Implementing Oregon-centric approaches into the operation and administration of many aspects of the Marketplace to address health-inequities is all but impossible. For example, if underserved populations in this state ask for the use of additional languages (currently available only in English and Spanish) or even simply alternate verbiage on the enrollment platform, the Marketplace cannot act because the FFM does not operationalize single state solutions. Moreover, because the Marketplace does not own or control the data of its enrollees, there is no baseline for Oregon to know the extent of the problem faced by people of color, non-English speakers, the disabled, people of differing sexual orientations or gender identities. Simply put, use of the FFM is a barrier to OHA's goal of ending health inequities by 2030.
 - Data collection, particularly on race/ethnicity, is widely recognized as fundamental to understanding enrollment disparities. The FFM's race/ethnicity application data is unreliable because of a low response rate, and the FFM has failed to improve data collection through the application by asking questions differently and does not have the ability to engage insurers in data collection and reporting like the Marketplace does.
 - Without additional, more reliable data, the Marketplace cannot refine its outreach and communication strategies, both overall and in real-time, to reach communities who have been economically and socially marginalized and underserved.

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

The Marketplace anticipates a two-phase funding process. This policy package would fund the initial phase of Oregon's transition away from the FFM to use of a state-based enrollment and eligibility platform and call center for operation and administration of Oregon's health insurance exchange.

Oregon Health Authority: 2023-25 Policy Package

Funds would be used for research and planning purposes through the request for proposals (RFP) stage, drafting of the required federal blueprint to transition from an SBM-FP to a full SBM, and vendor selection under Phase 1. This phase would also include the initial stage-gate review by Enterprise Information Services (EIS).

OHA would release an RFP for a state enrollment and eligibility platform and a call center. OHA would seek bids from vendors with proven versatile, adaptable technologies capable of the following:

- Coordinating with Oregon’s Medicaid systems to address churn.
- Coordinating with other state agency systems to implement innovative, easy eligibility checks to help increase the rate of insurance among Oregonians.
- Improving the QHP shopping and customer service experience for Oregonians.
- Implementing input from Oregon’s various and diverse communities into every step of technology and call center implementation.
- Collecting, analyzing, and storing enrollment data, including REALD/SOGI data to:
 - Recognize trends and inform policy development and decision-making that affects communities who have been economically and socially marginalized and underserved.
 - Allow for real-time, micro-focused outreach and education to communities who have been economically and socially marginalized and underserved.
 - Create a baseline that will inform outreach and education resource allocation to ensure that the Marketplace effectively and efficiently reaches those impacted most by the inequities inherent in current systems.
- Customizing open and special enrollments to meet the needs of Oregonians and address the specific circumstances Oregonians are facing in real time.
- Embedding health equity principles in every aspect of an SBM – guiding policy decisions, contracting and hiring, consumer support, and community engagement. These decisions can help

Oregon Health Authority: 2023-25 Policy Package

to enroll disproportionately uninsured groups, including people of color, people with low-incomes, rural residents, and immigrants.

- Saving Oregonians money.

Some high-level research has already been performed and the Marketplace has started the initial drafting of the business case for the stage-gate process. However, additional work is needed. The Marketplace would rely on internal, external, and contracted sources for specialized expertise in the fields of project management, technology integration and implementation, procurement, quality assurance, data, legal, security, and privacy.

The Office of Information Services (OIS) would provide specialized expertise in technology project management, technology/architecture, planning, research, and experience with large multi-million dollar stage-gate projects. The project management support, in collaboration with the Marketplace team, would include coordination with the various internal, external, and contracted roles including procurement teams for expertise in the RFP development, solicitation, review, and vendor selection process. The Marketplace anticipates that these divisions would bill for the services they provide and could need additional staffing to support this effort. The Marketplace expects that it would be required to contract for a quality assurance (QA) vendor beginning in Phase I and through to implementation and close out of the project. Additional resources would be necessary for drafting of the SBM blueprint that must be submitted to, and approved by, the federal government prior to transitioning from an SBM-FP to a full SBM. Although the Marketplace believes it can absorb some work with existing staff, this project would require at least one Business Analyst, which the Marketplace does not currently employ. Additional resources may be necessary as determined by Enterprise Information Services (EIS) and OIS during the project initiation phase. Costs including

Oregon Health Authority: 2023-25 Policy Package

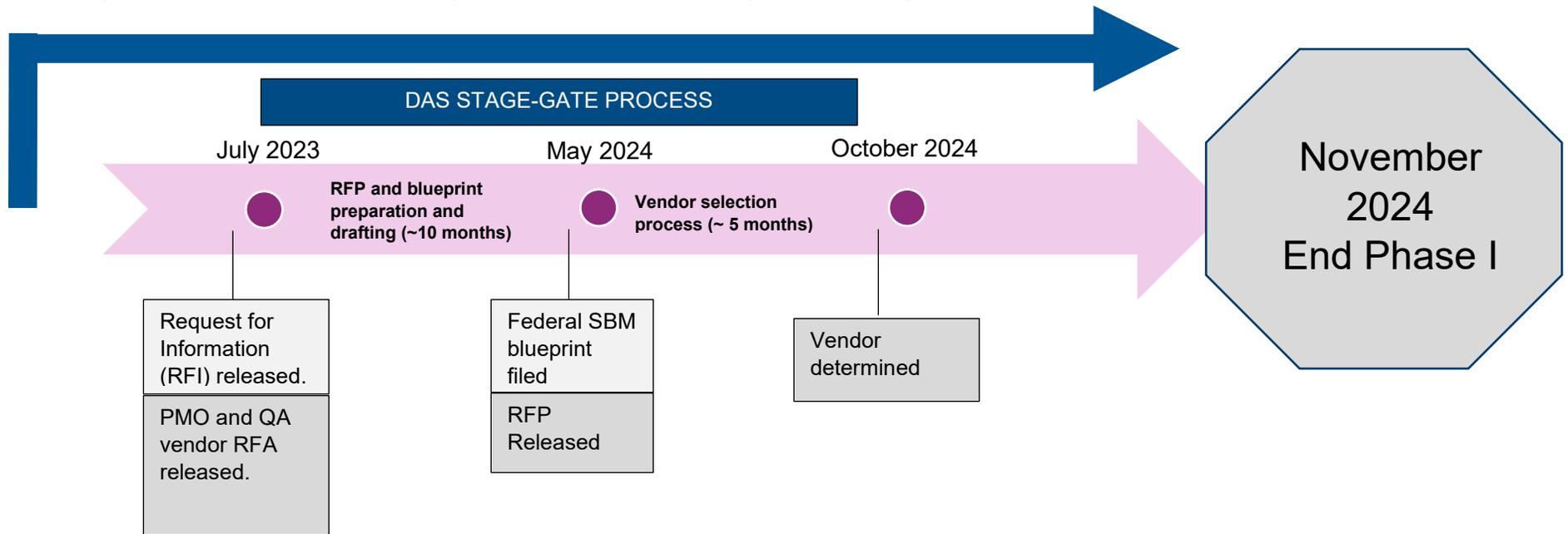
staffing for Phase II will be informed through the vendor selection process and detailed project planning.

It is believed that OHA requires the following positions for Phase I:

1. PCS 3 Procurement Specialist
2. ISS8 MMN Senior Technical Project Manager
3. OPA4 VMS Contracts Specialist
4. Business Analyst

The implementation timeline below illustrates the estimated timing of Phase I, which would leave twelve months for IT implementation and testing for open enrollment readiness in November 2025 for plan year 2026. Leading up to vendor selection, the Marketplace would determine the appropriate method for funding Phase II. Timing of contracting with the selected vendor would be determined by available funding.

Oregon Health Authority: 2023-25 Policy Package



3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

This policy package would fund the initial stage required to obtain a state-based call center and eligibility and enrollment platform. The platform would further OHA’s mission to end health inequities by 2030 and increase access to quality, affordable health care through:

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

Oregon Health Authority: 2023-25 Policy Package

- Coordination with Oregon’s Medicaid systems to address churn, which benefits individuals with lower incomes, a group that often includes people who have been historically oppressed and marginalized.
- Coordination with other state agency systems to implement innovative, easy eligibility checks to help increase the rate of insurance among Oregonians, especially those who qualify for APTC, making coverage more affordable and removing barriers to access to care.
- Improvement of the QHP shopping and customer service experience, making it easier for all Oregonians to enroll in health care that will address their specific needs.
- Implementation of input from Oregon’s various and diverse communities into every step of technology and call center implementation, which would help ensure that existing barriers to health equity are not perpetuated in the new systems.
- Collection and analysis of enrollment data, including REALD & SOGI data to:
 - Recognize trends and inform policy development and decision-making that affects groups who have been economically and socially marginalized and underserved.
 - Allow for real-time, micro-focused outreach and education to groups who have been economically and socially marginalized and underserved.
 - Create a baseline to inform outreach and education resource allocation to ensure that the Marketplace effectively and efficiently reaches those impacted most by long-standing systemic health and social inequities.
- Customization of open and special enrollments to meet the needs of Oregonians and address the specific circumstances Oregonians are facing in real time.

Oregon Health Authority: 2023-25 Policy Package

Inclusion of health equity principles in every aspect of an SBM, guiding policy decisions, contracting and hiring, consumer support, and community engagement. These decisions can help to enroll disproportionately uninsured groups, including people of color, people with low-incomes, rural residents, and immigrants.

Quantifying results

4. What are the long-term desired outcomes?

Because this policy package would fund only the initial stage required to obtain a state-based call center and eligibility and enrollment platform, the long-term desired outcomes are contingent on a second, separate policy package for purchase and implementation of a call center and state-based platform with proven versatile, adaptable technologies capable of achieving the outcomes outlined in the response to question 3. The desired outcome of Phase I is federal approval of Oregon's blueprint to transition from an SBM-FP to an SBM, determination of a vendor that can provide a state-based eligibility and enrollment platform, and determination that Phase II should be pursued.

Failure to fund this policy package would require that the Oregon's health insurance exchange remain reliant on the FFM and its accompanying disadvantages, which are detailed in the response to question 1 (in the discussion regarding the disadvantages of the FFM). They include the following:

- **Inflexibility of the FFM technology.** Because the HealthCare.gov is a one-size-fits-all solution, it is designed for use by many states and cannot be customized according to Oregon's needs, preferences, or requirements.

Oregon Health Authority: 2023-25 Policy Package

- **Lack of control over operations, customer service, and service levels.** Oregonians can face long wait and hold times and when finally able to speak with a customer service representative, there is no guarantee that the information provided will be accurate.
- **Unpredictable and opaque charges.** The fee for using the FFM is paid directly to CMS by Oregon insurance companies and is passed on to consumers in the form of increased insurance premiums.
- **No ownership of data, stifled innovation.** Oregon does not have direct access to the data of any of its residents enrolled through HealthCare.gov.
- **Barriers to health equity.** Use of the FFM precludes the state from using input from diverse communities and partners.

5. How will OHA measure the impacts on health inequities of this policy package?

As noted, this policy package would fund only the initial stage required to obtain a state-based call center and enrollment and eligibility platform. Impact on health inequities would not be measurable or realized until after the completion of the second phase, which is contingent on a second, separate policy package for purchase and implementation of a call center and state-based platform.

How achieved

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

The Marketplace has advocated for changes to the federal platform to broaden input from different voices across race, ethnicity, language disability, gender, gender identity, sexual orientation, social class, geographies, and intersections among these communities and identities in the decision-making and design of the FFM. The Marketplace has also advocated for changes to the FFM that would allow for culturally specific responses to address the distinct needs of Oregonians.

Oregon Health Authority: 2023-25 Policy Package

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

Maintaining the status quo was rejected because doing so will not result in meaningful change or contribute to OHA's coverage and health equity goals.

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

None.

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

Yes. LC 44300-009 would require OHA to implement a state-based enrollment and eligibility platform and call center and allocate funding to do so.

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

This policy package would fund only the initial phase required to obtain a state-based call center and enrollment and eligibility platform and does not affect other state, Tribal, or local government agencies. Phase II, implementation of the platform and call center, may have some impact on the Oregon Department of Human Services (ODHS), the state agency that controls the federal data hub. A state exchange platform must interface with the hub so some coordination with ODHS would be necessary.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): _____

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

Staffing and contracting would continue through Phase II (implementation) if it is determined that transition off the FFM is in the best interests of Oregonians. Phase II funding would be obtained through a policy package for the 2025-27 biennium.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

The Marketplace would rely on internal, external, and contracted sources for specialized expertise in the fields of project management, technology integration and implementation, procurement, quality assurance, data, legal, security, and privacy.

OIS would provide specialized expertise in technology project management, technology/architecture, planning, research, and experience with large multi-million-dollar stage-gate projects. The project management support, in collaboration with the Marketplace team, would include coordination with the various internal, external, and contracted roles including procurement teams for expertise in the

Oregon Health Authority: 2023-25 Policy Package

RFP development, solicitation, review, and vendor selection process. The Office of Contracts and Procurement (OCP) would require a Procurement Contract Specialist 3 to support Phase I, and into Phase II if implemented. The Marketplace would require at least one Business Analyst during Phase I, and into Phase II if implemented. Additional resources may be necessary as determined by EIS and OIS during the project initiation phase. Costs including staffing for Phase II will be informed through the vendor selection process and detailed project planning.

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

No.

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

Existing Marketplace staff (Administrator and four Operations and Policy Analysts) will absorb much of the additional work, which includes the following:

- Drafting the federal blueprint for the transition from an SBM-FP to an SBM
- Working through the Stage-Gate Process
- Drafting the RFP(s) for platform and call center vendors
- Obtaining community and partner (carrier, agent-grantee, and community partner-grantee) input

However, additional staff would be needed. At least one Business Analyst would be necessary for working through the requirements of the project and determining the business processes to operationalize the SBM. Business process development would need to be worked on in preparation

Oregon Health Authority: 2023-25 Policy Package

for the on-boarding of the vendor. The Marketplace does not currently employ staff who are business analysts or have this skillset.

OIS would require the following positions for Phase I, and unless otherwise noted, Phase II if implemented. These positions would provide specialized expertise in technology project management, technology/architecture, planning, research, and experience with large multi-million dollar stage-gate projects. The project management support, in collaboration with the Marketplace team, would include coordination with the various internal, external, and contracted roles including procurement teams for expertise in the RFP development, solicitation, review, and vendor selection process. The Office of Contracts and Procurement (OCP) would require a Procurement Contract Specialist to support Phase I, and into Phase II if implemented.

1. PCS3 Procurement Specialist
2. ISS8 MMN Senior Technical Project Manager
3. OPA4 VMS Contracts Specialist

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

The staffing resources listed in the response to question 15 would be required for Phase I. Some of these resources would be required for Phase II if it is determined that the project should move into Phase II. A separate policy package would be requested for Phase II funding.

17. What are the ongoing costs?

None. Additional funding for stage two of this project would be requested in a policy package for the 2025-27 biennium.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

The initial stage of this project would not result in savings. If implemented pursuant to the second stage of this project would result in estimated platform savings of approximately \$10 million per year.

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

Other Funds are Health Insurance Exchange Fund moneys in excess of operating expenses and reserves (estimated at \$1.4 million). General Fund may be required if, and only if, excess moneys are not sufficient to fund Phase I. Phase II may require the Marketplace to raise its assessment or the receipt of General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services		\$2,059,864		\$2,059,864	4	3.25
Services & Supplies						
Capital Outlay						
Special Payments						
Other						
Total	\$0	\$2,059,864	\$0	\$2,059,864	4	3.25

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	HPA OHIM	OIS			Total
General Fund	\$0	\$0			\$0
Other Funds	\$1,274,187	\$785,677			\$2,059,864
Federal Funds	\$0	\$0			\$0
Total Funds	\$1,274,187	\$785,677			\$2,059,864
Positions	1	3			4
FTE	0.75	2.50			3.25

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Environmental Public Health
Policy package title:	Environmental Justice Mapping
Policy package number:	417
Related legislation:	House Bill 4077 (2022)

Summary statement: House Bill 4077 (2022) was Governor Brown’s bill to reinvigorate the Environmental Justice Task Force as the Environmental Justice Council (EJC) with expanded membership and duties, and to direct Department of Environmental Quality (DEQ) and OHA to staff the EJC in developing an Environmental Justice Mapping Tool. OHA’s fiscal impact statement identified the need for a high-level limited duration Research Analyst 4 position for this work for 2 years, and then rely on staff of an existing CDC grant-funded program for ongoing informatics support to update data and maintain the tool. However, in June 2022, the CDC notified OHA of a 25 percent cut to the Environmental Public Health Tracking cooperative agreement for the 2022-27 period, eliminating the position that would have taken over the work from the limited-duration position. OHA is therefore now requesting a permanent Research Analyst 4 position to develop and maintain the Environmental Justice Mapping Tool.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$191,854	\$0	\$0	\$0	1	0.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

House Bill 4077 (2022) was Governor Brown’s bill to reinvigorate the Environmental Justice Task Force as the Environmental Justice Council (EJC) with expanded membership and duties, and to direct DEQ and OHA to staff the EJC in developing an Environmental Justice (EJ) Mapping Tool. OHA’s fiscal impact statement identified the need for a high-level limited duration Research Analyst 4 position for a minimum of two years to complete this work, which has a deadline of September 15, 2025 (Section 18). OHA then planned to provide data and system update support through our federally funded CDC Environmental Public Health Tracking Program; OHA could not divert CDC funds to pay for staff to develop the tool. The budget report for House Bill 4077 included the following note: “The funding and position are intended to be one-time, but due to the measure’s timing OHA may need the position for a portion of the 2023-25 biennium. If OHA determines a need for the position in the next biennium, it should be included in the agency’s 2023-25 budget request.” In June 2022, the CDC notified OHA of a 25 percent cut to the Environmental Public Health Tracking cooperative agreement for the 2022-27 period, eliminating the position that would have taken over the work from the limited duration position. OHA is therefore now requesting a permanent Research Analyst 4 position to develop and maintain the Environmental Justice Mapping Tool.

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

House Bill 4077 (2022) provided OHA a limited duration Research Analyst 4 position to start when the EJ Mapping Tool provision of the bill becomes operative August 1, 2022, and set a completion deadline for the tool of September 20, 2025. However, House Bill 4077 only funded the OHA position through the 2021-23 biennium. This policy package would fund a permanent Research Analyst

Oregon Health Authority: 2023-25 Policy Package

position, starting July 1, 2023, using General Fund to ensure continued development and subsequent updating and maintenance of the EJ Mapping Tool.

3. **How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?**

The purpose of the Research Analyst 4 position is for OHA and DEQ to serve as the lead agencies assisting the EJC, with support from the Portland State University Population Research Center and Oregon State University Institute of Natural Resources, in the development of an EJ Mapping Tool. This position would provide subject matter expertise in environmental public health and health equity policy, epidemiology, informatics, data, and data visualization to create a tool with meaningful participation of, and to identify and assess inequitable environmental health burdens on “communities of color, communities experiencing lower incomes, communities experiencing health inequities, Tribal communities, rural communities, remote communities, coastal communities, communities with limited infrastructure and other communities traditionally underrepresented in public processes and adversely harmed by environmental and health hazards, including seniors, youth and persons with disabilities.”

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

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

House Bill 4077 contemplates a wide array of outcomes from an Oregon EJ Mapping Tool. A core outcome is understanding the nature of environmental justice communities to assess benefits and disproportionate burdens on these communities and understand negative environmental consequences resulting from industrial, municipal and commercial operations or the execution of federal, state, local and Tribal environmental programs and policies. This outcome in turn is intended to inform changes to policies, systems and budgets to reduce disproportionate environmental justice burdens and increase benefits, including “the distribution of resources to communities that have experienced underinvestment.”

5. How will OHA measure the impacts on health inequities of this policy package?

The EJ Mapping Tool will help agencies and organizations identify inequities that could be addressed through policy and action. OHA is defined in statute as a “natural resource agency” required to track and report on policies, programs and budget priorities that address environmental justice concerns. OHA will document actions carried out directly by OHA and through collaboration with other natural resource agencies that reduce environmental health burdens and increase resilience to those burdens among priority populations, and those experiencing current or historical health inequities.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

OHA requested two years of funding (i.e., through June 2024) to implement the legislative directive. The Legislature approved funding only through June 2023, and directed OHA to submit a policy package to request permanent funding and position authority, as needed.

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

OHA has no viable alternative source of funding to support the technical position needed to develop the EJ Mapping Tool.

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

The EJC is the oversight entity for this work and for engaging inclusive community participation in development of the EJ Mapping Tool. OHA will carry out this work DEQ as the primary partner and the Department of Administrative Services Enterprise Information Services Office, Oregon State University and Portland State University, as supporting partners named in the bill.

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

No.

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

Oregon Health Authority: 2023-25 Policy Package

All state, Tribal and local governments would have access to accessible and user-friendly information that has never been brought together before about who is most impacted by climate and other hazards, the location of their communities, associated priority health concerns, and opportunities for supportive policies, programs and interventions to reduce environmental health burdens.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

One Research Analyst 4 position is needed to complete and maintain the EJ Mapping Tool, as directed by the legislation.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

Oregon Health Authority: 2023-25 Policy Package

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

Not applicable.

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

One Research Analyst 4 is needed to complete and maintain the EJ Mapping Tool. OHA would fill this position with a current Research Analyst 3 (step 10) working out of class as Research Analyst 4, who has the technical expertise and whose position would otherwise be eliminated due to a recent cut in CDC grant funding. General Fund would cover the ongoing need for this position.

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

This policy package does not include one-time costs.

17. What are the ongoing costs?

The ongoing cost of the Research Analyst 4 position.

18. What are the potential savings?

Savings may be realized through policies becoming better informed with respect to health inequities and environmental justice.

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

This policy package is 100 percent General Fund.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$173,575			\$173,575	1	0.75
Services & Supplies	\$18,097			\$18,097		
Capital Outlay						
Special Payments						
Other						
Total	\$191,854	\$0	\$0	\$191,854	1	0.75

Fiscal impact by program

	Center for Health Protection				Total
General Fund	\$191,854				\$191,854
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$0				\$0
Positions	1				1
FTE	0.75				0.75

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division, Public Health
Program:	Medicaid, PHD Maternal Child Health unit
Policy package title:	Integrated Care Modeling – Project Nurture Expansion
Policy package number:	418
Related legislation:	House Bill 2257 (2019)

Summary statement:

In the past 20 years, the United States has seen a fourfold increase in the prevalence of maternal substance use disorders during pregnancy. Substance use during pregnancy is associated with adverse maternal and infant health outcomes. A coalition of maternity care providers, substance use treatment agencies, state social service agencies, and Medicaid funding partners in Oregon tested a care model called Project Nurture in three clinics in the Portland area in 2015. A peer-reviewed study found Project Nurture to be associated with reductions in child maltreatment and placement of children in foster care and increases in prenatal visits. Preliminary data from an independent evaluator suggest that Project Nurture may reduce preterm births, reduce intensive neonatal care, and increase engagement in substance use disorder treatment. This policy package would expand Project Nurture to a statewide program.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$10,385,839	\$0	\$385,839	\$10,771,678	4	3.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Numerous barriers impede the delivery of well-coordinated and high-quality pregnancy and postpartum care for women with substance use disorder: lack of access to obstetrics providers who are comfortable with providing medical care to women with substance use disorders; competing demands from child welfare and necessary medical services; and, limited availability of substance use disorder treatment programs that allow children and provide parenting support resources.

Project Nurture combines maternity care, substance use disorder treatment, peer and doula support, and case management in a single setting. Access to these services in a single care setting reduces barriers to care and facilitates increased collaboration among providers, which creates a more supportive environment with realistic expectations for mothers. Care is delivered in a non-judgmental and trauma informed manner, which is important given the high prevalence of stressful life events experienced by women with substance use disorder.

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

The policy package would purchase initial costs for local community planning and two years of funding to offset current billing standards that do not fully cover the costs of service. The cost would allow time for the development of integrated care practices to establish, as well as time for OHA to work with CCOs as community partners to find ways to pay for the actual cost. Additionally, the funding would focus on integrated care, which is required by CCO contracts and a part of OHA strategy, using Project Nurture as the model to meet the needs of this underserved and vulnerable population.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Maternal substance use disorder during pregnancy has impact on both the mother and child that may be mitigated. Women with SUDs are often younger, with a lower level of education and minimal compliance with prenatal care. Often women in these circumstances are disconnected from care due to shame, stigma and fear of child welfare involvement. Women of color are further isolated and have higher likelihood of child welfare involvement and fatality. This project allows for the model to eliminate these significant disparities.

Quantifying results

4. What are the long-term desired outcomes?

- A. Increased prenatal care and substance use treatment services by the mother
- B. Reduction in child welfare involvement and/or removal of infants
- C. Decreased neonatal care needs
- D. Increased intervention on generational substance use disorders
- E. Increased culturally specific integrated care for communities of color
- F. Reduction in stigma associated with pregnant mothers with a substance use disorder
- G. Increased primary care providers willing to support pregnant mothers with a substance use disorder

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

Oregon Health Authority: 2023-25 Policy Package

H. Increased providers willing to prescribe medication-assisted treatment (MAT) for mothers with a substance use disorder

5. How will OHA measure the impacts on health inequities of this policy package?

Although OHSU secured a five-year NIH grant to evaluate the current five county pilot of Project Nurture, successes will rely on OHA gathering local data to review, evaluate and adjust programming in real time to meet the outcome goals

How achieved

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

In 2019, the Legislature provided \$2 million in funding for approximately four pilot sites or continuation of existing sites. As OHA began this pilot, there was interest from a variety of counties to join this work, including Union, Deschutes, Klamath, Washington, Clackamas, Tillamook, and Clatsop, and some specific requests that were culturally specific, such as Virginia Garcia. OHA's pilot resulted in five sites that would need to respond to the request for proposal for additional funding to meet the Project Nurture fidelity requirements—the model that independent evaluation notes positive outcomes. Additionally, OHA worked with OHSU to secure a 5-year NIH evaluation of the pilot and any expansion of the model.

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

The current pilot project attempted to implement a Project Nurture “like” model that allowed for local variation based on community. This, however, resulted in business as usual with little willingness for partners to fully integrate. Without co-location and integration, women were still not receiving

Oregon Health Authority: 2023-25 Policy Package

services as needed and providers experienced burnout as they were often the sole person in their agency working with this population. Consultation with the original designers of Project Nurture led to a better understanding of the imperative of integration without variation. In Jackson County, this is achieved with a primary care doctor who has demonstrated ongoing services (such as, prenatal and long-term family care) to 60 women over a two-year period.

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

Local behavioral health providers, primary care doctors, hospitals, peer run organizations, Oregon Health & Science University (OHSU), OHA Public Health Division Maternal and Child Health, Child Welfare.

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

No.

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

Local counties and stakeholders would experience a significant change in service delivery by co-locating and integrating care. There is the potential that primary care providers would be the entity where behavioral health is delivered, rather than a doctor joining primary care.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): June 30, 2025

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

Pilot sites demonstrated that the first year needs \$500,000 to pay for the administrative time of the doctor, clinician, medical equipment needed within the behavioral health setting and full time salary of a peer, as well as any doula or mental health therapists. After the first year, the continued cost remains the peer salary and any offset to support limited CCO payments (though part of the policy package is to have the CCOs at the table to help resolve that). Based on this knowledge from pilot sites \$500,000 for start-up costs for year one is appropriate. Year two would have the structure in place that would allow for consistent billing. In year two, sites would receive \$250,000 to continue payment of the peer and any administrative time of providers not covered by the CCO at this time.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

The policy package looks to internally utilize a PDSA cycle to develop and improve the care model, additional work would be assigned to HPA and PHD to develop and implement these cycles with local sites.

Oregon Health Authority: 2023-25 Policy Package

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

Primary care and peer run organizations may need to hire for focused attention on this population. Pilot area referral and engagement numbers along with OHSU “reach” matrix indicate that each county will serve between 30-150 women per year (variation based on rural/frontier vs urban areas)

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

- Operations & Policy Analyst 4 – Project Implementation Lead
- Operations & Policy Analyst 3 – Project Coordinator
- Operations & Policy Analyst 3 – Medicaid Coordinator
- Research Analyst 3 – Data Analyst/Evaluation

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

Each location requires a total of up to \$750,000 for two years to start up, implement and begin successfully billing Medicaid for this model

17. What are the ongoing costs?

The project seeks to partner with CCOs to create a clear payment pathway for program providers to have their costs covered. The only portion of the program that potentially needs ongoing support is peer services, as they are not covered by Medicaid. The goal, however, would be to collaborate with CCOs to also cover this cost.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

- Reduction in acute level of behavioral health care needs for pregnant and post-partum women
- Reduction in neonatal stays, thus reducing hospital costs
- Reduction in ED visits as families are receiving prenatal care
- Reduction in foster care costs

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

This policy package includes General Fund and Medicaid Federal Funds.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$349,628		\$349,628	\$699,256	4	3.00
Services & Supplies	\$36,211		\$36,211	\$72,422		
Capital Outlay						
Special Payments	\$10,000,000			\$10,000,000		
Other						
Total	\$10,385,839	\$0	\$385,839	\$10,771,678	4	3.00

Fiscal impact by program

	HSD Admin	HSD Non-Medicaid			Total
General Fund	\$385,839	\$10,000,000			\$10,385,839
Other Funds	\$0	\$0			\$0
Federal Funds	\$385,839	\$0			\$385,839
Total Funds	\$771,678	\$10,000,000			\$10,771,678
Positions	4	0			4
FTE	3.00	0.00			3.00

Oregon Health Authority 2023-25 Policy Package

Divisions:	Health Services Division and Shared Services
Programs:	HSD Medicaid, SS Office of Information Services
Policy package title:	MMIS Infrastructure Replacement
Policy package number:	419
Related legislation:	None

Summary statement:	Support continued availability of the mission critical Medicaid Management Information System (MMIS) that processes over \$8 billion annually in capitation payments to CCOs and supports the services for over 1.4 million Oregonians. This request primarily focuses on replacement of end-of-life servers.
---------------------------	---

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,387,180	\$0	\$9,936,540	\$11,323,720	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

This request funds an effort to modernize the Medicaid Management Information System (MMIS) for Oregon. This effort is required by the Centers for Medicare & Medicaid Services (CMS) to continue receiving enhanced federal funding for operations and maintenance, and major enhancements.

The MMIS is currently hosted using on-premise servers located at the State Data Center (SDC). This hosting model requires the deployment, administration, and maintenance of physical hardware, which in turn limits solution scalability, resilience, and elasticity. For the 2023-25 biennium, the primary focus will be replacing the end-of-life servers and hardware that the core MMIS system resides on. This work be completed by 2025 or security of data and system access will be compromised.

OHA seeks to take advantage of the many benefits offered by the cloud computing hosting model and align its approach with the strategies set forth in the Department of Administrative Services (DAS) Enterprise Information Services (EIS) “Cloud Forward – A Framework for Embracing the Cloud in Oregon.” As the Cloud Forward document states, *“While the state has and will continue to realize value from its long-term investment in Data Center Services (DCS) as a provider of managed compute services and future co-location offerings (i.e., private-cloud), the State of Oregon’s current physical IT infrastructure alone lacks the agility, scalability, resilience and cloud-native capabilities necessary to meet the emergent and future needs of Oregonians.”*

While Cloud Forward guidance identifies the preferred EIS approach in which Software as a Service (SaaS) solutions are prioritized during procurement processes, several complicating factors limit an opportunity to procure a fully SaaS MMIS replacement at this time.

Oregon Health Authority: 2023-25 Policy Package

- CMS no longer supports “monolithic” system replacement efforts, which would place significant financial limitations on such an effort.
- Agency strategy for replacement of the MMIS is to modularize functional components as directed by CMS.
- On-premise MMIS running in the SDC experiences regular performance issues and at times struggles to support the current volume of claims.

For these reasons, OHA seeks to take advantage of the many benefits offered by the cloud computing hosting model and align its approach with the strategies set forth by the Department of Administrative Services (DAS), Enterprise Information Services (EIS), in the strategy and design document, “Cloud Forward – A Framework for Embracing the Cloud in Oregon.”

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

This package would transition the infrastructure support of the MMIS from the State Data Center to a cloud-hosted environment before current HP-UX servers reach the end of life at the end of 2025. There are no plans for Hewlett Packard to continue supporting the HP-UX operating system (OS) or to develop a new OS to which servers can transition. Because of this planned deprecation, cloud-hosting providers, like Amazon Web Services (AWS), do not support HP-UX OS. RedHat Linux is the standard Linux-based platform for most cloud platforms.

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

OHA’s mission is supported with an investment in a modern and renewable infrastructure for the Medicaid system, one of the state’s largest and most complex information systems. This initiative also aligns with the Governor’s goal to “*Create a statewide data strategy to improve data analysis, data quality, information sharing and overall decision making*” through long-term improvements to

Oregon Health Authority: 2023-25 Policy Package

interoperability and availability of health-related data achieved through improved alignment between the Medicaid systems and other state health information technologies.

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

No. This request funds continuation of multi-biennial efforts to Oregon’s MMIS. This effort is required by CMS to continue receiving enhanced federal funding for operations and maintenance, and major enhancements.

The hardware upon which the core Medicaid Management Information System (MMIS) resides is at end-of-life and must be replaced with a more sustainable long-term solution. The agency plans to move its MMIS with the help of its current vendor, Gainwell Technologies, to the now standard Amazon Cloud Services environment being utilized by other states supported by the same vendor. This move will modernize the agency Medicaid systems infrastructure, prepare for future modular implementations, and provide a stable platform for the long-term support and budget projections.

Quantifying results

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

Success will be measured by the following:

Benefit	Measurement
1. Prepare MMIS for future less expensive modular implementations (aligned with CMS Medicaid modularity mandate).	Modular upgrade costs are lower in the cloud environment vs modular upgrade costs in the current, on-premise environment.

Oregon Health Authority: 2023-25 Policy Package

2. Stronger security enhancements inherent in the cloud architecture.	Frequency of cloud-based system security enhancements are reduced.
3. Alignment with the EIS “Cloud Forward” Strategy.	Successful MMIS system move to the cloud.
4. Long-term financial savings by eliminating future hardware replacement costs.	Projected state cost savings of over \$4M will be achieved over a 10-year period, if MMIS is moved to the cloud.
5. Extend platform support beyond 2023.	Successful implementation of Microsoft Windows Server 2019.
6. Extend platform support beyond 2025.	Recompilation of software on RedHat Linux.
7. Successful transition of the existing infrastructure to a cloud environment within the estimated cost parameters.	Project remains within the estimated cost parameters.

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

Investment in this package positively supports several OHA performance measures including:

1. KPM #20 – Access to Care
2. KPM #21 – Member Experience of Care
3. KPM #32 – Eligibility Processing Time

7. What are the long-term desired outcomes?

Move the MMIS infrastructure to a cloud environment providing a renewable and sustainable infrastructure for the long term.

Oregon Health Authority: 2023-25 Policy Package

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

If this policy package is not approved, funding to support server replacement and modernization progress would be compromised. Server replacement is required and needs to occur in this (2023-25) biennium or the MMIS system will be a significant risk for security and data breaches. CMS may determine that modernization progress is not sufficient and reduce enhanced funding for other agency IT requests.

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

Foundational support for this effort is already in progress. Microsoft has announced that ending support of SQL Server 2012 in July 2022. SQL Server must be upgraded to a version that is supported by Microsoft to ensure that support, security and performance related patches continue to be available.

This will be completed prior to upgrading the OS from Windows Server 2012 to Windows Server 2019, so that multiple upgrades will not be performed at the same time. The SQL Server upgrade will be completed as operations and maintenance and not as part of this proposed project.

Upgrading to Windows Server 2019 will extend the support of this OS platform. The recommendation in support of Windows 2019 is also based on the expected performance improvements over Windows 2016. Windows 2019 is expected to receive support through 2029.

SQL Server and Windows upgrades would be needed regardless but also in preparation to meet the technical requirements to 'lift and shift' to the cloud.

Oregon Health Authority: 2023-25 Policy Package

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

1. Do nothing. This option is rejected as the existing MMIS system resides on the infrastructure that is nearing its end-of-life and lack of progress towards modernization and modularization is non-compliant with CMS mandates. This may result in the loss of enhanced funding support from CMS for operations and maintenance support as well as for major enhancement efforts.
2. No other viable alternatives have been identified.

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

No.

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

This policy package would also affect ODHS as the key user of the MMIS.

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

This package is a collaborative effort between Health Services Division and the Office of Information Services. ODHS programs such as Developmental Disabilities are also stakeholders in this program.

Oregon Health Authority: 2023-25 Policy Package

14. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes?

This package helps populations impacted by health inequities by ensuring Medicaid services are available without gaps in service continuity.

Staffing and fiscal impact

Implementation date(s): 2024

End date (if applicable): To be determined

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

That the CMS enhanced funding will be available.

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

No.

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

No.

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

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

Not applicable.

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

Projected costs are shown in a table below for Item 23.

21. What are the ongoing costs?

Ongoing costs include contracted operations and maintenance support for the core Medicaid System (the MMIS) as well as internal support for agency-managed systems will be consistent with current costs.

22. What are the potential savings?

Moving the infrastructure to a cloud service is expected to provide a more sustainable environment where upgrades and security patches are maintained as part of the service. This move will eliminate the need for any future infrastructure replacements.

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

Funding sources include CMS which will provide 75 percent funding for hardware, training and operations and maintenance costs and 90 percent funding for professional services, software and enhancements.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies	\$1,387,180		\$9,936,540	\$11,323,720		
Capital Outlay						
Special Payments						
Other						
Total	\$1,387,180		\$9,936,540	\$11,323,720		

Fiscal impact by program

	HSD				Total
General Fund	\$1,387,180				\$1,387,180
Other Funds					\$0
Federal Funds	\$9,936,540				\$9,936,540
Total Funds	\$11,323,270				\$11,323,720
Positions	0				0
FTE	0.00				0.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health
Program:	Center for Public Health Practice
Policy package title:	Pandemic Response Information System
Policy package number:	420
Related legislation:	None

Summary statement: This policy package would fund the planning and phased development of a robust data system for collection, safe storage, data exchange, and use of data collected over the course of a reportable disease investigation so that Oregon has an appropriately robust, flexible, and scalable system to meet the needs of all people in Oregon, particularly our most vulnerable populations during normal operations and during pandemic and other surge situations. During the 2023-25 biennium, OHA would continue to improve and support existing case investigation, outbreak investigation, and contact tracing systems to meet current and emerging requirements. OHA would actively partner with community to plan this effort to develop a comprehensive roadmap for a modernized, interoperable pandemic response information system.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$10,808,044	\$8,026,541	\$0	\$18,834,585	26	26.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The COVID-19 pandemic sorely stretched existing public health information systems for collecting, storing, analyzing, and sharing data used in reportable disease outbreak investigation. The data collected during disease investigation help the public health system and communities to understand the scope of exposure, severity, and success of pharmaceutical and non-pharmaceutical interventions for reported diseases. This data informs public health, community and healthcare system interventions and policy.

During the pandemic, demand on the data system grew exponentially with more types of data collected, more healthcare and laboratory reporters sending data, more users accessing the system to track cases and person's exposed to the disease, more need for data exchange with other data platforms, more need to provide access to data for community planning and interventions, and more need to publish timely data visualizations.

OHA's ability to meet statutory obligations for reportable disease outbreak investigations mandated in ORS 443.001 to 433.770 and use of data collection during an investigation defined in ORS 433.008 would be strengthened with the development of a robust, scalable, and inclusive reportable disease information system.

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

This policy package would fund staffing and resources needed during the 2023-25 biennium to plan and initiate phased development of a reportable disease data system capable of scaling up to meet the data demands of a pandemic, along with lower-volume, routine reportable disease investigation.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

The pandemic exacerbated existing health inequities. Communities of color lost disproportionately more lives and experienced higher burdens associated with access to care, disruption of income and services, and greater likelihood of working in public settings with increased risk for COVID-19 exposure.

OHA needs timely and accurate data, robust analytic tools, and shared data evaluation to understand trends and make decisions that achieve equitable health outcomes and avoid exacerbating of historical health inequities.

The reportable disease data collected over the course of the pandemic highlighted some of the gaps in service and care for geographic populations, but lacked the specificity of race, ethnicity, language, disability, sexual orientation, and gender identity needed by communities to 1) see themselves in the published data, 2) analyze the data and determine contributing factors, and 3) formulate effective interventions in partnership with the public health system.

Community knowledge would shape the way data are gathered, used, visualized, and governed in OHA's planning and development of this new data system. With community input, the data system would be:

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

Oregon Health Authority: 2023-25 Policy Package

- Accessible to a broad set of users with role-based access
- Interoperable with national, state, and local data systems
- Able to scale up to meet pandemic data needs
- Available and supported with maintenance and operations 24/7 during an emergency
- Cloud-based to ensure the data is secure and recoverable during a disaster
- Governed by an inclusive group

Quantifying results

4. What are the long-term desired outcomes?

The desired outcome of this policy package is the development and maintenance of a reportable disease data system that provides for the needs of state and local public health, health care partners, and the communities served by OHA. This system would be scalable, cloud-based, integrate with other internal and external systems, and rapidly adapt to large changes in the number of users and volume of data collection.

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would collaborate with communities served by the agency, health systems and public health partners to develop metrics for monitoring and evaluating health impacts. These metrics would be periodically reviewed and reported by the governing group. OHA would also use metrics from the Healthier Together Oregon 2020-2024 State Health Improvement Plan.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

Orpheus, the agency's electronic disease surveillance system, was unable to handle case investigation demands at the outset of the pandemic. OHA rapidly established the Oregon Pandemic Emergency Response Application as a stopgap measure to relieve burden on Orpheus and address infrastructure needs. A system was also developed to capture data collected during contact investigations. This system, the At-Risk Identification Alerting System (ARIAS), was also hampered by pandemic response requirements.

Limited federal funding is available to modernize communicable disease surveillance systems. OHA continues work to stabilize current systems, while gathering requirements and implementing pilot projects to inform broader data modernization.

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

Pandemic-related data flow and use demands overwhelmed the existing system and capacity of highly capable OHA, OIS, and contractors. To prepare for the next pandemic, OHA needs to build on lessons learned to develop a robust data system capable of appropriately meeting current and future anticipated demands.

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

As this policy package moves forward, OHA would actively engage local public health, Tribes, the Oregon Department of Human Services (ODHS), and community-based organizations.

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

Agencies with workplans associated with public health would be affected. These include local public health authorities, Tribes, ODHS.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

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

Response needs can rapidly change so systems should be designed to be rapidly flexible and scalable to appropriately meet needs.

Oregon Health Authority: 2023-25 Policy Package

Software and technical infrastructure would follow OHA's "cloud first" guidance for a software solution that is quickly scalable, highly available, and has the capacity to handle a very large volume of concurrent users. To date, OHA has demonstrated a Microsoft Dynamics 365 (D365) solution on the Microsoft Azure and Power Platform cloud infrastructure, which provides this scalability, availability, and capacity. OHA anticipates the future solution IT software and infrastructure would be similar. The future solution would need to provide the functions of D365 and Rhapsody (at a minimum).

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

OHA would have new responsibilities to plan for and implement a new data system, while maintaining the legacy system.

Shared Services, including ISPO, Office of Information Services (OIS), Office of Contracts and Procurement (OC&P), and Enterprise Information Services would be engaged in the development of a new data system.

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

Expanded access to user-defined, reportable disease data by communities, health care providers, and public health system partners.

Oregon Health Authority: 2023-25 Policy Package

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

This policy package would build infrastructure to support the development and maintenance of a highly available, scalable, and expandable information system, along with related programs and positions within PHD and the OIS to lead this work.

Public Health would need a dedicated program team for coordination with other system owners, partners, and leadership for data governance, policy, storage, and future identified needs. Public Health would need a dedicated permanent business implementation and operations team, along with a team of informaticians that include the following:

- One Principle Executive Manager E position (Data System Program Manager)
- One Principle Executive Manager D position (Data System Support Manager)
- One Operations & Policy Analyst 3 position (Business Analyst)
- One Operations & Policy Analyst 3 position (System Informaticist)
- Two Operations & Policy Analyst 2 position (System Onboarding Specialists)
- One Operations & Policy Analyst 4 positions (Interoperability Lead)
- One Operations & Policy Analyst 3 position (Data Visualization Lead)
- One Epidemiologist 3 position (Community Data Lead)
- One Research Analyst 4 position (Data Exchange Analyst)
- One Administrative Assistant 2 position

The legacy system would need to function in parallel with development of this new system, so there would not be immediate cost savings in staffing or contracts. Aspects of the legacy system would likely be incorporated with potential cost savings.

Oregon Health Authority: 2023-25 Policy Package

To support the new systems, OIS would need a dedicated technical team for application development, maintenance, and platform support for the Electronic Laboratory Reporting (ELR), Electronic Case Reporting (ECR), Case Investigation, Contact Tracking, and Data Integration functions for pandemic response. This technical team would be in addition to the current seven Office of Information Services Solution Development Delivery (OIS-SDD) team positions supporting the COVID Response and Recovery Unit (CRRU) and includes the following:

- One Principal Executive Manager E position (IT Application/Development Operations Manager)
- One Principal Executive Manager D position (Service Desk and Infrastructure Manager)
- One Project Manager 3 position (Contracts/Projects Management)
- One Operations & Policy Analyst 3 position (Prioritization/Governance)
- Four Information Systems Specialist 8 positions (Data Architect, Dynamics architect, Rhapsody architect, SQL/DBA)
- Five Information Systems Specialist 7 positions (BSA, developers, Rhapsody specialist and administrator)
- Two Information Systems Specialist 4 positions (Service Desk Technicians)

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

The only start-up costs would be related to onboarding new positions, which would require IT, software, and phone services to be purchased. Facility and furniture purchases for remote work, may also be needed (such as the purchase of ergonomic chairs and sit/stand structures for in office or remote settings following Department of Administrative Services and OHA policy).

Oregon Health Authority: 2023-25 Policy Package

17. What are the ongoing costs?

Maintenance and operations of the system in the cloud. Licensing costs approximately \$3.3 million to cover Microsoft D365, Power Platform, and Azure for 24 months.

18. What are the potential savings?

OHA anticipates a cloud-based solution would be less expensive than the current solution.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$2,539,140	\$4,164,044		\$6,703,184	26	26.00
Services & Supplies	\$8,268,904	\$3,862,497		\$12,131,401		
Capital Outlay						
Special Payments						
Other						
Total	\$10,808,044	\$8,026,541	\$0	\$18,834,585	26	26.00

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program				
	Center for Public Health Practice	Shared Services-Office of Information Services		Total
General Fund	\$10,808,044			\$10,808,044
Other Funds		\$8,026,541		\$8,026,541
Federal Funds				\$0
Total Funds	\$10,808,044	\$8,026,541		\$18,834,585
Positions	11	15		26
FTE	11.00	15.00		26.00

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division
Program:	Program Support and Administration (Medicaid)
Policy package title:	Fee For Service Transformation
Policy package number:	421
Related legislation:	None

Summary statement:

More than 100,000 people eligible for Oregon Health Plan (OHP) receive their health care through Fee-For-Service (FFS) rather than coordinated care organizations (CCOs). Many on FFS have complex behavioral and physical health needs and are disproportionately experiencing health inequities. FFS is not resourced to provide person-centered care and coordination to meet the unique needs of the people it serves. FFS does not have systemic standards and metrics for accountability and outcomes, flexible funding, or localized knowledge of support networks and partners to address wider supports and social determinants of health. This policy option package funds a transformation in FFS to create a statewide, person-centered system of care that will reduce health inequities. It keeps the current advantages of FFS while adding innovative elements and creating a full system to better serve its members.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$2,996,295	\$25,727	\$4,363,250	\$7,385,272	25	19.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Most people eligible for Medicaid via the Oregon Health Plan (OHP) receive their health care coverage through coordinated care organizations (CCOs). However, over 100,000 people (about 9 percent) are served by Medicaid Fee-for-Service (FFS, also known as “open card”), a more traditional system whereby physical, oral, and behavioral health service providers, including hospitals, are paid for each health service they provide.

Broadly, FFS serves Tribal members, dual eligible members who have Medicare and Medicaid coverage, pregnant women with Citizen Waived Medical plus, OHP members who also have private insurance (which includes many persons with physical, mental, intellectual and developmental disabilities), a number of children and youth in the care and custody of Child Welfare, and individuals facing transitions in their lives such as moving from one part of the state to another or leaving a justice involved setting. These populations are disproportionately more likely to experience health inequities.

FFS has some advantages compared to CCOs. It is a statewide network that is better positioned to serve Oregonians who are in transition or moving and whose needs cannot be met within a local system of place-based care. Also, FFS is directly supported by OHA subject matter experts.

However, FFS is not resourced to provide the level of care and coordination – especially to identify and eliminate health inequities – to meet the unique needs of the people it serves. In contrast to CCOs, FFS does not have systemic standards and metrics in place to ensure FFS members receive timely (responsive and proactive) and quality care. FFS does not have flexible funding or health

Oregon Health Authority: 2023-25 Policy Package

related service options to be nimble in an equitable manner. CCOs provide a standard of care outlined in contract and through metrics, compliance and community accountability; FFS does not have these structural mechanics designed to promote the health care transformation and coordinated care that are integral to Oregon's innovative approach to Medicaid.

Federal rules require FFS be provided or offered for people in certain circumstances, so it cannot simply be eliminated in favor of CCOs. Also, the FFS benefit package and rates paid to providers, as established by OHA, serve as the floor for CCO benefits and reimbursement.

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

This policy option package funds a transformation in FFS. While keeping the current advantages of FFS, it adds innovative elements and creates a full system to better serve its OHP members. A transformed FFS system will:

- Deliver a statewide system of healthcare to serve Oregonians and help eliminate health inequities
- Implement a person-centered planning model that addresses the person's whole health care needs, incorporates family and natural support perspectives in shared decision making, and focuses on outcomes that are important to the individual
- Provide robust care coordination and improved access to services for FFS populations
- Develop and maintain FFS system accountability for better outcomes and elimination of health inequities with outcome metrics and ongoing evaluation
- Align FFS provider contracts to ensure consistent policy application, accountability, and sustainability of FFS transformation investments
- Provide value-based or alternative payment models and incentives to providers that focus on coordinated care, social determinants of health, and better health outcomes

Oregon Health Authority: 2023-25 Policy Package

- Compare and contrast FFS and CCO metrics and outcomes to measure performance for OHP members and determine how best eliminate health inequities
- Resource and continuously update foundational information, such as rates and coverage details, provider information and communications to members
- Sustain ongoing collaboration with FFS members, providers and partners to improve system
- Optimize intersectionality with aligned efforts in OHA

Major technical elements of the FFS system to be developed or improved include:

- Policy coordination with the Health Evidence Review Commission (HERC), CCOs, the federal Centers for Medicare & Medicaid Services, and legislative changes
- Care coordination, including with community-based organizations for addressing Social Determinants of Health
- Finance and contracting improvements, including a master plan for Fee-for-Service Rates schedule and growth of alternative payments, contract support and oversight for utilization management and innovation, and provider enrollment and network adequacy
- Metrics and evaluation, including developing and maintaining metrics, ongoing evaluation, comparison with CCOs to identify possible improvements in both, and community and provider workgroups to build and implement sustainable quality improvement processes
- Outreach, communications, and engagement, including with members, providers, Tribes, partners, and communities, building on existing efforts

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

OHP FFS enrolled members are disproportionately more likely to experience health inequities. In the current situation, health inequities can be perpetuated especially through limited access to interdisciplinary care coordination, and unavailability of health-related services funds to address Social Determinants of Health.

A transformed FFS system promotes equity for its members by correcting these failings and also offering standardized member communications, technical and quality control support to advance language access and interpreter service at the provider level, an up-to-date interactive member-facing provider directory, a robust provider network for all services, and a full customer-service system - integrating customer service and connecting to care coordination and other services.

Quantifying results

4. What are the long-term desired outcomes?

The ultimate outcome is that OHP members in the FFS system have their health care needs provided in a manner at least as coordinated, comprehensive, and personalized as could be provided through CCOs. Also, the system as a whole has effective metrics and evaluation to identify potential improvements, and policy and administrative processes that can implement those

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

Oregon Health Authority: 2023-25 Policy Package

improvements efficiently across the entire system (rather than updating contracts with individual providers or facilities in a piecemeal fashion).

5. How will OHA measure the impacts on health inequities of this policy package?

In its current state, FFS does not improve and often worsens health inequities. Transformation will allow FFS to contribute to the elimination of inequities. One key factor will be greater ability to measure health inequities, and apply other health-related metrics, across the entire system in a manner comparable to CCOs. The metrics and methods are likely to be similar to those currently in place for CCOs, with any refinements specifically appropriate to FFS that may be identified. Implementation of REALD/SOGI, and the data infrastructure it requires, will be critical to this measurement.

In 2022, OHA established an internal Legislative Equity Team to help the agency improve how it approaches health equity in its legislative and budget proposals. Though it did not specifically address FFS, the team's review of the concerns expressed by communities that have experienced health equity identified many priority issues directly relevant to transforming the FFS system, including:

- Lack of meaningful information on health inequities
- Complexity of navigating the health system
- Fragmentation of health systems, providers, social services, and community resources, and lack of cross-system coordination
- Lack of health care capacity or services in some geographical areas or fields of health care
- Lack of culturally responsive, linguistically appropriate, and trauma informed services, resources, and communications

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

Existing OHA staff and contracts have been leveraged to the extent possible to address inequities exacerbated by FFS program structure. For example, a member-facing provider directory has been built, but has not been sustainably resourced for improvement in response to member input. Efforts to engage FFS providers in alternative payment models have had limited success, and many providers continue to contract with CCOs while declining to contract with FFS, limiting provider access for FFS members. Without dedicated staff to monitor and support metrics, updating the FFS care coordination contract has been limited. The historic structure of a fee for service approach incentivizes delivery of more services for more fees – as opposed to prioritizing better care, better health, and lower costs – fundamentally failing to mandate whole-person health outcomes. Efforts to resolve data needs are limited by data infrastructure, so FFS transformation will link into and draw upon the ONE system and investments in MMIS updates, such as REALD/SOGI.

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

The primary alternative is to take no action. This would continue to leave FFS members served by a system that is not really a system, but rather a disaggregated set of providers and facilities, thus exacerbating inequities. It would fail to realize any of the advantages or apply lessons from CCO systems. Furthermore, if FFS is not well maintained, additional providers may forgo enrollment in FFS for more lucrative contractual relationships with CCOs, worsening access to care for FFS members.

Another alternative would be to create a statewide CCO or CCO-like entity that manages FFS as a whole in Oregon or in parallel to the FFS model. If a statewide CCO is implemented and included

Oregon Health Authority: 2023-25 Policy Package

FFS, it would require that entity to follow an operating model quite unlike what CCOs currently follow, as their platform for innovation is largely predicated on the fact that they are not limited to a FFS approach. Roughly half of Tribal members choose not to enroll in a CCO, demonstrating the need for an alternative to the CCO model. Also, there is no indication of interest from CCOs in taking on such a role. A statewide CCO remains a possibility and will continue to be discussed over time as an option.

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

A broad coalition of individuals with lived experience as well as subject matter expertise are collaborating to design and plan FFS Transformation. [Strategic Spark Consulting](#) has been hired to center the design in equity and build out an inclusive partnership process in the primary planning phase. Leadership council members include Tribal liaisons, and representatives from various OHA program (Ombuds, Budget, Medicaid Policy Unit, Health Policy and Analytics, the Office of Equity and Inclusion, the Community Partners and Outreach Program from the External Relations Division), the OHP Member Advisory Board coordinator, the Health Evidence Review Committee, and more. Guidance will be drawn from community voice and partners through a variety of channels. These include thoughtful review of internal and external reports documenting partner input and dialogue within existing trusted relationships, such as those Community Engagement Coordinators have built with their community partners. As new dialogues need to be generated, the work will be informed by lessons learned along OHA's journey toward equitable, responsive partnership. Insights and collaboration will also be sought from partners such as CCOs, Public Health colleagues, ODHS counterparts and health systems.

Oregon Health Authority: 2023-25 Policy Package

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

Not at this time.

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

A strengthened, transformed FFS program will improve and expand services to Tribes, who will be engaged to help design the transformation to better meet their needs. The program will also be able to better partner with local public health departments who are on the front line for meeting the needs of their county residents many of whom use OHP's FFS program.

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

Deficiencies in the existing FFS system have been identified in some internal audits. One notable example involves birth services for low-income women who want to have their babies at home or at a birth center, if they meet certain criteria, which is a benefit carved out from the managed health care provided by CCOs. A 2021 OHA/ODHS internal audit of these services found several areas that needed improvement:

- Due to gaps in internal controls related to the provider enrollment and prior authorization processes, unlicensed providers and those with disciplinary actions and investigations related to patient safety can receive prior authorizations to provide out-of-hospital birth services to OHP clients.

Oregon Health Authority: 2023-25 Policy Package

- OHA does not have an established methodology for updating Current Procedural Terminology (CPT) billing codes in the Medicaid Management Information System (MMIS). This limits OHA's ability to assess whether billing codes are setup appropriately.
- The OHA communication and guidance to service providers contains outdated information and is not timely updated to align with the recent HERC and OAR changes. The guidance lacks clarity and process transparency, creating potential confusion and mistrust among the service providers, clients, and other stakeholders.
- Poor quality of client demographic data (race and preferred language) constrains OHA's ability to correctly identify and address any disparities in prior authorizations.

Deficiencies of a similar nature (though not necessarily identical) have been identified elsewhere in the FFS system.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): Not applicable

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

- The pricing assume that Information Technology budget will be approved in the Waiver and Medicaid Enterprise policy packages and therefore would not need to be included again in this policy package.

Oregon Health Authority: 2023-25 Policy Package

- The pricing assumes that an overall comprehensive Medicaid community outreach and partnership team will be created in the Waiver policy package. If this is not funded additional community outreach and partnership positions may be needed.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

The work to coordinate the fragmented FFS delivery system, to ensure its services are comprehensive including identifying gaps and developing plans to address them, and to listen to community and personalize how the FFS program works for people will all be new responsibilities.

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

No changes in client caseloads are anticipated from this policy package. We are seeking to improve the quality of services for the FFS population but we do not anticipate changes in the percent of people served by FFS.

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

This policy package is requesting thirty-three position to support of the existing FFS team through this transformation:

- Nine positions for Operations and Quality Assurance in developing and maintaining metrics
- Six positions to support across multiple points in the contracting process
- Eight positions to support financial tracking, auditing and rate setting
- Two positions for provider enrollment

Oregon Health Authority: 2023-25 Policy Package

- Four positions for Information System support
- Four positions for support staff including outreach, community partnership and equity and inclusion

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

All cost priced in this policy package are ongoing.

17. What are the ongoing costs?

The ongoing cost in the policy package are positions outlined above. In addition, Technology updates will be needed for the Medicaid Information Systems. Most of these costs are already captured in the Waiver and Medicaid Enterprise policy packages with only a small amount of Information Technology contracting added to this policy package.

18. What are the potential savings?

No anticipated savings from this policy package.

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

Many of the positions would be funded with an allocation of state funds and Medicaid and CHIP Federal Funds. A few support staff would be allocated over multiple funding sources through the cost allocation system. Information Systems would be funded through the enhanced Medicaid federal funding, which is matched with state funds.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$2,168,035	\$23,021	\$2,311,781	\$4,502,837	25	19.00
Services & Supplies	\$828,260	\$2,706	\$2,051,469	\$2,882,435		
Capital Outlay						
Special Payments						
Other						
Total	\$2,996,295	\$25,727	\$4,363,250	\$7,385,272	25	19.00

Fiscal impact by program

	HSD Admin				Total
General Fund	\$2,996,295				\$2,996,295
Other Funds	\$25,727				\$25,727
Federal Funds	\$4,363,250				\$4,363,250
Total Funds	\$7,385,272				\$7,385,272
Positions	25				25
FTE	19.00				19.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Public Health Practice
Policy package title:	Regional Resource Hospitals for Disaster Response
Policy package number:	422
Related legislation:	None

Summary statement:

In local or statewide emergencies where the statewide health care system is stressed to capacity, hospitals and emergency medical services (EMS) have limited ability to efficiently coordinate patient distribution beyond normal operations or normal seasonal hospital surges. With temporary federal grant funds, OHA and partners built upon existing Health Care Coalitions and established Regional Resource Hospital systems and collaborated to develop situational communication, patient distribution and resource sharing capacity. OHA also worked with the Oregon Medical Coordination Center to ensure appropriate care no matter where you live in Oregon. These efforts support better and equitable access to all levels of hospital care during major health system surges. Oregon needs a sustained and robust operational system of communication and clinical coordination for current and future emergencies that isn't dependent on temporary federal COVID-19 pandemic related grant funding.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$3,005,068	\$0	\$0	\$3,005,068	1	0.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

In disasters and other emergencies stretching beyond normal business operations or seasonal hospital surges, the statewide Oregon health care system is drastically affected by a limited ability to coordinate between hospitals, EMS, and other resources. Oregon's rural communities lack the density of resources and access to the level of care needed, leaving rural communities with limited access to emergency patient distribution capacity and response resources. This limited rural capacity can result in additional burden to large health systems in populated urban areas that have access to higher care levels. Access to the highest level of care is especially disruptive and inequitable for citizens in areas served by rural and frontier hospitals when the surge is statewide and more resourced hospitals and health systems are stressed to capacity. Oregon needs a robust operational system of regional and inter-hospital situational communication, along with acute and critical care clinical coordination, that can be sustained for the current and future emergencies and disasters.

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

This policy package would allow for immediate grant funding of Regional Resource Hospitals and the Oregon Medical Coordination Center to plan, implement and operationalize collaborative situational communication, resource sharing, and high-level clinical coordination. This package would fund efforts to continue building statewide regional resource hospital network coordination capacity to confront all types of hazards and health care system crises by awarding grant funds to:

- Six Regional Resource Hospitals that work across health systems and normal business operations to support health care system capacity and better patient outcomes in resource constrained situations. Grant funding would provide workforce staffing dedicated to collaborative regional emergency planning, communications technology, project management

Oregon Health Authority: 2023-25 Policy Package

and the development and hardening of emergency operations plans. Activities will incorporate established goals of improving health outcomes for improved access to care and otherwise advance health equity in Oregon.

- Five existing Health Care Preparedness Coalitions, centered around permanently establishing the six Regional Resource Hospitals, which bring multiple healthcare partners together geographically from hospitals, EMS, long-term care, federally qualified health centers (FQHCs), emergency management, pharmacies, public health, and others. Grant funding would provide operational cooperative response planning and exercise, equipment and activities, which incorporate medical surge and mutual aid between health care sectors. Activities would incorporate established goals of improving health outcomes for improved access to care and advance health equity in Oregon.
- The Oregon Medical Coordination Center, initiated by Oregon Health & Science University (OHSU), Providence, Kaiser and Legacy in partnership with the other identified Regional Resource Hospitals and sponsored by OHA Health Security Preparedness and Response. The Oregon Medical Coordination Center would provide statewide operational patient transfer coordination during emergencies, events of high consequence and resource constrained situations. Grant funding would provide for the development of Oregon Medical Coordination Center organizational charter and governance, along with ongoing expert clinical advisory input to OHA Emergency Support Function (ESF)-8 and regional coalition response planning and response activities. The center will provide and inform statewide collaborative response systems and planning development with health care access data metrics, with the goals of improving health outcomes, access to care, and advancing health equity in Oregon.
- One permanent position for OHA within the Health Security Preparedness and Response Program at Public Health for project management and coordination on this initiative. Funding

Oregon Health Authority: 2023-25 Policy Package

would provide for OHA staffing of Regional Resource Hospital and Oregon Medical Coordination Center projects and grant management.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Based on the recommendation of the Governor's Joint Task Force for COVID-19, the Regional Resource Hospital charter was officially established in July 2020, with a mission grounded in principles of health equity, focused on minimizing health inequities. The overarching goals of the charter are to identify challenges, address any barriers, and facilitate information sharing in preparation for any existing or potential significant surge of patients into Oregon hospitals in order to prevent any negative effects to patient care, while centering communities with less access to services. This policy package would help rural communities to have increased access to emergency patient distribution capacity and response resources while limiting burden on other hospitals struggling to meet the highest needs of care for their vulnerable populations. This work led to the initiation of complex urgent work of the Oregon Medical Coordination Center, with an overarching goal of ensuring that all Oregonians always have timely and equitable access to the highest level of life-saving care available to any anyone in Oregon during emergencies. This work will contribute towards OHA's mission to ensure all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

Quantifying results

4. What are the long-term desired outcomes?

The long-term goal of this policy package is sustainability of the Regional Resource Hospital Collaborative network and Oregon Medical Coordination Center for all-hazards response. With the

Oregon Health Authority: 2023-25 Policy Package

increasing pace of emergencies and disasters in Oregon, this coordination adds an organized strategy for equity in health care access at the forefront for health care systems delivery, which needs to be ongoing in order to address current and future needs.

5. How will OHA measure the impacts on health inequities of this policy package?

The Oregon Medical Coordination Center will provide and inform statewide collaborative response systems and planning development with health care access data metrics with the goal of improving health outcomes by improving access to care and advancing health equity in Oregon.

How achieved

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

Regional Resource Hospital Collaborative: On March 23, 2020, Governor Brown issued a Joint Task Force for Health Care Systems Response to COVID-19, which jump started the implementation of what is now known as the Regional Resource Hospital Collaborative. The Joint Task Force recommended the adoption of a regional model based on the already established Area Trauma Advisory Board (ATAB) and OHA Health Security Preparedness and Response Health Care Coalition regions. Each region designated a Regional Resource Hospital. By the summer of 2020, OHA completed agreements establishing six Regional Resource Hospitals. These Regional Resource Hospitals service the Regional, Inter-Regional, and Statewide Regional Resource Hospital Hub framework to support mutual aid, patient information, coordination, flow, and distribution during a declared disaster or emergency.

Oregon Health Authority: 2023-25 Policy Package

Oregon Medical Coordination Center: OHA established a regional collaboration, as an operational extension of the Regional Resource Hospital Collaborative, to include all major health systems in the Portland area, who also serve as the only providers of quaternary intensive care in Oregon in response to a severe surge of patients to a limited amount of hospital quaternary care bed capacity during the Delta COVID-19 variant in August 2021. As the statewide capacity decreased for tertiary and quaternary critical care, the Oregon Medical Coordination Center was created to improve equitable access to these critical care services and decrease duplicative work. The center participation was then broadened, to include all of the state’s Regional Resource Hospitals. OHA used the statewide center to coordinate placement of patients needing ICU care in the closest hospital with the capability and capacity to provide this care. Oregon also established a partnership with the Washington Medical Coordination Center to refer patients to their home state’s system and avoid interstate transfers. Together, these collaborative efforts allowed Oregon to avoid extended delays for ICU care during surges. The Oregon Medical Coordination Center is modeled from the Medical Operations Coordination Cell framework utilized by the U.S. Department of Health and Human Services, FEMA, and other states.

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

This work was implemented during the COVID-19 pandemic as the result of the Governor’s Joint Task Force recommendations.

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

Other partners include hospitals in Oregon and EMS agencies as an extension.

Oregon Health Authority: 2023-25 Policy Package

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

None known.

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

None known.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

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

Start date of July 1, 2023.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

OHA: OHA Health Security, Preparedness & Response Program responsibilities include contract administration and fiscal services to administer the grants. Other OHA responsibilities include Medical Advisor time for policy contributions.

Shared Services: The Office of Contract and Procurement would have additional 118 contract requests.

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

None known.

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

One Operations & Policy Analyst 3 position (Regional Emergency Coordinator) for project management and coordination. Funding to provide for OHA staffing of Regional Resource Hospital and Oregon Medical Coordination Center projects and grant management.

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

Purchase computer, cell phone and standard supplies for new position estimated at \$5,000 year one and then \$4,000 annually.

Oregon Health Authority: 2023-25 Policy Package

17. What are the ongoing costs?

Travel costs to support staff to attend and facilitate meetings for the project and attend two National Conferences and trainings estimated at \$10,000 annually.

18. What are the potential savings?

Unknown.

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

We are requesting General Fund (budget below is for the biennium).

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$186,908			\$186,908	1	0.75
Services & Supplies	\$2,818,160			\$2,818,160		
Capital Outlay						
Special Payments						
Other						
Total	\$3,005,068	\$0	\$0	\$3,005,068	1	0.75

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Center for Public Health Practice				Total
General Fund	\$3,005,068				\$3,005,068
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$3,005,068				\$3,005,068
Positions	1				1
FTE	0.75				0.75

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division, ODHS | OHA Shared Services
Program(s): HSD: Medicaid, SS: Office of Information Services
Policy package title: 100% FMAP Tribal Savings and Reinvestment Program
Policy package number: 423
Related legislation: LC #44300-014

Summary statement: This policy package is needed to procure system improvements for the 100 percent FMAP Tribal Savings and Reinvestment Program, which the Oregon Health Authority has operated at the request of Oregon’s federally recognized Tribes since 2018.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$118,602	\$0	\$355,806	\$474,408	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The policy package would ensure that OHA has the resources for system automation to operate and support the 100% FMAP Tribal Savings and Reinvestment Program. This program was requested by Oregon's federally recognized Tribes in 2016. Governor Brown directed OHA to establish this program in 2016. OHA has operated the program manually since 2018 but has not yet secured funding to support program automation.

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

This policy package would provide funding to allow for automation improvements which would simplify many parts of this program which are currently performed manually. This work would begin in July 2023.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

This policy package supports a program that the nine federally-recognized Tribes of Oregon requested and OHA established at the direction of the Governor. The operation of this program provides resources to Tribes that are coordinating the health care needs of American Indian/Alaska

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

Oregon Health Authority: 2023-25 Policy Package

Native Oregon Health Plan members. Automation of this program would assist Tribes in improving the health status of the tribal communities that they serve.

Quantifying results

4. What are the long-term desired outcomes?

Automation of the 100% FMAP Savings and Reinvestment Program through the MMIS system, rendering manual processing unnecessary.

5. How will OHA measure the impacts on health inequities of this policy package?

OHA will monitor the amount of enhanced federal Medicaid match returned to tribal health programs through this program. This program is operated in partnership with the nine federally-recognized Tribes of Oregon and we receive ongoing feedback through their participation in program operations.

How achieved

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

OHA developed a manual process to establish and implement the 100% FMAP Savings and Reinvestment Program in lieu of an automated solution. This manual process is time intensive and burdensome to both OHA and our Tribal partners. OHA has begun the process of developing automation, but this technology solution requires financial support.

Oregon Health Authority: 2023-25 Policy Package

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

The alternative to the automation is to continue the manual process, which is inefficient and time intensive for both OHA and our Tribal partners.

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

OHA collaborated with the nine federally-recognized Tribes of Oregon on this policy package.

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

OHA submitted a corresponding legislative concept (44300-014) to support this policy package..

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

Not applicable.

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

Not applicable.

Oregon Health Authority: 2023-25 Policy Package

Staffing and fiscal impact

Implementation date(s): July 2023

End date (if applicable): Not applicable

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

The pricing is based on the most recent estimate available from OHA's technology vendor, OHA's Business Support Unit, and OHA Budget.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

No new staff are requested. Automation design and implementation would be performed with current staff.

Oregon Health Authority: 2023-25 Policy Package

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

This policy package is comprised entirely of one-time costs for changes to the Medicaid Management Information System (MMIS).

17. What are the ongoing costs?

None.

18. What are the potential savings?

Substantial savings in time currently required for manual program operations.

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

This policy package includes General Fund and Medicaid Federal Funds.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies	\$118,602		\$355,806	\$474,408		
Capital Outlay						
Special Payments						
Other						
Total	\$118,602	\$0	\$355,806	\$474,408	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Shared Services OIS				Total
General Fund	\$118,602				\$118,602
Other Funds	\$0				\$0
Federal Funds	\$355,806				\$355,806
Total Funds	\$474,408				\$474,408
Positions	0				0
FTE	0.00				0.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Prevention and Health Promotion
Policy package title:	Oral Health Workforce Dental Pilot Project Program
Policy package number:	424
Related legislation:	LC #44300-031

Summary statement: Oral health is essential to overall health. In Oregon, oral health inequities exist for children, adolescents and adults based on race, ethnicity, geographic residence, household income, etc. OHA operates the Dental Pilot Project Program that accepts pilot projects that are designed to test various innovative oral health workforce models that eliminate health inequities and increase access to oral health care, but it is scheduled to sunset on January 2, 2025. This policy package and its corresponding legislative concept would permanently preserve the OHA Dental Pilot Project Program. If improvements are not made to the oral health workforce, then OHA will fail to reach its 10-year strategic goal of eliminating health inequities in Oregon and too many people will continue to experience needless pain and suffering from cavities and oral diseases.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$25,000	\$0	\$0	\$25,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Oral health is essential to overall health, but oral health inequities exist for children, adolescents and adults based on race, ethnicity, geographic residence, household income, etc. Based on the 2017 Oregon Smile Survey for children 6-9 years old, children from racial and ethnic communities who experienced health inequities in healthcare access are more likely to have decay experience, untreated decay and rampant decay. Hispanic/Latino/a/x/e and Native Hawaiian/Pacific Islander students had the highest cavity rates and the highest rates of untreated cavities. These gaps persist because there is inequitable access to oral health services. Barriers include lack of dental insurance, scarcity of dental providers in rural and frontier communities, transportation difficulties, lack of a culturally and racially diverse workforce, cultural and linguistic obstacles, and lack of healthy literacy.

There was a shortage of dental health providers before the pandemic, but COVID-19 has exacerbated this problem. From 2019 to 2020, there was a 24.3 percent decrease in Medicaid members receiving any dental service. Workforce innovation can be a central force in efforts to reduce health inequities and increase access to oral health care. OHA operates the Dental Pilot Project Program that accepts pilot projects that are designed to test various innovative oral health workforce models that eliminate health inequities and increase access to oral health care, but it is scheduled to sunset on January 2, 2025. This policy package supports OHA's 10-year goal to eliminate health inequities by supporting oral health workforce innovations to provide comprehensive care and prevent oral health-related diseases.

Oregon Health Authority: 2023-25 Policy Package

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

The OHA Dental Pilot Project Program, which is scheduled to sunset on January 2, 2025, is a unique program that provides a mechanism whereby innovative methods in the delivery of oral health care and expansion of scope of practice can be tested before licensing laws are made in Oregon. OHA accepts applications from project sponsors to operate dental pilot projects and monitor them for patient safety. OHA does not fund projects as project sponsors are responsible for developing and operating projects. Pilot projects are allowed to operate three to five years or a sufficient amount of time to evaluate the validity of the project.

OHA submitted a legislative concept to remove the sunset date for the Dental Pilot Project Program and this policy package to provide ongoing funding for the, allowing a limitless number of dental pilot projects to test various oral health workforce models and methodology while monitoring projects for patient safety. The Public Health Division's Oral Health Unit does not have a funding mechanism to continue the program beyond the sunset date.

The OHA Dental Pilot Project Program currently consists of two positions (1.5 FTE) and a contract for dental chart review consultant services. Since the Dental Pilot Project Program Coordinator position (1.0 FTE) and Research Analyst position (0.5 FTE) are already permanent, full-time staff included in OHA's budget, funding is only needed to support the contract for dental chart review consultant services at \$25,000 per biennium. The OHA Dental Pilot Project Program has a contract for a neutral, third-party dental consultant that reviews patient records/charts to monitor for patient safety, quality of care, and minimum standard of care.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

The OHA Dental Pilot Project Program supports OHA's strategic goal of eliminating health inequities by 2030. The program is designed to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to underserved populations. Dental pilot projects test emerging and expanding workforce models that aim to improve health equity. Projects are required to demonstrate that at least 51 percent of the total individuals served by the pilot site on a quarterly basis are underserved.

Dental pilot projects are community driven and designed to increase access to dental care for communities of color and other populations that face oral health disparities by doing one of the following:

- Teaching new skills to existing dental providers
- Developing new categories of dental providers
- Accelerating the training of existing dental providers
- Teaching new oral health care roles to untrained people

The OHA Dental Pilot Project Program also supports the priorities and strategies of the Healthier Together Oregon: 2020-24 State Health Improvement Plan (SHIP):

- Priority area: Access to equitable preventive health care
 - Increase equitable access to and uptake of community-based preventive services.

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

Oregon Health Authority: 2023-25 Policy Package

- Increase equitable access to and uptake of clinical preventive services.
- Implement systemic and cross-collaborative changes to clinical and community-based health-related service delivery to improve quality, equity, efficiency and effectiveness of services and intervention.
- Implementation framework area: Workforce development
 - Strategies across all priority areas include those that move towards a workforce that provides culturally and linguistically responsive services.
 - Support alternative healthcare delivery models in rural areas.
 - Alternative health care delivery models include allowing other providers to deliver services that doctors most often provide.

Quantifying results

4. What are the long-term desired outcomes?

The OHA Dental Pilot Project Program provides a mechanism to test innovative methods in the delivery of oral health care and expansion of scope of practice before licensing laws are made in Oregon. The program is designed after California's Health Workforce Pilot Projects Program, which has been in existence since 1972 and has led to over 80 successful changes in legislation. In Oregon, OHA has overseen three dental pilot projects that have led to successful legislation in 2020:

- Creating a new category of dental practitioner called dental therapist (House Bill 2528); and
- Expanding the scope of practice for an expanded practice dental hygienist to place an interim therapeutic restoration (House Bill 2627).

Oregon Health Authority: 2023-25 Policy Package

The long-term desired outcomes of the OHA Dental Pilot Project Program are to increase access to oral health care and reduce oral health disparities through workforce innovation.

5. How will OHA measure the impacts on health inequities of this policy package?

The OHA Dental Pilot Project Program requires each pilot project to have an approved evaluation and monitoring plan that details the quantitative and qualitative data the project will collect to measure progress towards the goals of the pilot project. OHA receives quarterly data from each pilot project on procedures performed by trainees and can ensure so projects are meeting the requirement that at least 51 percent of the total individuals served by the pilot site on a quarterly basis are underserved.

In the short-term, services provided by approved dental pilot projects can impact the statewide oral health measures listed below. These measures are reported and analyzed by race, ethnicity, language, disability, sexual orientation, and gender identity (REALD/SOGI) when possible.

CCO incentive metrics:

- Preventive dental or oral health services for children ages 1-5 and 6-14
- Oral evaluation for adults with diabetes
- Physical, mental, and dental health assessments for children in Department of Human Services (DHS-foster care)

State quality and CMS core measures:

- Any dental service
- Dental sealants on permanent molars for children
- Topical fluoride varnish
- Follow-up after emergency department visit for non-traumatic dental reasons within 7 and 30 days

Oregon Health Authority: 2023-25 Policy Package

Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey measures:

- Access to dental care – adults
- Access to dental care – children

In the long-term, the OHA Dental Pilot Project Program will know whether it is successful by monitoring these measures:

- Number of dental pilot projects that have led to successful legislation
- Improvement in statewide oral health measures
- Increase in the number of oral health professionals (for example, dentists, dental therapists, dental hygienists, dental assistants) working in Oregon
- Improvement of the oral health status of children ages 6–9 as part of the Oregon Smile & Healthy Growth Survey that is conducted every five years

How achieved

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

The OHA Dental Pilot Project Program is an existing program that has been accepting dental pilot project applications since 2015 and has a sunset date of January 2, 2025. There was no prior issue that needed to be resolved until now. The Public Health Division's Oral Health Unit does not have a funding mechanism to continue the program beyond the sunset date. This policy package and corresponding legislative concept would remove the sunset date and provide ongoing funding for the OHA Dental Pilot Project. This will allow a limitless number of dental pilot projects to test various oral health workforce models and methodology while monitoring projects for patient safety.

Oregon Health Authority: 2023-25 Policy Package

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

If this policy package and legislative concept were not approved, then the only alternative is for OHA to end the Dental Pilot Project Program on January 2, 2025.

Workforce innovation can be a central driving force in efforts to reduce health inequities and increase access to oral health care. If the OHA Dental Pilot Project Program ends, then the number of improvements made to the oral health workforce will be limited. OHA will fail to reach its 10-year strategic goal of eliminating health inequities in Oregon and too many people will continue to experience needless pain and suffering from cavities and oral diseases.

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

OHA has not engaged with other agencies, programs or community partners on this policy package and legislative concept. It is challenging to know what communities will be affected by a dental pilot project when OHA does not develop projects. Project sponsors — community-based organizations, education institutions, health care providers, etc. — are responsible for developing, funding and operating pilot projects.

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

This policy package requires legislative concept 44300-031 to pass, repealing the sunset date of the OHA Dental Pilot Project Program in Section 17, chapter 716, Oregon Laws 2011, as amended by section 2, chapter 113, Oregon Laws 2013.

Oregon Health Authority: 2023-25 Policy Package

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

This policy package and legislative concept allows OHA to accept applications from project sponsors to operate dental pilot projects indefinitely. Project sponsors, which could be Tribes, local government agencies, community-based organizations, education institutions, health care providers, etc., are responsible for developing, funding and operating pilot projects.

Currently, there are two approved dental pilot projects operating:

- #100: The Northwest Portland Indian Health Board, Urban Area Indian Health Dental Clinic “Native American Rehabilitation Association,” Coquille Tribe, and the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians.
- #300: Willamette Dental Care, Pacific University, Capitol Dental Care, Advantage Dental Care, Virginia Garcia Memorial Health Center and AllCare CCO.

Dental pilot project #200 has been completed and operated from September 2016 to March 2022:

- #200: Oregon Health & Science University – School of Dentistry, Capitol Dental Care, Advantage Dental Care, and Virginia Garcia Memorial Health Center

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

Not applicable.

Oregon Health Authority: 2023-25 Policy Package

Staffing and fiscal impact

Implementation date(s): January 3, 2025

End date (if applicable): Ongoing

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

Not applicable.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There are no new responsibilities for OHA and/or Shared Services, as the OHA Dental Pilot Project Program is an already existing program. This policy package and legislative concept would extend the program indefinitely.

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

It is unknown if there will be changes to client caseloads in Medicaid. OHA does not develop or fund dental pilot projects. Project sponsors are responsible for developing, funding and operating pilot projects. Current approved projects do bill Medicaid for oral health services provided.

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

No new staffing is needed. The OHA Dental Pilot Project Program currently operates with one Dental Pilot Project Program Coordinator position (1.0 FTE) and one Research Analyst (0.5 FTE). These

Oregon Health Authority: 2023-25 Policy Package

positions are already permanent staff included in OHA's budget, so additional funding or modifications are not needed to operate this program indefinitely.

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

Not applicable. There are no start-up or one-time costs since the OHA Dental Pilot Project Program is an existing program.

17. What are the ongoing costs?

Ongoing costs of \$25,000 per biennium are needed to contract for dental chart review consultant services. The OHA Dental Pilot Project Program has a contract for a neutral, third-party dental consultant that reviews patient records/charts to monitor for patient safety, quality of care, and minimum standard of care.

18. What are the potential savings?

There are no potential savings.

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

This policy package is 100 percent General Fund.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$0				0	0.00
Services & Supplies	\$25,000					
Capital Outlay						
Special Payments						
Other						
Total	\$25,000	\$0	\$0	\$0	0	0.00

Fiscal impact by program

	Center for Prevention and Health Promotion				Total
General Fund	\$25,000				\$25,000
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$0				\$0
Positions	0				0
FTE	0.00				0.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Prevention and Health Promotion
Policy package title:	Universally offered Home Visiting
Policy package number:	425
Related legislation:	Senate Bill 526 (2019), Senate Bill 1555 (2021)

Summary statement:

The policy package would continue to provide the resources required to implement and scale up the next phase of universally offered home visiting (UoHV) in Oregon with the early adopter communities and the next cohort. It also focuses on building out the community alignment, engagement, and health equity work of the initiative. Without this funding, OHA would not be able to fully implement the program as statutorily mandated in ORS 433.301. This would undermine the goal of establishing a more cohesive and comprehensive home-visiting system that is evidence-based and connects every family with a newborn with local resources that are individualized, non-stigmatizing and meet them where they are with what they need. As the program would be implemented at the local level, there would be an impact of reduced capacity to adequately serve families during the biennium.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$5,924,191	\$0	\$156,129	\$6,080,320	5	3.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

A safe and healthy environment during childhood forms the foundation for a lifetime of physical and mental well-being and healthy relationships. The birth of a child is a big change for any family and impacts a family's social, emotional, financial, and physical environment. Most families welcome support as they move through this transition. However, our current health system does not have a universal touchpoint with all families of newborns to support them at this critical time. This policy package provides an opportunity to impact those earliest moments of life and change the trajectory of individuals, families, and communities by bringing together community partners to create and connect families of newborns to a preventive system of care through a universal, short-term, postnatal nurse home visiting program. Health care systems, public and private agencies, and community-based organizations work together to strengthen the local system of care and connect families of newborns to those resources. The system of care utilized by families improves the overall health outcomes of not only the family, but also the entire community. This is achievable through universal reach, rigorous evaluation, and creating a model for sustainable funding.

Rates of maternal mortality have been on the rise in the United States and there are significant inequities by race/ethnicity due to the long understood intergenerational effects of systemic racism. Despite maternal mortality rates in Oregon being lower than the national average, Oregon experiences similar inequities to those experienced in other states. Washington State's Maternal Mortality Review Panel included a recommendation to expand efforts to provide early and frequent home visits to prevent pregnancy-related deaths and improve maternal health care.

Existing home visiting programs play an integral role in preventing adverse childhood experiences (ACEs), which can harm developing brains and increase lifelong risk for many chronic diseases and other serious problems. Existing home visiting programs provide a critical preventive system of care

Oregon Health Authority: 2023-25 Policy Package

for families; however, these programs have eligibility criteria, are long-term, intensive and don't have enough funding or dissemination strategies required for population change. This universal effort would not replace more intensive targeted home visiting programs, but identify what families need and want from local resources and provide an individualized, non-stigmatizing entry into their community's system of care.

Statewide access to this service is anticipated by 2027. In 2019, the Oregon Health Authority (OHA) partnered with the then Early Learning Division (ELD) to explore the feasibility of implementing a universal home visiting program. Both Senator Elizabeth Steiner Hayward and Governor Kate Brown joined the effort and supported achieving universally offered nurse home visiting to families of newborns in Oregon. As a result, the 2019 Legislature passed Senate Bill 526, which states OHA "shall design, implement and maintain a voluntary statewide program to provide universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families. The authority shall design the universal newborn nurse home visiting program to be flexible to meet the needs of the communities where the program operates."

Oregon selected the Family Connects model, which is the only evidence-based model of universal nurse home visiting that meets the criteria set in Senate Bill 526 (2019): Recognized by the Home Visiting Evidence of Effectiveness review project by the US Department of Health and Human Services ([HomVEE¹](https://homvee.acf.hhs.gov)). Policy package #401 of the 2019-21 Legislatively Adopted Budget (LAB) provided critical start-up funding and staffing needs to identify and stand up the program in early adopter communities, with the expectation that additional phases of funding and staffing resources would be needed to continue building out the program towards eventual statewide access. Policy package #418 of the 2021-23 LAB continued to build out the state level infrastructure, support local

¹ <https://homvee.acf.hhs.gov>

Oregon Health Authority: 2023-25 Policy Package

implementation, support contracts, and provide the Medicaid match to reimburse providers for services to Medicaid members.

The project began with a statewide solicitation of Letters of Intent (LOIs) from interested communities which resulted in the engagement of eight self-selected, early adopter communities to gain lessons learned and apply them to subsequent cohorts across the project lifecycle. Originally, the early adopter communities were slated to begin service delivery July 1, 2020. Due to the impact of the COVID-19 pandemic response on local public health authorities and the health system generally, service delivery with early adopter's did not begin until Spring/Summer 2021. One community postponed to a subsequent cohort and three others continue to be paused in the wake of the COVID-19 response. With funding for the current 2021-23 biennium provided in policy package #418, OHA is hiring a Community Alignment Coordinator, an Informaticist, and a manager specifically for the initiative. OHA has improved support to local sites to include startup funds until they reach sustainability. In addition, Senate Bill 1555 (2022) provided clarity to ensure full program costs are reimbursed by health benefit plans adequately.

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

This policy package continues building out the UoHV initiative as directed in ORS 433.301. The 2019-21 policy package #401 and 2021-23 policy package #418 provided initial investments to establish core state infrastructure, support key implementation contracts, and resource early adopter community implementation including support for Medicaid reimbursement. The focus for this next investment is ensure health equity impacts are analyzed and addressed in communities and to center the initiative around community engagement practices through infrastructure development within the Maternal and Child Health section, contractual support and additional community level support.

Oregon Health Authority: 2023-25 Policy Package

This policy package would support developing more diverse provider teams that incorporate Traditional Health Workers (THWs), assure fiscal sustainability and viability, develop nursing workforce pipeline opportunities with a focus on THWs, fully anchor the universal offering of the service in communities currently participating in the program, including Tribal partners in those communities, and scale in the next cohort of communities. This would require intentional investments in health equity, workforce and community alignment capacity at the state and community levels and centering practices and policies to address health inequities facing Oregonians during pre-and post-natal health care and that all families have the opportunity for support of a home visiting option.

This policy package contains five additional state staff to support equity, workforce and operations:

- Nurse Consultant (Public Health Nurse 2): Focus on expanded capacity to support the clinical aspects of the program and develop and implement the workforce development strategies.
- Health Equity Specialist (Operations and Policy Analyst 3): Working with community and providers, develop and implement the initiative's health equity plan.
- Continuous Quality Improvement (CQI) Specialist (Operations and Policy Analyst 3): Develop and implement a CQI plan that monitors program implementation for fidelity and effectiveness and works with community partners on improvements.
- Fiscal Analyst 2: Provide necessary fiscal analyst capacity to manage the fiscal aspects of the initiative.
- Communications Specialist (Operations and Policy Analyst 3): Provide coordinated communications and marketing across both the state and local level.

It also includes supporting contracts to ensure effective implementation and model fidelity:

- Family Connects International: Support the model's developer and partner in implementation.
- Program Evaluation: Support to continue evaluating and monitoring program implementation.

Oregon Health Authority: 2023-25 Policy Package

- Business Consultation: Support for marketing, branding, business processes, health system integration.
- Health Equity Consultation: Support the development, centering and implementation of health equity in the initiative.
- Medical Director: Support for Medical Director to provide medical oversight and collaborations with the provider and hospital communities.
- Steering Committee Consultation: Support in developing processes and facilitation of the Steering Committee.

Lastly, it supports local capacity, sustainability, and centers equity at the community level:

- Community alignment support: Funds to support the onboarding of new Community Alignment Lead Agencies.
- Service provider start-up support: Funds to support new service providers until revenues reach a sustainable level.
- Small community support: Funds to support small communities where revenue would not reach a sustainable level until their sustainability can be established locally through regionalization of functions and model adaptations.
- Tribal implementation: Funds to support implementation with Tribes — either as part of an ongoing community or independent implementations.
- Health equity support: Funds specific to support communities to analyze, recommend and implement the health equity strategies.
- Medicaid match: Provide the Medicaid match needed to support the additional number of newborns on Medicaid receiving services during the biennium.
- Workforce development: Funds to support continual nursing workforce development, such as International Board-Certified Lactation Consultation (IBCLC) certification and nursing recruitment and retention.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity² or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Unaddressed health inequities during the earliest years can lead to intensified health problems and widening social, educational, and economic gaps. The initiative plans to address early childhood health inequities and achieve health equity through its goals to: create and strengthen community level systems of care for families of newborns; offer support to all new parents in Oregon (regardless of risk and insurance status); center racial, cultural and linguistically responsive care for families and communities, increase access to community services and supports; promote collaboration and coordination across Oregon's early childhood and home visiting systems; and improve health outcomes for families across the life-course.

Family Connects has been shown to increase families' connections to community resources and strengthen parenting supports; it has also been found to improve parents' mental health, enhance the quality of home environments, reduce infants' emergency medical care, and increase parents' utilization of higher quality childcare for their children, and reduce emergency medical care (hospital overnights, emergency department and emergency doctor visits) for infants at 6 months, 12 months, and 24 months. The model achieves this by addressing social determinants of health that impact health outcomes and by addressing structural racism in health care and increasing the access and availability of social supports.

In addition, this policy package aims to further the agency's goals of lowering and containing health

² Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

Oregon Health Authority: 2023-25 Policy Package

care costs. Evaluation of the Family Connects Model has shown reduced emergency medical care (hospital overnights, emergency department and emergency doctor visits) for infants at 6 months, 12 months, and 24 months. The FC evaluation estimates that for every dollar invested in the program, there is a \$3.17 savings, primarily from reduced infant emergency medical care. Additionally, this policy package offers OHA the opportunity to further the mission of the Department of Early Learning and Care to support all of Oregon's young children and families to learn and thrive.

This policy package would move this work forward by building a more complete picture of what health equity looks like across Oregon. OHA's Maternal and Child Health (MCH) section commits to working towards racial equity by addressing racism, acknowledging implicit bias, and building equity-based approaches into our state and local programming. The section acknowledges that government has a role in perpetuating inequities that have intentionally harmed Oregon's communities, including Black, Tribal, and indigenous communities. This has led to historical and ongoing trauma. The section envisions an Oregon where all families thrive, and where all women, adolescents, and children enjoy health and health care free of racial inequities.

Quantifying results

4. What are the long-term desired outcomes?

Health Outcomes

Supporting all families in identifying and accessing needed resources and attending to time sensitive family needs in the first month of life would promote positive early childhood experiences and lay the foundation for lifelong health and further the agency's goals of supporting behavioral health needs and addressing the social determinants of health. Evaluation of the Family Connects

Oregon Health Authority: 2023-25 Policy Package

has shown:

- More family connections to community resources at 6 months
- More positive parenting behaviors with their infant (such as hugging, reading) at 6 months
- Less clinical anxiety reported by mothers at 6 months
- Higher quality home environments (such as safety, books, toys, and learning materials) at 6 months.

Research has shown the successful implementation of an evidence-based universal, short-term, postnatal nurse home visiting program for Oregon's Medicaid population would impact several the metrics for Oregon's coordinated care organizations including:

- Emergency department utilization
- Childhood immunization status
- Cigarette smoking prevalence
- Depression screening and follow up plan
- Developmental screening in the first 36 months of life
- Effective contraceptive use among women at risk of unintended pregnancy
- Patient-centered primary care home enrollment
- Timeliness of postpartum care

5. How will OHA measure the impacts on health inequities of this policy package?

This policy package would provide key capacity and expert guidance to center health equity. The funds requested would allow the program to bring on a Health Equity Coordinator and contract with a health equity expert to advise and support the team in the development and execution of a comprehensive health equity plan based in meaningful impact and outcome measures. We anticipate measures such as program participation and non-participation by race/ethnicity, the extent

Oregon Health Authority: 2023-25 Policy Package

the workforce represents the communities served, and improved culturally specific community services would be central. We aim to build out a comprehensive set of outcome measures that center impact on health inequities, particularly for communities of color. The package would also provide supplemental funding for small communities without the birth rates to fiscally sustain the program to fidelity, while the UoHV team works toward long term solutions with these communities.

Portland State University (PSU) conducted a Year 1 evaluation of the Universally offered Home Visiting initiative which included input from communities, providers, and state and model developers. The evaluation illuminated 4 key implementation gaps:

1. Aligning equity values with practice.
2. Addressing adequate state level capacity to build infrastructure needed to engage community partners to participate in a systematic home visiting model approach in policy and partnership that ensures an equity focus to support communities as they implement their programs.
3. Ensuring sustainable revenue streams that support local program viability.
4. Strengthening communication and coordination.

This policy package seeks to ensure the distribution of resources as needed to support local program implementation and remove barriers for small counties with low birth populations, as well as to provide the infrastructure necessary within the state to prioritize and support equity and community engagement at the level needed to address health inequity and effect change in the home visiting system in Oregon. Each of these four gap areas are key to reaching all communities and achieving universal access to these services for newborns and their families. Led by communities, PSU and OHA work with communities to develop meaningful measurement of the impact of this initiative on health inequities.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

Oregon has been working to build a home visiting system and is poised to build on existing evidence-based and evidence-informed home visiting programs. However, the initial connection, coordination and triage for families was missing. ORS 433.301 addressed this gap by requiring all families of newborns be offered nurse home visiting services. This policy package is the next phase of designing and implementing the initiative as outlined in the bill.

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

Implement a universal short-term, postnatal nurse home visiting program through Oregon's Department of Early Learning and Care. LPHAs have experience delivering nurse home visiting programs and the partnerships in place to create the preventive system of care required to support families. The current state plan amendment (SPA) to support the delivery of Targeted Case Management (TCM) by Nurse Home Visiting programs would need expansion and approval by CMS to provide federal support to the delivery of this model.

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

While OHA is the only state agency requesting funding to address this problem, the following agencies are collaborating on this policy package as key partners:

- Department of Early Learning and Care (DELIC) has assisted with connections to Oregon's early learning system.
- Department of Consumer and Business Services (DCBS) has assisted with implementation for parents with commercial health benefit plans.

Oregon Health Authority: 2023-25 Policy Package

- OHA's Health Systems Division (HSD) and CCOs would integrate this service into Oregon Health Plan member benefits, reimbursing service providers and participating in development and maintenance of a community level system of care for families with newborns.
- OHA's Health Policy and Analytics Division (HPA) has assisted with health policy coordination.

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

No.

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

- Local Public Health Authorities, Early Learning Hubs and Tribes would be asked to implement this program which would require additional staff and new partnerships.
- The home visiting programs of the Department of Early Learning and Care would be integrated into the preventive system of care being created for families.
- Families would be referred to resources and services of the Oregon Department of Human Services including TANF and ERDC.
- Department of Consumer and Business Services (DCBS) would be required to continue partnering with OHA to support the commercial health plans' integration of UoHV into their member benefits, reimbursing service providers, and coverage for Oregonians with plans not covered by Senate Bill 526.

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

No.

Oregon Health Authority: 2023-25 Policy Package

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

OHA assumes birth rates will remain stable and the split between public and private insurance coverage for newborns will remain stable.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

None outside of those that come with an additional five employees.

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

This universal effort would not replace more intensive targeted home visiting programs, but referrals for more intensive home visiting would be made into eligible programs, including Healthy Families Oregon, Early Head Start, Parents as Teachers, Family Spirit, Babies First! and CaCoon. Families enrolled in home visiting programs prenatally (Nurse Family Partnership, Babies First!, Early Head Start and Healthy Families Oregon) would not receive Family Connects services to reduce duplication.

Oregon Health Authority: 2023-25 Policy Package

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

No modifications would be needed on existing staff. New staff in this policy package are priced for 18 months given the time needed for recruitment and hiring. They include:

- Nurse Consultant (Public Health Nurse 2): Focus on expanded capacity to support the clinical aspects of the program and develop and implement the workforce development strategies.
- Health Equity Specialist (Operations and Policy Analyst 3): Working with community and providers, develop and implement the initiative’s health equity plan.
- Continuous Quality Improvement (CQI) Specialist (Operations and Policy Analyst 3): Develop and implement a CQI plan that monitors program implementation for fidelity and effectiveness and works with community partners on improvements.
- Fiscal Analyst 2: Provide necessary fiscal analyst capacity to manage the fiscal aspects of the initiative.
- Communications Specialist (Operations and Policy Analyst 3): Provide coordinated communications and marketing across both the state and local level.

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

Start-up costs are focused on local communities until such time each local program is sustainable through service reimbursement (Medicaid, commercial payors).

Category	Total Funds
Special Payments	
Community alignment funding for existing and new communities	\$304,819
Service provider start up support	\$900,000
Tribal implementation support	\$150,000

Oregon Health Authority: 2023-25 Policy Package

17. What are the ongoing costs?

Ongoing costs would include state-level infrastructure and contracts for evaluation, model developer, health equity, business processes, etc.

Category	Total Funds
Personal Services	\$873,618
Services and Supplies	\$1,201,883
Special Payments	
Medicaid match	\$304,819
Consultation services (business, healthcare systems, health equity, Medical Director, Training/facilitation, model developer support, program evaluation)	\$900,000
Small community sustainability support	\$150,000
Health equity support for implementing sites	\$500,000
Nursing workforce development	\$200,000

18. What are the potential savings?

Evaluation of the Family Connects Model has shown reduced emergency medical care (hospital overnights, emergency department and emergency doctor visits) for infants at 6 months, 12 months, and 24 months. With the demonstration of positive impacts of home visiting on life-long health, the programs have also been proven to be a cost-effective strategy for states. An investment in home visiting programs have shown to offer returns on investment ranging from \$1.75 to \$5.70 for every dollar spent. This benefit is acquired through savings across the life-course through reduced costs of K-12 special education and grade retention, criminal justice expenses, and child protection. Specifically, the Family Connects® home visiting model, through cost-benefit analyses, has been shown to produce a return on

Oregon Health Authority: 2023-25 Policy Package

investment of \$3.17 for every dollar spent from reduced costs for emergency medical care for ED visits and overnight hospital stays. They estimated a local average of \$432 per emergency outpatient visit and \$3,722 per hospital night.

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

This package is primarily General Fund, with some Federal Funds from Medicaid.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$725,272		\$148,346	\$873,618	5	3.75
Services & Supplies	\$1,194,100		\$7,783	\$1,201,883		
Capital Outlay						
Special Payments	\$4,004,819			\$4,004,819		
Other						
Total	\$5,924,191	\$0	\$156,129	\$6,080,320	5	3.75

Fiscal impact by program

	Center for Prevention and Health Promotion				Total
General Fund	\$5,924,191				\$5,924,191
Other Funds	\$0				\$0
Federal Funds	\$156,129				\$156,129
Total Funds	\$6,080,320				\$6,080,320
Positions	5				5
FTE	3.75				3.75

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division

Program: Program Support and Administration, Medicaid, Behavioral Health Non-Medicaid

Policy package title: Child and Family Behavioral Health Continuum of Care

Policy package number: 426

Related legislation: None

Summary statement: This policy package seeks to address gaps identified by youth and families to strategically expand the continuum of services available to children, youth and families experiencing behavioral health challenges, using low-barrier procurement processes centering communities of color and people with lived experience in the development and implementation of investment and infrastructure.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$11,503,382	\$31,708	\$1,980,684	\$13,515,774	6	4.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

This policy package seeks to eliminate health inequities in addressing gaps and quality in the children’s behavioral health service continuum as part of OHA’s goal to eliminate health inequities by 2030. The children’s behavioral health system in Oregon must provide a full spectrum of effective supports, from prevention to intensive acute care, to be meaningfully responsive to the needs of children, youth, and young adults (ages 0 to 25 years).

The policy package seeks to improve access to providers who are culturally or linguistically responsive, to further reduce and eliminate disparities in access to and utilization of health care for people who are African American, Black, Latinx/a/o, Asian and Pacific Islanders, indigenous and American Indians and Alaskan Native tribal members. The proposal works toward eliminating gaps in the provision of services for children and youth who have co-occurring intellectual or developmental disabilities in addition to behavioral health challenges. The proposal also seeks to make needed services available to youth who identify on the LGBTQIA2S+¹ spectrum, who are in need of specific supports and therapeutic services for commercial sexual exploitation, and to those youth and young adults who need support as they transition to adulthood. The proposed programs and services address the needs of the child, youth, and young adult population with an intersectional intention in service access.

The Child and Family Behavioral Health (CFBH) unit continues to develop capacity and support workforce development to ensure availability and access to a broad, flexible array of effective

¹ Lesbian, Gay Bisexual, Transgender, Queer, Intersex, Asexual, Two Spirit and all the other ways individuals may identify.

Oregon Health Authority: 2023-25 Policy Package

services and supports for youth from all backgrounds, in all regions of the state. Elements of this policy package create expansion of three existing programs:

1. Expansion of Behavior Rehabilitation Services (BRS) to incorporate youth with serious behavioral challenges and for services and supports for youth who have experienced any form of sexual exploitation. Children and youth through age 20 are served in BRS. Serving youth in BRS with needs for behavioral rehabilitation support will mitigate existing risk in provision of services to all who need them.
2. Expansion to provide incentives and funding to increase and retain the number of Child Psychiatrists and Developmental Pediatrician fellows (CP/DP) trained in Oregon. This policy package adds one Program Analyst 3 position for technical assistance to Applied Behavioral Analysis (ABA), a Medicaid funded intervention for young people diagnosed with Autistic Spectrum Disorder.
3. Expansion of the number and reach of Transition Age Youth (TAY) Hubs for statewide availability.

This policy package seeks to solve problems in existing services:

Behavioral Rehabilitative Services (BRS)

Continued capacity and access issues exist across the continuum of care, including in BRS. Lack of access to BRS presents a risk to the State Plan for Medicaid in Oregon. Without funding for this policy package, access for this program would continue to be limited to children in the custody of the Oregon Department of Human Services (ODHS) Child Welfare, Oregon Youth Authority (OYA) or limited county juvenile systems. Agreeing to voluntary custody through Child Welfare may be distressing to parents, and they may feel they have no choice but to do this to get help for their

Oregon Health Authority: 2023-25 Policy Package

children. Other states have experienced lawsuits over relinquishment of custody for families to obtain services.

At this time, there are no other accessible options for youth and families who need and would benefit from BRS services. This is especially problematic for Black, African American, Native American Indians/ Alaskan Natives, Latino/a/x, and immigrant families because of historical trauma, and fear of being “in the system” which could mean a threat to their survival or possible deportation. Families experiencing inequities based on their race and ethnicity frequently experience that they only get help when the situation becomes dire and escalated, rather than earlier when it would be far less difficult. Many parents use the emergency department or call law enforcement to address challenging behavior because of a grim lack of resources.

Survivors of sexual exploitation have lived through complex emotional, physical, and sexual trauma requiring specific both a structured living environment, and specific treatment interventions. Survivors experience emotional, behavioral, and mental health symptoms that often go unidentified or misdiagnosed. Without proper support and treatment, the risk for being re-victimized is high, and many youth affected by commercial sexual exploitation go without the care and support they need. This is as true for male as it is for female identified survivors, though much more acute for male-identified survivors, due to the lack of available services. This policy package aims to serve young survivors of all forms of sexual exploitation including male identified survivors of commercial sexual exploitation.

Adverse effects for these youth are significant. Sexual exploitation is a significant, complex trauma that may take many years to heal from. Many youth experience chronic symptoms of Post-Traumatic Stress Disorder (PTSD), resulting from this complex trauma and physical injury. PTSD is the most

Oregon Health Authority: 2023-25 Policy Package

common mental health diagnosis among trafficked and other sexually exploited victims, followed by depression and increased use of substances. Sexually exploited youth are at high risk for suicide. There are lifelong impacts to their psychosexual functioning that impact relationships with others. Learning how to get regulated and stay emotionally calm when interacting with others is a critical skill these youth need to develop and practice, directly related to their experiences.

The early significant trauma for trafficked and other sexually exploited youth creates lifelong risk for poor health outcomes overall, including physical disorders in addition to mental health and substance use disorders, due to the complex trauma acquired through sexual exploitation.

Child Psychiatrists and Developmental Pediatricians

Current wait times are not in an acceptable range for child psychiatrists' and developmental pediatricians' services. Families are forced to seek care during crises from resources not adequate for their root challenges, such as in a hospital emergency department. Children of all ages, including babies and toddlers, are waiting up to two years for an initial evaluation when there is concern about an intellectual or developmental difficulty. Lost time during very early developmental periods cannot be regained completely. The critical period for brain growth and development is at its peak during infancy through age 3.

Rural Oregon communities do not have adequate access to the services of developmental pediatricians or child psychiatrists. While telehealth can help bridge this gap, there are times when an in-person evaluation is critical. The potential for inadequate or poor treatment can produce consequences that are lasting for children and youth who are not accurately diagnosed and treated in a timely way.

Oregon Health Authority: 2023-25 Policy Package

Transition Age Youth (TAY) Hubs

The TAY Hubs directly impact available services and supports available to young people ages 14 to 25. Without access to comprehensive support and services, young adults are at higher risk for experiencing first episodes of psychosis and the emergence of serious mental health disorders.

When young adults transition between the child and adult behavioral health systems, it leads to disruption in continuity of care with disengagement from services likely to lead to poorer clinical outcomes. Some young people, such as those with neurodevelopmental disorders and complex needs, are at a greater risk of falling through the care gap during transition. Services need robust and high-quality evidence on the process and outcomes of transition so that effective intervention strategies can be developed.²

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

Behavior Rehabilitation Services (BRS)

The purpose of BRS is to support the child or youth's psychosocial, emotional, and behavioral health functioning by providing such services as behavioral intervention, counseling³, and skills-training. Services are delivered in a way that integrates a young person's gender, culture, language, values, is trauma-informed, and developmentally appropriate.

Currently these services are provided using a Residential Care Model or a Proctor Care Model through ODHS Child Welfare or OYA, or county-based juvenile justice departments. BRS is currently

² Transition of care from child to adult mental health services: the great divide [Swaran P Singh](https://pubmed.ncbi.nlm.nih.gov/19417667/)
<https://pubmed.ncbi.nlm.nih.gov/19417667/>

³ This is not to be equated to mean mental health services or therapy.

Oregon Health Authority: 2023-25 Policy Package

included in the Oregon Medicaid state plan. CMS⁴ notes that BRS serves children and youth who “exhibit such symptoms as drug and alcohol abuse, antisocial behaviors that require close supervision and intervention and structure, sexual behavior problems, victims of severe family conflict, behavioral disturbances often resulting from psychiatric disorders of the parents, medically compromised and developmentally disabled children/youth.”

BRS expansion through this policy package is focused on expanding BRS to youth covered by Medicaid, who are assessed as needing these services according to medical necessity criteria with population specific programming. This would include all youth and provide specific programming for youth who are sexually exploited, including youth who may have experienced family expulsion resulting in homelessness. This expansion would not result in a duplication of services across systems.

OHA currently funds a program (SAGE⁵) for young people who identify as female and who have experienced commercial sexual exploitation as children (CSEC). There are no residential programs currently able to support youth who identify as male. This policy package proposes adding one BRS facility to support male identified youth. The availability of supports and services in the state for youth who have been sexually traumatized and may be exhibiting sexually challenging behaviors is limited. These youth will be served in a BRS facility through a demonstration project to establish quality, specialized and culturally relevant services. BRS services, are in addition to built-in outpatient mental health services, which will provide appropriate treatment to youth and the critical opportunity to learn more adaptive skills, practice them, and apply them in relationships.

⁴ Center for Medicaid and Medicare Services, US Department of Health and Human Services

⁵ Support, Achieve their Goals, Grow, become Empowered

Oregon Health Authority: 2023-25 Policy Package

Federal statute requires state Medicaid agencies to offer BRS to all enrollees. The current practice in Oregon presents a significant risk to OHA because young people can only access BRS through the OYA, county juvenile justice contract (where a parent is required to authorize placement and services), by virtue of being in the guardianship of ODHS Child Welfare, or by requiring a parent to sign a voluntary placement agreement with ODHS Child Welfare. This may be distressing to parents, and they may feel they have no choice but to sign to get help for their children. Expanding BRS to meet the needs of youth outside of Child Welfare, OYA or through county-based juvenile justice contracts would assist to remediate these issues.

BRS service provision provides pathways for youth and families to get their needs met when behaviors have escalated to the point of being unsafe to manage in their home setting. In addition, BRS services may be an option for youth who have made gains in their treatment at the psychiatric residential level of care, but continue to demonstrate need for close supervision, intervention, and structure. Access to higher levels of care would be improved by the option of youth having a transition alternative with BRS, freeing up higher levels of care to meet existing need.

Funds are requested for an equity-oriented and trauma-informed approach in the development of BRS expansion. Project development for this type of care and startup costs are included in this funding request for up to four pilot projects across multiple regions in the state, prioritizing culturally specific programming. Additionally, the proposed funding covers one Program Analyst 3 position on the Children's Behavioral Health team and one Operations & Policy Analyst position in the Medicaid Transformation program. The startup funds will be utilized to contract with community providers for administrative review, development, training, and initiation of equity-oriented and trauma-informed BRS services and collection of outcome data. Expansion of training is needed to improve services to be more culturally specific and to reinforce how to create and maintain trauma informed services.

Oregon Health Authority: 2023-25 Policy Package

Child Psychiatrists and Developmental Pediatricians

There is a longstanding shortage of both child psychiatrists and developmental pediatricians in Oregon, which has been exacerbated over the past several years due to impact from the COVID-19 pandemic. Physicians are needed with specialized expertise in assessing and treating youth with complex behavioral health conditions, including those who also have co-occurring intellectual and/or developmental disabilities, and those with neurodivergence⁶. Access is severely limited to these important specialty services.

This request proposes to increase the number of child psychiatrists and developmental pediatricians trained in Oregon by providing incentives and funding to attract child psychiatry and developmental pediatrics fellows with priority given to residents with diverse backgrounds, to work in various settings related to child and family behavioral health, to increase available specialty physician workforce within Oregon. One strategy to assist with retention would include incentivizing trained physicians in this program to work in Oregon following completion of their fellowship.

OHA would provide continued support to OHSU Division of Child Psychiatry for an additional 3 slots for child psychiatry and assist them to fund their plan to add two more slots over the next three years (beginning in mid-2024) for a total of 10 residency slots; and with OHSU Child Development and Rehabilitation Center (CDRC) to add two Developmental Pediatrician training slots per year.

Developmental Pediatricians are critical providers in addressing the needs of children with intellectual and developmental disorders, and for children and youth who are neurodiverse, including

⁶ Neurodivergence is the term for people whose brains function differently in one or more ways than is considered standard or typical.

Oregon Health Authority: 2023-25 Policy Package

those with autistic spectrum disorders, attention deficit hyperactivity disorder (ADHD), and other learning disabilities. Developmental Pediatricians are specialized in their knowledge of child development for youth who are neurodivergent, youth with intellectual and developmental disorders and in addressing educational, learning and behavioral challenges resulting from neurodivergence. Other types of neurodivergence include Tourette's Syndrome, dyspraxia, synesthesia, dyscalculia, Down syndrome, epilepsy, and chronic mental illnesses such as bipolar disorder, obsessive-compulsive disorder, borderline personality disorder, anxiety, and depression.

OHA is collaborating with the Division of Child Psychiatry and the CDRC housed at OHSU for this proposal. Target dates for implementation: July 2023 add three Child Psychiatry slots and July 2024 add two more Child Psychiatry slots. For developmental pediatrician residency slots, OHA proposes to add two each July of the biennium in beginning in July 2024. OHA is adding an Operations & Policy Analyst 3 position to the CFBH unit for Applied Behavioral Analysis (ABA) technical assistance and support. ABA is a Medicaid covered benefit for children on the autism spectrum disorder (ASD) continuum.

Transition Age Youth (TAY) Hubs

Young adults in transition (ages 14 to 25) are underserved across the continuum of care in Oregon. Young adults, specifically ages 18 to 25, have the highest prevalence of mental health conditions of any age group and yet have the lowest rates of engagement with behavioral health services. They have high rates of emergency department usage with inadequate follow-up.⁷

TAY Hubs are regionally unique programs designed to engage marginalized and disconnected young adults who may have behavioral health and/or other needs, through accessible, holistic, non-

⁷ Unpublished data from Oregon Health Authority, Health Policy and Analytics, Office of Health Analytics, 2022

Oregon Health Authority: 2023-25 Policy Package

stigmatizing and developmentally appropriate services. Services are provided for young people who have:

- Become disconnected from resources to such an extent that they are unlikely to access available insured services through outpatient programs.
- Become marginalized and disconnected from other supports, due to situational and social circumstances, such as youth with LGBTQIA2S+ or other identities, youth and young adults experiencing homelessness and/or with high suicide risk.
- Prior involvement in state systems, including foster care and psychiatric or substance abuse residential treatment.
- Previously been diagnostically screened out of Early Assessment and Support Alliance (EASA) (50percent of EASA referrals or approximately 1,000 young people/year in Oregon⁸).

Hub programs are tailored to specific sites and may include the following services based on the assessed needs of the community:

- Culturally responsive services
- Mental health support services
- Case management
- Skills training
- Peer support services
- Educational support services
- Employment support services
- Housing support services
- Substance Use Disorder services

⁸ Data provided by Oregon Health & Science University EASA Center of Excellence

Oregon Health Authority: 2023-25 Policy Package

The lack of housing is a significant barrier to positive behavioral health outcomes, which has been stressed repeatedly by youth and young adults in engagement sessions conducted by OHA. When young adults and transition aged youth with serious mental disorders are unhoused or reside in settings that do not provide adequate supports, they are less likely to access treatment and experience stability, and more likely to become court involved. They are at high risk for sexual exploitation. The hubs provide a housing support specialist to help young people secure and maintain housing. The contract administrator of the hub sites at OHA will ensure that housing supports in Oregon are tailored to the needs of youth and young adults, by building a network of state agency staff across multiple agencies with the applicable expertise.

This policy package includes \$6 million to create new Young Adult Hub programs based on the best practice experience of the existing TAY Hubs. These new sites will be an addition to the current program counties of Multnomah, Clackamas, Washington, Deschutes, Crook, Jefferson, Jackson and Lane. All sites will be re-bid under a request for proposal (RFP). Hub programs allow young adults who are uninsured, under-insured, enrolled in Medicaid with open card, or privately insured, access to these developmentally responsive programs. All youth with Tribal membership can be served at Hub sites regardless of where they live. Tribes will be able to apply for Hub funding and can develop a model that fits the needs of their specific communities.

This investment will enhance services for transition-age youth and young adults by utilizing strategies and supports identified through youth engagement in the policy development process. Best practice models provide:

- Community-based, holistic, non-stigmatizing and culturally responsive, relevant services.

Oregon Health Authority: 2023-25 Policy Package

- Services which include longer engagement periods, flexibility in programming, integrated use of technology, a strong focus on independent living skills, and an integrated multi-system approach with housing, employment, and education support.
- Robust peer support and holistic care team relationships.
- Services tailored to the developmental needs of youth and young adults.
- Integration between various state agencies and behavioral health systems.
- Valuing of strong youth voice and client feedback component that directs development, implementation, quality improvement and technical assistance.
- Services provided without ability to pay or without regard to insurance coverage.

The current TAY Hubs have operated since 2014. During this time, an increase in the need to support transition age youth served in hubs has been demonstrated. Data from the period of July 2019 to June 2021 shows there were over 18,613 visits by young people between ages 14 and 25 years old to an emergency department for a mental or substance use related service. Eleven percent of these young people remained in the ED for longer than 24 hours and 15.2percent of the total were readmitted to an ED within 30 days⁹. This represents an average, with higher rates over age 18. These data suggest that there are insufficient community services to prevent crises and for adequate crisis support, services at higher levels of care were unavailable for immediate entry and that problems continued after discharge.

The RFP process would focus on culturally specific providers, expanding the hubs into regions that do not currently offer services and support to transition aged youth and young adults, to better meet the statewide need for supporting Oregon's youth ages 14 to 25 years. OHA would encourage

⁹ Unpublished data from Oregon Health Authority, Health Policy and Analytics, Office of Health Analytics, 2022

Oregon Health Authority: 2023-25 Policy Package

culturally responsive organizations to apply and include support for smaller organizations in the RFP process to ensure more equitable opportunity to apply. OHA would implement this expansion by adding funding to direct contracts. It is anticipated that this process will take three to six months, beginning July 2023, with newly expanded services starting with the 2024 contract year.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹⁰ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

OHA has one strategic goal: to eliminate health inequities in Oregon by 2030. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments, to address: “The equitable distribution or redistribution of resources and power; and Recognizing, reconciling and rectifying historical and contemporary injustices”.

To eliminate health inequities, the children’s behavioral health system needs to do things differently by de-centering whiteness. Oregon is a state with 565,177 Latinos/as/x residents, comprising 13 percent of the state’s population. As only one example, the lack of behavioral health practitioners in Eastern Oregon, where the majority of the Latino/as/x community resides is significant. Morrow, Malheur and Hood River are 34 percent Latino/a/x identified and have an average ratio of 180 residents per full time licensed mental health providers¹¹.

¹⁰ Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

¹¹ Oregon Commission on Hispanic Affairs Crisis De Nuestro Bienestar; a report on Latino Mental Health in Oregon. (https://www.oregon.gov/oac/Documents1/Crisis_de_Nuestro_Bienestar_-_Latino_Mental_Health_in_Oregon.pdf)

Oregon Health Authority: 2023-25 Policy Package

This report by the Oregon Commission on Hispanic Affairs states: “This report’s workforce demographic summary shows the agency [OHA] experiences pervasive and ongoing challenges with underrepresentation and inequitable outcomes for people of color and people with disabilities in the overall workforce, within management, and in hires, promotions and separations. The COVID-19 pandemic has underscored systemic racism and health inequities faced by people of color, Tribal members and other communities in Oregon and across the country. This reality has shown it is vital to OHA’s mission to develop and support a workforce that is culturally responsive and reflects the racially, ethnically, linguistically, ability- and gender diverse populations across the state.”

The adverse effects of not funding this policy package would be significant impact on many of Oregon’s most vulnerable children, youth and families, particularly Tribal youth and youth of color. Those who are African American, Black, American and Latino/a/x are disproportionately impacted by ODHS Child Welfare involvement. Neurodiverse children have lifelong challenges and while they may not always qualify for entitlement programs, such as developmental disabilities, the challenges are long term and similar supports are often needed as individuals in intellectual/developmental disabilities (I/DD) programs. Youth who identify as LGBTQIA2S+ may be reluctant to seek out services because they do not find providers who they can identify with, they are not trusting of adults who may have discriminated against them (including their own families) and they are generally disconnected from support. This reluctance is further heightened if they have an intersectional identity.

Youth in Oregon are languishing because Oregon’s behavioral health care is in crisis, with headlines on newspapers across the state. Enhancing the current services and supports and diversifying the workforce offered is a critical step in providing adequate services for children, youth, and families in Oregon.

Oregon Health Authority: 2023-25 Policy Package

This package represents an intention to respond to needs identified by youth and families in communities throughout Oregon. Not funding this policy package would keep the children's behavioral health service array status quo, with youth continuing to use emergency departments and higher levels of care (which are not always immediately available) to meet their psychiatric needs, and with parents/caregivers turning to ODHS Child Welfare for assistance in safely managing the intense needs of their children, when behavioral health services are not available or adequate, and with some children and youth and their families completely unable to access services.

This policy package furthers OHA's mission of ensuring that all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health by improving the children's continuum of care. This policy package supports the OHA Health Equity initiative.

Funds would be prioritized to culturally specific infrastructure in organizations serving populations who have not been adequately served, or served at all, in prior years. Emphasis in contracts and requests for proposals would encourage the hiring and training of provider staff who resemble the clients they are serving demographically. The proposed programs and supports improve quality of life, increase the availability, use and quality of community based, integrated health care services.

This policy package is rooted in feedback given to OHA from youth and families, through local Systems of Care barrier identification, listening sessions, monthly meetings with families, 'Think Tanks' with Oregon's youth and input from the Children's System Advisory Council (CSAC), a key advisory council for the Child and Family Behavioral Health unit. The System of Care Advisory Council (SOCAC), a governor appointed oversight group for the Systems of Care, have endorsed this

Oregon Health Authority: 2023-25 Policy Package

package. It is fully supported by the Oregon Council for Behavioral Health, Oregon Alliance of Children's Providers and the Oregon Alliance to Prevent Suicide.

In specific programs proposed:

Behavioral Rehabilitative Services (BRS)

More equitable health outcomes will be met by providing additional options for youth and families to get their complex needs met within an equity and trauma focused framework, within their communities. Youth of color land in both child welfare and juvenile justice settings, including OYA, in overrepresented numbers, and they are not getting the services and supports needed to prevent this. The goal of this policy package is to interrupt that process and get youth the help they need in their communities and with their families. Youth who identify as LGBTQIA2S+ and children/youth of color are statistically overrepresented in existing services and as a group, are at higher risk for sexual exploitation, and to be in need of these services. Again, the goal of this policy package is to prevent youth from experiencing further harm and re-traumatization in addition to the trauma they may have already experienced, and to intervene earlier to assist them with their needs. Providing a safe environment with supervision and options for skills training and providing community support can serve to mitigate their long-term risk while youth participate in needed outpatient treatment.

Child Psychiatrists and Developmental Pediatricians

Making a larger pool of child psychiatrists/developmental pediatricians available in Oregon would increase care to African American/Black, Latinx/a/o, American Indian/ Alaskan Native, Asian, Pacific Islander communities and improve access to care for all; we recommend that applicants of color be prioritized as the presence of providers who are of similar ethnic and racial and other diverse backgrounds can facilitate populations impacted by health inequities in seeking out services. Having

Oregon Health Authority: 2023-25 Policy Package

adequately prepared providers reflective of populations who've experienced health inequity will also assist with continued engagement in care.

Transition Age Youth (TAY) Hubs

TAY Youth and young adults experience some of the highest rates of behavioral health challenges with the lowest rates of engagement. Youth and young adults with intersectional identities, who identify as transgender and African American, Latino/a/x and Native American experience higher rates of anxiety, depression, alcohol and nicotine use and experience suicidal ideation and attempt suicide more often. Adverse behavioral health outcomes increase for youth and young adults with intersecting identities that experience frequent health inequity. Having youth and young adult programs that are culturally specific and having systems in place that provide programs with frequent feedback supports the goal of achieving health equity.

Suicide attempts are seriously considered by 42 percent of LGBTQIA2S+ young people. Suicide attempt rates for LGBTQIA2S+ young people are higher among American Indian/Alaskan Native, indigenous, Black, multi-racial, and Latino/a/x young people than their white peers. Additionally, symptoms of anxiety are reported in more than three in four transgender and nonbinary young people and symptoms of depression are reported in more than two in three of transgender and nonbinary young people.¹²

From 2015 to 2019, the Oregon Violent Death Reporting System (OVDRS) identified 10 suicides among transgender youth. An additional five suicides were identified among youth who identified as lesbian, gay, bisexual or having a sexual orientation other than straight or heterosexual. These deaths accounted for 2.7 percent of Oregon youth suicides between 2015 and 2019. This is likely an

¹² <https://www.thetrevorproject.org/survey-2021/>

Oregon Health Authority: 2023-25 Policy Package

undercount of LGBTQIA2S+ youth (compiled as youth 10-24 years of age) who died by suicide, due to existing data collection methods.¹³

Quantifying results

4. What are the long-term desired outcomes?

Behavior Rehabilitation Service expansion is critical to provide upstream tertiary prevention of more intensive system involvement for youth and families. It ensures that there are shorter wait times and easier access to structured residential services when youth need them. There would be improved communication from acute and secure behavioral health residential programs by linking youth with these service options, when youth are psychiatrically stable, as a potential transition.

This prevention strategy would also support families and youth by providing interventions that are accessible and closer to their home communities. CSEC services in a BRS setting would provide access for male identified youth to a structured residential service when assessed as needed. CSEC services would seek to divert youth from entering the juvenile justice system by linking youth and families to services earlier in the cycle of risk.

The CFBH unit also has a long-term goal of creating a mechanism for training and technical assistance to behavioral health providers. This builds capacity to identify and serve sexually exploited children who experience significant trauma and require staffing support from people with

¹³ Youth Suicide Intervention and Prevention Annual Report, Oregon Health Authority, 2021. Accessed from: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8874_2021.pdf

Oregon Health Authority: 2023-25 Policy Package

special knowledge, skills and abilities in providing trauma specific and trauma-informed services specific to their needs.

Increasing access to practicing child psychiatrists and developmental pediatricians and expanding current workforce to include more African American, Latinx/o/a, Tribal and LGBTQIA2S+ identified practitioners who are available to serve children, youth and young adults would address current inadequacies in access to timely appointments and service providers who are culturally responsive and who ideally have similar cultural backgrounds to their clients.

The long-term desired outcomes of expanding TAY Hubs are to create transition programs that help youth and young adults feel more prepared for a successful adulthood with coping tools and connection. This would have a positive preventive effect on the adult behavioral health system because the system would treat individuals at younger ages, hopefully changing the course of their behavioral health trajectory.

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would take a multi-pronged approach to measuring the efficacy and success of this policy package:

- Audits to ensure Medicaid compliance (BRS/CSEC)
- Rules and contract language (BRS/CSEC, TAY Hubs)
- Use of a data dashboard (outcomes, addressing inequities, access, qualitative) (BRS/CSEC, TAY hubs)
- Continue to obtain feedback from youth and families across community sectors
- Provide REALD data for American Indian/ Alaskan Native children and youth enrolled in programs (Wraparound, BRS/CSEC, TAY Hubs)

Oregon Health Authority: 2023-25 Policy Package

- Utilize the School Health Survey data, MHSIP (Mental Health Statistical Improvement Project) survey data and Child Welfare Data Book data to inform/monitor this work
- Staff oversight and coordination through contract monitoring and follow-up (all)

Behavioral Rehabilitative Services (BRS)

Success would be measured by the increased operational capacity for behavior rehabilitation services, outcome measures of the programs and diminished requests from families for voluntary ODHS Child Welfare placement to meet their child's behavior support needs. REALD /SOGI¹⁴ data would be tracked to assess impact on health inequities. CSEC success would be measured by the increased operational capacity for supporting youth and families identified with need for specialized supports to address sexual exploitation, identifying youth at risk earlier in the larger population for potential sexual exploitation, outcome measures (including use of the Hope scale) of the programs and diminished requests from families for voluntary ODHS Child Welfare placement to meet their child's needs.

Long term desired outcomes include:

- Broader identification of youth at risk, including male-identified, female-identified and non-binary youth
- Access for male identified youth to structured residential services when needed
- Criminal justice diversion by linking youth and families to services earlier in the cycle of risk and as a component of transition, when stable in structured psychiatric residential services
- Outreach and collaboration through coordination with Oregon's nine federal recognized Tribes and the Urban Indian Health Program

¹⁴ Race, Ethnicity, Language and Disability; Sexual Orientation and Gender Identity

Oregon Health Authority: 2023-25 Policy Package

Child Psychiatry and Developmental Pediatricians

Success would measure by tracking the following in the next five years to ensure adequate increases in workforce and in youth and family satisfaction:

- Number of CP/DP who currently serve Medicaid members,
- Number of assessments for intellectual and developmental disabilities and neurodivergent conditions such as ADHD or Autistic Spectrum Disorder,
- Number of Child Psychiatrists/Developmental Pediatricians trained who remain in and practice in Oregon with 40-50% of their practice being devoted to underserved communities/groups as defined herein; and,
- Number of CP/DP who identify as African American, Latina/o/x, American Indian/ Alaskan Natives, Asian/Pacific Islander and LGBTQIA2S+.

Transition Age Youth (TAY) Hubs

All Hub programs would be required to collect feedback from youth and young adults in their program annually. Youth participation in identifying relevant outcome measures would be strongly recommended. Programs would be expected to report to OHA on numbers of youth engaged, including REALD/SOGI data, outcomes and satisfaction through surveying youth directly.

How achieved

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

Behavioral Rehabilitative Services (BRS) Policy package 409 (2021) approved funds to implement the addition of in-home service location for BRS. The services will function as a diversion for those children at risk for out-of-home placement and decrease the need for voluntary ODHS Child Welfare

Oregon Health Authority: 2023-25 Policy Package

custody or involvement with Juvenile Justice. We need to respond to the needs of all Oregonian children, especially those who have not had access to culturally specific services that meet their needs. Children and families of color are disproportionately represented in BRS, CSEC, Child Welfare, OYA, and in those receiving behavioral health services.

Child Psychiatry and Developmental Pediatrics

OHA's CFBH unit has addressed the lack of child psychiatry availability since 2014, by standing up the Oregon Psychiatric Access line (OPAL-K), a child psychiatry consultation service housed at OHSU. This service is available to physicians around Oregon, including primary care, psychiatric mental health nurse practitioners, and other providers with questions related to child psychiatry, particularly medication management.

OHA currently funds a portion of child psychiatry residency training: three child psychiatry residents per year are required to work three days per week in settings certified by OHA under the Intensive Treatment Services (ITS) or substance use residential settings. OHA has not taken prior actions to increase the workforce of developmental pediatricians but has worked closely with one of the OHSU providers to better understand the barriers that prevent children from being evaluated in a timely manner.

Transition Age Youth (TAY) Hubs

OHA continues to provide support services to Youth and Young Adults which includes:

- Funding two sites through a SAMHSA Healthy Transitions grant through September 2023. The sites focus on engagement and serving youth and young adults, notably those who are marginalized or disconnected from services. The grant also funds a statewide steering committee and three sub-groups focusing on coordination and collaboration, data and

Oregon Health Authority: 2023-25 Policy Package

evaluation, and youth and young adult voice. There is no funding to sustain this work after September 2023.

- Four regionally unique Young Adult Hubs were started as a pilot project to engage marginalized and disconnected youth and young adults through developmentally responsive services regardless of insurance status. Funding is currently unavailable to expand capacity and pivot services to more adequately represent the needs that youth and young adults have articulated to OHA in multiple listening sessions and ‘think tanks.’

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

Due to the scope and nature of the continuum of children’s behavioral health services and current need, the follow alternatives were considered:

Behavioral Rehabilitative Services (BRS)

- The CFBH team, in partnership with ODHS Child Welfare and the Social Determinants of Health team in HSD, is working on additional capacity expansion projects in higher levels of care.
- Concurrently, the Intensive In-Home Behavioral Health Treatment (IIBHT) service is growing and will attend to some of the needs of these youth. This BRS expansion option would aid in lessening the barriers to service for youth and families with high, complex needs.
- In-home BRS development and implementation funded in the 2021 session will aid in lessening the needs for residential level of care. This policy option in BRS expansion would be available for youth and families with complex and high needs who are not appropriately served in-home.
- Previous strategies have included seeking an additional request for proposals for residential Services for children you experienced CSEC, but it was determined it would be more cost appropriate and feasible to implement the use of Medicaid match utilizing BRS funds.

Oregon Health Authority: 2023-25 Policy Package

- Combining services at other residential levels of care for male identified youth needing CSEC supports were considered. This strategy puts youth at risk for possible re-traumatization and there is additional concern that available psychiatric providers may not have highly developed skills and training needed for this option.
- It has been considered to conduct basic CSEC training with the IIBHT providers; however, community risk patterns are changing and evolving rapidly through internet and other technology means, requiring highly specialized training that needs to be far more thoughtfully considered and planned for.

Child Psychiatry and Developmental Pediatrics

- Approaching other training programs in other states and utilize incentives to attract physician residents interested in these specialties to Oregon. More research needs to be done about the feasibility/cost of this option.
- Telehealth is an option being used to improve access; yet the virtual environment is not appropriate for the evaluation and observation of some children's diagnostic needs.
- Based on implementation of OPAL-K, OHA is aware that use of ancillary providers such as physician associates and psychiatric mental health nurse practitioners (who can be specially trained to do some aspects of these evaluations) is an option, but this would still not provide the level of expertise and knowledge base for children with the greatest challenges.
- This evaluation and treatment work is highly specialized because the disorders can be difficult to treat and may frequently exist with other mental health conditions. Appropriate evaluation and treatment are best provided by specialty physicians.
- HPA one-time investments: Legislative funding recently created a 30/30/30 plan with funding to OHSU, however, the targeted providers were not at this level.

Oregon Health Authority: 2023-25 Policy Package

Transition Age Youth (TAY) Hubs

- Investing in child and family and adult outpatient program providers to work with transition age youth more effectively. This is not being pursued due to the current need and acuity within the age range of 14 to 25 years.
- Young adults are struggling when they age out of child and family behavioral health and into adult services. More capacity is needed that can support a young person in the transition process and for a warm hand off, which is a critical element of prevention.
- Expansion of EASA: While EASA has expanded, it does not meet the needs of many young adults whose behavioral health diagnoses do not line up with the intent of the program and who have other needs for behavioral health support and treatment, which are critical to meet at this developmental transition time.

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

The full Governor appointed SOCAC voted in support of this policy package. The Oregon Alliance of Children’s Providers, the Oregon Council for Behavioral Health and the Oregon Alliance for Suicide Prevention also have offered full support. CSAC also supports this proposal.

These concepts were explored and supported in 2020 and 2021 in response to our Policy Vision¹⁵ paper and during extensive feedback through community engagement with children, youth, young adults and families.

Behavioral Rehabilitative Services (BRS)

ODHS Child Welfare and ODDS, and OYA have been involved in conceptualizing needed expansion for children and youth with complex needs. Our agencies are working together on several projects

¹⁵ <https://www.oregon.gov/oha/HSD/BH-Child-Family/Documents/draft-vision-paper2020.pdf>

Oregon Health Authority: 2023-25 Policy Package

related to better meeting access needs for supporting youth with complex needs. In addition, community providers who have residential programs have weighed in on the needs for capacity expansion. **CSEC**: Collaboration through the Department of Justice Trafficking Intervention Advisory Committee which is providing funding for research and use of the Hope Scale. The ODHS-CW Temporary Lodging workgroup has also provided an opportunity for collaboration around the needs of youth identified as at risk for or who are commercially sexually exploited and in need of further supports.

Child Psychiatry and Developmental Pediatricians

OHA has consulted and collaborated with Health Policy and Analytics division, and outreached system partners providing graduate medical education.

Transition Age Youth (TAY) Hubs

Healthy Transitions grantees, Early Assessment and Support Alliance and Adult Behavioral Health have all collaborated.

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

This policy package would not require any changes to existing statute.

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

This policy package was created with the knowledge that the children, youth and families receiving behavioral health services can also be served by all other child serving state agencies, Tribal health programs, coordinated care organizations, community mental health programs and community-

Oregon Health Authority: 2023-25 Policy Package

based organizations. Program information dissemination would be provided to all nine Oregon federally-recognized Tribes and the Urban Indian Health Program. Of the four proposals in this policy package the following entities would be affected:

Behavioral Rehabilitative Services (BRS)

- OHA would work with the Tribes on cultural needs within the placement, and on transitional services as needed. Tribal and county agencies would be contacted to participate in development of specific programs at the BRS service level that would be focused on their specific needs including more localized supports to help families get their needs met.
- Tribal Leaders would receive Dear Tribal Leader Letters providing the opportunity for consultation prior to rule implementation.
- Tribes would receive information and invitation to collaborate with BRS programs, and information on new developments.
- ODHS Child Welfare would have other options for youth who are might have been voluntarily signed over to state custody due to their behavioral needs.

Commercial Sexual Exploitation as Children (CSEC)

- With earlier identification, Tribes may be better able to support their youth through the use of the Hope Scale.
- Tribes would receive outreach from OHA staff and invitation to collaborate to meet the need of tribal communities.
- Youth in custody of ODHS-CW often have a long wait time to services; increased support of a community-based team would offer appropriate supports and prevent escalating behaviors that could progress to the need for higher levels of care.

Oregon Health Authority: 2023-25 Policy Package

- Provide diversion opportunities and intervention for youth if they are referred to BRS services under OHA, prior to juvenile justice involvement or penetration into the OYA system to prevent detrimental outcomes of system involvement.

Child Psychiatry and Developmental Pediatricians

- All populations are underserved for this specialty level of care and particularly those communities who have been historically marginalized and who've had poor or no access to care overall.
- Tribes and other underserved populations need access to child psychiatrists and developmental pediatricians at a much higher rate than the wider population given their ongoing health inequities. Tribes will receive outreach from OHA staff and invitation to collaborate to meet the need of tribal communities.
- All child serving state agencies would be impacted by improved diagnostic and follow up services to populations most in need, which include our most vulnerable populations.

Transition Age Youth (TAY) Hubs

- Tribes may apply for funding for Hub programs and would have the opportunity to develop a unique model from the counties if they choose.
- Tribes would receive outreach from OHA staff and invitation to collaborate to meet the need of tribal communities.
- Rural public entities (county mental health programs) may apply for funding for Hub programs to augment existing services.

Oregon Health Authority: 2023-25 Policy Package

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

In September 2020, the Secretary of State audit¹⁶ focused on the children’s behavioral health system. The audit highlighted the crisis that Oregon’s Children’s Behavioral Health system has been experiencing, how OHA is failing to serve children, youth and families who are involved with multiple systems and have complex needs.

The report highlights five key areas: data shortfalls, chronic workforce shortages, weakness and limitations of state statutes that have contributed to the fragmented service delivery model, inadequate monitoring of General Fund spending, and a lack of consistent leadership, strategic vision and governance.

Staffing and fiscal impact

Implementation date(s): July 2023 to June 2025

End date (if applicable): Not applicable

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

This policy package assumes three core impacts: Long-term Medicaid savings, inflation and the current work force shortage impacting the children’s behavioral health system.

Behavioral Rehabilitative Services (BRS)

The costs of emergency department use, and costs incurred from acute care settings assumes savings in Medicaid, which will gradually begin after six months of implementation. In 2023-25, the

¹⁶ <https://sos.oregon.gov/audits/Documents/2020-32.pdf>

Oregon Health Authority: 2023-25 Policy Package

percentage of decreasing emergency department visits, subacute and psychiatric residential treatment services would still be low and slowly increasing over the 2025-27 biennium. OHA may realize long-term savings in OHP expenditures due to more cost-effective, high-quality care being delivered to OHP members. To the extent savings occur, they would be reflected in subsequent years' coordinated care organization (CCO) rates, which are based on past expenditures, and incorporated into the OHA budget as part of the capitation rates for CCO-enrolled OHP members.

Transition Age Youth (TAY) Hubs

The assumptions that affect the pricing of the TAY Hubs are the variability in the cost of running a hub program. In the last seven years, four hubs have been operationalized throughout Oregon with varying staff and infrastructure. Budgets for the programs range from \$130,000 to \$520,000 annually. The RFP process for all sites will allow for additional programs, some of whom may have existing infrastructure and staff, and others who have a significant unmet need in their community to support transition aged youth.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

- BRS/CSEC expansion would require one Policy Analyst 3 position situated in the CFBH unit for administrative and technical assistance and writing of rules and contracts related to expansion activities, and one Operations & Policy Analyst 3 position for the Medicaid unit. There would be impact to ODHS's Child Caring Licensing unit for the licensing of BRS programs.
- Child Psychiatry and Developmental Pediatrician expansion would benefit from an Operations & Policy Analyst 3 position located in the CFBH unit, that is specialized in technical assistance around Applied Behavioral Analysis for those on the autism spectrum.

Oregon Health Authority: 2023-25 Policy Package

- TAY Hubs expanded work would be taken on by current Child and Family Behavioral Health staff, one person in the Office of Behavioral Health contracts unit, two to four people in the Medicaid Policy Unit, staff from the Licensing and Certification Unit for ongoing CMHP site reviews and by the HSD rules coordinator.
- The CFBH unit would require an additional manager to cover supervisory, program development guidance, and management of day-to-day operations related to expansion of programs overall during the past five years.

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

Yes, this policy package seeks to expand four current services and supports to children, youth and families. It would make BRS available solely based on behavioral challenges and not require entry into child welfare custody nor juvenile justice involvement to access these services. OHA would like to start by adding four pilot sites and hope to expand at a future date. Feedback indicates that the need is already existing for these services. Facility-based care in BRS services would be developed for male identified victims of sexual exploitation, including CSEC.

Once implemented, the goal of the policy package is to expand support and services for transition age youth through an RFP process. Because this is a difficult to reach population, quantifying exactly how many will access the programs is challenging. We are striving to use feedback from youth and young adults to improve the appeal and usefulness of services to young people.

By expanding services and supports it is hoped there will be a decrease in emergency department use, emergency department boarding, a need to access services through ODHS child welfare, and a

Oregon Health Authority: 2023-25 Policy Package

decrease in overdoses secondary to substance use and deaths from suicide, which is Oregon's leading cause of death for young people.

Currently, OHA only has Medicaid OARs and oversight for ABA regarding access and payment. Oversight of ABA programs and services is needed, to include working with licensing bodies, coordinating with ODDS and Medicaid, certifying programs, developing program rules, improving payment options, and addressing community concerns. This treatment model is an area of focus for the Legislature in the 2023-2025 biennium with legislative hearings and presentations beginning in September 2022.

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

The BRS program would require one Policy Analyst 3 position to support the program administration, coordination and oversight. The Child and Family Behavioral Health Unit would provide technical assistance to BRS programs, rule writing, contracting, and ongoing consultation for sites on implementation. Medicaid Unit would also need one Operations & Policy Analyst 3 position to manage contracts, provide technical assistance, submit a State Plan Amendment and develop rules to administer this program.

Adding Operations & Policy Analyst 3 position would augment the work of the CP/DP fellows by providing technical assistance and aiding in compliance with ABA, develop rules and processes in partnership with ODDS and provide oversight to providers doing the work.

There would be new responsibilities for the current Child and Family Behavioral Health, Contracts and the Medicaid Policy units. Most of the staff time and positions already exist within the existing

Oregon Health Authority: 2023-25 Policy Package

Child and Family Behavioral Health Unit. Additional responsibilities would include the development of program rules, contract development, managing deliverables, and program coordination and provision of technical assistance.

An additional Principal Executive/Manager E would be needed to support the increased number of staff in the CFBH unit over the past five years, and additional responsibilities for the CFBH unit related to this and two other policy packages (i.e., Lifespan Respite and Suicide Prevention).

The Project Manager 3 position within the Governance and Process Improvement Unit would work closely with other internal division project managers, as well as all programs and services within the Health Systems Division. It would collaborate with other divisions and agencies as well, such as Health Policy & Analytics, Public Health, and the Oregon State Hospital when needed. It would provide the assurance of equity-driven project implementation and support transparency and collaboration through the utilization of streamlined, standardized processes.

The Compliance Specialist 3 position within the Governance and Process Improvement Unit would coordinate, monitor, and ensure compliance across the Health Systems Division, which encompasses the Oregon Medicaid Program and Behavioral Health Services for all individuals living in Oregon. They would work closely with all programs within the division and consult on the development of new initiatives throughout the agency. Most of the work would be broad but there would also be the need for highly detail-oriented tracking and briefings.

The Fiscal Analyst 3 position within the Budget would be required to prepare and manage the agency budget, contribute to operational planning, provide fiscal reporting and planning based on state and federal rules and regulations. The position would also coordinate budget and financing for

Oregon Health Authority: 2023-25 Policy Package

activities across the agency, the Legislative Fiscal Office (LFO), and the DAS Chief Financial Office (CFO).

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

Startup costs of \$3.1 million are requested for BRS/CSEC, to include property development, hiring, staffing, training and purchase of furniture and equipment at four sites.

17. What are the ongoing costs?

Ongoing costs for BRS/CSEC are \$200,000 for outcome data tracking and just slightly over \$1 million for General Fund match. Additionally, ongoing salary and training costs for two positions in the CSEC pilot are \$540,300. These funds are for an 18-month period, assuming a January 1, 2024, start date.

18. What are the potential savings?

Behavioral Rehabilitative Services (BRS)The existing continuum of care offers youth and families a variety of ways to get their needs met depending on location, acuity and access. By focusing on prevention in expanding the workforce rather than creating additional downstream intensive services (such as the existing psychiatric and substance use residential programs, Fidelity Wraparound, IIBHT, Mobile response and stabilization services), this policy package seeks to provide supports and services to families to prevent worsening of the behavior challenges of youth and families, which result in their needing higher levels of care.

Most importantly, this policy package would save youth and families time, energy and offering services and supports when they are most needed, thereby reducing human suffering. As such,

Oregon Health Authority: 2023-25 Policy Package

potential savings are directly correlated to savings in emergency department use, and access to inpatient and residential behavioral health services. Oregon has silos, where state agencies such as ODHS or OYA also support and help the same children, youth and families with a slightly different lens and programs. Accordingly, this policy package extends savings to our state partners and to law enforcement. There will be no duplication of services under this policy package.

Medicaid match dollars would provide savings for OHA and reduce utilization of higher levels of care in each system. There would also be cost savings resulting from decreased use of emergency departments and higher levels of mental health care, such as psychiatric residential treatment services, including subacute, and substance use residential services.

Transition Age Youth (TAY) Hubs

TAY hubs offer prevention for youth who could, without adequate and supportive developmentally based services, be more likely to become involved with law enforcement, use substances and receive care from an emergency department, and become homeless.

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

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$758,754	\$28,966	\$270,290	\$1,058,010	6	4.50
Services & Supplies	\$152,319	\$2,742	\$251,177	\$406,238		
Capital Outlay						
Special Payments	\$10,592,309		\$1,459,217	\$12,051,526		
Other						
Total	\$11,503,382	\$31,708	\$1,980,684	\$13,515,774	6	4.50

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	HSD Admin	HSD Medicaid	HSD Non-Medicaid		Total
General Fund	\$911,073	\$1,006,509	\$9,585,800		\$10,592,309
Other Funds	\$31,708	\$0	\$0		\$31,708
Federal Funds	\$521,467	\$1,459,217	\$0		\$1,980,684
Total Funds	\$1,464,248	\$2,465,726	\$9,585,800		\$13,515,774
Positions	6	0	0		6
FTE	4.50	0.00	0.00		4.50

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division, Shared Services
Program:	HSD: Program Support & Administration, SS: Office of Information Services
Policy package title:	Medicaid Enterprise System Modularity
Policy package number:	427
Related legislation:	None

Summary statement:

To mitigate health inequities and identify areas for targeting equitable healthcare delivery, changes to legacy agency systems are needed. Lack of investment in infrastructure greatly increases the risk of catastrophic system failure. Even in the absence of system failure, the age of the current IT infrastructure inhibits or otherwise increases the cost to system changes that would benefit Medicaid recipients and recipients of other services provided by ODHS and OHA.

To address these concerns, OHA is planning a multi-biennia Medicaid Enterprise System Modernization Program to facilitate the transition from the current monolithic Medicaid Management Information System (MMIS) to a modular system to support more equitable service delivery, beyond providing the basic requirements expected through Centers for Medicare & Medicaid Services (CMS) and Oregon policy requirements. Transforming health care services includes modernizing the entire Medicaid Enterprise System that includes systems that reside outside of MMIS boundaries as well.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$493,568	\$1,325,393	\$4,442,041	\$6,261,002	11	9.29

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Oregon Health Authority (OHA) and the Oregon Department of Administrative Services (ODHS) acknowledge that current systems and practices were structured to benefit dominant culture. To mitigate health inequities and identify areas for targeting equitable delivery, changes to legacy enterprise systems such as MMIS and many others are needed to rectify historical and contemporary injustices perpetuated by existing structures. Lack of investment in infrastructure greatly increases the risk of system failure. Even in the absence of system failure, the age of the current infrastructure inhibits and increases the cost to system changes which could otherwise benefit Medicaid recipients and recipients of other services from ODHS and OHA.

Additionally, recent CMS guidance on modularity issued via State Medicaid Director Letters requires states to follow a modular approach supporting the timely and cost-effective delivery of IT projects. CMS is expressing an intent to support projects that address rational, discrete subsets of Medicaid Enterprise functionality that are interoperable with various parts within the Medicaid Enterprise. States are required to follow these modularity principles in their development of new or replacement Medicaid Management Information System (MMIS) components. Furthermore, projects pursued to achieve a modularized MMIS will receive enhanced federal funding at a rate of 90% federal funding / 10% state general funding. OHA risks leveraging enhanced funding if modularization of the MMIS system is not initiated prior to the expiration of the current MMIS vendor contracts in February of 2025.

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

This IT investment is the first project step in the multi-biennia MES Modernization Program that will work toward both modularizing the systems comprising the MMIS using the modular acquisition, reuse, and design principles described by CMS, as well as modernizing the tools used across the health and human services enterprise.

Oregon Health Authority: 2023-25 Policy Package

OHA partnered with NTT DATA State Health Consulting, LLC (NTT DATA) to develop an assessment and recommendations for MES modernization. The assessment included identification of recommended approaches to the modernization of MES, based on experience of other states.

After thorough review of current state and planned goals and objectives it was recommended that OHA/ODHS follow an incremental approach for the implementation of modularity. The approach is represented in the MES Modernization Program. We believe this approach carries the lowest risk and provides OHA/ODHS with the best opportunity to procure ‘best of breed’ modules that have been proven functionally in other state MES environments.

The sequence of the modernization approach focuses on building a solid foundation. Accordingly, the MES roadmap focuses on the foundational elements of architectural strategy: system integration platform, and the MES data environment. Implementing the system integrator and then modernizing the data environment will establish a strong foundation for future programmatic steps and the implementation of other MMIS modules, including Customer Relationship Management (CRM), Pharmacy, Care Management, Provider and Core modules.

The first project step of the program will initiate in 2023-2025, with the procurement of a System Integrator (SI). The SI is a vendor that is generally tasked with providing the infrastructure necessary to connect the various modules together to create a seamless MES solution from the end user perspective. This initial project step will be followed by the preparation of an RFP for procurement of a Data Environment. Anticipated procurement of the Data Environment will occur in 2025-2027 in conjunction with additional budget requests. Implementation of additional modules will occur in future biennia.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

OHA recognizes that disparities based on racial, ethnic, language, disability, sexual orientation and gender identity exist within the health care delivery and payment system. As a major source of health coverage for people of color and Tribal Nations, Medicaid programs can help to both demonstrate the existence of and address health disparities. Ongoing changes, maintenance, and enhancements to the MMIS have sought to better collect data on client demographics, and better inform decision makers as they seek to modify program elements to eliminate health inequities. Oregon's Medicaid program plays a significant role in the daily lives of many individuals in the state. Over the course of the COVID-19 pandemic, Medicaid enrollment has increased, reflecting changes in US economy, as well as maintenance of eligibility requirements. OHA needs to advance efforts towards implementation of a modular Medicaid Enterprise System to improve programmatic support for the increasing percent of Oregonians that rely on the State for their health and well-being needs and to improve the cost efficiency of the program in the future.

The current system was implemented in 2008 and is contracted for ongoing maintenance and operations through 2025. MMIS has undergone significant changes since original implementation in response to significant changes within the overall landscape of the healthcare delivery in the US. These changes have included passage of the Affordable Care Act at the Federal level; establishment of Oregon's coordinated care organization (CCO) model; Cover All Kids; and Healthier Oregon programs.

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

Oregon Health Authority: 2023-25 Policy Package

The delivery model used at the time the MMIS was implemented favored the construction of the monolithic and proprietary developments with customization to meet end-user requirements. The current system's design and structure greatly limits OHA's ability to modify system operations to achieve its goals in eliminating health equity. System changes take longer to enact, are more expensive--relying on custom coding--and can create unexpected 'ties' which prevent or limit other ongoing work. Currently available modularized solutions primarily leverage configuration instead of customization. The available solutions are designed to support a configurable software to add new data for existing programs or, conversely, add totally new programs without requiring custom code or significant system modifications. These solutions are also loosely coupled with the program that they support to provide maximum flexibility.

By investing in the replacement of monolithic systems with configurable and modular systems OHA will be able to respond to the needs of patients and programs in a timelier way, prioritizing the elimination of health inequities.

Quantifying results

4. What are the long-term desired outcomes?

This investment is a first project step in the MES Modernization Program which will include the procurement and initiated of implementation of the System Integration platform upon which future modules will be built, as well as the development of the Data Environment RFP. The long-term desired outcomes of modularization include

- Reduction of business pain points:
 - Data integration
 - Modifying systems to business needs
 - Automating manual processes and reducing workarounds
- Reducing overall system complexity
- Improved analytic capabilities

Oregon Health Authority: 2023-25 Policy Package

- Improved efficiency in data processing

In future biennia, as the MES Modernization Program continues, additional modules to complete modernization of the entire MMIS system will be procured and implemented. These modules will include a Data Environment (DE), Customer Relationship Management (CRM), Pharmacy, Care management, Provider, and Core modules. Additionally, these modules will eventually be scaled to serve other programs beyond the scope of the MMIS system, thus demonstrating additional value to other areas of the agency and presenting an opportunity to establish enterprise-level functionality.

5. How will OHA measure the impacts on health inequities of this policy package?

The implementation of the MES Modernization Program is a pivotal element in the State of Oregon's goal of eliminating health inequities by 2030. The antiquated and monolithic MMIS system currently in use lacks the configurable and modular capabilities which are required as part of standard industry operations today. By modernizing the MES, OHA will be better able to respond to the needs of patients and programs, allowing for better understanding of the current state of health inequities within Oregon. Measurement of programmatic impact on health inequities will be accomplished through numerous routes. Advanced analytics and improved efficiency in data processing, made available through a modernized modular system, will allow OHA to put forward better informed policy initiatives based on the enhanced data and allow for the state to begin addressing the yet unseen health inequities of today. The MES Modernization Program will increase interoperability and functionality, which will then better inform programs and facilitate improved operations. Further, there is a demonstration of additional value to reduction of health inequities through the scalability of the modules themselves. This will present a continued opportunity to establish higher level functionalities on an enterprise-wide level, which will be integral to the continued reduction of health inequities within the state of Oregon.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

CMS guidance on modularity issued via State Medicaid Director Letters required states to follow a modular approach supporting the timely and cost-effective delivery of IT projects. CMS is expressing an intent to support projects that address rational, discrete subsets of Medicaid Enterprise functionality that are interoperable with various parts within the Medicaid Enterprise. States are required to follow these modularity principles in their development of new or replacement Medicaid Management Information System (MMIS) components.

The modular approach supports states in achieving a balance in the use of open source and proprietary COTS software solutions vs. the use of custom solutions. The intent of this approach is to reduce the need for custom development, promote reuse, expand the availability of open-source solutions and encourage the use of available shared services.

In anticipation of this work, OHA has engaged NTT DATA State Health Consulting, LLC (NTT DATA) to develop an assessment and recommendations for the modernization of its MES. The assessment included identification of recommended approaches to MES modernization of the MES based on other states' experiences. NTT has developed a recommendation report based on their experience in other states, as well as the current technological maturity of the agency's Medicaid Information Technology Architecture (MITA).

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

Option 1: OHA does not modularize its MMIS (Status Quo)

Selecting this option would jeopardize enhanced Federal funding for Medicaid programs, thus dramatically increasing the cost of continued operation of the Oregon Health Plan. It also poses a significant risk to the fulfillment of Agency operational objectives and would jeopardize the agency's ability to provide a continued level

Oregon Health Authority: 2023-25 Policy Package

of service to members. Understanding that the State legislature has recently invested in the expansion of coverage, a loss of anticipated Federal dollars could prevent the execution of variety of new programs. This would severely impact populations throughout the State who rely on OHA/ODHS benefits.

Option 1 would require Oregon to consider renewing the Gainwell contract or replacing the entire MMIS. There is significant risk in getting CMS to approve this approach.

This approach will still require procurement activities. Reprocuring a monolithic system will not support the increasing needs of the Oregon Health Plan due to lack of integration and reusability. This option could make the state responsible for all Medicaid funding.

Additionally, vendors are not improving monolithic systems because CMS mandate is dictating investments / improvements be made in modularity capabilities.

Doing nothing will not move Oregon toward many of its strategic business goals.

This option conflicts with Technology Goal 3 of Enterprise Services as optimization and sharing business systems and services does not occur with the status quo. Additionally, there is minimal support for improvement of data management and governance (Technology Goal 4) and the current systems supports outdated standards and does not demonstrate service delivery innovation (Technology Goal 5).

Procurement is not as efficient because of the volume of requirements needed to support a full MMIS versus a modularized procurement. The number of vendors that can support the MMIS legacy system is very limited, significantly reducing the number of options available for State consideration.

Oregon Health Authority: 2023-25 Policy Package

Option 2: OHA modularizes its MMIS focusing strictly on replacement

Selecting this option would modernize and modularize the MMIS, without incorporating the larger needs of the health and human services enterprise.

This option would mitigate the risk posed by option 1 above. It would not, however, capitalize on the full opportunity offered via MES modernization and would perpetuate the development of information- and systems-based siloes. Investing according to this approach would result in nearly the same overall costs as Option 3 but would result in less benefit overall. This option would continue maintaining the siloed data environments and will not move Oregon toward sharing, reuse or collaboration.

Option 3: OHA modularizes its MMIS and seeks to re-use tools for other needs within the broader MES [Selected]

Selecting this option would modernize and modularize the MMIS system in conjunction with modernization of the health and human services enterprise. Investments in the MES would leverage federal funding to support the design, development and implementation of technology tools to meet the needs of both MES as well as health and human services.

This option has been selected as it would mitigate the risk of maintaining the status quo while leveraging an opportunity to modernize systems across the health and human services enterprise leveraging enhanced Federal funds.

Option 3 creates the best environment for reuse and integration that supports initiatives that reduce health inequities through the use of Community Information Exchanges (CIEs), Automated Workflows through CRM and better integration to systems used by Public Health, Hospitals, and Case Management Providers.

Oregon Health Authority: 2023-25 Policy Package

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

OIS, ODHS.

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

No statutory changes are required.

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

State, tribal, and/or local government agencies would not be directly affected by this policy package.

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

This policy package is not being requested as a direct result of an Oregon Secretary of State or internal audit, however, execution on the first phase of modularization will improve Agency position in responding to past, current and future audits. Since initial steps toward modularization focus on establishing of a high functioning data backbone, the agency will reduce the proliferation of data siloes that frequently result in audit findings that need to be addressed.

Staffing and fiscal impact

Implementation date(s): The program will initiate procurement activities after policy package approval.

End date (if applicable): To be determined

Oregon Health Authority: 2023-25 Policy Package

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

Assumptions

- Medicaid Enterprise System governance processes have been established
- State procurement staff will be available to support the procurement effort
- Existing state technical and business subject matter experts will be available to support the procurement and subsequent DDI efforts
- Procurement process starts after approval of this POP and will take approximately two years to complete
- Design Development and Implementation (DDI) activities follow the procurement phase

Constraints

- State procurement timelines regularly exceed 18 months from initiation to execution.
- The State needs to transition from the current MMIS vendor contract by February 2025, after exercising two remaining option years. Enhanced funding from CMS will likely not be available if modularization is not pursued prior to expiration of the current MMIS contract.
- Current labor market conditions increase the length of recruitment/hiring of State staff
- Multiple concurrent implementations will require significantly more time than a single solution
- Limited availability of current State SMEs to support this effort
- Limited availability of State procurement staff to support this effort

12. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No new responsibilities will occur as a result of the modularization and modernization of the MES. This work will enable new abilities and increase the agency's ability to be responsive to client and program needs.

Oregon Health Authority: 2023-25 Policy Package

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

No changes to client caseloads or services provided to population groups will occur as a result of this request.

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

While the agency plans to use previously approved positions for this effort, additional staff are needed, given the large-scale of the effort spanning multiple divisions/units within the Enterprise. These staff are described below:

One new Operations & Policy Analyst 3 (OPA3) (OHA Medicaid Modernization Organizational Change Management Specialist) to oversee organizational change management activities in support of MMIS module implementation.

One new OPA3s (OHA Medicaid System Integration Coordinator) to coordinate and support related System Integration project strategies, goals, and priorities, including the design, development, implementation, monitoring, evaluation, and maintenance of project related OHA business systems process. This position will work with impacted partners at an operational and strategic level to further the project purpose and support continued operational capabilities.

One new OPA3 (OHA Medicaid Data Environment Coordinators) to coordinate and support the Data Environment Module project strategies, goals, and priorities, including the design, development, implementation, monitoring, evaluation, and maintenance of project related OHA business system process. This position works collaboratively with impacted partners at an operational and strategic level to further project purpose and support continued capabilities.

Oregon Health Authority: 2023-25 Policy Package

One new Information Systems Specialist 8 (ISS8) (OHA Data Architect), who will be responsible for leading data analysis & mapping activities and recommending changes to the data models to meet business goals in addition to providing technical expertise for the conceptual, physical & logical database design for the enterprise-wide data environment.

One new PM2 (OHA Project Manager 2), who will provide the Modularity project management support, with a focus on coordinating the requirement gathering processes and preparing required project artifacts to further the completion of the project. This position will coordinate the related project activities for the analysis, design, development, testing, training, and implantation phases.

One new Principle Executive Manager E (PEME) (OHA Project Director) to provide strategic leadership and technical, operational, financial and managerial leadership for successful implementation of modularization activities. This position will additionally lead planning for procurement and implementation of modules in subsequent biennia.

One new OPA4 (OIS Contract Specialist) position to provide robust procurement support for the pursuit of this module in 2023-25, followed by dedicated contract management & administration for this module contract in the future after successful vendor is selected as a result of competitive procurement processes.

One new PM3 (OIS Senior Project Manager) to provide project management support. In 2023-2025, these activities will focus on coordinating requirements gathering processes and preparing required project artifacts for the EIS stage gate process. In subsequent biennia, this PM3 will coordinate all of the project activities for the analysis, design, development, testing, training and implementation phases.

One new ISS8 (OIS Systems Architect), who will be responsible for providing technical expertise & guidance for application architecture development including analysis, modeling, and documentation, including identification of

Oregon Health Authority: 2023-25 Policy Package

interface requirements and impacts while considering existing software distribution capabilities and existing application environment and performance and availability requirements. After implementation, the ISS8 (SA) will provide technical expertise & oversight to contractors, state staff, and temporary employees on the operations and maintenance team.

One new PEME (OIS MMIS Operations manager) is requested to provide additional technical management support in managing the largest vendor-maintained solution in the State. The broad areas of responsibility will cover: infrastructure and software development lifecycle oversight, incident management and change management processes.

One new PEME (OIS SDD technical manager) to lead efforts of technical staff within OIS and provide technical input to business partners regarding alignment to legacy system interfaces.

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

Start-up costs are primarily related to contracting support for procurement and implementation.

16. What are the ongoing costs?

Staffing costs, and operations and management of modules including licensing costs, once implemented.

17. What are the potential savings?

There are no anticipated immediate savings resulting from this investment.

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

The investment described by this policy package will be made using 90/10 Medicaid Enterprise Systems funding from CMS.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$139,367	\$1,211,769	\$1,254,277	\$2,605,413	11	9.29
Services & Supplies	\$357,182	\$113,618	\$3,214,601	\$3,685,401		
Capital Outlay						
Special Payments						
Other						
Total	\$496,549	\$1,325,387	\$4,468,878	\$6,290,814	11	9.29

Fiscal impact by program

	HSD Admin	OIS			Total
General Fund	\$496,549	\$0			\$493,568
Other Funds	\$0	\$1,325,393			\$1,325,393
Federal Funds	\$4,468,878	\$0			\$4,442,041
Total Funds	\$4,965,427	\$1,325,393			\$6,261,002
Positions	6	5			11
FTE	5.28	4.01			9.29

Oregon Health Authority 2023-25 Policy Package

Division: Public Health Division
Program: Center for Public Health Practice
Policy package title: PPE and Medical Supply Management
Policy package number: 428
Related legislation: House Bill 4068

Summary statement: During the COVID-19 pandemic, the Oregon Health Authority (OHA) learned many lessons relevant to health security, preparedness, and response. One vital lesson learned is that Oregon needs to have a robust and operational stockpile and inventory management system for lifesaving PPE and medical supplies to effectively respond to major events such as pandemics, wildfires, and other disasters. This stockpile and management systems should always be operational to be effective for saving as many lives as possible in emergency response.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$2,563,052	\$0	\$0	\$2,563,052	5	3.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Oregon Health Authority (OHA) holds large volumes of life-saving inventory at multiple locations, including PPE; vaccines and vaccine ancillary kits; tests and related supplies; ventilators, tubing, other medical countermeasures; and the Oregon Medical Station. Without implementation of this policy package, OHA's capacity to maintain the stockpile will end when federal COVID-19 related funding ends. Further, OHA is due to pivot the scope and strategies for managing this stockpile. This will ensure that Oregonians have timely and equitable access to lifesaving PPE and medical supplies in the event of an emergency.

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

This policy package would provide Oregonians supplies that protect them from any disaster, whether it be a pandemic, wildfire response, or a Cascadia earthquake. In responding to COVID-19 it became clear that OHA needs to have health and medical supplies placed in the regions as well as a stockpile that is up-to-date and ready for deployment as soon as a disaster strikes. This policy package would furthermore provide more independence from potential national supply chain shortage issues seen in larger disaster response situations.

Specifically, this policy package includes state personnel, inventory and cold chain management by a vendor(s), and purchases for planned inventory rotations. Large-scale distribution and purchases due to an emergency would be supplemented by emergency funds.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

This policy package enhances OHA's ability to ensure Oregon has equitable availability of mitigation resources, such as PPE and medical supplies for populations that have been economically and socially marginalized. As demonstrated during the COVID-19 response, OHA would continue to use the stockpile to prioritize communities disproportionately affected by an emergency or disaster or those that are facing underlying resource needs caused by historic and contemporary inequities. Oregon could use this medical stockpile to support partners who are unable to procure medical supplies due to limited resources or increased scarcity and national supply chain costs. Without the support of a public body, many community health partners are unable to procure sufficient medical supplies needed to meet large surges evident in a public health crisis. This policy package would help ensure these partners would be able to meet needs in tandem with large health systems who may have more resources and buying power to meet surge needs.

Quantifying results

4. What are the long-term desired outcomes?

- Public health, health care, and community partners that support low-income and disproportionately affected community groups receive life-saving medical supplies within short timeframes needed during an emergency, regardless of their ability to procure those supplies from the open market.

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

Oregon Health Authority: 2023-25 Policy Package

- OHA manages a robust and operational stockpile based on a hybrid model that has regional storage, a strong inventory management system, and a just-in-time commercial pipeline so that the state has the lifesaving PPE and medical supplies needed in the in the face of the next pandemic, major earthquake, wildfire, supply chain failure, or other unforeseen large-scale emergency.

5. How will OHA measure the impacts on health inequities of this policy package?

Impacts would be measured primarily through process outcomes, partner feedback, and epidemiologic measures. Process outcomes include tracking of PPE and supplies stored and distributed to partners who serve low income and disproportionately affected communities, such as community-based organizations (CBOs) or priority CBOs, such as those that support migrant and seasonal farmworkers. Partner feedback would provide immediate feedback on supply needs, supply distribution, and gaps from valuable community partners who are best placed to identify community needs. Epidemiologic measures would help indicate whether the provision of medical supplies as a public health intervention has helped reduce disease outcomes as seen in morbidity and mortality data. Furthermore, OHA would analyze disease outcomes by race, ethnicity, language, disability, sexual orientation and gender identity as available in order to ensure PPE and supplies are directed to communities most impacted in various areas across the state. This policy package would enable OHA to support partners in accessing and deploying critical supplies to eliminate health inequities in health care delivery.

OHA would continue to support our CBOs, including the migrant and seasonal farmworker (MSFW) programs we prioritized in the pandemic. OHA would work with Tribal communities and communities of color to ensure equitable access to supplies during emergencies.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

During the pandemic, ultimately Oregon was able to procure millions of dollars' worth of federal supplies and purchase additional supplies to ensure there were adequate lifesaving PPE and medical supplies for Oregonians. OHA needs additional staffing and funding to be able to support an efficient and organized hybrid model to ensure Oregon's stockpile is sufficient to be immediately ready, avoiding unnecessary delays in the event of the next pandemic or a disaster.

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

OHA has limited related federal funding under the HHS Public Health Emergency Preparedness and Hospital Preparedness Program cooperative agreements, which supports 1.00 FTE for Medical Counter Measures within the Health Security, Preparedness and Response program. OHA learned in the COVID-19 pandemic that the state needs a more robust and operational stockpile to appropriately meet the needs of a fragile commercial system. The current federal cooperative agreements only support warehouse fees for storage of the Oregon Medical Station in a limited low-cost space in the DAS surplus warehouse and cannot accommodate any of the costs now needed for sufficient stockpiles of PPE and other supplies.

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

The Oregon Department of Human Services (ODHS), the Department of Administrative Services (DAS) and the Office of Emergency Management (OEM).

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

All counties, municipalities and Tribes would be receiving lifesaving emergency resources in the event of a pandemic or other emergency.

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

No. However, it was called out in the Governor’s Office After Action Reports.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

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

The assumptions made are that a contractor/vendor is identified through an RFP process to be able to work on a hybrid approach to PPE and medical supply management that includes inventory management, regional storage and a just-in-time pipeline to lifesaving supplies.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

Not applicable.

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

Not applicable.

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

This policy package includes five new permanent full-time positions for an OHA PPE and medical countermeasures management team:

- One Principle Executive Manager C position to manage contracts and the team
- Four supporting program positions (three Operations & Policy Analyst 1 positions and one Administrative Specialist 1 position)

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

None.

17. What are the ongoing costs?

This policy package is entirely ongoing costs.

18. What are the potential savings?

Oregon Health Authority: 2023-25 Policy Package

None anticipated.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$673,397			\$673,397	5	3.75
Services & Supplies	\$1,889,655			\$1,889,655		
Capital Outlay						
Special Payments						
Other						
Total	\$2,563,052	\$0	\$0	\$2,563,052	5	3.75

Fiscal impact by program

	Center for PH Practice				Total
General Fund	\$2,563,052				\$2,563,052
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$2,563,052				\$2,563,052
Positions	5				5
FTE	3.75				3.75

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division
Program:	Behavioral Health Non-Medicaid
Policy package title:	988 & Behavioral Health Crisis System: Payor Parity for BH Crisis Services
Policy package number:	429
Related legislation:	House Bill 2417 (2021), House Bill 3046 (2021)

Summary statement:

In 2021, the Legislature directed the Oregon Health Authority in House Bill 2417 to implement, expand and enhance Oregon’s 988 & behavioral health crisis system (988 & BHCS). This includes enhancing existing services and expanding the current system to provide a “no wrong door” approach that ensures individuals in crisis receive the appropriate level of care through three programs: a statewide 988 call center, expanding mobile crisis team outreach, creating crisis stabilization centers (CSCs), and developing a seamless continuity of care through follow-up service referral and tracking. This request would address payor parity for BHCS by commercial payors. Though Medicaid is the only payor that covers behavioral health crisis services, these services are required to be accessible and be delivered to all regardless of insurance type or status. Payor parity is essential for long term fiscal sustainability of behavioral health crisis services including crisis service workforce in Oregon.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$191,854	\$1,927,355	\$0	\$2,119,209	1	0.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Currently, behavioral health crisis services, including the crisis call line, mobile crisis services and stabilization services, are paid for by Medicaid Federal Funds and state General Fund and are not paid for by commercial insurers. As a result, state General Fund must be used to cover the full cost of crisis services delivered to individuals (including children) who are covered under commercial insurance, uninsured or underinsured. This continues to impact the workforce reimbursement, 24/7 availability, and in general the quality of service for Community Mental Health Programs, especially rural and frontier ones, who are the primary providers of behavioral health crisis services. Providing crisis services to children, youth, and young adults, providers are not just treating the individual but the entire family to provide person/family centered service. While this is the ideal way to provide crisis services, it also further incurs cost on the provider.

Recently, Oregon has seen federal and state investments to enhance and improve the behavioral health crisis system and services; however, the ongoing state fiscal impact will be significant, in part due to the lack of payor parity for behavioral health crisis services. An independent consultant found Oregon would pay approximately \$1.0 million per year in mobile crisis services and \$11.3 million per year in stabilization services for individuals with commercial insurance coverage. Establishing payor parity would help ensure the long-term fiscal sustainability of a robust behavioral health crisis system of care in Oregon.

Reimbursement being available only through Medicaid makes it difficult for crisis service providers to maintain a multidisciplinary team of behavioral health staff qualified to do assessment, diagnosis, and treatment. CMHPs eventually end of losing one or more staff who are part of crisis services

Oregon Health Authority: 2023-25 Policy Package

team and some even have to cut down crisis service hours to less than 24/7. This often leads to after hour behavioral health crisis response being entirely comprised of law enforcement and therefore communities less inclined to seek behavioral health crisis services, especially those communities who have historically been traumatized by law enforcement response to their crisis due to structural racism and bias. Communities who don't have consistent access to behavioral health crisis service teams seek care at emergency departments when they experience behavioral health crisis.

Payor parity for behavioral health crisis services would mean mandating all payors to cover behavioral health crisis services provided in the following settings: (a) A crisis walk-in facility; (b) An evaluation and treatment facility that can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the Oregon health Authority; (c) all agencies licensed or certified by the OHA that provide outpatient crisis services; (d) An agency that provides medically managed or medically monitored withdrawal management services; or (e) A mobile crisis team that provides crisis response services in the community.

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

This policy package requests one Operations & Policy Analyst 3 position to coordinate and administer the potential new statutory requirements, in collaboration with Department of Consumer and Business Services (DCBS). The policy package also covers the cost for PEBB and OEBC to cover behavioral health crisis services for their members.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Since only Medicaid covers behavioral health crisis services, the state uses more General Fund to cover individuals who seek crisis services but are not Medicaid members. This continues to impact the workforce reimbursement, 24/7 availability, and in general the quality of service for Community Mental Health Programs, especially rural and frontier ones, who are the primary providers of behavioral health crisis services. While providing crisis services to children, youth, and young adults, providers are not just treating the individual but the entire family to provide person/family centered service. While this is the ideal way to provide crisis services, it also further incurs cost on the provider.

Reimbursement being available only through Medicaid makes it difficult for crisis service providers to maintain a multidisciplinary team of behavioral health staff qualified to do assessment, diagnosis, and treatment. CMHPs eventually end up losing one or more staff who are part of crisis services team and some even have to cut down crisis service hours to less than 24/7. This often leads to after-hour behavioral health crisis response being entirely comprised of law enforcement and therefore communities less inclined to seek behavioral health crisis services, especially those communities who have historically been traumatized by law enforcement response to their crises due to structural racism and bias. Communities who don't have consistent access to behavioral health crisis service teams seek care at emergency departments when they experience behavioral health crisis.

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

Oregon Health Authority: 2023-25 Policy Package

Therefore, this policy package directly aligns with OHA's strategic mission to eliminate health inequity for communities who have been impacted due to historic injustice and systemic racism.

Quantifying results

4. What are the long-term desired outcomes?

The development of the statewide coordinated crisis system is intended to increase access across Oregon. OHA anticipates the following outcomes:

- Payor equity to increase sustained coverage of behavioral health crisis service costs
- Remove barriers to accessing quality behavioral health crisis services
- Prevent suicide deaths
- Improve equity in behavioral health treatment and ensure culturally, linguistically, and developmentally appropriate responses to individuals experiencing behavioral health crises, in recognition that, historically, crisis response services placed marginalized communities at disproportionate risk of poor outcomes and criminal justice involvement
- Decreased emergency department boarding
- Higher quality crisis services workforce with higher competency as well as increased staff retention in crisis services due to better reimbursement models

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would look at measures that would be disaggregated by REALD & SOGI requirements.

Measures that would be tracked and monitored include:

- Fee schedule for commercial payors for behavioral health crisis services.
- Number of people on commercial insurance who accessed behavioral health crisis services.

Oregon Health Authority: 2023-25 Policy Package

- Number of people on commercial insurance who avoided emergency department by receiving crisis services.

How achieved

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

Lack of payor parity for behavioral health crisis services has always been a cause of concern especially among crisis service providers who must cover the cost. Currently, OHA must seek legislatively appropriated General Fund to help providers (specifically CMHPs) to cover all individuals who are not on Medicaid and seek behavioral health crisis services. Through a combination of funding appropriated under House Bill 2417, and one-time federal grant funds, OHA has made investment to enhance the crisis system.

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

Legislative pathway to address statute change is the only alternative identified to address lack of payor parity in behavioral health crisis services. House Bill 3046 addresses payor parity for behavioral health services at large, however, behavioral health crisis services are still only covered by Medicaid but are required to be available for everyone regardless of insurance. This creates unstable funding and workforce attrition for behavioral health crisis services, which in turn impacts the standard and quality of crisis services to all Oregonians. While OHA has put in significant investment, CMHPs continue to struggle to have a 24/7 multidisciplinary team of crisis workforce.

Oregon Health Authority: 2023-25 Policy Package

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

Collaboration on this policy package includes but is not limited to Department of Consumer and Business Services (DCBS), the nine-federally recognized Tribes and Urban Indian Health Program, consumers and those utilizing services, Medicaid providers, coordinated care organizations (CCO), peer-delivered services community, local community mental health programs (CMHPs), Oregon Council Behavioral Health (OCBH), Crisis System Advisory Workgroup (CSAW), CSAW Steering Committee, Medicaid Advisory Committee (MAC), Oregon Consumer Advisory Council (OCAC), Health Policy Board, Alcohol Drug Policy Commission (ADPC), Addictions and Mental Health Planning and Advisory Council (AMPHAC), Oregon Association of Hospitals and Health Systems (OAHHS), National Alliance on Mental Illness (NAMI), law enforcement, emergency medical services, 911 programs, and other first responders.

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

OHA put forward legislative concept 44300-023. There may be requirement of a new statute, or changes can be made to ORS 414.766, 743A.168 and 743B.505.

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

This policy package could impact DCBS as the regulatory agency for commercial payors. All community mental health programs and CCOs would also see the positive impact of cost savings due to commercial payors picking up their share of crisis services in the community. This will be especially visible among children, youth, young-adult population.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable.

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

- Commercial payors will identify and recognize the lower cost of covering crisis services compared to inpatient services.
- Commercial payors will make changes to their fee schedules and contracts with Community Mental Health Programs to reflect behavioral health crisis services as a covered benefit for their clients.
- Medicaid and legislatively appropriated funds will continue at level funding to support the crisis system.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There may be a need to shared responsibilities to be coordinated between OHA and DCBS.

Oregon Health Authority: 2023-25 Policy Package

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

Not applicable.

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

Operations & Policy Analyst 3

The purpose of this position is to provide development, implementation, and accountability of the implementation, of any new statute and rules associated with this policy package. The employee would focus specifically on coordinating with DCBS and commercial payor partners, providers responsible for delivering behavioral health crisis services, and other community partners. This would be done by identifying key stakeholders, design the scope of work as outlined initiative, develop associated policy and program materials, facilitate weekly/monthly meetings, as well as monitoring system performance and outcomes as a result of statute change. Associated work would include acting as a subject matter expert to support the 988 & BHCS leadership in preparing recommendations for Legislative Session work, Government Relations, OHA leadership and community partners. This position must understand the intent, planning and priorities of the behavioral health crisis services.

Internally, the position would require extensive partnership, collaboration, and program design with the 988 call centers, Community Mental Health Programs, and CCOs as it relates to the regional crisis system implementation across the state. The position would represent the Health Systems Division in this cross-divisional work and be astute at determining when additional leadership is required.

Oregon Health Authority: 2023-25 Policy Package

The person in this position would support the 988 & BHCS Program Manager in decision-making to plan, design and direct behavioral health regulations, policies, and priorities. The 988 & BHCS Program Manager position has been requested in policy package #404. The person in this position would identify system performance and system development needs, including administrative, legislative, and funding changes to improve the effectiveness of services.

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

None.

17. What are the ongoing costs?

According to the PEBB/OEBB consultant, the increased cost would result in an estimated 0.05 percent premium increase in PEBB's and OEBB's medical/rx plans. The premium increase would result in a fiscal impact of \$1.1 million to PEBB and \$0.8 million to OEBB through Other Funds Special Payments during the 2023-25 biennium. This assumes a statutory effective date of July 1, 2023. Total ongoing cost would be \$2.1 million per biennium.

18. What are the potential savings?

Payor parity with commercial payors would save Oregon approximately \$1.0 million per year in mobile crisis services and \$11.3 million per year in stabilization services annually, according to an independent consultant contract by OHA.

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

General Fund for position costs in HSD. For PEBB and OEBB, the Other Funds revenue comes from administrative fees assessed on PEBB and OEBB Core Benefits. The administrative fee is paid by

Oregon Health Authority: 2023-25 Policy Package

members and state agencies through an assessment added to medical and insurance premiums and premium equivalents.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$173,757			\$173,757	1	0.75
Services & Supplies	\$18,097	\$1,110,916		\$1,129,013		
Capital Outlay						
Special Payments		\$816,439		\$816,439		
Other						
Total	\$191,854	\$1,927,355	\$0	\$2,119,209	1	0.75

Fiscal impact by program

	HSD Admin	PEBB	OEBB		Total
General Fund	\$191,854	\$0	\$0		\$191,854
Other Funds	\$0	\$1,110,916	\$816,439		\$1,927,355
Federal Funds	\$0	\$0	\$0		\$0
Total Funds	\$191,854	\$1,110,916	\$816,439		\$2,119,209
Positions	1	0	0		1
FTE	0.75	0.00	0.00		0.75

Oregon Health Authority 2023-25 Policy Package

Division:	Health Policy and Analytics
Program:	Health Policy & Delivery System Innovation, Office of Health Analytics
Policy package title:	Support for the Health Care Market Oversight Program
Policy package number:	430
Related legislation:	ORS 415.500 et seq.

Summary statement:	<p>Requests General Fund to support the Oregon Health Authority’s (OHA) administration of the Health Care Market Oversight (HCMO) program in the 2023-25 biennium. Through the HCMO program, OHA reviews and approves health care consolidation in Oregon, ensuring that health care mergers and acquisitions support statewide goals related to cost, quality, access, and equity. Without this policy package to support the HCMO program, health care in Oregon could become more consolidated, resulting in higher prices without improved quality, and access issues, particularly for low-income communities, rural communities, and communities of color. This package requests funds for four full-time, permanent positions and program expenses.</p>
---------------------------	--

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,240,524	\$0	\$0	\$1,240,524	4	4.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

In Oregon and nationwide, health care consolidation has become increasingly common, resulting in more markets being dominated by large, national companies and fewer independent and local health care providers. Research shows that when health care corporations combine, it can lead to higher prices without improving quality or health outcomes. Health care consolidation can affect access to care, particularly for low-income communities, communities of color and rural communities.

Health Care Market Oversight is a legislatively mandated program (per ORS 415.500 et seq.) and a key strategy to achieve OHA's goals related to containing health care costs. In 2021, the Oregon Legislature passed House Bill 2362 to address health care consolidation in the state. This law directs OHA to review proposed transactions, such as mergers and acquisitions, that involve health care entities, including hospitals, health insurance companies, and provider groups. The program ensures that health care transactions in Oregon are transparent and support lower costs, increased equity and access, and better quality. Through the program and per the legislation, OHA also monitors, evaluates, and reports on the statewide impacts of health care consolidation. The HCMO program launched March 1, 2022.

This policy package would ensure that program operations can continue uninterrupted. In the 2021-23 biennium, the Legislature funded the program with 100 percent General Fund with the intention that fees collected would sustain the program long-term. Delays in the ability to establish and collect fees have created a revenue shortfall for the 2023-25 biennium. In 2023, OHA plans to begin collecting fees to conduct reviews of planned health care transactions; however, OHA has not yet obtained authorization to collect fees, the timing and number of reviews is unpredictable, and the

Oregon Health Authority: 2023-25 Policy Package

effort required to review transactions will vary. This package therefore requests full funding for the program for the 2023-25 biennium.

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

This policy package would provide General Fund in the 2023-25 biennium to cover HCMO program costs. It provides resources for four existing permanent positions to support the following statutorily required work:

- Conduct reviews of proposed health care transactions, including gathering materials and information, acquiring data, coordinating with entities involved in the transactions, overseeing the work of outside advisors, and conducting qualitative and quantitative analyses, and making determinations about whether the transaction should be approved, approved with conditions, or rejected. OHA will also conduct follow-up reviews of approved transactions one, two, and five years after the deal is completed.
- Implement a robust public input process, including engaging interested parties from the health care industry and advocate groups, using inclusive best practices to solicit comments and input from the public, and developing public facing-materials to build awareness and transparency. OHA may convene a community review board, comprising patients, plan members, and community members to inform reviews and provide recommendations about whether to approve transactions.
- Administer the program, including providing technical assistance to health care entities considering a transaction, overseeing vendor contracts, and coordinating with other related efforts in Oregon and nationally.
- Monitor consolidation in Oregon through ongoing tracking and reporting of health care transactions and evaluating the impacts of health care transactions. HCMO's governing statute directs OHA to publish a report on the state of consolidation every four years.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

HCMO supports OHA’s strategic goal of lowering or containing the costs of health care. As the COVID-19 public health emergency unwinds, efforts must continue that help ensure that health care consolidation does not further destabilize the health care system.

HCMO does not just focus on cost and market impact of health care consolidation; it also has an explicit focus on equity in its rules and statute. Equity is a core component of all transaction analyses and reviews, and the program supports robust public and community engagement. HCMO processes require health care entities to consider the health equity implications of their actions. And moreover, OHA may not approve transactions that are likely to have a negative impact on health equity, which positions HCMO as an effective initiative to improve health equity over the long term in Oregon.

Quantifying results

4. What are the long-term desired outcomes?

The desired long-term outcome of this program is a health care system with competitive markets that support affordable prices and access to essential services. The program seeks to deter health care corporations from creating monopolies and anti-competitive markets. ORS 415.510 directs OHA to conduct a study of the impact of health care consolidation in the state every four years. This study,

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

Oregon Health Authority: 2023-25 Policy Package

along with ongoing monitoring efforts, will examine trends in consolidation and the impact of consolidation on health care markets, costs for consumers and payers, quality of care, population health management, and health outcomes.

5. How will OHA measure the impacts on health inequities of this policy package?

For each transaction review, OHA will measure quality outcomes and access to care, stratified by community and patient demographics, including race, ethnicity, age group, gender, and geography, as available. OHA will also examine community engagement and availability of equity-enhancing services.

ORS 415.510 directs OHA to conduct a quadrennial study of the impact of health care consolidation in the state. Through this study, OHA will assess the impact of consolidation on costs for consumers and payers, quality of care, population health management, and health outcomes, particularly for uninsured individuals, low-income individuals, and people living in rural communities.

How achieved

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

The HCMO program launched March 1, 2022. The program waived fees for the first nine months of operations in response to public and stakeholder input. Program staff are now engaging in rulemaking that will allow the program to implement fees in 2023. Because the volume and timing of reviews is unpredictable, especially given the disruption of the COVID-19 pandemic, OHA is requesting this policy package to ensure that program operations can continue uninterrupted as the program continues to grow. OHA is requesting General Fund to cover the program expenses. If any

Oregon Health Authority: 2023-25 Policy Package

program fees are collected, they will be used to cover budgeted program expenses and offset General Fund.

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

The Legislature fully funded the program with General Fund for the 2021-23 biennium. OHA will propose in rule for fees to begin in 2023. OHA is proposing a tiered fee structure of realistic fees, avoiding fees that are too high for entities to abide. Due to the unpredictability of how many reviews will be conducted and the type of reviews, however, funding the program completely with fees is not a viable option.

OHA plans to revisit fee amounts for the 2025-27 biennium with a better understanding of the number and type of transactions that may come in over time; future fees may be sufficient to fully fund the program in future budget cycles.

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

No other agencies or programs are collaborating on this policy package.

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

No. This policy package would not require any changes to ORS 415.500 et seq, HCMO's governing statute.

Oregon Health Authority: 2023-25 Policy Package

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

OHA partners with the Department of Consumer and Business Services (DCBS) and the Department of Justice (DOJ) to align regulatory oversight of reviewing proposed health care transactions. This policy package would allow for continued partnership. Local and tribal governments would not be directly affected by this policy package. All Oregon residents and all purchasers of health care would indirectly benefit from ensuring that market consolidation does not result in cost increases or reduced access to services.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

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

OHA anticipates implementing program fees, but since OHA has not yet obtained authorization to collect fees, this policy package does not include estimated fee amounts. Any fees the program collects in the 2023-25 biennium will be used to offset General Fund budgeted to cover program expenses.

Oregon Health Authority: 2023-25 Policy Package

OHA plans to finalize the fee schedule after a formal rulemaking process and obtaining fee authorization. The proposed fee schedule includes flat fees for emergency and preliminary (30-day) reviews. There are tiered fees for comprehensive (180-day) reviews, based on the revenue of the second largest entity involved in a transaction. Based on the experiences of other states with similar programs, OHA anticipates that most transactions will not require a comprehensive review. (See proposed fee schedule below.)

Fee Name	Current Fee	Proposed 2023-25 Fee
Emergency Review	0	\$2,000
Preliminary Review	0	\$2,000
Comprehensive Review - Revenue \$10M - \$50M	0	\$25,000
Comprehensive Review - Revenue \$50M - \$200M	0	\$80,000
Comprehensive Review - Revenue \$200M - \$500M	0	\$90,000
Comprehensive Review - Revenue >\$500M	0	\$100,000

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No new responsibilities.

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

Not applicable.

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

Oregon Health Authority: 2023-25 Policy Package

This policy package would support four existing permanent staff positions:

- One Operations & Policy Analyst 4 to lead and oversee program policies and processes, transaction reviews, and the study of health care consolidation
- One Operations & Policy Analyst 4 to oversee program administration, operations, community engagement and health equity, and vendor contracts. This existing position was previously budgeted in the 2021-23 biennium as an OPA 3; OHA is requesting a reclass of this position (see below).
- One Research Analyst 4 to analyze data and support transaction review analyses
- One Economist 3 to conduct market and cost analyses and support transaction review analyses

OHA is requesting to reclass the Operations & Policy Analyst 3 position to an Operations & Policy Analyst 4. Upon implementation, OHA identified the need for this position to provide higher-level expertise and more independent support for the program. The initial fiscal analysis did not account for the level of effort required to support administrative and operational aspects of the program. In alignment with OHA's agency efforts to advance health equity and recent state laws to support equity, the program seeks to develop more robust community engagement and equity assessment, which requires additional expertise and skills to implement equity-focused processes and support broader outreach and communications.

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

Not applicable.

17. What are the ongoing costs?

Oregon Health Authority: 2023-25 Policy Package

Ongoing costs include resources to support staffing, services, and supports. The HCMO program includes four permanent positions. Additional services and supports include funds for public engagement and DOJ support. All transaction reviews will have a public engagement process and comprehensive reviews may convene a community review board. This policy package would provide funding to support public engagement activities, including translation, interpretation, and outreach, as well as compensation for qualifying community review board members, as required by House Bill 2992 (2021). This policy package also includes resources for ongoing support from DOJ to review transaction decisions, assist with pre-filing technical assistance, and support rules updates.

Budget Category	2023-25 budget
Personal Services	\$1,111,190
Services & Supports	\$129,334
Public Engagement	\$81,334
DOJ support	\$48,000
Total	\$1,240,524

18. What are the potential savings?

Any fees the program collects in the 2023-25 biennium will be used to offset General Fund budgeted to cover program expenses.

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

General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
--	---------------------	--------------------	----------------------	--------------------	-------------	------------

Oregon Health Authority: 2023-25 Policy Package

Personal Services	\$1,111,190			\$1,111,190	4	4.00
Services & Supplies	\$129,334			\$129,334		
Capital Outlay						
Special Payments						
Other						
Total	\$1,240,524	\$0	\$0	\$1,240,524	4	4.00

Fiscal impact by program

	Health Policy/ DSI	Health Analytics			Total
General Fund	\$944,373	\$296,151			\$1,240,524
Other Funds	\$0	\$0			\$0
Federal Funds	\$0	\$0			\$0
Total Funds	\$944,373	\$296,151			\$1,240,524
Positions	3	1			4
FTE	3.00	1.00			4.00

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division
Program: System of Care Advisory Council
Policy package title: Staffing for the SOCAC
Policy package number: 431
Related legislation: Senate Bill 1 (2019), Senate Bill 4 (2021)

Summary statement: The System of Care Advisory Council requires additional staffing to fulfill their vision where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities. This proposal adds two positions to enable the council to attend to the needs of youth and families.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$452,866	\$0	\$0	\$452,866	2	2.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The System of Care Advisory Council (SOCAC) continues to evolve their role within the state and children's system. The council already has staff support from an Operations & Policy Analyst 4 (OPA 4) position and an Executive Director, the latter added in 2022. These positions will go a long way to facilitating the success of the Council to bring youth and family voice into the Children's system.

To date, the Child and Family Behavioral Health team at the Health Systems Division has provided administrative support for SOCAC, but it is clear that the council needs an Operations & Policy Analyst 1 (OPA 1) position to support the Executive Director for the council to be successful, and the Child and Family Behavioral Health team needs their staff for other priority work. The SOCAC has identified the need for an additional OPA 3 to be a Family and Youth Liaison to work specifically with these individuals and bring their voices in a meaningful way into all SOCAC activities.

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

This policy package would fund two positions, one OPA 1 and one OPA 3. The OPA 3 position would be recruited as a limited duration position Fall 2022 if funding permits, and the policy package would continue that funding. The OPA 1 position is currently being recruited as a limited duration position and is funded through the end of the 2021-23 biennium. This policy package would provide permanent funding for the 2023-25 biennium.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Having a OPA3 Youth and Family Liaison would help the SOCAC provide support to populations impacted by health inequities by engaging them where they are, and helping to bring their voice, views and presence into the SOCAC in a meaningful way. Having someone who specifically works to find youth and families, meet them where they are, and find ways to engage them without increasing their burden of time would provide more opportunities for these voices to drive system change. The OPA1 position would support the Executive Director and other staff with a focus on the children's system and policy for improvement and transformation and manage day-to-day administrative tasks.

Quantifying results

4. What are the long-term desired outcomes?

The long-term outcomes are to transform the Children's System of Care to be youth and family driven, focused on their needs rather than the needs of regulators and providers. The partnership of providers, youth and families is what is needed to change the system. The investment in these positions will enable this System of Care work to advance faster and more effectively.

5. How will OHA measure the impacts on health inequities of this policy package?

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

Oregon Health Authority: 2023-25 Policy Package

SOCAC would measure the increase in youth and family voice through engagement in its work and ability to affect system change, especially in system design.

How achieved

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

SOCAC has relied on the HSD Child and Family Behavioral Health team for administrative support, engagement with youth and families and all forms of support. The SOCAC is now a separate entity and now needs to develop these skills and resources to stand alone in its work. By hiring an Executive Director, arriving August 15, 2022, and engaging an OPA 1 and OPA 3 to support the program, the Council is setting the conditions to be a meaningful driver in the children's System of Care.

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

OPA 3 position:

- Contracting directly with advocacy organizations, but this removes direct connection with the Council and proximity to the work.
- Not recruiting for role, but this continues limited prioritization and focus on the importance of youth and family voice and engagement.

OPA 1 position:

- Continue using other staff to provide council support, but this is an inefficient use of other personnel in work that is administrative in nature or research that requires less interpretation and has fewer policy considerations.

Oregon Health Authority: 2023-25 Policy Package

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

Oregon Department of Human Services, Oregon Youth Authority, and Oregon Department of Education and all of the organizations who are part of the SOCAC.

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

Not at this time.

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

No impact.

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

Not applicable.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): _____

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

No additional assumptions were needed.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There would be no new responsibilities through this policy package.

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

There would be no changes to client caseloads or services.

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

This policy package is for two new positions, an OPA 1 and OPA 3.

The OPA 1 position would support the Executive Director, OPA 4 and the proposed OPA 3 with the organization of day-to-day administrative tasks and work on system analysis and improvement. This would include developing more efficient coordination processes between child serving agencies and collaborating on the strategic plan implementation and evolution.

To ensure the implementation of a core principle of System of Care—meaningful youth and family engagement—the SOCAC needs an analyst to focus on this work. An OPA 3 Youth and Family Liaison would enable the SOCAC to access youth and families, including those populations most impacted by health inequities. They would develop and implement engagement strategies and managing ongoing connection. This would provide a structure and opportunities for these voices to drive system change.

Oregon Health Authority: 2023-25 Policy Package

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

No startup costs.

17. What are the ongoing costs?

The positions personnel services and services and supplies.

18. What are the potential savings?

No savings.

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

The funding would be General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$409,087			\$409,087	2	2.00
Services & Supplies	\$43,779			\$43,779		
Capital Outlay						
Special Payments						
Other						
Total	\$452,866	\$0	\$0	\$452,866	2	2.00

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	HSD Admin				Total
General Fund	\$452,866				\$452,866
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$452,866				\$452,866
Positions	2				2
FTE	2.00				2.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health
Program:	Environmental Public Health
Policy package title:	Domestic Well Safety Program
Policy package number:	432
Related legislation:	Not applicable

Summary statement: This package would restore the previously federally-funded Domestic Well Safety Program (DWSP) by providing funding to permanently fill a vacant dedicated DWSP staff position. DWSP uses data collected under the state Domestic Well Testing Act to inform people in Oregon about the importance of testing drinking water from wells and provides guidance about how to improve poor water quality, leading to improved health outcomes. DWSP also conducts special projects, including the 2020 Wildfires-Impacted Domestic Well Testing project and the Lower Umatilla Basin Ground Water Management Area (LUBGWMA) project. This package funds public health interventions in LUBGWMA including outreach for domestic well screening and testing and where indicated, water treatment device installation and maintenance.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$2,252,557	\$0	\$0	\$2,252,557	1	0.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

In mid-2020, the federal Centers for Disease Control and Prevention (CDC) ceased funding the Domestic Well Safety Program (DWSP), housed in OHA's Environmental Public Health (EPH) Section. CDC had funded most of a position in EPH since 2013, allowing OHA to provide domestic well safety education and outreach to approximately 20 percent of Oregon's population who rely on domestic wells for their drinking water. Water insecurity, exacerbated by climate change, has been a growing concern in recent years given increasing scientific evidence that changes in precipitation, heat and wildfires will impair drinking water systems including domestic wells. Preventable direct health outcomes of water insecurity include water-borne illnesses, exposure to contaminants and toxins, dehydration and malnutrition. Indirect outcomes include emotional distress, depression and anxiety. Understanding water quality and quantity needs and inequities in access to safe water in Oregon is a prerequisite to developing community-specific and culturally-relevant water security strategies or policy solutions to help communities build adaptive capacity, strengthen resiliency and protect the health of all people in Oregon.

The threat of water insecurity was dramatically realized with the September 2020 Labor Day wildfires that impacted communities throughout central and western Oregon, leaving thousands with damaged or destroyed homes and wells and disproportionately impacting communities of color and with low incomes. Because OHA had suspended the DWSP due to lack of funding, OHA required legislative Emergency Board (2020) and 2021 legislative funding for staff and laboratory contracting funds to offer free domestic well testing to the estimated 2,000 homes impacted by wildfires. That project is funded through FY 2023. In summer 2021 hundreds of wells went dry in the Klamath Basin due to drought, and while OHA dedicated manager time to interagency drought council efforts, there

Oregon Health Authority: 2023-25 Policy Package

was no one able to provide public health information to people concerned about health impacts apart from the OHA website.

Most recently, the U.S. Environmental Protection Agency (EPA), responding to a legal petition under the Safe Drinking Water Act, is expected to require the State of Oregon, and OHA in particular as the agency with drinking water primacy under federal law, to mitigate exposure to nitrates in domestic well water to residents in the Lower Umatilla Basin Ground Water Management Area (LUBGWMA). The LUBGWMA, encompassing northern portions of Morrow and Umatilla counties, is designated due to high levels of nitrates from human activities.

EPA is requiring a plan from OHA to conduct outreach and education, domestic well testing and relief (bottled or trucked water, treatment systems, well repair or redrilling, connection to local systems) until high levels of nitrates fall under maximum contaminant levels of 10 milligrams per liter. There are two other Ground Water Management Area and other areas of concern in Oregon that may request similarly equitable treatment. Meanwhile, OHA receives results of domestic well tests conducted during Real Estate Transactions under the Domestic Well Testing Act (ORS 448.271). OHA is contacted by home buyers, sellers and realtors regarding these data. OHA has been unable to enter these data since the end of federal funding in 2020.

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

Because OHA already has permanent position authority for a 1.00 FTE permanent Program Analyst 2 from the years of sustained federal grant funding, this policy package is needed to provide funding only. OHA would be able to use the funds immediately to maintain and make permanent the limited duration staff carrying out day-to-day Domestic Well Testing Act work, coordinating special short and intermediate-term projects like the wildfire-impacted domestic well testing project and coordinating

Oregon Health Authority: 2023-25 Policy Package

long-term projects such as the LUBGWMA workplan, while carrying out recruitment for the permanent position.

- Contract funds to engage local public health authorities, community-based organizations, Tribes and nongovernmental organizations to develop and deliver well testing and safety outreach and communications, including conducting domestic well sample screening events; these funds will be deployed as soon as OHA establishes contracts.
- Contracts to certified environmental laboratories to conduct domestic well water analysis; these funds will be deployed as soon as OHA establishes contracts.
- Contracts to purchase, either directly or through local water treatment professionals, point of use water treatment systems to reduce nitrate contamination in domestic well water, prioritizing communities of color and with low income; these funds will be deployed as soon as OHA establishes contracts.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

At least 40 percent of all Oregon residents rely on public or private groundwater supplies for their drinking water (some public water systems rely on wells as some or all of their water source). In rural areas, 90 percent of Oregonians are dependent on groundwater and for many communities it is the only source of potable water. Oregon’s rural populations experience elevated levels of poverty and compromised health status, particularly among communities of color. This makes groundwater protection and domestic well stewardship of critical public health importance. There are an estimated

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

Oregon Health Authority: 2023-25 Policy Package

350,000 active wells in Oregon. When this estimate is coupled with Oregon census estimates for household size, it suggests that approximately 23 percent of the state's population may be relying on private wells. With only 1 percent of state land use designated as urban, Oregon is primarily a rural state and private wells predominate. The Oregon Water Resources Department reports that every year 3,800 new exempt-use wells are drilled across the state. These small wells are exempt from the water-rights permitting process and regular water quality testing is not required leaving users of these wells at increased risk for adverse health outcomes stemming from exposure to well water contamination.

With respect to the LUBGWMA in particular, there are approximately 4,500 domestic wells serving an estimated 12,000 household members in an area of the state that tends to be more ethnically diverse, higher representation of Latino/a/e and American Indian/Alaskan Native populations and with a higher poverty rate than the state as a whole.

This policy package would improve awareness of domestic well sampling and water treatment, leading to decreased exposure to contaminants and improved general health outcomes. For the LUBGWMA, this work would include provision of free well water sampling and free water treatment for people impacted by poor water quality.

Quantifying results

4. What are the long-term desired outcomes?

We desire improved compliance with the Domestic Well Testing Act and increased general awareness of the importance of water testing (and utilization of free testing for the LUBGWMA project), improved drinking water quality based on action taken from test results and improved

Oregon Health Authority: 2023-25 Policy Package

general health outcomes due to decreased exposure to contaminants. An ultimate environmental outcome would be dissolution of the LUBGWMA due to reduction of groundwater nitrates below levels of concern.

5. How will OHA measure the impacts on health inequities of this policy package?

The clearest and direct measure of equity would be the decrease in the number of households exposed to contaminated well water for their daily living activities. Due to the complexity of environmental exposures, it is difficult to measure health impacts of nitrates in drinking water. Acute outcomes (primarily fetal and infant mortality from methemoglobinemia, also some birth anomalies) are rare and chronic outcomes (primarily stomach cancer) are difficult to ascribe to individual causes. OHA is currently collecting baseline data for the LUBGWMA to see if it is possible to measure health impacts. OHA can measure intermediate outputs, including uptake of well testing and implementation of water treatment by census geography which can be correlated with demographic information.

How achieved

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

In 2021, US EPA was petitioned to resolve concerns and US EPA directed Oregon state agencies to deliver a plan. In December 2021 OHA, Oregon Department of Environmental Quality (DEQ) and Oregon Department of Agriculture (ODA) developed an interagency workplan in response. This policy package is based in large part on that workplan. In June 2022, Morrow County declared a state of emergency related to findings of high nitrates in portions of that county in LUBGWMA and requested support from state agencies. OHA expedited planning and requisition efforts.

Oregon Health Authority: 2023-25 Policy Package

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

OHA asked US EPA for funding to address concerns; no funding has yet been identified from that source. OHA considered requesting federal Congressional Discretionary Spending and then learned that Morrow County requested congressional spending to monitor domestic wells and extend public water system lines. The county's application only covered a portion of the LUBGWMA project and public health action plan. OHA provided a letter of support.

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

OHA partnered with DEQ and ODA in developing the workplan that forms the basis for this policy package. OHA is partnering with Morrow and Umatilla counties (as well as DEQ and ODA) on workplan refinement and long-term implementation.

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

No.

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

Tribal and/or local government agencies may receive funding to assist in outreach and education efforts.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

Position pricing assumes 1.00 FTE Program Analyst 2, step 3 based on current limited-duration staffing. For LUBGWMA, assumptions are 4,500 wells in the area to sample, 500 of which might be contaminated. Assuming half will need less expensive reverse osmosis water treatment and the other half will need ion exchange water treatment. Assuming treatment systems will be point-of-use (i.e., kitchen sink) versus whole-house treatment.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

Office of Contracts and Procurement will need to support contracting for outreach and education, well sampling and water treatment. Office of Information Services will need to maintain existing information systems.

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

OHA already has 1.00 FTE Program Analyst 2, permanent position authority as a result of federal grant support that started in 2013 and ended in 2020 for the OHA Domestic Well Safety Program. This policy package requests funding only (no new position authority) to restore the one-person Domestic Well Safety Program to carry out required statewide and LUBGWMA-focused work. (OHA would also need to dedicate time of existing Environmental Epidemiologist 2 and Compliance and Regulatory Manager 1 positions to support the work but is not requesting new funding or authority for those positions.)

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

Anticipate LUBGWMA contracting costs are initially high during first period of outreach and education and recruitment for well testing and water treatment implementation.

17. What are the ongoing costs?

Ongoing costs to maintain the day-to-day Domestic Well Testing Act work, coordinate special short and intermediate-term projects like the wildfire-impacted domestic well testing project. For LUBGWMA outreach and education, well testing and water treatment installation costs would taper off; water treatment system maintenance costs would remain until groundwater nitrate levels were no

Oregon Health Authority: 2023-25 Policy Package

longer hazardous. The other ongoing cost is maintaining the 1.00 FTE Program Analyst 2 to staff the OHA Domestic Well Safety Program.

18. What are the potential savings?

There are potential savings to be gained by improved individual and community health due to removal of exposure to harmful level of drinking water contaminants from domestic wells generally, and particularly in LUBGWMA.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$154,551			\$154,551	1	0.75
Services & Supplies	\$2,098,006			\$2,098,006		
Capital Outlay						
Special Payments						
Other						
Total	\$2,252,557	\$0	\$0	\$2,252,557	1	0.75

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Center for Health Protection				Total
General Fund	\$2,252,557				\$2,252,557
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$2,252,557				\$2,252,557
Positions	1				1
FTE	0.75				0.75

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division
Program: Program Support and Administration
Policy package title: MMIS Staffing Capacity for Compliance Changes
Policy package number: 433
Related legislation: None

Summary statement:

The Oregon Health Authority (OHA) has identified a goal to eliminate health inequities by 2030. Central to the pursuit of this goal, OHA has identified two areas related to operations of the Medicaid Management Information System (MMIS) which, without increased staffing, would significantly prohibit the achievement of this goal: Transformed Medicaid Statistical Information System (TMSIS) data reporting and Medicaid Provider Portal security oversight and governance. Because the nature of the Medicaid program lends itself to a greater composition of historically underserved populations, gaps identified throughout these two areas are more likely to impact those communities and further inequities throughout Oregon.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$194,336	\$0	\$582,965	\$777,301	4	3.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

This policy package requests staffing to bring Transformed Medicaid Statistical Information System (TMSIS) data and reporting into federal compliance. The additional staff would centralize both the gathering and reporting of TMSIS data. This policy package also requests resources to increase security measures around the Medicaid Provider Portal so that they are in line with industry standards and facilitate training for Medicaid providers to decrease error rates and security risks.

TMSIS reporting challenges

The TMSIS is a critical data and systems component of the Centers for Medicare and Medicaid Services (CMS) Medicaid and Children's Health Insurance Program (CHIP) Business Information Solution (MACBIS). States submit monthly data files to CMS, which CMS then uses to create TMSIS Analytical Files (TAF) that are used as a research-optimized version of TMSIS data and serve as a data source tailored to meet the broad research needs of the Medicaid and CHIP data user community. These files include data on Medicaid and CHIP enrollment, demographics, service utilization and payments. Specific TMSIS reporting challenges this policy package would address include:

- TMSIS data must be gathered from multiple programs and agencies and from several other systems and this causes delays in getting timely information for the Centers for Medicare & Medicaid Services (CMS).
- In many cases, gathering the required data for CMS means that other system teams must develop a change request to produce the necessary and correct data from their system. This is both time consuming and costly.

Oregon Health Authority: 2023-25 Policy Package

- CMS required deadlines are often within a very tight window of time, causing other projects to be put on hold while the data are gathered.
- Communication is a challenge because many different individuals must be involved in gathering the data. For example, there can be delays while locating and identifying the correct data expert to provide the information.
- OHA and other state agencies that receive federal Medicaid funds face the risk of reduced federal funding if data quality thresholds are not met. CMS has communicated that TMSIS data is of the highest priority and must be accurate.

Medicaid Provider Portal security challenges

- Key ease-of-use functionalities in the Provider Web Portal do not meet modern technological expectations.
- Security functionalities do not meet industry standards including the lack of multi-factor authentication for providers.
- No consistent training is currently provided for Oregon's Medicaid providers, which increases the risk of a security breach.
- A lack of consistent provider training on use of the portal creates a high number of billing errors and claim adjustments which causes delays in making providers financially whole .

Currently, Medicaid providers do keep security measures in place; however, this policy package proposes a more centralized and uniformed approach to portal security that keeps all users within a consistent model of internet security. Providing specific training to Medicaid providers would ensure error rates drop in usage of the portal, resulting in claims being adjudicated properly and expediently, providers being paid timely and Medicaid recipients receiving services without delay. Constantly changing rules and laws around billed Medicaid services can cause confusion for providers and could

Oregon Health Authority: 2023-25 Policy Package

hinder access to care for some individuals. A provider trainer could keep providers up to date on system operational changes in the Medicaid Provider Portal and train their employees in more efficient use of the portal, help them navigate the system accurately and efficiently, and ensure that both provider and client are well-served. Finally, by providing training we could encourage more providers to use the portal for submitting claims and help reduce paper processes, which in turns means more timely payment of Oregon's Medicaid providers.

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

OHA proposes adding four new positions in the Health Systems Division (HSD) responsible for ensuring the division is compliant with federally mandated reporting through TMSIS. These additional staff would manage the cross-agency collaboration with the Oregon Department of Human Services (ODHS) and oversee the research necessary to provide accurate data to CMS. They would also be responsible for guaranteeing Medicaid providers in Oregon are thoroughly and accurately trained regarding all aspects of Medicaid work through the Provider Portal. They would also focus on creating security protocols that further enhance the agency's ability to guard against Medicaid fraud and security breaches.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

The effective management of TMSIS data would help OHA reach its goal of eliminating health inequities by 2030. Because the nature of the Medicaid program lends itself to a greater composition of historically and contemporarily underserved populations, gaps identified through TMSIS reporting are more likely to impact those communities. Specifically:

- TMSIS reporting is a requirement for every state and the data reported out of TMSIS data impacts the amount of federally enhanced funding allocated to Oregon. OHA must follow CMS required TMSIS reporting or risk the loss of enhanced federal funding.
- Improved quality of TMSIS data would allow OHA to better identify underserved populations in the state.

Adding oversight to the Medicaid Provider Portal in the areas of security and provider training would also contribute to the agency goals of eliminating health inequities through the path of better training of Medicaid providers and the protection of personal health information and best practices regarding HIPAA compliance standards. Better governance of provider portal security ensures that both the recipient of services and the provider of those services are operating in a consistent atmosphere of a secure environment. This protects against Medicaid fraud and protects the privacy of all Medicaid recipients throughout Oregon.

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

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

The desired outcome is for HSD to have a centralized group that provides oversight to all TMSIS-related reporting and to create a secure Medicaid Provider Portal that uses industry-leading approaches and best practices around Medicaid security, and to support Oregon's provider network with quality training.

5. How will OHA measure the impacts on health inequities of this policy package?

The TMSIS data set contains:

- Enhanced information about beneficiary eligibility
- Beneficiary and provider enrollment
- Service utilization
- Claims and managed care data
- Expenditure data for Medicaid and CHIP

These data are used to identify the distribution of services geographically and can help OHA determine where underserved populations are not receiving adequate medical services and can then identify the best approach to mitigating against oversights now and in the future. The data also allows the agency to see where the Medicaid dollars are spent and assists in identifying processes that require upgrades or changes so that the agency can address any anomalies in services, claims, and the provider network.

The most important use of this data may be its ability to assist Oregon Medicaid program leaders in seeking federally enhanced funds by demonstrating the need through TMSIS reporting.

Oregon Health Authority: 2023-25 Policy Package

The assurance of security measures around the Medicaid Provider Portal and specific and targeted training opportunities ensure that providers will be paid timely, claims will adjudicate properly, and Medicaid recipient will receive services without interruption. Better provider training will also ensure that no population is overlooked or under served by Oregon Medicaid systems.

How achieved

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

Currently, Oregon works with the MMIS contractor, Gainwell, to report TMSIS data to CMS. OHA must work through numerous channels to gather data, resolve data discrepancies, review all data, and report back out to CMS. This current process is not a long-term solution because it requires significant investment of staff time. Efforts could be more centralized and allow for more efficient gathering of the necessary data within the CMS-required timelines.

Timely reporting is of the essence and currently it can take several days to prepare responses back to CMS questions about Oregon's TMSIS reporting. This model is not efficient going forward as it requires complex logistics to achieve ends which still carry high risks around Medicaid funding.

There have been attempts to work with provider networks when a potential breach has happened, but that process has proven unfruitful in resolution of matters in a timely fashion. There is no defined process for monitoring and enforcing portal security from an agency perspective. Formal provider training has not been available to the Oregon Medicaid provider network for several years. The Provider Services Unit assist providers through the call center. This is not sufficient, and errors continue to be repeated by Medicaid providers.

Oregon Health Authority: 2023-25 Policy Package

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

Currently, Gainwell (MMIS Contractor) oversees all TMSIS data collection and reporting. At some point in the future, it is possible Gainwell could no longer be Oregon's MMIS contracted partner and it would be prudent to have TMSIS data gathering and reporting administered by the agency. The use of a contractor is not a sustainable model because it does not give the agency direct oversight of TMSIS data gathering and reporting. The future state is a centralized data repository for OHA from which TMSIS data will be gathered.

Security measures for the Medicaid Provider Portal are currently managed by individual providers and the agency does not have regular review of those security practices and standards. Regarding provider training, there is currently no dedicated staff for provider training. All training is handled through the provider call center by way of phone conversation.

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

There are no other collaborators on this policy package, although this policy package will necessitate a solid working relationship with the Office of Information Services (OIS) regarding the portal security portions of the policy package.

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

No.

Oregon Health Authority: 2023-25 Policy Package

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

All Medicaid recipients are potentially impacted by this policy package since accurate TMSIS reporting is directly tied to federally enhanced funding for Medicaid services. Among those impacted and affected would be the Office of Financial Services at the Oregon Department of Human Services, Tribal Health, and county health departments.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): _____

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

- Provider access to technology will remain constant or will grow
- Current TMSIS data element resolution and data gathering are spread across multiple programs and agencies and the process is not a lean process
- HSD does not have a dedicated internal resource for TMSIS data gathering
- Oregon is currently out of compliance with TMSIS data element resolution in 2 out of 3 areas
- CMS frequently changes the required data requests that consume resources already dedicated to other important and time-sensitive system work

Oregon Health Authority: 2023-25 Policy Package

- TMSIS data element resolution for CMS is very time consuming due to the many systems where TMSIS data is contained – there is a need to centralize a process for information gathering
- HSD currently lacks the qualified staff and position authority to properly manage TMSIS reporting
- Cost of professional services is assumed to be in alignment with other comparable efforts.
- Resources (both internal to the agency and externally through vendors) with the necessary skills will be available.
- Federal enhanced funding will be available and leveraged for all Medicaid-related efforts.
- All funding will be General Fund and Medicaid but depending on the item it will either be matched at the enhanced rate or the administrative rate.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

Currently, HSD has one analyst who serves on a TMSIS team comprised of analysts from ONE, Health Policy & Analytics (HPA), and Gainwell. This model has served sufficiently during the project phase of TMSIS, however, as TMSIS moves to an operations and maintenance phase it will be

Oregon Health Authority: 2023-25 Policy Package

necessary for the agency to assume oversight of TMSIS data gathering and resolution of discrepancies. This policy package recommends the hiring of two FTE for TMSIS.

Regarding the Medicaid Provider Portal security and training, an additional two positions are recommended.

New Staffing Required:

- Operations & Policy Analyst 4 (OPA4), TMSIS Data Administrator
- Operations & Policy Analyst 3 (OPA3), TMSIS Data Analyst
- Operations & Policy Analyst 3 (OPA3), Senior Business System Analyst, MMIS Provider Portal Security
- Operations & Policy Analyst 2 (OPA2), Business System Analyst, MMIS Provider Portal Training

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

There are no known start-up or one-time costs associated with this policy package.

17. What are the ongoing costs?

Staff costs and perhaps costs associated with security and provider training. Those costs are unknown currently.

18. What are the potential savings?

There are no immediate savings from this investment. Overall, provider training ensures claims are paid appropriately and enhanced funding leveraged for this effort will result in less use of general funds.

Oregon Health Authority: 2023-25 Policy Package

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

The pricing assumes 75 percent Federal Funds and 25 percent General Fund for each position.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$176,216		\$528,636	\$704,852	4	3.00
Services & Supplies	\$18,120		\$54,329	\$72,449		
Capital Outlay						
Special Payments						
Other						
Total	\$194,336	\$0	\$582,965	\$777,301	4	3.00

Fiscal impact by program

	HSD Admin				Total
General Fund	\$194,336				\$194,336
Other Funds	\$0				\$0
Federal Funds	\$582,965				\$582,965
Total Funds	\$777,301				\$777,301
Positions	0				4
FTE	0.00				3.00

Oregon Health Authority 2023-25 Policy Package

Division:	Health Policy and Analytics
Program:	Oregon Health Insurance Marketplace
Policy package title:	Marketplace Outreach and Operations
Policy package no.:	434
Related legislation:	None

Summary statement: This policy package uses existing Marketplace funds to further the Oregon Health Authority’s (OHA) goals of 98 percent coverage by 2024 and elimination of health inequities by 2030. Priority populations face significant barriers to accessing health care due to systemic racism, oppression, discrimination, and bias. Specialized and dedicated efforts are needed to mitigate historical and contemporary injustices and either build or rebuild trust to ensure people are connected to the resources they need. With current staffing and due to the increasing demand from the community, the Marketplace needs additional resources to expand outreach and education initiatives to the communities it serves, including those who are and have been underserved and marginalized. With additional staff, these communities will have access to the most effective assistance available to gain access to potentially free or very low-cost health care.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	\$526,331	\$0	\$526,331	3	2.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

To meet the goals of eliminating health inequities by 2030 and achieving 98 percent health insurance coverage, OHA proposes this policy package, which relies on unused, excess Marketplace Other Funds that would otherwise be rebated back to commercial insurance carriers.

Priority populations face significant barriers to accessing health care due to systemic racism, oppression, discrimination, and bias. Specialized and dedicated efforts are needed to mitigate historical and contemporary injustices and either build or rebuild trust to ensure people are connected to the resources they need. The Marketplace's Outreach and Education Program is a critical effort focused on building relationships with community. Over the last four years, the Marketplace has employed five permanent outreach and education coordinators and two limited duration outreach and education coordinators.

Outreach and Education Coordinators (OECs) are the face of the Marketplace, health insurance and coverage experts, confident trainers, providers of excellent customer service to Oregonians, and trusted resources for the communities they serve. OECs serve every county in the state, providing school and college outreach; cultivating relationships with health insurance agents, community partners, community leaders, and local businesses; attending and supporting regional collaboratives with OHA Regional Outreach Coordinator partners (ROCs); educating consumers throughout the state about how to get and use coverage; and working closely with WorkSource Oregon to give Rapid Response and Trade Act session presentations statewide for workers who have recently lost their jobs. In addition to outreach, the coordinators provide in-person and virtual Marketplace training to over 1,000 community partner assisters each year in both English and Spanish.

Oregon Health Authority: 2023-25 Policy Package

An ongoing challenge facing the Outreach and Education Program is staff turnover in the limited duration positions. The turnover resets relationships with the partners and communities; eliminates earned trust; and disrupts outreach, education, and enrollment assistance efforts. The development and training of these staff is lost when they move on to permanent employment elsewhere. The use of limited duration employees to fill these essential roles is neither sustainable nor effective to meet the needs of communities and ensure access to potentially free or very low-cost, high-quality health care.

With current staffing and due to the increasing demand from the community, the Marketplace needs additional resources to expand outreach and education initiatives to the communities it serves, including traditionally underserved, marginalized populations. With additional staff, these populations will have access to the most effective assistance available to gain access to potentially free or very low-cost health care.

Another challenge facing the Marketplace's Outreach and Education efforts is the lack of a permanent staff member to operate and manage the call center. Per Oregon law, the Marketplace must operate "a call center dedicated to answering questions from individuals seeking enrollment in a qualified health plan" in a manner that will "mitigate health disparities linked to race, ethnicity, primary language and similar factors." ORS 741.002 and 741.001(4) (respectively). Following the transition of the Senior Health Insurance Benefits Assistance (SHIBA) team to the Oregon Department of Human Services (ODHS) on July 1, 2021, the Marketplace no longer has any Call Center Representatives to support the call center. The Marketplace did hire a limited duration call center representative, but a permanent position is required to provide necessary information to consumers who use the call center; allow the Marketplace's outreach and education coordinators to

Oregon Health Authority: 2023-25 Policy Package

remain in the field providing outreach, education, and enrollment assistance; monitor and reply to emails; help support constituent work; and to meet statutory requirements.

Finally, the Marketplace brings additional complex reporting and contracting requirements that were not fully recognized at the time the program was integrated with OHA after the passage of SB 65 (2021). Additional fiscal reporting and support has been identified as a need to successfully support the program, its grants, and federal reporting requirements.

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

This policy package requests the following three, full-time permanent Marketplace positions:

- One Outreach and Education Coordinator (Program Analyst 2)
- One Marketplace Customer Service Representative (Public Service Representative 4)
- One Budget Analyst (Fiscal Analyst 2)

The first two positions would provide outreach, education, and enrollment assistance to traditionally underserved and marginalized populations. The budget analyst would assist with budget reporting and tracking of federal grants, contracts, revenue and Marketplace expenditures.

Outreach & Education Coordinator

Program Analyst 2s support Outreach and Education in their assigned regions and provide Oregon-specific, in-person training to community partners. This position would serve both Multnomah and Washington counties, which are priority regions necessary for successful qualified health plan (QHP) outreach and enrollment and Marketplace revenue and sustainability. This OEC would also serve Clackamas and Columbia counties.

Oregon Health Authority: 2023-25 Policy Package

Call Center Representative

A permanent call center representative would provide necessary information to consumers who use the call center, monitor and reply to emails, help support constituent work, and to meet the requirements of ORS 741.002 and 741.001(4). This role is integral to allowing the Marketplace's outreach and education coordinators to remain in the field serving and assisting community members.

Budget Analyst

A permanent budget analyst position would provide the necessary fiscal support for the Marketplace. This position would help ensure that the revenue, expenditures, federal reporting and other budget needs are done in a timely and accurate manner as required by ORS 291.100.

For all three positions, OHA would begin recruitment on the next business day after policy package approval, on or around July 1, 2023. OHA anticipates hiring permanent positions around January 1, 2024.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Additional outreach and education, call center, and budget/operational staffing would help the Marketplace focus on, and effectively implement, strategies to serve traditionally underserved and priority populations to educate individuals about affordable health insurance options and assist them

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

Oregon Health Authority: 2023-25 Policy Package

with enrollment into affordable, high-quality health care. Increased coverage of traditionally uncovered and historically excluded individuals would contribute to OHA's mission of ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

Quantifying results

4. What are the long-term desired outcomes?

Increased enrollment, especially of priority populations, in QHPs using maximum tax credits and/or cost-sharing reductions if applicable, or – depending on eligibility – in the Oregon Health Plan (OHP). While the Marketplace will continue to do its best to reach all people in Oregon eligible for QHP coverage and tax credits, failure to fund this policy package and the necessary permanent staff will limit the support the Marketplace is able to provide. As mentioned in question two, the additional budget position would help ensure that the revenue, expenditures, federal reporting and other budget needs are done in a timely and accurate manner as required by ORS 291.100.

5. How will OHA measure the impacts on health inequities of this policy package?

During open enrollment 2023, the Marketplace will begin to require community partners, agent partners, outreach coordinators, and call center representatives to record data disaggregated by race, ethnicity, language, disability, sexual orientation, and gender identity. The Marketplace will also seek enrollment data from carriers required to obtain such data. Data for 2023 would be used as a baseline to compare against future years after implementation of the policy package.

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

The Marketplace hired limited duration Outreach and Education Coordinators and a limited duration call center representative, expanded coverage areas for existing permanent OECs, added statewide LatinX outreach to each OEC's workload, combined two regions for one OEC, required one OEC to perform statewide outreach, and worked with community partners and Tribal liaisons to help support regions. OECs have also helped cover phones. These attempted mitigation strategies taxed an already heavily burdened staff, resulting in a reduction in the quality and quantity of outreach and education to all communities, including those that are typically marginalized and underserved.

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

The Marketplace originally covered the loss of the Call Center Representative when the SHIBA program moved to ODHS by hiring a limited duration position. A limited duration position also supported the Outreach and Education team as a coordinator. As referenced above, limited duration positions result in too much turnover in jobs that require building trusted, lasting relationships with community and significant levels of training. The Office of Business Operations budget team has been managing the additional workload brought by the Marketplace through existing resources, but a permanent position is needed to sustainably meet the needs of both the Marketplace and the rest of the division.

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

None.

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

Tribal governments would be affected to the extent the additional staffing results in increased Tribal member enrollment in qualified health plans (QHPs) through the Marketplace. Increased Tribal member QHP enrollment could reduce required Tribal spending on health care, freeing up funds for other priorities.

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

No.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): Ongoing

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

None.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

This policy package requests three permanent, full-time positions:

- One Program Analyst 2 (Outreach and Education Coordinator) would replace a current non-budgeted limited duration position. The limited duration positions have been ongoing as this work is permanent within the Marketplace.
- One Public Service Representative 4 (Marketplace Customer Service Representative) would replace a current non-budgeted limited duration position. The limited duration positions have been ongoing as this work is permanent within the Marketplace.
- One Fiscal Analyst 2 (Budget Analyst) would be responsible for providing the necessary fiscal support for the Marketplace by helping ensure that the revenue, expenditures, federal reporting and other budget needs are done in a timely and accurate as required by ORS 291.100.

Oregon Health Authority: 2023-25 Policy Package

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

Initial cost would include standard services and supplies costs for new staff including employee training, office supplies and telecommunications devices. Other initial costs include IT charges and assessments that include software, expendable property, and background checks and other shared services within OHA.

17. What are the ongoing costs?

Ongoing costs include employee salaries and benefits, office expenses, travel, and training.

18. What are the potential savings?

Savings would result from minimizing recruitments for limited duration positions annually, this includes staff time that could be directed to other work or priorities in human resources, Health Policy and Analytics and payroll, as well as specific costs associated with recruitment channels outside of State Jobs pages.

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

This policy package is funded by existing, unused Health Insurance Exchange Fund moneys (Other Funds) that are legally required to be rebated back to commercial QHP issuers if unused. This is an ongoing funding source. The Fiscal Analyst position may be supplemented by cost allocation funding from other sources, but that amount is unknown at this time.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services		\$468,644			3	2.50
Services & Supplies		\$57,687				
Capital Outlay						
Special Payments						
Other						
Total	\$0	\$526,331	\$0	\$526,331	3	2.50

Fiscal impact by program

	HPA/OHIM	HPA/OBO			Total
General Fund	\$0	\$0			\$0
Other Funds	\$353,774	\$172,557			\$526,331
Federal Funds	\$0	\$0			\$0
Total Funds	\$353,774	\$172,557			\$526,331
Positions	2	1			3
FTE	1.75	0.75			2.50

Oregon Health Authority 2023-25 Policy Package

Division:	Health Policy and Analytics
Program:	Public Employees' Benefit Board & Oregon Educators Benefit Board
Policy package title:	Benefits Management System (OEBB-PEBB BMS) Replacement
Policy package number:	435
Related legislation:	Senate Bill 1067 (2017)

Summary statement:

The current benefit management systems (BMS) used by the Oregon Educators Benefit Board (OEBB) and Public Employees' Benefit Board (PEBB) no longer support all current business needs since their respective introductions in 2008 and 2003. OEBB and PEBB are seeking to continue the BMS replacement project to improve user experience and customer care. The new BMS would facilitate the potential collection of REALD & SOGI data and provide a mobile app experience that has a better chance of members, including those in underserved communities, having better access to enroll in benefits, utilize benefit tools and wellness programs, and make informed benefit choices. Not prioritizing and supporting a replacement effort for the current system would result in canceling a contract signed with new vendor, discontinued implementation efforts, and continued use of end-of-lifecycle technology that is fragmented, non-standard, difficult to support, and is not scalable. Approximately 300,000 covered lives would be at risk for benefits interruption if a replacement system is not identified and procured prior to the expiration of existing vendor support in 2022.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	\$6,631,605	\$0	\$6,631,605	3	2.25

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Over the past two years, OEGB and PEBB have completed planning for a replacement Benefits Management System (BMS). This planning was done as a result of a technical assessment of the current BMS systems used by OEGB and PEBB, and as a result of Senate Bill 1067 (2017 Regular Session) to align operational and administrative activities of the two systems. The planning included requirements gathering, alternative analyses, development of a Request for Proposal (RFP), evaluation and scoring of RFP responses, vendor selection, and contract execution with the selected vendor. The replacement BMS is part of the goal to align the state's operational and support processes to provide demonstrably improved services with increased efficiency and sustainable effectiveness, and a fundamental step to activate that lever is alignment across OEGB and PEBB. Replacing the antiquated and independent operating systems for benefit management in the two programs with a single, modernized and efficient system is a necessary step toward integration and alignment of benefits.

The current benefit management systems used by OEGB and PEBB (MyOEGB and pebb.benefits respectively) no longer support all current business needs since their respective introduction in 2008 and 2003. These needs include the ability of OEGB and PEBB subscribers in securely accessing and changing their personal account information; updating family member eligibility with legal documentation, which may include personally identifiable information (PII) data; modernized, secured communications between subscribers and OEGB/PEBB support staff, and enhanced remote capabilities for school district/university/state benefits administrators to properly manage accounts for their organizations and employees.

Oregon Health Authority: 2023-25 Policy Package

OEBB and PEBB, along with the OEBB and PEBB boards, are seeking to integrate the administrative and support of the two systems, with improved user experience and customer care, into a single platform to meet the legislative direction provided under SB 1067. Section 25 of the bill specifies the need for increased efficiency, reduction of duplication and merging of the two separate PEBB and OEBB oversight boards into one function as essential to driving cost reductions and driving operational improvements consistent with applicable law and administrative rule.

Both systems were built on, and still maintained with antiquated legacy technologies utilizing extensive custom code using development languages, tools and infrastructure which are past the end of their product lifecycle. Turnover of the current support staff further increases the urgency of this project as replacement staff require increasing amounts of time to become familiar with the old architecture before reaching a level of sufficient competency to address issues.

In addition, the continued operations and maintenance of an aging, complex and highly customized system (by essentially the same vendor under different names) has led to an increased dependency on this single vendor. The current contract ends June 30, 2025.

Finally, OHA's 2015 Benefit Management System Technical Assessment Report noted that both systems are at the end of their lifecycles and continue to be supported with obsolete technologies. The report recommended implementing system upgrades in the short term and replacing the entire system as quickly as feasible to allow OEBB and PEBB to meet their statutory responsibilities.

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

OEBB and PEBB are in the initial stages of the replacement BMS implementation. This policy package would fund implementation activities including additional project staffing, vendor

Oregon Health Authority: 2023-25 Policy Package

implementation costs, hosting and licensing fees, oversight fees for quality assurance, and contingency allowances. The implementation plan outlined by the selected vendor, LifeWorks, is a 23-month implementation plan with a go live date in the second quarter of 2024.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

PEBB and OEGB goals are the same – provide a modernized, centralized, standardized, supportable, and scalable solution to replace both OEGB's and PEBB's benefit management systems for public employees, with the ability to accommodate the administrative and organizational changes while implementing and maintaining more rigorous security best practices.

The new BMS would allow members to access anytime anywhere from multiple devices, including mobile devices. Mobile access is a significant benefit for members, including underserved communities who rely on them to easily enroll in benefits and use tools available to make informed benefit choices. The new BMS would also facilitate the potential collection of REALD & SOGI data for analyses of benefit disparities.

REALD & SOGI Implementation

- The OEGB-PEBB replacement Benefits Management System (BMS) would facilitate the potential collection of REALD & SOGI data.

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

Oregon Health Authority: 2023-25 Policy Package

- As part of HB 3159, insurance carriers and providers are required to collect SOGI and REALD data from participants and report to OHA once per year effective July 1, 2022. OHA intends to build a data repository to store the data which is slated to be piloted in 2024.
- The potential for REALD & SOGI data to be stored in the BMS if not available elsewhere would allow for analyses of potential disparities related to access to benefit information, access to benefits, and utilization of benefits among various populations.

Broader access to enrollment and benefit tools

- The new BMS would allow members to access anytime anywhere from multiple devices, including mobile devices. Most website visits are from mobile devices.
- Mobile access is a significant benefit for members. Studies show that underserved populations are more likely to access health information on smartphones. A well-designed mobile app would provide more access for underserved populations and assist them to easily enroll in benefits, use tools available to understand their benefits and costs, and make informed benefit choices.
- OEGB-PEBB would look at the expandability of the mobile app to include wellness content, and incorporate plan partner programs so more members, including underserved populations, can easily understand and access.

Alignment with the ODHS / OHA Strategic Technology Plan (STP) Initiatives includes:

Business Automation

While the current Benefit Management System (BMS) solutions have provided significant efficiency gains, the multitude of options now available provide greater functionality and capability to further automate and streamline essential business processes, including support of dependent eligibility verification.

Oregon Health Authority: 2023-25 Policy Package

Dynamic Needs Supported by Seamless Technology Services

OEBC and PEBC's existing systems have been continuously enhanced to meet the needs of the member populations served, and the program staff responsible for overseeing benefits administration; replacement solutions provide for additional capabilities including modularity, agility, reusability, and incorporation of best practices in benefit administration.

Enables Connectivity Anytime, Anywhere, in Multiple Ways

The current solutions provide connection capability via multiple interfaces, but alternative solutions offer expanded capabilities to better meet member, staff, and partner needs through inclusion of mobile devices.

Trusted Source for Health & Human Service Data

The member information collected in the existing systems is organized in such a way as to allow searching and reporting capabilities, but lacks the ability to provide predictive analytics, which may be available with more modern solutions. The proper use of predictive analytics would allow for a strong improvement of customer service and support, reduce unnecessary insurance risks based on more reliable interpretation of provider data, assist in detecting possible fraud, enable better marketing and facilitation of currently available options as well as new, innovative wellness and healthcare options, all while helping strengthen accessibility to improved healthcare and meet the insurance expectations of a highly diverse population of clients and their families.

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

A new combined Benefit Management System (BMS) would allow OEGB and PEBB to modernize its members' and administrators' user experience. Among the top modernization goals:

- Alignment with state information technology strategic plan.
- Ability to implement and maintain latest security best practices.
- Mobile app compatibility.
- More integrated benefit education tools to allow informed benefit choices.
- Compatibility with commonly used browsers, operating systems and devices.
- Flexibility to make changes to accommodate business partners and customers.
- Expanded automated error checking and data validation.
- Availability of on-demand enrollment, and training tools for members and administrators.
- Self-service tools and features for members and administrators.
- Automated dependent eligibility verification among, and between OEGB and PEBB member groups.
- Integrated financial module to improve invoice and payment processing, reconciliation, and ensuring enrollment and financial payment accuracy.
- Remove reliance on single vendor to maintain custom coded system.
- Reduce ongoing operations and maintenance costs for the OEGB and PEBB Benefits Management System.
- Reduce manual and duplicative processes.
- Improved and enhanced reporting module for participating employers.

Oregon Health Authority: 2023-25 Policy Package

5. How will OHA measure the impacts on health inequities of this policy package?

Surveys and the availability of data would allow the opportunity to evaluate access and usage of benefit enrollment tools available in the new BMS. More information would lead to more targeted improvements in the application and better-informed choices by the members.

In addition to measuring impacts on health inequities, success of this policy package would be validated by the following outcomes being met:

- Business process improvements and cost containment/recovery upon system implementation shall be quantitatively and measurably improved relative to their respective initial baseline measurement.
- System performance and reliability shall be measurably improved relative to their initial baseline measurement.
- Data integrity and security shall fully meet all state and federal Health Insurance Portability and Accountability Act (HIPAA), Producer Price Index (PPI) and Personally Identifiable Information (PII) security standards.
- Reports and notifications to both internal and external partners and customers shall be complete, correct, and verifiable against currently held account and personal information to ensure correctness and timeliness of distribution.
- Security access shall be verifiably controlled (by role access) and limited to the appropriate agency representatives.
- Disaster recover stand-up and on-line accessibility shall meet or exceed their currently observed level with 99.5 percent reliability and database management redundancy

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

PEBB and OEGB have sought advice from technical experts within the Oregon Office of Information Services (OIS) and Oregon Office of the State Chief Information Officer /Enterprise Information Services OSCIO/EIS. OEGB and PEBB have continued to contract, with little negotiating leverage due to the antiquated technologies involved, for maintenance and operations support to maintain basic system functions. OEGB and PEBB staff must either rule out or be very selective about enhancements to the systems as new functionality adds to the custom-made complexity of each system and could introduce new security risks.

In 2015, PEBB and OEGB contracted to have an in-depth security penetration test and an overall technical assessment conducted to identify and help in addressing any discovered risks and issues. Recommendations proposed by the 2015 Benefit Management System Technical Assessment Report were followed, including implementing hardware and software system upgrades to remedy issues identified in the report, and to allow OEGB and PEBB to continue meeting their statutory responsibilities until the replacement solution could be implemented.

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

- Status quo

The current OEGB and PEBB benefit management systems were built on antiquated legacy technology. OEGB-PEBB recently had an independent security assessment conducted. Future security assessments and remediation would be conducted biannually but the risk of a browser-based penetration attack is increased with the older technology.

Oregon Health Authority: 2023-25 Policy Package

Because of the custom nature of the systems, transition time related to contractor staff turnover puts programs more at risk as it takes new staff a much longer period of time to understand the systems well enough to address identified issues. The continued contractual relationship with the same vendor from the initial build to current maintenance and operations has resulted in an increased dependency on a handful of key knowledgeable individuals employed by the contractor due to the age, customization and complexity of the systems. Transitioning to a new vendor could be both cumbersome and costly in terms of maintenance and operations. In addition, the architecture of the systems, implemented over a decade ago, relies on server side, data base driven procedures and modernization of current systems to accommodate newer technology and program goals would be costly.

- Workday

Incorporation of BMS reporting and management into the current WorkDay Human Resource Management platform was reviewed including software demonstrations by Workday. The Workday solution did not meet enough of the requirements for the combined BMS for OEBC-PEBB, particularly the financial services section and the uniqueness of the OEBC program and the participating school districts, community colleges, special districts, other local governments.

- Internal custom development and support of a state-funded, self-maintained software package and hardware platform (an “in-house” product).

OIS resources not readily available for a customized in-house product. Another custom solution does not meet the strategic goal outlined by the Enterprise Information Services Office.

Oregon Health Authority: 2023-25 Policy Package

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

OEBB and PEBB have received endorsements from both boards. The Office of Information Services (OIS), Legislative Fiscal Office (LFO), EIS, Oregon State Treasury, Oregon Department of Justice, Cyber Security Services, and DAS Procurement have all assisted in aspects of the RFP development, evaluation, and contracting process. Other agencies, programs, and stakeholders would be involved with any implementation of a new system.

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

No additional statutes or changes to existing statutes.

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

All the benefit and payroll processes of state agencies, universities, school districts, education service districts and community colleges would be impacted: either by benefiting from a new benefit management system or adversely impacted if the benefit systems were not maintained, maintenance costs increased substantially due to the reliance on a single vendor, or if the systems became no longer viable.

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

No.

Oregon Health Authority: 2023-25 Policy Package

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): July 2024 for the implementation phase

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

- Estimated staff time allocated to the project and dedicated to the project
- Costs in contract for Internal Quality Management Services (iQMS) vendor (NTT Data)
- Implementation and Operations and Maintenance costs in contract with solution provider vendor (LifeWorks)
- Ten percent contingency

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

Although there are technical advisors from OIS on the project, there are no new responsibilities identified.

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

None.

Oregon Health Authority: 2023-25 Policy Package

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

OEBB and PEBB would need four new limited duration positions for the implementation of the project. One of these positions will be to coordinate OEBB and PEBB User Acceptance Testing. Three positions would be used to assist and backup current staff who would be more involved in the implementation. These positions would be used to ease workload in the current legacy system and to assist in testing of the new software.

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

This policy package is comprised entirely of one-time costs. It includes \$4.6 million to complete the implementation of the new BMS and \$2.0 million for operations & maintenance of the current BMS system for July 2024 through June 2025.

17. What are the ongoing costs?

While this policy package does not have any ongoing costs, there would be ongoing operations & maintenance costs that would be paid for from PEBB/OEBB's existing operations budgets. After implementation, per contract, **annual** ongoing operations & maintenance costs for the new system are as follows:

Operations and Maintenance Support	\$1,350,000
Third Party Software Licensing	\$ 84,000
Hosting and Services	\$ 566,000
Total	\$2,000,000

Annual cost for O&M is in contract for five full years after 'go live'.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

After implementation, OEGB and PEBB expect savings in operations and maintenance (O&M) costs of at least \$1 million annually initially. This is based on the O&M costs in the new vendor (LifeWorks) contract and the current (2022) O&M costs for the legacy system. The O&M costs for LifeWorks are set for five years without an increase; the O&M costs for the legacy system vendor increase annually so savings in O&M likely exceed \$1 million annually.

Additional research and ongoing measurements are needed to quantify savings by implementing a more modern system applying best practices regarding security, deduplication of processes, removal of one-off systems or the need to contract for additional enrollment.

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

Funding sources are Other Funds revenue from administrative fees assessed on PEBB and OEGB Core Benefits. The administrative fee is paid by members and state agencies through an assessment added to medical and insurance premiums and premium equivalents. A greater percentage is allocated to PEBB as PEBB would acquire two limited duration positions and OEGB would acquire one limited duration position.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services		\$425,427		\$425,427	3	2.25
Services & Supplies		\$6,206,178		\$6,206,178		
Capital Outlay						
Special Payments						
Other						
Total	\$0	\$6,631,605	\$0	\$6,631,605	3	2.25

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	PEBB	OEBB			Total
General Fund	\$0	\$0			\$0
Other Funds	\$3,395,680	\$3,235,925			\$6,631,605
Federal Funds	\$0	\$0			\$0
Total Funds	\$3,395,680	\$3,235,925			\$6,631,605
Positions	2	1			3
FTE	1.50	0.75			2.25

Alcohol and Drug Policy Commission 2023-25 Policy Package

Division: Alcohol and Drug Policy Commission
(The budget for the ADPC is in the OHA Health Systems Division)

Program: Alcohol and Drug Policy Commission
(The budget would be in the HSD Program Support and Administration program unit)

Policy package title: Alcohol and Drug Policy Commission - Oregon's Strategic Plan
Implementation

Policy package number: 436

Related legislation: None

Summary statement: This policy package includes additional staff for the Alcohol and Drug Policy Commission (ADPC) to support implementing Oregon's Strategic Plan.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$453,897	\$0	\$0	\$453,897	2	1.76

Alcohol and Drug Policy Commission: 2023-25 Policy Package

Purpose

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

According to the National Survey on Drug Use and Health (NSDUH), Oregon has one of the highest substance use disorder rates in the country coupled with one of the very lowest access to treatment rates. In response to these and other problems related to substance use, the Legislature directed the Alcohol and Drug Policy Commission (ADPC) to develop a statewide, comprehensive strategic plan for substance use services. ADPC completed this plan, now known as Oregon's Strategic Plan, in 2020. Implementation of Oregon's Strategic Plan has been delayed due to COVID-19. However, the pandemic has only increased Oregon's behavioral health needs and the need to make further progress on the Strategic Plan.

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

This policy package would bring two additional staff to ADPC to help implement Oregon's Strategic Plan. The positions are a research analyst to help with data needs contained in the Strategic Plan and a communications officer to help with communication needs related to the Strategic Plan. The starting date for both positions would be October 1, 2023.

Alcohol and Drug Policy Commission: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Oregon populations disproportionately impacted by substance use also tend to be significantly underserved. These underserved populations include communities of color, Tribal members; rural Oregonians; the LGBTQIA2S+ community; older adults; persons with disabilities, and people adversely impacted by social determinants of health. One of the primary objectives of Oregon's Strategic Plan is to reduce substance use-related health disparities, mainly felt by these underserved populations. Please note that Oregon's Strategic Plan adopted the Tribal Behavioral Health Strategic Plan, and OHA's Healthier Together Oregon uses Oregon's Strategic Plan for its substance use section. These actions were taken so that there would be a unified behavioral health plan from OHA and ADPC.

Quantifying results

4. What are the long-term desired outcomes?

Oregon's Strategic Plan calls for:

- Decreasing the substance use disorder rate
- Decreasing substance-use-related deaths
- Decreasing substance-use-related health disparities

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

Alcohol and Drug Policy Commission: 2023-25 Policy Package

- Reducing the economic burden of substance misuse (meaning reducing the amount of money Oregon spends on the problems of substance use, such as criminal justice spending due to substance use, and redirecting that money to prevention, treatment, recovery, and other supportive services)

5. How will OHA measure the impacts on health inequities of this policy package?

A few of the dashboard metrics from Oregon's Strategic Plan that help measure progress on reducing substance use-related health disparities include:

- Decrease the rate at which Native Americans in Oregon die from alcohol-related causes
- Increase the percentage of Oregonians ages 18+ with less than a high school education who report having good or excellent health
- Decrease the number of new placements of Oregon children in foster care due in part or whole to parental drug misuse

How achieved

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

ADPC has made frequent requests to OHA for research and communications assistance, and OHA has worked to fulfill those requests with generally short-term aid. ADPC has sustained, ongoing research and communications needs that can't be met with this type of limited assistance.

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

ADPC asked if any research and communications positions at OHA could be dedicated full-time to support ADPC, and the answer was no.

Alcohol and Drug Policy Commission: 2023-25 Policy Package

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

4D Recovery
Lines for life
Oregon Recovers

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

No.

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

There are 14 state agencies responsible for administering at least one substance use program or service, and these 14 state agencies are ADPC's partners in implementing Oregon's Strategic Plan. The additional staff positions requested by ADPC would help partner state agencies begin consistent and uniform data collection (standardized data collection is required by Oregon's Strategic Plan) and communicate clear, consistent messages about Oregon's Strategic Plan and related substance use issues.

ADPC's partner state agencies are:

- Oregon Health Authority
- Oregon Department of Human Services
- Oregon Department of Education
- Youth Development Division

Alcohol and Drug Policy Commission: 2023-25 Policy Package

- Oregon Youth Authority
- Oregon Department of Corrections
- Oregon Housing and Community Services
- Oregon Department of Consumer and Business Services
- Higher Education Coordinating Commission
- Oregon State Lottery Commission
- Oregon Department of Veterans' Affairs
- Oregon Liquor and Cannabis Commission
- Oregon State Police
- Oregon Criminal Justice Commission

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

No.

Staffing and fiscal impact

Implementation date(s): October 1, 2023

End date (if applicable): Not applicable

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

The pricing for these two positions is based on the approved position pricing model used by OHA/ODHS, and the expectation is that both positions have a start date of October 1, 2023.

Alcohol and Drug Policy Commission: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

This policy package includes two new permanent, full-time positions: one Public Affairs Specialist 3 position and one Research Analyst 4 position, each priced at 21 months for the 2021-23 biennium.

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

Not applicable.

17. What are the ongoing costs?

The entire policy package is ongoing funding for two permanent positions.

18. What are the potential savings?

None are anticipated.

Alcohol and Drug Policy Commission: 2023-25 Policy Package

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

This policy package is 100 percent state General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$413,740			\$ 413,740	2	1.76
Services & Supplies	\$40,157			\$40,157		
Capital Outlay						
Special Payments						
Other						
Total	\$453,897	\$0	\$0	\$453,897	2	1.76

Fiscal impact by program

	HSD Admin				Total
General Fund	\$453,897				\$453,897
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$453,897				\$453,897
Positions	2				2
FTE	1.76				1.76

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Public Health Practice
Policy package title:	Newborn Bloodspot Screening Program Fee Ratification
Policy package number:	437
Related legislation:	None

Summary statement:	<p>Oregon newborn bloodspot screening (NBS), which is statutorily mandated for the Oregon Health Authority (OHA), is conducted by the Northwest Regional Newborn Bloodspot Screening (NBS) Program at the Oregon State Public Health Laboratory (OSPHL). The requested fee increase would allow the NBS Program to eliminate the gap between revenue and expenses once sufficient fees are collected. Additionally, because of the evolving landscape for newborn screening, the fee increase would allow the program to be self-sufficient in future years and remain agile, with ability to respond to the needs of Oregon families and comply with federal law and guidelines.</p>
---------------------------	---

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	\$8,252,000	\$0	\$8,252,000	2	1.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Oregon newborn bloodspot screening (NBS) is statutorily mandated for the Oregon Health Authority (OHA) and is conducted by the Northwest Regional Newborn Bloodspot Screening (NBS) Program (NBS Program) at the Oregon State Public Health Laboratory (OSPHL).

The NBS program is projecting a budgetary biennial shortfall approaching \$4 million. Several factors lead to this deficit, including increased costs for staffing, reagents, and instruments; an expanding panel of diseases; heightened national standards set by Health Resources and Services Administration (HRSA); and a loss of other state partners.

The requested fee increase would allow the NBS program to close the gap between revenue and expenses. Additionally, because of the evolving landscape for newborn screening, the fee increase would allow the program to be self-sufficient in future years during long-term program funding planning. In addition, the fee would support the program remaining agile to align with the increasing number and complexity of disorders screened. The fee change would further provide the program with the ability to respond to the needs of Oregon families and comply with federal law and guidelines.

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

The fee increase would be used to back-fill the projected budgetary shortfall for the NBS program. In addition, the fee would be used for the following activities and program modernization to align with national best practices:

- Addition of new disorders to the Oregon NBS panel.

Oregon Health Authority: 2023-25 Policy Package

- X-linked adrenoleukodystrophy (X-ALD) and Spinal Muscular Atrophy (SMA) have already been added by HRSA to the national recommended uniform screening panel (RUSP) and were recommended for inclusion to the Oregon panel by the NBS Program Advisory Board. Both of these diseases will be added to the Oregon panel by January 2023. The fee would cover the additional costs to screen newborns for these diseases.
- Each year, at least 1–2 diseases are being considered for inclusion to the newborn screening panels within our state and nationally. The fee would give the program the ability to remain agile for the near future to align with national standards and provide the best care for Oregon families.
- Improve timeliness by providing courier service or expedited shipping.
 - Newborn bloodspot screening must be completed quickly after an infant's birth; approximately 38 newborn bloodspot screening programs provide a courier service or expedited shipping in their states. HRSA recommends all newborn bloodspot screening programs receive specimens in their laboratory within 24 hours of specimen collection.
 - The fee would allow the program to implement statewide specimen transport services during the 2023-25 biennium.
- Modernize equipment to meet industry standards.
 - Instrumentation within the laboratory needs to be maintained and updated to ensure accurate and timely newborn bloodspot screening results are provided.
 - Changing methodologies from biochemical to molecular tests requires new instrumentation and technical expertise to support more accurate and modern technologies.
- Modernize data exchange to ensure timely receipt of laboratory test results by providers.

Oregon Health Authority: 2023-25 Policy Package

- Currently, most newborn bloodspot screening results are delivered via US mail. Moving toward electronic data exchange for orders and results will provide enhanced specimen tracking and improved result delivery.
- The fee will support staffing to modernize laboratory data systems to improve methods and timeliness of result delivery.
- Appropriately address complex medical disorders.
 - The number and complexity of disorders for which the program screens continues to increase and involve advanced testing methods. In addition, these disorders require more complex follow-up care than previous disorders.
 - As part of newborn bloodspot screening, newborns who have a positive screening result are referred to specialty centers for diagnostic testing, evaluation, and/or treatment. The NBS program provides financial resources to these specialty clinics. The partnership between medical clinics and the NBS program is essential to appropriately support newborns and their families.
- Modernize payment mechanisms by adding the option to pay by credit card for Oregon birth centers/hospitals and state partners.
 - Currently, only check or electronic payments are accepted.
 - The program expects this option will be implemented by the end of the 2021-23 biennium.
- Enhance the equity of screening services, detailed below.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

The newborn bloodspot screening program is a statutorily mandated program requiring that all newborns receive testing, regardless of their ability to pay for this service. Oregon's screening rate is estimated at greater than 95 percent of all births. The additional fees would support health equity by providing the funds needed to:

- **Enhance culturally and linguistically responsive outreach services.** Enhancements will include identifying populations who do not get screened, understand the barriers to screening, and explore opportunities for program education and community partnerships.
- **Monitor timely access** to diagnostic testing, medical evaluation, and treatment.
- **Enhance the process for addition of new conditions to the screening panel to include populations of color and opportunity for family input.**
 - o As the NBS Advisory Board considers new disorders for Oregon panel, analysis of affected populations, location of available treatment and specialty providers, and any health equity concerns are assessed and addressed.
 - o The NWNBS Program is exploring options for affected families to provide more input on program services.

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

Oregon Health Authority: 2023-25 Policy Package

- **Provide universally offered specimen transportation services to the laboratory.** Currently, providers in many rural and frontier counties experience challenges achieving national timeliness goals. Providing courier or shipping services will help ensure that specimens from infants born in Oregon reach the laboratory in a timely manner.
- **Modernize laboratory instruments and methods, resulting in more accurate screening results.** While some false positive and negative results are expected in screening, reducing the number of false positive cases reduces the burden on the medical community (e.g., follow-up care and additional testing, clinic visits) and minimizes the stress or anxiety placed on families. Reduction of false negative cases will provide the opportunity for all Oregon babies to receive early treatment and improve health outcomes.

While further health equity can be achieved through the state goals above, we recognize that the increased fee may create an obstacle to screening. A small percentage of families pay for newborn bloodspot screening out of pocket. The program offers a fee waiver for qualifying families, but the increased fee could result in families opting out of screening if families do not qualify for the waiver. The NWRNBS Advisory Board has expressed interest in evaluating the qualifying criteria for fee waivers.

Quantifying results

4. What are the long-term desired outcomes?

The NWRNBS Program aims to:

- Ensure all infants babies have access to newborn bloodspot screening.

Oregon Health Authority: 2023-25 Policy Package

- Meet federal guidelines for specimen collection timing, specimen transport and laboratory testing such that medical providers are notified of abnormal results within the first 5 to 7 days of life.
- Meet federal guidelines for the recommended diseases on the Oregon screening panel.
- Comply with federal laws related to patient access to laboratory test results.

5. How will OHA measure the impacts on health inequities of this policy package?

The NWRNBS Program plans to measure impacts to health equity by:

- Collaborating with the Center for Health Statistics to identify the community populations who are not receiving newborn bloodspot screening.
- Monitor and track families requesting fee waivers for newborn bloodspot screening.
- Monitor regions of the state experiencing challenges with specimen transport, therefore resulting in potentially delayed screening results.

How achieved

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

To promote sustainability, the NBS Program participated in a touch-time study to determine opportunities for program efficiencies. This study assessed all program costs, including staff time spent on specific programmatic activities.

To reduce costs, the NBS Program optimized staffing, reduced equipment and consumables, implemented an inventory system to reduce wasted reagents and emergency supply orders, and changed testing algorithms and workflows to be more efficient.

Oregon Health Authority: 2023-25 Policy Package

Additionally, the NBS Program Advisory Board is forming a subcommittee to explore long-term funding options outside of fees for future programmatic support. The NBS Program will be working with the advisory board on this topic.

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

The NWRNBS Program currently provides newborn bloodspot screening for infants born in Oregon, New Mexico, parts of the Navajo Nation, and other contracted international clients. The Program considered only providing screening services for infants born in Oregon. However, this was determined to not be a feasible option. The NWRNBS Program is staffed at a minimal level and incurs high fixed costs for test kits, supplies and equipment. Reducing the number of specimens tested would result in lower revenue and increase cost per test due to the economies of scale offered by larger volume testing. This option would require an even higher fee increase for Oregon than is currently requested.

The NWRNBS program currently requires screening of each infant twice, once at 24–48 hours of life and again at approximately two weeks of life. The program considered providing only one screen instead of two. While this action would likely decrease costs, some diseases are best detected on the second screen, due to infant developmental relationships with disease detection. This action would result in fewer diseases being identified, negatively affecting health outcomes, reducing the potential for early detection and treatment, and increasing long-term health care costs.

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

The NWRNBS program has engaged key partners regarding this change, as part of the rulemaking and Senate Bill 333 processes.

Oregon Health Authority: 2023-25 Policy Package

Internal partners

- Public Health Division: Maternal and Child Health
- OHA Health Systems Division
- Oregon Department of Consumer and Business Services

External partners

- **The NBS Advisory Board:** Comprised of representatives from different specialties and perspectives related to the newborn bloodspot screening system including family members, birthing hospitals, advocacy groups, professional associations of midwifery and pediatricians and medical experts. The board discussed the fee increase on February 23, 2022 and provided feedback on how to engage with their respective areas. Board members served on the Rules Advisory Committee (RAC) on April 27, 2022.
- **Oregon providers and submitters:**
 - The NWRNBS Program engaged with a group of contracted specialty medical consultants in January and February 2022 to provide feedback and input on additional community engagement.
 - Various provider communities are represented on the NBS Advisory Board and their input was recorded and is described above.
 - The NWRNBS Program received feedback from the Oregon Association of Hospitals and Health Systems in April 2022.
 - Additional Oregon health care providers representing pediatrics and family practice were invited to serve on the RAC. These invitees did not attend but were otherwise represented by the NBS Advisory Board membership.
 - Oregon health care providers (i.e., hospitals, midwives, pediatricians) will have an opportunity to provide feedback through the rulemaking process, including a public hearing and public comment period.

Oregon Health Authority: 2023-25 Policy Package

- **Tribal partners:** A Dear Tribal Leader Letter was sent through the Tribal Affairs Office in April 2022. Within the letter, Tribal partners were invited to self-select to participate on the RAC.
- **Community Partners and Parent Groups:** The NWRNBS Program reached out to five community-based organizations and parent groups to discuss the program's interaction with the organizations and invite them to provide feedback on the fee change.
- **Insurance Industry:** The NWRNBS Program invited four individuals representing the insurance industry to participate on the RAC; one invitee attended.

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

No.

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

No significant impact anticipated to the OHA Health Systems Division (HSD) based on this rule change. The reimbursement rates paid by HSD and CCOs are defined in HSD rulemaking processes. The cost of NBS is a component of the total cost of labor and delivery.

A small impact could be anticipated on units of local government or Tribal agencies. Most babies who are seen at local health department clinics for the first well-baby check undergo collection of the second screen using the collection kit that has already been purchased by the birth facility or parent. However, units of local government or Tribal agencies caring for infants at the first well-baby check may need to purchase a small number of single-specimen collection kits when the second part of the kit is not available.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

The program generally assumes that current operational conditions will continue, including staffing levels, clientele, lab facility costs, and vendor contracts. The current Oregon birth rate is projected to hold steady. Personal services projections assume that all positions are filled.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No new responsibilities are anticipated, other than the typical needs associated with two new positions. The program plans to start work on a large-scale software package replacement in the 2023-25 biennium, but it is not anticipated to move from the planning stage to the implementation stage (which will likely require expanded OIS involvement) until a future biennium.

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

No.

Oregon Health Authority: 2023-25 Policy Package

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

This package includes the request to add position authority for one Principal Executive Manager E (PEM-E) and one Operations and Policy Analyst 3 (OPA3) to support the enhancements planned and described in this narrative. Both positions are budgeted as management service (not represented by a union). The program does not anticipate a need to modify existing positions.

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

In the short term, startup costs funded by this policy package are limited due to other funding sources available to the program, including general funds for Spinal Muscular Atrophy testing provided in House Bill 3107 (2021) and modernization funding available to the Public Health Lab in the 2021-23 biennium. There are more startup/one-time costs anticipated over the next few years; notably, there are \$500,000 in consulting costs related to planning for the anticipated Laboratory Information Management System (LIMS). There is also \$120,000 budgeted to reconfigure the room where tandem mass-spectrometry is performed due to changing requirements for updated instruments and another \$100,000 to develop a robust continuity of operation plan to ensure that testing can continue even if the Lab is affected by supply chain issues or other externalities.

17. What are the ongoing costs?

The revenue generated by the policy package would allow the program to continue providing expanded services that they have recently implemented or will soon be implementing as part of improved screening practices and/or Modernization initiatives. These new services are intended to enhance health outcomes and include screening for new disorders, courier specimen transport, and

Oregon Health Authority: 2023-25 Policy Package

outreach to community-based organizations that can help educate parents and health care staff about disorders that may predominantly affect a particular race such as sickle cell disease.

18. What are the potential savings?

None.

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

This policy package is 100 percent Other Funds, as the program is fee-based.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services		\$389,688		\$389,688	2	1.50
Services & Supplies		\$7,862,312		\$7,862,312		
Capital Outlay						
Special Payments						
Other						
Total	\$0	\$8,252,000	\$0	\$8,252,000	2	1.50

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Center for PH Practice				Total
General Fund	\$0				\$0
Other Funds	\$8,252,000				\$8,052,000
Federal Funds	\$0				\$0
Total Funds	\$8,252,000				\$8,052,000
Positions	2				2
FTE	1.50				1.50

Oregon Health Authority 2023-25 Policy Package

Division:	Health Policy and Analytics
Program:	Public Employees' Benefit Board
Policy package title:	Affordable Care Act (ACA) Employer Reporting
Policy package number:	438
Related legislation:	Affordable Care Act, March 2010
Summary statement:	

In 2014 employer required Affordable Care Act (ACA) reporting was delegated to PEBB to complete on behalf of the state of Oregon. This includes 1095C mailings and 1095B mailings to eligible employees, and the electronic 1094C, 1095C, and 1095B to the IRS. There was not a full understanding of ACA reporting at that time. The most complex part of ACA reporting is the data related to offers of coverage owned by HRIS systems. No funding or positions were allocated for this effort. The Internal Revenue Service (IRS) ended "good faith" ACA reporting beginning with tax year 2021. Data gaps in HRIS makes accurate reporting challenging. The Chief Human Resource Office (CHRO) has not given an indication of any efforts to secure a position within their office to ensure required ACA data is captured. At this time, PEBB has not received an estimated timeline as to when HRIS will be able to include essential ACA data elements into its system. PEBB is requesting one full-time position to act as a liaison between the vendor, the employers, and the members. If PEBB is not able to procure a vendor, positions would need to be added to fill expertise in ACA rules and regulations and changes, including 1095 coding requirements based on data available. Additional positions would be needed to address data needs, data gaps, compile IRS compliant files, mail 1095 forms and track mailings, corrections for compliance. Alternatively, ACA reporting as currently conducted is a liability for the state.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	\$853,068	\$0	\$853,068	1	0.75

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The state of Oregon does not have staff dedicated to ACA rules, coding expertise, or systems in place to adequately conduct ACA reporting required of Applicable Large Employers (ALEs).

In 2014, Affordable Care Act (ACA) employer reporting for Oregon was delegated to PEBB. This includes 1095C mailings and 1095B mailings to eligible employees, and the electronic 1094C, 1095C, and 1095B to the IRS. There was not a full understanding of ACA reporting at that time and the reasoning for delegating ACA reporting to PEBB was because PEBB has self-insured plans and the reporting requirement was looked at as primarily an enrollment reporting requirement. No funding or positions were allocated for this effort.

While ACA employer reporting has an enrollment element, the complexity of ACA reporting is tracking and determining whether an offer of coverage should be made and when it should be made. This typically is determined by the HRIS system. This includes tracking measurement periods and tracking of monthly hours worked and then determining a definite yes/no per month as it relates to an offer of coverage. PEBB is not the source of this data. This data is owned by the Human Resource Information System (HRIS) and the legacy payroll system (OSPS). The legacy HRIS system in place in 2014 did not have the capability to track and store the necessary data. The new HRIS system does not have the adequate data because ACA reporting requirements were not included in the scope of the new HRIS system project. It is not known when or if ACA reporting will be incorporated into the HRIS system.

The Internal Revenue Service (IRS) ended “good faith” ACA reporting beginning with tax year 2021. Data gaps in HRIS makes accurate reporting challenging. The Chief Human Resource Office

Oregon Health Authority: 2023-25 Policy Package

(CHRO) has not given an indication an estimated timeline as to when HRIS will be able to include essential ACA data elements into its system and improve the data it provides to PEBB to report on their behalf.

PEBB is looking to outsource ACA reporting to a vendor with expertise in the field to limit liability for the state, and for other employers who participate in PEBB and elect to use the vendor for ACA reporting.

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

PEBB would seek services of a vendor for comprehensive ACA reporting that includes evaluation of data needs, data gaps, coordination of employer data gathering, evaluation and coding of offers of coverage, employee share, enrollment codes, mailing of 1095 forms, filings with IRS, correction filing, and responses to IRS inquiries.

PEBB is also seeking one full-time position to be an on-staff liaison between agencies and the vendor, and to be able to respond to member inquiries.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

This package will improve accuracy and compliance with ACA reporting and regulations and aligns with OHA's goal for data integrity and reliability.

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

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

- Accurate and reliable ACA reporting
- Accountability for data source systems
- Limit the liability to agencies and other employers for inaccurate reporting or missed offers of coverage

5. How will OHA measure the impacts on health inequities of this policy package?

This is not applicable to this request.

How achieved

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

In 2014, it was decided that PEBB would complete the required Affordable Care Act (ACA) employer reporting for the state of Oregon. This includes 1095C mailings and 1095B mailings to eligible employees, and the electronic 1094C, 1095C, and 1095B to the IRS. There was not a full understanding of ACA reporting at that time and the reasoning for delegating ACA reporting to PEBB was because PEBB has self-insured plans and the reporting requirement was looked at as primarily an enrollment reporting requirement. No funding or positions were allocated for this effort.

Since the initial year, the advisability of this reporting being conducted by PEBB has not been revisited. PEBB has made a good faith effort to accurately conduct ACA reporting based on data available from the various source systems.

The Internal Revenue Service (IRS) ended “good faith” ACA reporting beginning with tax year 2021.

Oregon Health Authority: 2023-25 Policy Package

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

ACA reporting is an employer responsibility. The complexity of ACA reporting is primarily related to the tracking of hours worked and tracking measurement periods to determine if offers of coverage must be made. This data is owned by HR systems. HR and payroll systems do not have the capability currently to complete ACA reporting or enhance the data it provides to PEBB to complete ACA reporting on their behalf. The Chief Human Resource Office (CHRO) has not given an indication of any efforts to secure a position within their office to ensure required ACA data is captured. At this time, PEBB has not received an estimated timeline as to when HRIS will be able to include essential ACA data elements into its system.

PEBB is requesting one full-time position to act as a liaison between the vendor, the employers, and the members. If PEBB is not able to procure a vendor, additional positions would need to be added to fill expertise in ACA rules and regulations and changes, including 1095 coding requirements based on data available. Additional positions would be needed to address data needs, data gaps, compile IRS compliant files, mail 1095 forms to member and track mailings, corrections for compliance.

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

None.

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

No.

Oregon Health Authority: 2023-25 Policy Package

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

While PEBB is designated to conduct reporting on CHRO's behalf, other participating employers can utilize the same services. Universities, local governments that participate in PEBB will benefit from the professional services of an ACA vendor.

At such time that the state CHRO and payroll systems have incorporated their responsibility for ACA reporting in scope of their systems, PEBB will give universities and local governments who currently elect to use PEBB at least one year notice so they can find an alternative for ACA reporting.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

Assumptions are the addition of a full-time Operations and Policy Analyst 3 on January 1, 2024, and a rough estimate of comprehensive ACA reporting services starting on July 1, 2023 was provided by PEBB's actuarial consultant.

Oregon Health Authority: 2023-25 Policy Package

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

One new full-time Operations and Policy Analyst 3 to act as a liaison between the vendor, employers, and members, and to assist in the data collection and data correction required.

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

None.

17. What are the ongoing costs?

ACA reporting is required annually. The total costs will vary as the number of employees change and the regulations change.

18. What are the potential savings?

By outsourcing to a vendor who has expertise in ACA regulations and specializes in ACA reporting, the state will limit liabilities related to inaccurate reporting and avoiding penalties related to offers of coverage not being made.

Oregon Health Authority: 2023-25 Policy Package

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

Funding source is Other Funds revenue from administrative fees assessed on PEBB Core Benefits. The administrative fee is paid by members and state agencies through an assessment added to medical and insurance premiums and premium equivalents.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services		\$186,908		\$186,908	1	0.75
Services & Supplies		\$666,160		\$666,160		
Capital Outlay						
Special Payments						
Other						
Total	\$0	\$853,068	\$0	\$853,068	1	0.75

Fiscal impact by program

	PEBB				Total
General Fund	\$0				\$0
Other Funds	\$853,068				\$853,068
Federal Funds	\$0				\$0
Total Funds	\$853,068				\$853,068
Positions	0				0
FTE	0.00				0.00

Oregon Health Authority 2023-25 Policy Package

Division:	Oregon State Hospital
Program:	Oregon State Hospital Operations
Policy package title:	Asset and Equipment Replacement
Policy package number:	439
Related legislation:	None

Summary statement:

The Oregon State Hospital (OSH) Salem facility began construction in 2009, was completed in 2011, and is over 11 years old. The Junction City facility is now over 6 years old. As aging occurs, much of the expendable property and capital assets in operation have outlived or have soon expiring useful lives. Replacement of these items is necessary to provide a safe and secure environment for patients and staff, as well as maintain critical continuity of hospital operations.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$2,861,000	\$3,045,000	\$0	\$5,906,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

OSH campuses in Salem and Junction City have a considerable volume of equipment at or near the end of their useful lifecycle that must be replaced to maintain critical operational continuity and provide 24-hour hospital level of care to patients needing intensive psychiatric treatment for severe and persistent mental illness.

Lifecycle replacement of equipment is part of the requirement for accreditation by the Joint Commission and for Medicare reimbursement through the Centers for Medicare and Medicaid Services (CMS). Much of the existing equipment was purchased at the time of hospital opening, while other pieces were transferred from the old facility. This equipment has experienced the wear and tear of a production environment and is requiring upkeep or replacement beyond existing budget resources. Replacement of these items is necessary to provide a safe and secure environment for patients and staff, as well as maintain critical continuity of hospital operations.

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

This package would address immediate large expenditure equipment lifecycle replacement in advance of equipment breakdown. It would also address some essential maintenance needs. As a one-time package, it would essentially re-start the lifespan cycle for the needed equipment. Funding for asset lifecycle replacement would ensure the highest standard of facility maintenance, prevent costly future repairs or replacements, ensure regulatory requirements are met, promote responsible stewardship of the state's assets, and provide a safe and secure environment with optimal treatment services.

Oregon Health Authority: 2023-25 Policy Package

Implementation would follow the normal state of Oregon procurement processes for depreciable asset replacement and use in-house trade staff to install most equipment.

Specific equipment requests are detailed under one-time or start-up costs below, but can be broken down into categories of requests:

Patient rooms: OSH proposes to replace the original furniture in the patient rooms. The furniture in use is currently over 11 years old and consists of particle board with laminate. Modifications have been made for anti-ligature; however, this construction lends itself to abuse by patients, including water damage, exposure to bodily fluids, and intentional breakage. The suggested replacements are molded poly furniture designed for the hospital environment and safer for patients and staff while being anti-ligature, durable, and reducing the risk of infection inherent in permeable materials. Replacing 590 sets of this furniture would cost an estimated \$1,416,000.

Security system: The Salem campus of OSH relies on a Programmable Logic Control (PLC) system to interface with monitoring cameras and access control, primarily including the sally ports that allow staff and patients ingress and egress from different sections within the secure perimeter of the hospital. This system is outdated and frequently malfunctions, necessitating the utilization of Security personnel to manually operate the sally ports. Additionally, the PLC system is a custom, proprietary script that requires a specific vendor to troubleshoot and resolve issues. OSH proposes the replacement of the existing system with an “off the shelf” program that is easier to maintain and more reliable. Coupled with the ARPA funding received in 2021-23 for security cameras, this will make monitoring and access control more robust and provide a safer environment for patients, staff, and visitors. Within this request is an incremental replacement of OSH security cameras. Cameras at

Oregon Health Authority: 2023-25 Policy Package

OSH are planned to be replaced on a rotating basis to ensure continuous operation. Total Salem campus cost is estimated at \$3,240,000.

Similarly, the Junction City campus has cameras and other security system components failing, or at the end of their lifecycle. OSH proposes replacing them at an estimated cost of \$240,000. Total estimated expense for both campuses would be \$3,480,000.

The PLC System is eligible for Bond Financing. This would result in \$3,000,000 of the above total being financed through Other Funds, with an additional COP cost of \$45,000.

Equipment: The Salem campus of OSH has additional equipment needs that cannot be met within existing budget resources, all of which were requested last biennium but were not approved at that time, resulting in a need that is now greater and placing the hospital at increased risk. The current need within this POP request is to replace all, or components of, the Salem lighting control panels at an estimated \$400,000. In addition, OSH has identified other operational equipment outside of useful life and in need of replacement at a cost of \$565,000. Total estimated expenses of equipment would be \$965,000.

Oregon Health Authority: 2023-25 Policy Package

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

OSH strives to achieve the highest standards and outcomes in all aspects of our work. Good stewardship of the public trust and the public dollar includes maintaining the facility to the highest standards and making regulatory and infrastructure improvements to meet the needs of patients and staff contributing towards OHA's mission of ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

Quantifying results

4. What are the long-term desired outcomes?

OSH will continue to comply with regulatory requirements and achieve good stewardship of state assets to provide a safe and therapeutic environment of care to some of Oregon's most vulnerable populations.

5. How will OHA measure the impacts on health inequities of this policy package?

The replacement of critical depreciable assets helps ensure a safe, secure, and therapeutic environment for treating some of Oregon's most vulnerable populations.

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

Oregon Health Authority: 2023-25 Policy Package

How achieved

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

OSH has attempted to use budgetary resources to resolve lifecycle issues in a break/fix capacity, as budget constraints did not allow a resolution for the quantity of items in need of replacement. A preventative maintenance plan has been established to include lifecycle equipment replacement schedules projected out 25 years to predict future lifecycle funding needs.

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

There are no viable alternatives to lifecycle asset replacement and preventative maintenance replacement.

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

None.

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

No.

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

None.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): June 30, 2025

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

Standard procurement practices may impact purchasing and implementation dates.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

None.

Oregon Health Authority: 2023-25 Policy Package

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

Salem Campus			
Asset/Equipment (Original Service Date, if available)	Qty	Est. Cost	Total
Patient room ligature resistant desks (2011)	590	\$800	\$472,000
Patient room ligature resistant wardrobe (2011)	590	\$700	\$413,000
Patient room ligature resistant nightstand (2011)	590	\$400	\$236,000
Patient room ligature resistant shelving unit (2011)	590	\$500	\$295,000
Security cameras (Incremental replacement – 2015)	200	\$1,200	\$240,000
Lighting Control system	1	\$400,000	\$400,000
Trash Compactors (2011)	3	\$80,000	\$240,000
Smithco Leaf sweeper (1998)	1	\$35,000	\$35,000
Commercial Mowers (1980, 1991)	2	\$40,000	\$80,000
Kubota Tractor with Loader (1990)	1	\$35,000	\$35,000
Kubota RTV900 Replacements (2011)	3	\$20,000	\$60,000
Turf Vacuum	1	\$15,000	\$15,000
Backhoe (1978)	1	\$100,000	\$100,000
Total GF Request			\$2,621,000
Requested Bond Financing	Qty	Est. Cost	Total
PLC system replacement	1	\$3,000,000	\$3,000,000
Cost of Participation	1	\$45,000	\$45,000
Total Bond Request			\$3,045,000
Total Salem Campus Request			\$5,666,000

Oregon Health Authority: 2023-25 Policy Package

Junction City Campus			
Asset/Equipment (Original Service Date, if available)	Qty	Est. Cost	Total
Security Cameras and system components (Incremental replacement - 2015)	200	\$1,200	\$240,000
Total Junction City Campus Request			\$240,000

Total POP Request	\$5,906,000
--------------------------	--------------------

17. What are the ongoing costs?

None for this request. As some equipment replacement is incremental per biennium, those needs would be addressed in a future request.

18. What are the potential savings?

Avoidance of higher urgent repair and replacement costs.

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

This policy package is 48 percent General Fund and 52 percent bond-financed Other Funds.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services					0	0.00
Services & Supplies	\$1,896,000	\$45,000		\$1,941,000		
Capital Outlay	\$965,000	\$3,000,000		\$3,965,000		
Special Payments						
Other						
Total	\$2,861,000	\$3,045,000	\$0	\$5,906,000	0	0.00

Fiscal impact by program

	Salem	Junction City	Cap Const	SAEC-COP	Total
General Fund	\$2,621,000	\$240,000	\$0	\$0	\$2,861,000
Other Funds	\$0	\$0	\$3,000,000	\$45,000	\$3,045,000
Federal Funds	\$0	\$0	\$0	\$0	\$0
Total Funds	\$2,621,000	\$240,000	\$3,000,000	\$45,000	\$5,906,000
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Public Health Practice
Policy package title:	Oregon Environmental Laboratory Accreditation Program
Policy package number:	440
Related legislation:	Not applicable

Summary statement: The statutorily mandated Oregon Environmental Laboratory Accreditation Program (ORELAP) was established in 1999. ORELAP accredits Oregon drinking water, environmental, cannabis, and psilocybin laboratories based on consensus standards to ensure laboratories are following federal and state regulations. ORELAP is a fee-based program experiencing a budgetary shortfall. This policy package would support a fee increase and an update to the ORELAP fee structure for simplification and ensure that fees are appropriate for the work required to perform laboratory accreditations of differing and increasing complexity. A fee increase is needed to ensure ORELAP can provide timely quality accreditations that meet established standards and regulatory requirements to best serve ORELAP's clients and protect the health of all Oregonians.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	\$809,530	\$0	\$809,530	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Environmental laboratories conduct analysis of air, drinking water, wastewater, solid and chemical waste, biological tissue and, in Oregon, cannabis and psilocybin. Analyses performed by these laboratories are used to ensure compliance with federal, state, and local regulations that may have a direct effect on human and environmental health.

The Oregon Environmental Laboratory Accreditation Program (ORELAP) established in 1999 operates under ORS 438.605 to 438.620, ORS 475A.606, and ORS 475C.560. ORELAP accredits laboratories based on standards established by the National Environmental Laboratory Accreditation Program (NELAP) under the guidance of the Clean Air Act, Clean Water Act, Safe Drinking Water Act, the Resource, Conservation and Recovery Act and Oregon statutes related to cannabis & psilocybin.

ORELAP accredits Oregon drinking water, environmental, and cannabis & psilocybin laboratories. ORELAP also provides primary and secondary accreditation to laboratories outside of Oregon. ORELAP provides on-site assessment for accredited laboratories every two years and new laboratories seeking accreditation to ensure compliance with accreditation standards.

ORELAP is a fee-based program within the Oregon State Public Health Laboratory that supports a team of six. Funding of ORELAP is accomplished using fees to reimburse the program for cost of performing all accreditation activities performed by ORELAP staff to ensure compliance to all standards set by The NELAC Institute (TNI), federal regulations and state rules and statutes. ORELAP has received state funding for work connected with House Bill 3000 (2021) and work for

Oregon Health Authority: 2023-25 Policy Package

Ballot Measure 109 related to psilocybin. The program also receives a small amount of federal funding for drinking water work.

ORELAP is projected to have a budget shortfall in the next biennium. ORELAP's current fees, which are some of the lowest in the country, have not increased for in-state laboratories since the inception of the program in 1999 despite increasing costs and required scope of work. A fee revision is needed to ensure that ORELAP can provide timely and quality accreditations that meet established standards and regulatory requirements to best serve ORELAP's clients and protect the health of Oregonians. In addition, there are proposed changes to the ORELAP fee structure for simplification and to ensure fees are appropriate for the work required to perform laboratory accreditations of differing complexity. Importantly, this policy package would help ORELAP accredit laboratories that respond to critical emerging needs, such as cyanotoxin exposures from algal blooms and Per- and polyfluoroalkyl substances (PFAS) chemicals in drinking water.

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

The policy package proposes changes to the ORELAP fee structure and increases to its fees. ORELAP's fees use a complex tiered structure that scales up based on each laboratory's accreditation needs. The proposed fee increases are wide-ranging and impact all ORELAP clients; the proposed fees include a switch from three tiers to a five-tier system to better address the disparity in program time required to assess small laboratories as compared to very large laboratories. In-state annual application fees would increase by \$750 to \$4,200. If the policy package is enacted, biennial on-site assessment fees would increase by \$110 to \$500 for the first program in each field of accreditation, while a biennial "Trip Fee" for on-site assessments would be eliminated. Out-of-state application fees would see increases of \$1,450 to \$7,190. Out-of-state assessment fees would be brought in line with in-state fees through increases of \$80 to \$340. These changes would

Oregon Health Authority: 2023-25 Policy Package

ensure the sustainability of ORELAP and support current ORELAP staff to perform timely and quality accreditations of drinking water, environmental and cannabis and psilocybin laboratories to established national and state standards to protect the health of Oregonians.

If enacted, the proposed fee increase would be made permanent on July 1, 2023, following Department of Administrative Services approval and an OAR update during the 2021-23 biennium (via the Senate Bill 333 process).

The policy package would support:

- ORELAP staff, including the below activities:
 - Preparing for and conducting on-site assessments for accredited laboratories every two years, when a new laboratory seeks accreditation and when a laboratory adds a new testing method to ensure laboratories are compliant with established testing standards.
 - Writing and responding to assessment corrective actions to ensure deficiencies found during the on-site assessment are addressed.
 - Review of proficiency tests to ensure testing at accredited laboratories are performed accurately.
 - Providing client services to laboratories regarding accreditation, including addressing questions related to obtaining and maintaining accreditation and providing recommendations for improvement. Assessors may assist laboratories with technical questions related to laboratory operations.
 - Continued training for ORELAP assessors in advanced testing technologies.
 - Billing services enhancements to ensure billing is timely and accurate.
 - Investigating and collaborating with other agency partners regarding complaints.
- Information Technology (IT) support for the ORELAP electronic database.

Oregon Health Authority: 2023-25 Policy Package

- The ORELAP Data Input and Edit (ODIE) state database application is the interface between ORELAP and accredited laboratories. Support will improve ORELAP operations and ensure client ease of usability.
- Travel associated with on-site assessments.
 - ORELAP accredits laboratories throughout Oregon and other states to ensure all Oregonians have access to accredited laboratory services to protect and promote the health of their communities.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

ORELAP plays a vital role in protecting and promoting the health of all people and communities by helping ensure the water that people in Oregon drink, the air they breathe, and the environment they live in is free of chemicals, toxins and other substances that negatively impact health and disproportionately impact communities of color, Tribal communities and low-income communities through policies that have increased risk in these communities.

Specifically, ORELAP-accredited laboratories play a critical role in testing for lead in school drinking water and cyanotoxins from harmful algae blooms. In addition, ORELAP helps protect public health by ensuring that laboratories testing cannabis and psilocybin provide accurate data on potency and potential contaminants.

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

Oregon Health Authority: 2023-25 Policy Package

Importantly, ORELAP helps respond to critical public health events by accrediting laboratories that test for emerging contaminants that impact health, such as cyanotoxin exposures from algal blooms and exposure to PFAS chemicals.

ORELAP serves all drinking water, environmental, and cannabis and psilocybin laboratories in the state, including laboratories that support rural communities. For example, upon a real estate transaction containing a well, the well water needs to be tested for nitrates, arsenic and total coliform at an ORELAP accredited laboratory to inform the safety and health of communities sourcing water from wells.

Promoting the sustainability of ORELAP is critical for protecting the health and ensuring the safety of all Oregon communities.

Quantifying results

4. What are the long-term desired outcomes?

Environmental laboratories, in part, perform tests on air, drinking water, environmental, and cannabis and psilocybin samples to detect and measure potentially harmful microbes, chemicals and other substances that could potentially affect the environment and health of individuals. ORELAP accredits the laboratories performing these tests to federal and state standards to certify that test results produced are accurate, therefore promoting the safety of drinking water, cannabis/psilocybin products, and the environment. The proposed fee increase would ensure fees are appropriate for work performed, allowing ORELAP to operate sustainably and continue to provide quality, timely accreditations to protect the health of Oregonians.

Oregon Health Authority: 2023-25 Policy Package

5. How will OHA measure the impacts on health inequities of this policy package?

With appropriate resources, ORELAP will be able to provide timely accreditation services to the testing laboratories that help keep Oregonians safe. This includes any Oregonian that drinks water from a public water system, recreates in public waters, breathes air, and uses cannabis or psilocybin products. Including those from rural communities and historically underserved populations.

How achieved

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

ORELAP has implemented several process improvements to make operations more efficient and use existing resources as best as possible. These include:

- Reorganizing how ORELAP assessors are sent on on-site assessments to reduce the number of assessors traveling per on-site assessment.
- ORELAP conducted a six-month touch-time analysis to determine the true time and cost to accredit laboratories and other work necessary to perform accreditations in line with established international standards. This analysis helped inform programmatic decisions and the proposed fee changes in this policy package.
- Enhancement of the ORELAP Data Input and Edit (ODIE) state database application (the interface between ORELAP and accredited laboratories) to improve ORELAP operations and ensure ease of usability by clients.
- Reorganization and delegation of ORELAP staff job duties to streamline the accreditation process.

Oregon Health Authority: 2023-25 Policy Package

- Notifying international clients, and out-of-state clients involved in radiochemistry testing, that they will need to seek primary accreditation through another accrediting body other than ORELAP to ensure staff resources are utilized most efficiently.

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

ORELAP recently completed a touch-time analysis where time spent on all activities was recorded for 6 months. The purpose of this project was to better understand the time, costs, and laboratory capacities required for different accreditation processes to inform program strategic and business plans. This also included researching other state's fee structures. The data from this analysis helped inform the discussions and decisions that formed the proposed updates to the ORELAP fee structure.

Some of the different fee structures and program changes considered included a fee-for-service fee structure and a fee based on how many different methods needed by laboratories for accreditation.

Ultimately, the proposed fee structure was determined to be the most appropriate based on the amount of work required to accredit laboratories of different complexities. The simplest and most familiar structure for clients is one that incorporates flexibility, is sustainable, and able to support timely, quality accreditations for accredited laboratories and their clients.

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

The ORELAP Executive Team consists of the OSPHL Laboratory Director, DEQ Laboratory Director, and ODA Laboratory Manager. This team guides the strategic direction of ORELAP. The ORELAP Executive Team provided input throughout analysis of the ORELAP fee structure to help identify a

Oregon Health Authority: 2023-25 Policy Package

final decision on the proposed policy package to ensure it best reflects the needs of ORELAP, partners, clients, and the health of Oregonians. These agencies are not requesting funding in relation to this policy package. ORELAP also conducted a rules advisory committee (RAC) as part of administrative rulemaking to revise accreditation fees. This RAC included members of the accredited laboratory community who helped design the proposed fee structure.

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

No.

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

ORELAP accredits laboratories throughout Oregon to ensure communities have access to needed accredited laboratory services, including a non-profit environmental laboratory owned and operated by The Klamath Tribes. ORELAP may also accredit environmental laboratories performing work for Tribal entities. In addition, ORELAP accredits municipal laboratories performing analysis of drinking water, wastewater, and solid waste. All accredited laboratories would experience increased fees under the proposed policy package.

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

The Secretary of State Audits Division completed an audit report of the Oregon Health Authority marijuana programs entitled Oregon's Framework for Regulating Marijuana Should Be Strengthened

Oregon Health Authority: 2023-25 Policy Package

to Better Mitigate Diversion Risk and Improve Laboratory Testing (2019-04). Two findings from the report may be addressed by this policy package:

Key Finding #3: All recreational marijuana in Oregon must be tested for pesticides and solvents, but most medical marijuana is not required to be tested. Also, OHA does not require heavy metal and microbiological testing, in contrast to some other states. These contaminants could pose a risk to consumers.

- The inclusion of heavy metals and microbiological testing will require ORELAP to offer new fields of accreditation for cannabis testing laboratories. This policy package would help sustain ORELAP staff, potentially supporting the addition of these new fields of accreditation for cannabis laboratories.

Key Finding #4: Without a mechanism for verifying test results, Oregon’s marijuana testing program cannot ensure that test results are reliable, and products are safe. Limited authority, inadequate staffing, and inefficient processes reduce OHA’s ability to ensure Oregon marijuana labs consistently operate under accreditation standards and industry pressures may affect lab practices and the accuracy of results.

- The update to the fee structure and fees proposed in this policy package would provide ORELAP staff ability to examine and work to address the findings of the Oregon Secretary of State, particularly the assessment of potential process improvements.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

Oregon Health Authority: 2023-25 Policy Package

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

The key assumption of this package is that the ORELAP program will retain the bulk of its current client base after increasing its fees, thereby generating additional revenue. Although fees charged by other NELAP accrediting bodies use a wide variety of structures that are difficult to directly compare to ORELAP's, the program's analysis indicates that the increased rates will remain competitive in the industry. Other assumptions include continued partial funding of the ORELAP program by House Bill 3000 (assumed \$487,278 in the 2023-25 biennium) and some direct funding of ORELAP staff by the OHA psilocybin program and the EPA Drinking Water Primacy grant (total of \$465,000 per biennium).

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There would be no new responsibilities for OHA associated with the policy package. It would promote the sustainability of ORELAP and support current ORELAP staff to perform timely and quality accreditations to international standards and in accordance with ORELAP's mandate ORS 438 and 475A & C.

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

This policy package would not directly result in a change to the ORELAP client caseload.

Currently ORELAP accredits approximately 120 laboratories. This policy package would help support the services provided to these laboratories by ensuring timely and accurate accreditations and

Oregon Health Authority: 2023-25 Policy Package

performance reviews; highly trained assessors that can accredit to national and state standards; and support accreditation services.

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

This policy package does not require new positions or modifications to existing positions. It would support current ORELAP staff and ensure the sustainability of ORELAP to provide quality services to accredited laboratories and protect the health of Oregonians.

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

None.

17. What are the ongoing costs?

The ongoing costs are personnel costs including employee services, supplies, travel, shared services, and State Assessments & Enterprise-wide costs.

18. What are the potential savings?

None.

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

The policy package is requesting Other Funds limitation to support a fee increase paid for by laboratories needing accreditation.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies		\$809,530		\$809,530		
Capital Outlay						
Special Payments						
Other						
Total	\$0	\$809,530	\$0	\$809,530	0	0.00

Fiscal impact by program

	Center for PH Practice				Total
General Fund	\$0				\$0
Other Funds	\$809,530				\$809,530
Federal Funds	\$0				\$0
Total Funds	\$809,530				\$809,530
Positions	0				0
FTE	0.00				0.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Health Protection Health Licensing Office
Policy package title:	Licensing of Temporary Staffing Agencies
Policy package number:	441
Related legislation:	Senate Bill 1549 (2022)

Summary statement: This policy package provides additional General Fund to implement Senate Bill 1549 (2022), which requires the Health Licensing Office (HLO) authorize and regulate Temporary Staffing Agencies (TSAs). HLO revenue will ultimately be fully derived from authorization holders; however, HLO requires General Fund to cover up-front implementation costs, cash-flow needs for this new program and address Other Funds revenue uncertainty due to having no way of knowing how many TSAs will apply for an authorization.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$394,482	\$0	\$0	\$394,482	2	2.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Health Licensing Office (HLO) received approximately \$339,000 General Fund for start-up costs in the 2021-23 biennium, such as staff positions and other professional services, to begin implementing Senate Bill 1519 (2022). The bill requires HLO license and regulate Temporary Staffing Agencies (TSAs). TSAs operate in Oregon and provide temporary work to people providing health care services or assistance with activities of daily living. HLO should begin receiving Other Funds revenue from licensing fees after July 30, 2023, when HLO begins licensing TSAs.

For HLO to determine fees for a new program, it must estimate the number of potential authorization holders. Currently HLO does not know the following and therefore does not know the cost of implementing this type of program:

- The number of TSAs in Oregon that are health care related that would need to be licensed.
- The size of those agencies or the type of health care workers that each TSA will offer.
- Whether the rate setting component will be paid from licensing fees.

HLO requests one-year of General Fund for the 2023-25 biennium to implement the TSA program into the HLO model. The funding would be used to engage in the rulemaking process and develop procedures for administering the new program. Administration of a program consists of application and renewal requirements, forms management, website content and maintenance.

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

The policy package would be used to address any budget shortfalls while the program is being developed and before the program can support costs with licensure fees. Implementation and

Oregon Health Authority: 2023-25 Policy Package

development of a program regulated by HLO includes engaging stakeholders in the rulemaking process, obtaining legal advice and receiving guidance from subject matter experts in the industry. Once rules, policies and procedures are in place HLO will begin accepting applications, ensure all license requirements are met, develop, and maintain forms and manage website content. HLO will also be responsible for investigating complaints and developing a civil penalty structure. HLO was given the authority to begin implementing the program before the operative date of July 23, 2023.

In administering the program, HLO would add two additional staff to offset the work of licensing and regulating all the programs under HLO. Over the past 10 years HLO has added seven programs under its purview and five additional staff. More staff are necessary to maintain public safety for Oregonians who seek services from the professions HLO oversees.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

The law requires HLO to license TSAs to ensure that TSA personnel have the appropriate work experience and background to provide the services in specific settings, including long-term and acute care. This requirement will ensure populations that have been economically and socially marginalized and most harmed by health inequities are served by TSA personnel that can provide health care services with the appropriate expertise, skills and knowledge. The inability to effectively review and register TSAs could result in substandard care for the most vulnerable populations seeking health care services.

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

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

The long-term desired outcome is to have a self-supporting program within HLO that authorizes and regulates TSAs and a process in place to determine annual rates TSAs can charge to an entity.

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would authorize and regulate TSAs and keep compliance and authorization data within its database system and maintain a publicly available website with a list of authorized temporary staffing agencies.

How achieved

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

The Legislature appropriated \$394,482 General Fund in the 2021-23 biennium to HLO to begin the process of licensing and regulating TSAs. This was intended as one-time funding and was fund shifted to Other Fund at the agency's current service level budget.

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

The HLO could administer the TSA program while incurring a program deficit. OHA would need to clear that deficit by the end of the biennium. This alternative would increase administrative costs through diverting HLO staffing resources to assist the licensing and regulation of the TSA program. This would impact HLO's ability to effectively license, regulate and ensure the safety of clients receiving services from other health care-related professions under its authority.

Oregon Health Authority: 2023-25 Policy Package

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

OHA is required to partner and collaborate with providers of long-term care, acute care services and primary care services as well as the Oregon Department of Human Services and the Governor's Office. The law also requires OHA collaborate with "personnel" who provide health care services to entities that engage the TSA. This includes but is not limited to nursing and respiratory therapy personnel.

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

No.

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

It is possible that the Oregon State Hospital, would be affected because they may need to hire registered TSAs that HLO regulates and licenses.

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

No.

Oregon Health Authority: 2023-25 Policy Package

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

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

HLO learned that there are approximately 118 registered Medical Staffing companies registered with the Secretary of State. Of the 118 registered companies, 41 have a current business registration. HLO does not know how many of those will choose to apply for a TSA license. Thus, at this time it isn't possible to determine appropriate fee amounts and whether fees will cover the costs of the licensing program.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

This policy package would support two existing full-time, permanent positions.

Oregon Health Authority: 2023-25 Policy Package

A Public Service Representative 4 (PSR4) would accept all applications for TSA and determine if all qualifications have been met including reviewing organizational documents, articles of incorporation and other relevant documents. A PSR4 would also ensure all renewal requirements set by HLO are adhered to and field all licensing questions related to TSAs.

A Compliance Specialist 2 (CS2) would investigate complaints against TSAs including collecting evidence, conducting interviews, working with subject matter experts and drafting technical reports at the completion of an investigation.

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

HLO received approximately \$339,000 of General Fund for start-up costs, staff positions and other professional services to begin implementation of Senate Bill 1519 which requires HLO license and regulate temporary staffing agencies (TSA). One-time costs include developing administrative rules to regulate TSAs this includes holding workgroups, Rules Advisory Committees and holding hearings.

17. What are the ongoing costs?

Ongoing cost to authorize and regulate TSAs are issuing and renewing authorizations, investigating complaints, maintaining specific website content and responding to correspondence.

Other costs include legal fees and professional services from subject matter experts in the TSA arena.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

No savings are anticipated.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$350,980			\$350,980	2	2.00
Services & Supplies	\$43,502			\$43,502		
Capital Outlay						
Special Payments						
Other						
Total	\$394,482	\$0	\$0	\$394,482	2	2.00

Fiscal impact by program

	Center for Health Protection				Total
General Fund	\$394,482				\$394,482
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$394,482				\$394,482
Positions	2				2
FTE	2.00				2.00

Oregon Health Authority 2023-25 Policy Package

Division:	Health Policy and Analytics
Program:	Office of Health Policy
Policy package title:	Children's Health Team
Policy package number:	442
Related legislation:	Not applicable

Summary statement: This policy package requests General Fund to establish a systems policy- and data-focused children's health team charged with identifying and addressing health inequities in childhood and adolescence, especially those exacerbated by system inefficiencies and barriers. This work would be accomplished through partnership with existing programs and agencies and would inform strategic policy direction within the agency and state.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,502,946	\$15,428	\$775,762	\$2,294,136	10	8.25

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

OHA's goal of achieving health equity by 2030 cannot be realized without a strategic, immediate, and dedicated effort to improve health equity for children and youth in the state. Inequities faced at a young age (beginning in pregnancy) can result in long-term negative health, well-being and economic outcomes and can propagate intergenerational inequities. Historically, the Oregon Health Authority (OHA) has had a limited and reactive approach towards children's health policy and analytics, especially as it relates to the health care system and its interaction with other sectors impacting children and families.

Why is this needed now?

Significant inequities exist for children and infants, beginning during pregnancy: It is imperative that OHA develop upstream solutions in a coordinated fashion to align the intersecting systems that currently impact this population, including but not limited to health care, public health, social services, child welfare, education, and early learning. Families with children under five are twice as likely to experience poverty, and the numbers are more disproportionate for children of color and children living in rural areas. More than 25 percent of Oregon's African American population lives in poverty, compared with 11 percent of non-Hispanic white Oregonians. OHA will be the most successful in addressing equity and bending the health care cost curve by including strategies to improve access to and services for children and families.

Expanded Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit: In parallel, beginning January 1, 2023, Oregon will be newly responsible for implementing the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to an expanded population. This will

Oregon Health Authority: 2023-25 Policy Package

better meet the needs of Oregon’s children and youth (ages 0 through 20) in response to strong advocacy by families and community partners during the 1115 Medicaid Waiver renewal process. This program impacts and connects to numerous existing programs and initiatives throughout OHA and increases the need for enhanced coordination and resources for implementation and evaluation. Nearly 40 percent of the Oregon Health Plan (OHP) population are children,¹ and the majority of children of color in Oregon (60 percent of Black children, 65 percent of Latino children, and 57 percent of AI/AN children) have coverage through OHP². Given the vast reach of OHP with children and parents of children, the program has a unique opportunity to address root causes and impacts of adverse childhood experiences. The program supporting this expanded EPSDT benefit establishes an opportunity to deeply understand a variety of components contributing to equity in access and care for children and will serve as a benchmark for our progress as a state towards our equity goals.

Leverage new learnings: OHA has been responsive to child-related priorities set by the Governor, the Oregon Health Policy Board and the federal government, all of which have come with additional data and community feedback around the challenges and barriers within the children’s health system. These learnings have shed light on the significant gaps and opportunities to address inequities for children in Oregon, and there are no resources or staff to be tasked with this work moving forward without additional investment.

What problems are being solved?

Children have specialized needs: There is a phrase among children’s health providers that “children are not simply tiny adults,” meaning that the barriers, challenges and issues facing kids are unique

¹ Oregon Health Authority. OHP Data and Reports: June 2022. <https://www.oregon.gov/oha/hsd/ohp/pages/reports.aspx>

² Georgetown University Health Policy Institute. (2018). Snapshot of Children with Medicaid by Race and Ethnicity. Retrieved from: <https://ccf.georgetown.edu/wp-content/uploads/2020/07/Snapshot-Medicaid-kids-race-ethnicity-v4.pdf>

Oregon Health Authority: 2023-25 Policy Package

and it should not be assumed that any solutions to problems for the adult system would be the same in the pediatric system. Neither can their challenges be addressed in a vacuum that ignores the family and caregiver context. The state has a particular responsibility to improve care for children and youth in its care and to identify and address any additional barriers and challenges which may not be apparent or identified yet due to a lack of staffing and resources.

Children's health care in Oregon has unique challenges and barriers from the adult system that have been exacerbated by the pandemic and are compounded by challenges in other systems (for example, lack of childcare, learning loss from remote learning). Currently, there is a structural bias towards focusing on prioritizing issues and resources within the adult system of care. In the child and youth health care system, there crisis in lack of access to pediatric service providers, especially culturally responsive and diverse providers and in behavioral health and specialty care; apparent lack of attention and accountability on the part of CCOs for children/youth with health complexity; and a troubling lack of coordination between the health care and other social service sectors. Families served by OHA and partner agencies experience extremely complex social environments across the child welfare, juvenile justice, and educational systems, with disproportionate representation from communities of color.

Siloes exist, with no capacity to assess, collaborate, innovate, or respond: OHA has many existing commitments (such as Raise Up Oregon statewide early childhood strategic plan; Healthy Youth strategies in the Healthier Together Oregon plan) and has successfully stood up operational components of programs (for example, Cover All Kids, Universally Offered Home Visiting) that have the potential to significantly improve the lives of children in Oregon. However, OHA has been so focused on implementation that programs were stood up without corresponding resources for data and policy analysis that can provide population-specific expertise, enhanced coordination and

Oregon Health Authority: 2023-25 Policy Package

integration, and strategic, system-level guidance. For example, In the Medicaid 1115 waiver application, Oregon has proposed some ground-breaking [policies and strategies](#) impacting children, including continuous eligibility for children 0-5 years old; and expanded eligibility and services to support youth with special health care needs as they transition into the adult care system. In order to avoid creating additional siloes in this work, it is important to ensure that there are broader policy, data, and community engagement supports specifically designated to lift up, connect, coordinate, lead and bring all the work together in an aligned and strategic way.

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

This policy package supports an investment in children's-specific expertise, partnership, and strategy by funding several positions that would be tasked with immediately addressing community-informed priority issues impacting children's health equity in Oregon. OHA has had success in expanding operational programs focused on children (for example, Cover All Kids and Universally Offered Home Visiting) but has not similarly established supporting policy and data expertise that is specifically centered on the unique needs and experiences of children and families.

This team would bring stability, strategic coordination, and innovation to this work by actively connecting, contributing, partnering and potentially co-locating to support child-specific initiatives across OHA and the Oregon Department of Human Services (ODHS). This team would be tasked with breaking any siloes and bringing together current program-specific knowledge and activities impacting children to inform a collective strategic plan, partnering with:

- OHA: Medicaid policy, Children and Family Behavioral Health Unit (CFBH), OHA Director's Office, CCO Incentive Metrics program, Public Health Division's Maternal and Child Health Section and Adolescent and School Health Unit

Oregon Health Authority: 2023-25 Policy Package

- Other agencies: ODHS (child welfare (CW), self-sufficiency programs (SSP), and office of developmental disabilities (ODDS)); Department of Early Learning and Care (DELIC)

Staffing and expertise funded by this policy package would be implemented immediately or as soon as hiring processes allow.

This would include dedicated staff to analyze multi-system data, to gather community and partner input and best practices to develop a strategic approach to policy and programs that improve access, quality and equity, especially in the health care system. Importantly, children's health policy and data analytics capacity would allow for stronger cross agency collaboration with existing children's programs to support effective strategies for children, youth and families who are involved in multiple state systems.

This policy package would establish a team that would immediately be instrumental in coordinating and leading the activities described on the following pages, which would serve to advance our entire agency's efforts and outcomes.

Child, youth and family community engagement

- Bring together and supplement existing but segmented youth/young adult and family/community engagement into a coordinated agency-wide process to inform ongoing efforts and to establish a predictable method for raising concerns and identifying community priorities and solutions for the 0–21 age group, with inclusion of prenatal/maternal health factors. This includes deep partnership with existing efforts in OHA's Community Partner Outreach Program (CPOP), Ombuds team, Division of Equity and Inclusion, Health Systems Division (HSD) and Public Health Division (PHD). (Immediate activity)

Oregon Health Authority: 2023-25 Policy Package

- Staff an ongoing child/family needs assessment focus on community engagement with communities that have been economically and socially marginalized to engage in policy and systems work. (Launched within 1 year)

Policy development and implementation (all immediate)

- Increase child and youth health care system subject matter expertise to directly and immediately contribute and support existing bodies of work and commitments in this space.
- Utilize data analytics and community engagement to address gaps and challenges that exacerbate inequities for children, youth, and families in: quality of care; access to specialty care, oral health care, behavioral health care and culturally specific workforce; data use and technical assistance to coordinated care organizations (CCOs) and other health care partners.
- Integrate upstream shared risk and protective factors and social determinants of health equity work into major agency policy initiatives and activities through the child health lens.
- Explore mechanisms to support provision of health care services and reimbursement to parent and child collectively, especially seen within behavioral health.
- Integrate and monitor programs and strategies that support children and youth that have complex health and social environments, in partnership with data analysts and children's health complexity data development.
- Identify opportunities to best support children and youth in the Indian Managed Care Entities (IMCE) and OHP fee-for-service programs, particularly for those with health complexity and intellectual or developmental disabilities.
- Technical issues:
 - Address billing and access point issues for consent, privacy and confidentiality for youth and young adults accessing health care (OHP and broader market), including within schools and school-based health centers

Oregon Health Authority: 2023-25 Policy Package

- Partner with ODHS to address challenges within the ONE system impacting enrollment and CCO assignment for children in foster care
- Address conflicts across CCO Contracts and OARs
- CCO accountability to the Intensive Care Coordination (ICC) requirements³
- Partner with data analytics and EPSDT teams to identify concerning data trends and challenges within the EPSDT program, and to develop policies to address the issues.

Data analytics

- Provide immediate and sustained support to the Children’s Behavioral Health Team and Medicaid policy team to help lead the team’s work, understand the data elements and implications, and to help inform broader aspects of cross system data used in these efforts. This includes data analytics collaboration across OHA (PHD, HPA, CFBH workplan strategies), ODHS (ODDS, CW, SSP), Oregon Youth Authority, DELC, and the Oregon Department of Education (immediate)
- Strengthen Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) demographic data analysis, monitoring and understanding of metrics and other health indicators specific to children and families to identify inequities, trends and gaps, with more transparency across age bands (for example, splitting “0–21” into “0-5, 6-12, 13-18, 19-21”) (within 6 months)
- Explore mechanisms to understand health data and information through a family lens, as opposed to the individual, in order to move towards cost-saving coverage and care for a family unit (started within 1 year)

³ Identified as a gap and need by OHA Ombuds Office through conversations with OHP members (<https://www.oregon.gov/oha/ERD/OmbudsProgram/Annual-Report-2021.pdf>)

Oregon Health Authority: 2023-25 Policy Package

- Bring the children's health complexity data process (a nationally renowned and cutting-edge effort to consider social impacts to health, which was established in 2015 but has never had dedicated staff support and resources) fully within OHA to update and manage data through partnership with community and those using and informing the data (started within 1 year)
- Partner with EPSDT team to review broad data related to EPSDT program and identify inequities or risks, including overall appeals and grievances, attrition between screening, diagnosis and treatment, and other associated data elements that reflect broader trends or could inform other programs and activities (such as incentive metrics or Performance Improvement Projects).

Children's Health Leadership

- Serve as a center of stability and coordination within the agency and with partners and community on children's health efforts, expertise, and innovation.
- Strengthen accountability for children in the state with a centralized team.
- Establish an OHA/ODHS liaison position in the OHA Director's Office to coordinate with the existing Director of Health in Education to ensure strong partnership, coordination and alignment across the sister agencies, with a focus on significantly improving the care and support for children and families served by child welfare and preventing the need for child welfare services by supporting pregnant people with a substance use disorder and their infants. This position is intended to focus on state systems alignment at a leadership level, but will also work in partnership with this team and others across the agency to resolve technical issues.
- Bring child-facing goals, objectives and strategies together into a comprehensive plan to lead the agency to achieve its larger health equity goals through intensive focus on children, adolescents and families. (developed within 6 months)

Oregon Health Authority: 2023-25 Policy Package

Additionally, this expertise will be essential to ensure that OHA can be readily responsive to community-identified priorities and concerns, and that OHA's major initiatives thoughtfully integrate considerations around equity, access and quality for children and youth, including those with complex or special health needs.

3. **How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity⁴ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?**

This policy package is specifically designed to create a strategic, immediate, and dedicated effort to improve health equity for children and youth in the state by collecting and analyzing qualitative (community input) and quantitative data specific to this population, including any impact of implementation of EPSDT. A critical component of this package is engagement and inclusion of communities experiencing health inequities in identifying policy and program priorities and corresponding strategies to address these priorities. This policy package also includes staffing and resources that would allow OHA to be accountable to communities and effective in leading the agency's work on achieving health equity goals for children, adolescents and families. This capacity and focus on health equity for children and youth in the state is critical to OHA achieving its goal of eliminating health disparities by 2030.

⁴ Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

Oregon Health Authority: 2023-25 Policy Package

There are many specific expectations for this team related to improving health equity. Examples include:

- Coordinating existing efforts and improving opportunities for community engagement focused on children, youth and families, especially those who face historical and contemporary racism and oppression.
- Address billing and access point issues for consent, privacy and confidentiality for youth and young adults accessing health care (OHP and broader market), including within schools and school-based health centers.
- Work with Medicaid, PEBB, OEBC and Oregon Health Insurance Marketplace teams to ensure providers and plans are using gender inclusive and gender-affirming language in materials and care, especially with adolescents.
- Identify opportunities to best support children and youth in the Indian Managed Care Entities (IMCE) and OHP fee-for-service programs, particularly for those with health complexity and intellectual or developmental disabilities.
- Strengthen Race, Ethnicity, Language and Disability (REALD) and SOGI demographic data analysis, monitoring and understanding of metrics and other health indicators specific to children and families to identify inequities, trends and gaps, with more transparency across age bands (for example, splitting “0–21” into “0-5, 6–12, 13–18, 19–21”).
- Partner with EPSDT team to review broad data related to EPSDT program and identify inequities or risks, especially those related to REALD, including overall appeals and grievances, attrition between screening, diagnosis and treatment, and other associated data elements that reflect broader trends or could inform other programs and activities (such as incentive metrics or PIPs).

Quantifying results

Oregon Health Authority: 2023-25 Policy Package

4. What are the long-term desired outcomes?

The anticipated long-term outcome of this policy package is a reduction in health inequities among Oregon's children, youth, and families from the following process outcomes:

- Increased data collection and analysis to highlight disparities and inform policy and program solutions
- Implementation of policy and program solutions directly informed by communities experiencing inequities
- Robust accountability to communities experiencing inequities and informing Oregon's policy and data strategies
- Robust evaluation of Oregon's policies, programs and strategies to address health inequities experienced by children, youth and families
- Implementation of course corrections as indicated by evaluation
- Robust coordination with other state agencies and partners to ensure a coordinated, strategic, and non-duplicative children's system across Oregon, resulting in potential cost savings and better health and well-being outcomes and indicators

5. How will OHA measure the impacts on health inequities of this policy package?

A critical component of measuring the impacts on health inequities under this policy package would be qualitative evaluation directly informed by communities experiencing the inequities.

The impacts on health inequities would also be measured through:

- Identification and monitoring of existing inequities (using existing/available data)

Oregon Health Authority: 2023-25 Policy Package

- Access to care (measures include appeals and grievances through the EPSDT system, Consumer Assessment of Healthcare Providers and Systems, Oregon Health Insurance Survey)
- Ongoing evaluation of child-specific policies in Oregon's 1115 Medicaid Waiver
- Analysis and family-informed evaluation of children/families moving smoothly through the child welfare system
- Collection and analysis of data through the Needs Assessment (described in section 2 above) to inform trends
- Analysis to better understand inequities by narrow/specific age brackets (for example, 0–5, 6–12, 13-18 vs 0–18) and disaggregated by REALD & SOGI
- Metrics improvement and accuracy/understanding as states (addition of REALD & SOGI and more distinctive age bands) across the Oregon Health Plan (CCOs and fee-for-service), behavioral health care measures, Healthier Together Oregon measures and other public health related measures

How achieved

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

Over the past eight years, OHA has tried to support greater coordination and alignment around children's health, as well as increase expertise, in a number of ways. Strategies have included limited duration positions, matrixed teams, and dedicating portions of multiple staff members' time towards this work. Several efforts at using grant funding for this work have also been made (such as ECCS, Race to the Top, Integrated Care for Kids). Additionally, two prior policy packages have been developed to try and address the need for a children's health team, but neither proceeded through

Oregon Health Authority: 2023-25 Policy Package

the legislative process. The Oregon Health Policy Board has designated Children's Health as a priority for OHA's work, but this designation does not include resources for staffing this work.

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

- Matrixed team (staffed from various OHA programs and offices): This type of team does not provide the centralized, single point of contact and accountability that is necessary to proactively advance this work forward and respond to community input. OHA has heard from many partners that they "don't know where to go with children's concerns and issues" because OHA doesn't have a clear lead.
- Grant funding: This has been tried multiple times in the past. Grant funds are time-limited, often administratively burdensome, and restricted in their use. When funds and positions are restricted to specific program operations and are time limited, it is difficult to conduct the broader efforts of coordination, integration and systems change that are needed to address health inequities for children, youth and families.
- Dedicating a portion of multiple staffs' time to this work: This has also been attempted over the past decade and is not an adequate or sustainable way of addressing the critical need for children's health coordination and addressing children's health inequities. Additionally, there is specific expertise needed to understand and inform policies and programs that impact children and youth, which is difficult for staff to build when it is only a small portion of their time.

Partial positions, matrixed teams and grant funding also undermine the ability to build up institutional knowledge among a full team and instead leave institutional knowledge with individuals whose positions will end or who will be re-assigned when funding runs out or other priorities come along.

Oregon Health Authority: 2023-25 Policy Package

With specific investments in a dedicated and adequately staffed team, OHA would be able to learn about deep inequities and issues in the children’s health system that remain invisible when there is not capacity and resources to look for them, let alone address them.

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

Community input from existing engagement/outreach has deeply informed this policy package.

Themes include:

- The COVID-19 pandemic has exacerbated and highlighted health inequities experienced by children and youth, while simultaneously causing burnout and staffing shortages in the health care system that serves these children.
- The COVID-19 pandemic has had negative impacts on young people’s social-emotional wellbeing; in Oregon this is seen disproportionately among Black/African American youth (2020 Student Health Survey).
- Children and Youth with Special Healthcare Needs (CYSHN) in Oregon continue to experience systemic and workforce barriers in accessing behavioral and mental health care and “gaps in provider knowledge and system of care policies that inhibit preparation for transition to adult health care” (OCCYSHN 2020 Needs Assessment).
- “Families of Black and Latino CYSHN experience racism in Oregon health care settings” (OCCYSHN 2020 Needs Assessment).
- Priorities identified by [Community Voices](#) in the Maternal, Child and Adolescent Health Title V Needs Assessment, including adequate insurance coverage for children, access to developmental screening, bullying, oral health, and risk appropriate perinatal care.
- System challenges identified in [OHA Ombuds reports](#) (2021 and 2020), including:

Oregon Health Authority: 2023-25 Policy Package

- Inadequate mental health residential treatment and system capacity (for children and adults)
- Care coordination needs for children who are not tied to one geographic area of the state, including children involved in child welfare

This policy package builds resources in alignment with national and state prioritization efforts:

Federal Center for Medicaid and Medicare Services health policy goals: CMS Administrator Chiquita Brooks-LaSure recently spoke to the National Academy of State Health Policy to share the agency's broad health policy goals and their approach to 1115 waiver engagement. She articulated a focus on health equity and expanding coverage, with a critical focus on addressing maternal health and preserving continuity of care and coverage for mothers and families.

The Children's Agenda (Oregon): Governor Kate Brown convened the Children's Cabinet in 2017 to address root causes of family instability and create a more resilient safety net to meet the needs of children and families. Core components of the agenda include strategies that will be addressed in the waiver, including expansion and stabilization of health coverage, substance use disorder and behavioral health services for families, addressing housing stability for children and families, and supporting a comprehensive child welfare system that safely reduces the need for foster care.

Raise Up Oregon: A Statewide Early Learning System Plan, 2019-2023⁵: Raise Up Oregon is a statewide, cross agency early learning system plan focused on children birth to age 6. The work is grounded in the science of child development, equity, and the firm understanding that it takes leaders from early care and education, K-12, health, housing, and human services—together with

⁵ <https://oregonearlylearning.com/raise-up-oregon>

Oregon Health Authority: 2023-25 Policy Package

families, communities, and the public and private sectors—to collaborate during this critical period of children’s lives. It aims to prioritize early investments in the health, education and human services for young children in order to impact long term outcomes over a lifetime.

ODHS [Child Welfare Division Vision for Transformation, November 2020](#)⁶: The Oregon Department of Human Services is transforming the Child Welfare Division in an effort to support children and young adults to be safer and healthier and to experience less trauma and greater well-being.¹⁸ Supporting families and promoting prevention is a guiding principle, which emphasizes trauma-informed, family and community-centered and culturally-responsive programs and services focused on engagement, equity, safety, well-being and prevention. Included within the vision is implementation of the Family First Prevention Services Act, which allows flexibility to pay for services and family support that align well with waiver strategies.

Sources:

- 2020 Student Health Survey
- Patient-Centered Primary Care Home Health Equity Initiative listening sessions, 2021
- Oregon 2020 Title V Needs Assessment Report
- Oregon’s Children and Youth with Special Healthcare Needs – Five Year Needs Assessment Findings (2020)
- Public comment and community feedback from Oregon’s 1115 Medicaid Waiver renewal process (2021-2022)

Partners collaborating on this policy package include:

⁶ <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>

Oregon Health Authority: 2023-25 Policy Package

OHA:

- Public Health Division — Maternal & Child Health Section, Adolescent & School Health Unit
- Health Systems Division — Child and Family Behavioral Health Unit, Medicaid Office
- Director’s Office — Chief Medical Office, Director of Health in Education
- Division of Equity and Inclusion

Early Learning Division (Department of Early Learning and Care)

Oregon Department of Human Services

Oregon Center for Children and Youth with Special Health Needs

Oregon Pediatric Improvement Partnership

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

No.

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

ODHS (state and local level impacts): Increased coordination and collaboration on child-focused efforts as well as access to data and policy analysis and evaluation resources.

ELD/DELC: Increased coordination and collaboration on child-focused efforts as well as access to data and policy analysis and evaluation resources.

Oregon Health Authority: 2023-25 Policy Package

ODE: increased coordination and collaboration on child-focused health efforts as well as access to data and policy analysis and evaluation resources.

Nine Federally Recognized Tribes of Oregon and NARA (Urban Indian Health Program): increased coordination and collaboration on child-focused efforts as well as access to data and policy analysis and evaluation resources. OHA’s Tribal Consultation and UIHP Confer policy should be followed in the creation of the child health team as well as in development/implementation of policies and data analytics by this team to ensure the Tribes are informing the structure and efforts of this team as partner governments.

Local Public Health Departments: as partners in implementation of Oregon’s Title V and Maternal & Child Health programs, and particularly in delivery of Universally Offered Home Visiting, LPHAs would be affected by this policy through increased support and capacity for program and policy implementation, analysis, and evaluation.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

Oregon Health Authority: 2023-25 Policy Package

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

None.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

The new responsibilities and the impacts to specific programs for OHA are outlined in the response to questions 2 and 15.

Integrated Client Services (ICS) currently provides data matching to support the data needs of OHA and seven other agencies who rely on the available children's health data. This support would continue to be necessary.

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

Not applicable.

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

OHA is requesting 10 new, permanent full-time positions to form the team as outlined below:

Leadership

- Health Policy and Program Manager 3: This manager would be responsible for oversight of the team and would provide direction for the work. The manager would be accountable for the work products, deliverables, and activities of the team and would represent the work to agency

Oregon Health Authority: 2023-25 Policy Package

leadership, legislators, federal partners, community members and other external partners. Further, this manager would be expected to lead and direct large scale, highly visible efforts to advance children's health and collaborate and coordinate with programs across the agency.

- Additional Manager 3 position (PEMF): This position would serve as an OHA/ODHS Liaison which would sit in the OHA Director's Office (separate from the team manager listed above). This position is modeled after the successful Director of Health in Education position, which has proved vital in strengthening cross-agency alignment and collaboration. This position would be tasked immediately with identifying gaps and challenges across the two agencies in how they provide services and support to children in Child Welfare. This position would then craft recommendations and lead efforts to align state agency partners and strategies to improve the care and experiences of children in Child Welfare.

Community engagement

- Operations & Policy Analyst (OPA) 4: This position would serve as the lead for youth and family engagement. This position would be responsible for ongoing support to ensure community members and community-based organizations representing children, youth and families are represented in other ways throughout the agency and have opportunities for ongoing dialogue. In addition to this position holding expertise in equity and community engagement, this person would support the agency in its existing community engagement efforts with children and youth to analyze qualitative information (including partnership with the Children's System of Care Advisory group and advisory groups put forward in the public health division). Additionally, this person would support ongoing engagement around the Children's Health Complexity work to ensure that the data are used in alignment with community expectations and needs.

Oregon Health Authority: 2023-25 Policy Package

- OPA2: This position would support the work of community engagement through tracking, monitoring, and summarizing engagement efforts for dissemination across the agency. This position would be leading efforts to close feedback loops from community engagement efforts by tracking where input came from and whether we have returned to the same community with updates. This person will also partner closely with internal partners, including staff who conduct or receive existing child-centered community engagement, including our CPOP team, OEI team, Ombuds office, Children's Behavioral Health unit and the Maternal and Child Health section in PHD.

Policy analysis

- OPA4: This position would be the children's health policy lead and tasked with building expertise and supporting ongoing agency efforts that require specific and technical knowledge of the children's health system. This includes oral health care for children (an existing gap in OHA), as well as leading the policy development and health care transformation efforts impacting children in the 1115 waiver, including addressing challenges across systems such as ODHS/Child Welfare and the Early Learning Division. This person would be tasked with partnering with the research analysts leading the Children's Health Complexity work to better understand, disseminate and utilize the data in an intentional and impactful way.
- OPA3: This position would provide children's health policy support be tasked with assisting in specific problem solving identified by the policy leads and manager. This includes addressing existing issues raised already, such as billing and confidentiality issues faced by adolescents; improving gender-inclusive language; focusing on workforce issues; conflicts across CCO contracts and rules; challenges with the ONE system; and treating families as a unit in OHA's reporting.

Oregon Health Authority: 2023-25 Policy Package

- OPA3: This position will be the children's mental health and complex health policy support and liaison and tasked with assisting in connecting the children's health policy work to align with ODE/OHA MOU, the children's behavioral health policy vision and work plan, congruency across OHA policy and program and provide connection to the System of Care Advisory Council (Senate Bill 1, 2019) including the cross-system data dashboard. This position would sit with the team as a liaison or be seated in HSD.

Research and data analysis

- Research Analyst (RA) 4: This position would be responsible for providing support on the numerous measures focused on children in the CCO Incentive Metrics Program, as well as providing support for ongoing measure development that impacts kids, such as the social emotional health metric, behavioral health metrics and public health metrics identified in the State Health Improvement Plan. This allows for better understanding of the interpretations of data from the children's health system perspective. This person will also support the Children's System of Care Advisory Council (Senate Bill 1, 2019) data dashboard for ongoing maintenance and reporting.
- RA4: This position would be the children's health complexity lead and tasked with leading the effort behind developing, maintaining, planning and designing the Children's Health Complexity work and broader children's health data needs. This includes ongoing examination and consideration of data coming from multiple agencies to allow the agency to look holistically at children served by Medicaid, across social and medical needs. This person would lead annual reporting and dissemination. This position would also be tasked with managing the Data Use Agreements with five agencies and collaborating with ODHS and other agencies to address technical problems.

Oregon Health Authority: 2023-25 Policy Package

Administrative support

- Administrative Specialist 2: This person would support ongoing administrative tasks and needs of the children's health team.

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

No start-up nor one-time costs are anticipated.

17. What are the ongoing costs?

In addition to the positions outlined above and their corresponding services & supplies, other ongoing costs include:

- Biannual (every other year) Family Needs Assessment:
 - Community-based data collection: up to \$100,000 per biennium for contracts to local community-based organizations
 - Contract: up to \$15,000 per biennium for support in facilitating community prioritization of the needs identified in the assessment
- Quarterly data costs to run pediatric medical complexity algorithm requests are estimated to add up to \$24,000–\$30,000 per biennium.

18. What are the potential savings?

The following impacts would likely result in long-term savings across state and local governments; however, because savings would be diffuse and difficult to quantify they are not included in the pricing of this policy package.

Oregon Health Authority: 2023-25 Policy Package

- Improved longer-term health outcomes through upstream intervention during the most sensitive periods of development; this will lead to increased economic and well-being outcomes for children.
- Increased care coordination and integration with physical, behavioral and oral health.
- Increased data analysis and reporting efficiencies, accuracy and compliance for the child and youth population.
- Increased cross-sector coordination, improved strategies to address the social determinants of health and equity, and improved referrals.
- Increased potential for maternal and child-focused value-based purchasing arrangements
- Reduction in out-of-home placements for children involved in child welfare.

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

Personal Services are funded with 50 percent General Fund and 50 percent Federal Fund Medicaid administrative match. Contracts and data collection are funded with 100 percent General Fund. There is a possibility for Medicaid match that is being researched.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$1,263,546	\$15,428	\$708,330	\$1,987,304	10	8.25
Services & Supplies	\$239,400		\$67,432	\$306,832		
Capital Outlay						
Special Payments						
Other						
Total	\$1,502,946	\$15,428	\$775,762	\$2,294,136	10	8.25

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Health Policy/DSI	Health Analytics	Business Operations		Total
General Fund	\$1,213,006	\$179,397	\$110,543		\$ 1,502,946
Other Funds	\$15,428	\$0	\$0		\$15,428
Federal Funds	\$525,692	\$179,397	\$70,673		\$775,762
Total Funds	\$1,754,126	\$358,794	\$181,216		\$2,294,136
Positions	7	2	1		10
FTE	5.75	1.50	1.00		8.25

Oregon Health Authority 2023-25 Policy Package

Division:	Health Systems Division, ODHS OHA Shared Services
Program:	Program Support and Administration, Office of Information Services
Policy package title:	Data Governance
Policy package number:	443
Related legislation:	House Bill 2134 (2013), House Bill 4212 (2020), House Bill 3159 (2021), DAS Policy 107-004-160 of 2022

Summary statement: The Oregon Health Authority (OHA) lacks a cohesive plan to secure, protect, manage, govern and support data, and is thus faced with significant challenges stewarding data across hundreds of systems. This creates great risk for the agency and prevents OHA from creating an environment where high quality data is collected and shared in a transparent manner, in partnership with community. This proposal is critical to maturing the agency’s data governance and ensuring pathways are established for shared leadership with community to determine how data is collected, analyzed and shared by OHA. Without this investment, OHA will fail to comply with recent legislation that establishes standards for collecting demographic data and Department of Administrative Services policies requiring state agencies to inventory and publish agency datasets and to establish a data governance plan.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,314,048	\$1,151,168	\$3,942,053	\$6,407,269	10	7.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Data is an organization's most valuable asset, after its people. All services provided by the Oregon Health Authority (OHA) depend on data and the ability to access, manipulate and integrate information. OHA is hampered by the lack of standardization of data structures and classification. The agency is faced with significant challenges stewarding and securing data across hundreds of systems and must manage risks associated with access to data by internal and external resources. Fundamental gaps exist in both strategy, and operating norms of how data is managed and governed, and these gaps perpetuate health inequities.

OHA lacks a cohesive plan to secure, protect, manage, govern and support data — this must change. Community-identified priorities for the 2023-25 budget include investing in efforts to reduce fragmentation, improve routine practices to review equity-based data, and enhance focus on high-quality engagement efforts. An overarching strategy to improve data security and protection, and to perform data analysis, quality, governance, classification, integrity and management is required to meet legislatively mandated criteria defined by House Bill 2134 (2013), and the open data standards criteria required by House Bill 3361 (2017). Compliance with these mandates through the establishment of an agency data strategy and governance plan will also importantly address many of the priorities raised by community by facilitating increased transparency and data accessibility both within the agency and with community partners. A key component of an agency data strategy and governance plan will include improved pathways for partnering with community to identify data sources, determine analytical approaches, and share datasets. Additionally, failure to comply with House Bill 2134 will lead to a loss of trust and accountability for the agencies, which will be compounded if OHA is unable to report on this information during a public health crisis. Failure to comply with House Bill 2134 inhibits the agency's ability to concretely report on advances in reducing

Oregon Health Authority: 2023-25 Policy Package

health inequity. OHA is additionally required to establish a governance plan, pursuant to statewide policy, to implement a strategic and standardized approach to managing data housed with OHA. To address this situation, a sustained effort with the appropriate resources, professional support and technology is essential, and must begin immediately.

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

Assessing OHA's data integrity and compliance is of paramount importance to realizing OHA's triple aim of Better Health, Better Care, and Lower Costs. Furthermore, OHA has set the strategic goal of eliminating health inequities by 2030. Without an accurate and comprehensive view of all agency data and information assets, OHA cannot effectively take data-driven actionable steps to effect statewide change for the health, independence, and care of Oregon's citizens. By investing in this initiative, OHA is proposing:

- A comprehensive strategic direction is defined and documented supporting improvements in data strategy and governance for OHA.
- A roadmap is defined charting a course of action for OHA to follow for ongoing investment in data governance.
- Enterprise data modeling and management tools, and other data quality related tools, are implemented and leveraged.
- Business partners will have improved access to Business Intelligence tools for dashboards and reporting.
- New knowledge management capabilities will be piloted providing a self-service environment for business users to access information and mine questions and answers without reliance on the ODHS | OHA Shared Services Office of Information Services (OIS)

Oregon Health Authority: 2023-25 Policy Package

OHA is proposing a joint venture with OIS to research, analyze, assess, and establish a data strategy and governance plan. The agency would procure professional services for strategic data guidance and support, market research, and solutions identification.

The estimated budget for this technology initiative is \$6.4 million for professional services, licensing, deployment and maintenance of technology systems/services, and staffing. Agency staffing for this project includes five positions in the Health Systems Division and five positions in OIS.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

OHA is custodian to a massive amount of data, representing services provided to and personal information about communities across the state. As we continue to expand utilizing digital interfaces, our collection of data across all programs grows and a significant portion of staff time and responsibilities become devoted to data collection, cleaning, management and reporting. Despite the expansiveness of data in our work, OHA does not currently have formalized policies and procedures for how internal and external staff interact with, share and use OHA-housed data. This lack of data governance creates risk for bias in how data are collected and reported, reduces transparency in our programming and can be costly in requiring rework of low-quality information.

Additionally, there are no formalized processes for gathering community feedback on OHA-housed data. It is critical that pathways be established to allow for Oregonians to determine what data is

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

Oregon Health Authority: 2023-25 Policy Package

collected and how it is utilized. Data is foundational to understanding the impact of our programming, but we can only examine what is collected. A major theme of community feedback includes a need for policymakers to gather and incorporate into decision-making meaningful information on health inequities and the health equity impacts of their decisions. This can be addressed through high-quality engagement efforts, where community members are equally empowered to participate in the planning and implementation of data projects. Establishing forums and opportunities for community members to weigh in on our data practices ensures they can participate in program evaluation and ultimately program development.

OHA's use of data must be embedded in active commitments to equity, transparency, and community engagement. This starts with the development and implementation of an agency-wide Data Strategy and Data Governance Plan to establish internal data governance protocols and a plan for enterprise-level influence over data standards and processes. This should include the addition of divisional or programmatic data stewards, who are subject matter experts and responsible for management of a smaller segments of datasets within the agency and facilitate internal coordination as well as community input on best use of and collection of related data.

The [State of Oregon's Diversity, Equity and Inclusion Action Plan](#) and the [State of Oregon Equity Framework in COVID-19 Response and Recovery](#) both highlight the need for leveraging disaggregated data to better represent Oregonians, and to proactively engage community members in data collection and provide opportunities for feedback on new data initiatives. Implementing a data strategy and data governance plan will standardize the use of disaggregated data, where possible, and facilitate new avenues for community engagement in data stewardship and sharing.

Oregon Health Authority: 2023-25 Policy Package

Community feedback

A critical piece to OHA's strategic goal to eliminate health inequities by 2030 is REALD & SOGI data. This objective has also long been a focus of community partners. REALD standards established through [House Bill 2134](#) (2013) originated from communities most impacted by health inequities and were championed by the Asian Pacific American Network of Oregon (APANO) and the Oregon Health Equity Alliance (OHEA), among others. Lack of and inconsistent standards has hindered the agency's ability to use data to assess how racism, disability and lack of language access impacts individual and community health.

Adding to [House Bill 2134](#) (2013), [House Bill 4212](#) (2020) and [House Bill 3159](#) (2021) furthered REALD and SOGI reporting by requiring data collection for COVID-19 encounters. Again, these bills were championed by [community organizations](#) to better serve Oregonians by collecting more granular data on the identities that affect people's health.

REALD & SOGI both help to reveal the diversity of the people living in Oregon by helping us:

- Identify and address health disparities, and
- Support [data justice](#) in communities most affected by health disparities.

Data justice recognizes that current data are insufficient for understanding community needs and centers community-led ways of collecting, analyzing and storing data. Data justice efforts recognize that this work cannot be led by government and must be community-led.

This investment aligns to and supports the Governor's Goal and Priority to "Create and manage a statewide data strategy to improve data analysis, data quality, information sharing and overall decision making."

Oregon Health Authority: 2023-25 Policy Package

Assessing OHA's data integrity and compliance is of paramount importance to realizing OHA's triple aim of Better Health, Better Care, and Lower Costs, and supporting ODHS's vision of Safety, Health, and Independence for all Oregonians.

Quantifying results

4. What are the long-term desired outcomes?

This initiative is anticipated to provide multiple beneficial outcomes, including:

- More efficient and accurate reporting of required information to federal and state partners
- Reduced storage of unnecessary data
- Improved view of client information
- Enhanced agency credibility
- Improved customer service
- Increased efficiency and productivity
- Improved transparency in data-related decision making
- Increased collaboration with community members in developing strategic direction for collection and use of data
- Improved data literacy of OHA staff and external partners
- Accurate reporting and informed decision making
- Assessing and addressing OHA compliance with House Bill 2134 and House Bill 3159 for REALD data
- Ensuring OHA compliance with Department of Administrative Services 2022 Data Governance Policy
- Ensuring OHA compliance with Oregon's Data Strategy

Oregon Health Authority: 2023-25 Policy Package

This investment also seeks to address inequitable health outcomes:

- Improvements to OHA’s ability to manage its data would have a direct positive impact on people’s health, health care and the health care system. Accurate information would enable health systems to develop holistic views of patients, health trends, and treatment methods. Accurate information improves communication between health care providers and their patients, ultimately improving health outcomes.
- Improved access to accurate health data and the ability to analyze it is essential for tracking disease trends (such as COVID-19) and risk factors. This information would help inform public health determinations, patterns of care and other crucial monitoring and projections.

OHA anticipates the following cost savings:

- Increased staff efficiency from standardization and improved quality of data
- Faster response time to ad-hoc requests for information from public entities, federal and state partners.

5. How will OHA measure the impacts on health inequities of this policy package?

Benefit	Measurement
Improved quality of health care data, facilitating greater analytical capabilities.	Comparison of availability of accurate health data before (baseline) and one year after implementation of data governance policies and protocols.
Increased number of REALD-compliant OHA databases.	Percentage of REALD compliant databases increases to 20 percent one year after implementation of data governance policies and protocols.

Oregon Health Authority: 2023-25 Policy Package

<p>Creation of a data inventory to assess all datasets across OHA would enable reduction of data duplication, enhanced alignment across programs, and improved transparency internally and externally.</p>	<p>A complete data inventory exists which has been validated by data architects, business partners, and can be maintained using software procured as part of this project.</p>
<p>Publication of agency datasets and increased accessibility of agency data.</p>	<p>Percentage of datasets made public and utilization (web views and downloads) of published data.</p>
<p>Improved decision-making and accountability through establishment of a Data Governance Committee and network of agency data stewards</p>	<p>Data Governance Committee is established with clear responsibilities; data stewards are assigned/hired and trained on data governance policies.</p>

How achieved

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

OHA has hired a full time Agency Data Coordinator to help plan and lead implementation of the agency’s required data inventory. This initial planning work is being done in coordination with the ODHS Data Officer, as many datasets are shared between the two agencies. Additionally, two staff, Operations & Policy Analyst 4s (OPA4). recently joined the team to support development and implementation of data quality standards amongst agency programs, including support in implementing data governance policies, once established. The BIS team is in the process of hiring one additional OPA4 and two OPA3s to further support this work. Data stewards are a needed addition to the team, to ensure that OHA’s fulfillment of the Open Data Plan and ongoing publication efforts are done equitably and in partnership with community.

Oregon Health Authority: 2023-25 Policy Package

OIS has also started leveraging data modeling and enterprise data management tools, which are foundational to data governance policies. They do not have the staff needed to expand use of these tools across all business teams in OHA and require additional resources for implementation and ongoing maintenance. Specifically, OIS requires one ISS7 Enterprise Data Architect, one OPA3 Business Relationship Manager, three ISS7 Data Architects for Erwin Modeling and Edge development, one Project Manager, and one ISS8.

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

The following alternatives have been considered:

A. Pursue a data management strategy and governance structure with additional staff, consulting and technology resources [selected].

With resources to support expert planning and implementation consulting services, full time staff, and technology, OHA would be best positioned to develop and implement a robust data strategy and data governance plan, that accounts for the agency's current level of data governance maturity and the need to advance data standards and community engagement in data planning moving forward. This approach would include an assessment and planning for data strategy and governance; implementation and build activities to stand up a strategy and data governance staffing, policies, protocols and tools; and support for ongoing operational needs, including maintenance and monitoring of data quality, technical assistance to program staff, and deepening community involvement in how our agency collects, utilizes and shares data.

Oregon Health Authority: 2023-25 Policy Package

B. Procure consulting services only without additional resources for agency staff and technology tools.

This strategy would secure expert services in assessing the current data landscape within OHA and developing a roadmap to guide agency data governance implementation efforts. While this approach fulfills a portion of the needed support through ensuring proper planning and assessment is achieved, it would result in failure to properly implement any recommendations made by consulting experts. If OHA is not provided resources to acquire needed technology and staff who can support data governance in a sustained manner, there will be little use for a data governance roadmap or plan for an agency data strategy.

C. Do nothing – pursue a data management strategy with current staffing and technology resources.

This strategy would rely on existing staff within BIS and OIS to develop an agency data strategy and data governance plan, and to implement and maintain the resulting policies and protocols from a strategy. This approach would not offer the resources needed to implement technology solutions to support enterprise-wide data management and would additionally limit the reach of the data governance policies and framework without stewards to effectively manage data quality and processes at the program level. A limited strategy could likely be developed but would be less informed than an approach developed by a data governance and strategy consultant. Such a strategy would be narrow in scope and would not include robust community engagement and data literacy work, which require additional resources to develop and maintain. Once established, the lack of dedicated staff to support adaptation of a data governance plan would result in minimal adherence to agency standards and continued lack of data transparency and standardization across divisions. Pursuing this approach results in a risk of minimal data transformation, likely surface level only.

Oregon Health Authority: 2023-25 Policy Package

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

OIS is supporting the development of OHA's data governance plan and will provide ongoing support for data modeling and data architecture and has therefore requested additional resources through this investment. ODHS is similarly working to mature their agency's data governance and is advancing a proposal in parallel to this investment, to establish a data office within ODHS that will support implementation of data governance.

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

No.

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

This proposal would establish policies and protocols to enable OHA to share data in a more coordinated and effective manner with external partners, including state, tribal and local government agencies. A foundational component of OHA's data governance plan will include collaboration with community and other governmental partners.

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

No.

Oregon Health Authority: 2023-25 Policy Package

Staffing and fiscal impact

Implementation date(s): October 1, 2023

End date (if applicable): Not applicable

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

Assumptions:

- Cost of professional services is assumed to be in alignment with other comparable efforts.
- Costs of staffing is assumed to be relatively consistent.
- Resources (both internal to the agency and externally/vendors) with the necessary skills will be available.
- Federal enhanced funding will be available and leveraged for all Medicaid-related efforts.
 - All funding will be General Fund and Medicaid but depending on the item it will either be matched at the enhanced rate or the administrative rate.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

The Business Information Systems team within OHA is tasked with establishing a data governance plan and implementing the open data program for the agency. The resources proposed for this investment would support coordination of a data governance committee, establishment and implementation of data governance policies and protocols through coordination with divisional programs, and management of contractors and vendors that would provide guidance to OHA for the implementation and ongoing management of the data governance plan.

Oregon Health Authority: 2023-25 Policy Package

OIS would be responsible for establishing and maintaining data governance and data architecture frameworks using software tools and services. These models would serve as the backbone through which program data staff, including the BIS data stewards, would be able to document data sources to facilitate large-scale data integration, data management, business intelligence and advanced analytics.

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

This proposal is not anticipated to affect client caseloads or direct services.

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

This policy package requests ten new permanent full-time positions, of which five are in HSD and 5 are in OIS. All positions are priced at 18 months for the 2023-25 biennium.

HSD positions:

- Four Operations & Policy Analyst 3 positions (Data Quality and Integrity Analyst)
- One Administrative Specialist 2 position

OIS positions:

- Three Information Systems Specialist 7 position (Enterprise Data Architect, Data Architects, Erwin Modeler and Erwin Edge developers)
- One Project Manager 3 position
- One Information Systems Specialist 8 position

Oregon Health Authority: 2023-25 Policy Package

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

One-time costs are primarily professional services related to implementing software and standing up data governance.

17. What are the ongoing costs?

Ongoing costs include software licensing and staffing.

18. What are the potential savings?

There are no anticipated immediate savings that would result from this proposal. Overtime, it is anticipated that improved data quality and implementation of data governance policies would decrease the amount of staff time spent on cleaning and integrating data elements.

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

Funding for this investment has been estimated overall at 25 percent General Fund and 75 percent Federal Funds. However, it is anticipated that some aspects of this project would qualify for a higher match, at 10 percent General Fund and 90 percent Federal Funds, and other aspects would be matched at 50 percent General Fund and 50 percent Federal Funds.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$203,675	\$1,030,840	\$611,014	\$1,845,529	10	7.50
Services & Supplies	\$1,110,373	\$120,328	\$3,331,039	\$4,561,740		
Capital Outlay						
Special Payments						
Other						
Total	\$1,314,048	\$1,151,168	\$3,942,053	\$6,407,269	10	7.50

Fiscal impact by program

	HSD Admin	OIS			Total
General Fund	\$1,314,048	\$0			\$1,314,048
Other Funds	\$0	\$1,151,168			\$1,151,168
Federal Funds	\$3,942,053	\$0			\$3,942,053
Total Funds	\$5,256,101	\$1,151,168			\$6,407,269
Positions	5	5			10
FTE	3.75	3.75			7.50

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Public Health Practice
Policy package title:	Regional Infection Prevention and Control
Policy package number:	444
Related legislation:	Not applicable

Summary statement:

Enhanced infection control capacity has been critical to decreasing lives lost in Oregon’s vulnerable long-term care communities. The purpose of this policy package is to maintain this capacity initiated by short term Federal Funds by creating a permanent Regional Infection Prevention & Control Program, comprised of highly-trained, regionally-placed Infection Preventionists and a supervising manager, to provide equitable access to infection control expertise and technical assistance across Oregon and all health care facility settings in every preparedness region, thus preventing the spread of disease for some of Oregon’s most vulnerable people. If this policy package is not funded, substantial progress in infection control practice improvements, particularly in vulnerable long-term care settings, will be lost and the Oregon Health Authority will lose the ability to provide rapid, on-site technical assistance for health care facilities preparing for or responding to high-impact communicable diseases, including but not limited to COVID-19 and antibiotic-resistant bacteria.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,301,141	\$0	\$0	\$1,301,141	6	4.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The COVID-19 pandemic highlights the importance of public health’s capability to prevent and contain the spread of communicable diseases in health care settings. Regional- and health care setting- based inequities in training and access to infection control resources continue to threaten the safety of our most vulnerable patient populations. Long-term care facilities (LTCFs) have been disproportionately affected by the COVID-19 pandemic and other communicable diseases. Though LTCFs fill a critical need in the health care continuum for seniors and people with disabilities, these facilities are highly susceptible to the spread of communicable diseases due to the high-risk nature of the population they serve and closely interconnected, congregate or “group” setting. As of January 2022, over 200,000 LTCF deaths occurred due to COVID-19, representing 23% of all COVID-19 deaths in the US. Though increased emphasis on infection control practices and high levels of vaccination reduced LTCF deaths, these facilities continue to experience disproportionately high case and death rates, significant workforce stress and turnover, and continued challenges for implementing critical infection control practices.

The need for accessible and locally integrated infection prevention expertise is at a critical juncture: COVID-19 remains a threat to patient safety and other communicable diseases are poised to exploit the same vulnerabilities in our health care system, particularly in relation to infection control training and capacity. Of particular concern, are antibiotic-resistant pathogens, also referred to as “nightmare pathogens” emerging at an alarming rate in the US and already causing significant morbidity and mortality in health care and long-term care settings. A regional infection prevention and control program is necessary to address workforce shortages, disparities in training, and access to infection

Oregon Health Authority: 2023-25 Policy Package

control resources in congregate settings to effectively curtail the spread of communicable diseases during and beyond the COVID-19 pandemic.

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

This policy package would protect patients and our health care workforce through the provision of infection control technical assistance, education, and resources to health care facilities across the spectrum of care with the priority of local integration within the communities served and protection of those most vulnerable to disease.

This policy package would establish a permanent Regional Infection Prevention and Control Program through OHA's Acute & Communicable Disease Prevention Section, effective July 1, 2023. The program would be comprised of five highly-trained Regional Infection Preventionists, , and one supervising program manager, who will together provide infection prevention support for Oregon's preparedness regions.

This program would:

- Provide preventive infection control training across the spectrum of health care with a focus on vulnerable communities in long-term care settings to prevent outbreaks and decrease the spread of disease
- Provide responsive, on-site infection control technical assistance for outbreaks of communicable diseases, including COVID-19 and rapidly emerging antimicrobial-resistant pathogens
- Develop and disseminate critical infection control education that is directly responsive to state and local infection control priorities, developed in partnership with our vulnerable communities

Oregon Health Authority: 2023-25 Policy Package

- Support implementation of provisions in ORS 433.004, 441.406, and 443.012; and OAR 411-054-0050 related to infection control requirements and training in Oregon long-term care facilities
- Address Oregon Secretary of State recommendation for a permanent OHA Infection Prevention & Control Program (Oregon Secretary of State 2021 Long-Term Care Advisory Report <https://sos.oregon.gov/audits/Documents/2021-09.pdf>)

Work in this package is immediately implementable as the Regional Infection Prevention and Control program was scaled up to respond to the COVID-19 pandemic and has been successfully operating through the state of Oregon since 2020 with time-limited grant funding from the Centers for Disease Control & Prevention.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?

The OHA Infection Prevention & Control Program would:

- Provide equitable access to infection control expertise and resources throughout the state of Oregon. Access to infection preventionists is limited in much of the US. This program would provide access continuity across all Oregon health care settings
- Control the spread of communicable disease in health care settings, with a focus on those that serve people disproportionately affected by the COVID-19 pandemic and the continued emergence of high-impact communicable pathogens

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

Oregon Health Authority: 2023-25 Policy Package

- Prioritize OHA's health equity goals around disproportionately impacted communities, prioritizing long-term care facilities that serve older adults and people with disabilities, long-term care facilities that serve Medicaid recipients, and healthcare facilities in communities with a greater proportion of people of color
- Facilitate equitable access to health care by mitigating the spread of communicable diseases in health care environments, thereby preventing disruptions in critical clinical care operations, and limiting closures

Quantifying results

4. What are the long-term desired outcomes?

This policy package would ensure local access to infection prevention expertise, which can be rapidly mobilized to health care settings to contain the spread of communicable diseases. In the short-term, the Regional Infection Prevention and Control Program would:

- Provide rapid, on-site response to communicable disease outbreaks in health care settings, allowing earlier containment, reduced morbidity and mortality among vulnerable resident and patient populations, and improved health care workforce safety and resiliency.
- Provide preventative infection control technical assistance to all counties and regions throughout Oregon, ensuring equity in access to infection prevention expertise geographically, across the spectrum of health care, and to all disproportionately affected communities.

In the longer-term (2–4 biennia), this program would:

- Facilitate development of health care facility-level, “in-house” infection prevention capacity through education, mentorship, and training, which will ultimately improve the efficiency of our health care system to identify and respond to communicable disease threats.

Oregon Health Authority: 2023-25 Policy Package

- Provide infection prevention capacity to prepare for and respond to future pandemic scenarios.

5. How will OHA measure the impacts on health inequities of this policy package?

The following metrics would be used to measure the impact of this policy package on health inequities:

- Outbreak occurrence and cases of reportable disease in Oregon health care settings.
- Regulatory agency findings for infection control preparedness and practices.
- Number of trainings for Oregon health care facilities and number of infection control consultations provided. Infection control consultations are defined as in-depth, infection control education, on-the-ground observation of infection control practices, and provision of tailored recommendations from program Infection Preventionists directly to health care facilities.
- Data summarizing health care populations served to ensure equitable delivery of resources and prioritization of underserved communities (i.e., where is infection control assistance being delivered?). Relevant data to include health care facility type, geographical location (including facility zip code), proportion of long-term care facility residents that are Medicaid recipients, and available data describing race, ethnicity, language, and disability of populations served.

How achieved

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

OHA's Regional Infection Prevention and Control Program was scaled up to respond to the COVID-19 pandemic and has been successfully operating throughout the state of Oregon since 2020. The program has already conducted over 1,250 urgent infection control consultations in health care settings. Program Infection Preventionists work to support local and facility-level infection control

Oregon Health Authority: 2023-25 Policy Package

capacity-building while facing challenging situations arising from frequent staff turnover at the local- and facility-level, further demonstrating the need for ongoing access to state-level expertise across Oregon.

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

The COVID-19 pandemic highlights the key role of infection control technical assistance in public health outbreak response efforts. Infection prevention and control is a highly specialized field that requires training in microbiology, epidemiology, and public health to provide evidence-based approaches to protect patients and health care personnel from avoidable infections. Infection Preventionists are trained to observe key gaps in infection control practices, make recommendations to remediate, and focus on the “how” of implementation so that health care facilities have practical next steps for protecting their patients and staff. Infection Preventionist shortages, rapid staff turnover, cost barriers, and lack of recognition of the importance of these roles has led to limited in-house expertise in many health care facilities. Insufficient infection control preparation left our health care system unprepared for the COVID-19 pandemic. State-level capacity remains key to ensuring consistent improvement in infection control practices across the state and to continuing to provide the training necessary for facility-level capacity-building.

Federal funding options were considered to support the program. This team is currently composed of Infection Preventionists serving in limited duration positions funded by a patchwork of federal funding mechanisms. Infection control expertise is a scarce commodity and Infection Preventionists remain in short supply throughout the US. Long-term recruitment and retention of Infection Preventionists will not be possible without permanent positions and consistent funding support. Continuity of this program is essential to continue to respond to the current COVID-19 pandemic, the looming threat of antibiotic-resistant infections, and to maintain key infrastructure needed to prevent and respond to

Oregon Health Authority: 2023-25 Policy Package

future pandemics. State support of this program would ensure responsiveness to local needs and epidemiology.

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

OHA's Healthcare-Associated Infections Program works in close collaboration with state regulatory entities. The Infection Prevention and Control Program that OHA established with time-limited Federal Funds was developed in collaboration with Oregon Department of Human Services to ensure alignment and avoid duplication of efforts. This policy package would be implemented with the same focus on interagency collaboration and partnership.

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

There is no associated legislative concept.

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

This team would continue to prioritize working in collaboration with local public health authorities and Tribes, building on current mechanisms to support and bolster local efforts. OHA has developed and would maintain methods by which state, Tribal and local government agencies can request assistance and infection control resources from program Infection Preventionists.

Oregon Health Authority: 2023-25 Policy Package

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

This policy package is responsive to the Oregon Secretary of State, Audits Division 2021 report: *Oregon Can Take More Steps to Reduce Infections in Long-Term Care Facilities from COVID-19 and Other Communicable Diseases*, which recommended the following: “Making staffing permanent for the Healthcare-Associated Infections Program’s regional infection control practitioners.” (<https://sos.oregon.gov/audits/Documents/2021-09.pdf>, p31).

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

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

Assumes Regional Infection Prevention and Control Program would be operating within all 7 preparedness regions throughout state.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

New responsibilities for OHA would include maintaining permanent Infection Preventionist capacity in all seven preparedness regions throughout Oregon. Regional Infection Preventionists would be responsible for collaborating with local and community partners to conduct infection control needs assessments, conducting proactive education for health care facilities, and providing timely on-the-ground technical assistance in the form of highly-structured infection control consultation to facilities experiencing communicable disease outbreaks. Regional Infection Preventionists would be trained to

Oregon Health Authority: 2023-25 Policy Package

respond to a wide range of communicable disease threats as well as to work across the spectrum of health care. The Infection Prevention and Control Program Manager would coordinate program activities, hire and supervise program Infection Preventionists, develop and maintain safety protocols for field operations, and liaise with federal, state, and local partners to set program priorities.

New responsibilities for shared services would include infrastructure support for a regional model, building on existing regional models developed by the OHA Health Security, Preparedness, and Response Section, and the OHA COVID-19 Response and Recovery Unit. This includes computer services support for remote work.

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

This policy package would increase provision of detailed, infection control consultations (defined above in questions 5 and 14) directly to health care facilities, with expected increase of approximately 1-2 consultations per month pre-pandemic to approximately 50 per month, which would substantially increase the reach of infection control education and support throughout the state of Oregon. This policy package is expected to reduce overall provision of public health outbreak response needs through the prevention of communicable disease spread in health care settings.

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

The positions listed below are currently filled or in an active recruitment stage. This package would provide long term stability by using state funding, permanent position authority, and a structure to maintain this critical work. Current positions are limited duration and are funded across the following time-limited Centers for Disease Control & Prevention funding supplements.

Oregon Health Authority: 2023-25 Policy Package

- Five Public Health Nurse 2 positions (Regional Infection Preventionists), 24 months of 2023-25 biennium
- One Principle Executive Manager-E position (Infection Prevention and Control Program Manager), 24 months of 2023-25 biennium

Contracts: None

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

None. Program is immediately implementable due to scale up that occurred during the COVID-19 pandemic with time-limited funding from the Centers for Disease Control & Prevention.

17. What are the ongoing costs?

Personal services and supplies as listed.

18. What are the potential savings?

Savings expected at the health care facility-level due to averted outbreaks and communicable disease spread, including costs of closing to admissions, additional procurement of personal protective equipment, testing, and staffing agency support.

Savings expected at OHA-level due to averted outbreak response needs and reduced deployment of emergency staffing resources. Average cost per deployment of emergency staffing teams due to a COVID-19 outbreak in a long-term care facility was \$44,000/deployment.

Oregon Health Authority: 2023-25 Policy Package

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$ 1,191,745			\$ 1,191,745	6	4.50
Services & Supplies	\$ 109,396			\$ 109,396		
Capital Outlay						
Special Payments						
Other						
Total	\$ 1,301,141	\$0	\$0	\$ 1,301,141	6	4.50

Fiscal impact by program

	Center for Public Health Practice				Total
General Fund	\$1,301,141				\$ 1,301,141
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$1,301,141				\$ 1,301,141
Positions	6				6
FTE	4.50				4.50

Oregon Health Authority 2023-25 Policy Package

Division:	Oregon State Hospital
Program:	Oregon State Hospital
Policy package title:	Electronic Health Record Replacement Planning
Policy package number:	445
Related legislation:	None
Summary statement:	<p>The Oregon State Hospital's (OSH) current electronic health record (EHR) does not adequately support its clinical or business needs. Since 2011, the current system has been in a continuous state of development, preventing OSH from fully eliminating paper processes and tracking systems. OSH, as part of the state's strategy to eliminate health inequity, must integrate its EHR with community and regional health systems. Our current solution lacks the ability to share clinical information between OSH and other health systems. This lack of effective integration has adverse consequences for patient care when patients move between providers and treatment sites. Additionally, the Joint Commission explicitly cited the hospital in its 2021 survey due to the difficulty users have in finding necessary patient information in the current EHR. Again, this creates risk for adverse patient consequences. Finally, the system lacks a functional revenue cycle management element, which presents challenges for billing. This package requests funding to begin a multi-biennia process of replacing the current OSH EHR.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,937,582	\$0	\$0	\$1,937,582	6	5.28

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Electronic Health Records (EHRs) contain the medical and treatment history of patients and allow access to evidence-based tools that providers can use to make decisions about patient care. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

OSH's current EHR, based on Avatar (a Netsmart product), does not adequately meet the needs of the hospital. This system was purchased as part of the OSH replacement project in 2011 and has been in a continuous state of development since that time. Netsmart's overall technical support of the Avatar system is insufficient for a hospital of OSH's size both on a clinical and administrative level. Furthermore, the application is not centered on inpatient hospital needs. Some of the clinical issues include:

- Avatar does not allow integration with other health care facilities that treat our patients across the behavioral health continuum of care without using a 3rd party application.
- While technically capable of being adapted to include necessary functionality, in practice the design and implementation of these updates occurs unevenly and in piecemeal. For example, Avatar is only just now building capability to meet basic clinical needs such as trending lab values over time. This is a foundational feature for other vendors.
- Day to day operations require additional time and effort to navigate the program and lead to potential data entry issues, such as data being placed in incorrect fields as new functionality is incorporated, or in direct time lost by clinicians spent entering information or notes in a non-intuitive system rather than treating patients. This was identified in The Joint Commission audit

Oregon Health Authority: 2023-25 Policy Package

in October 2021. OSH programmers spend countless hours building specialized forms, widgets, and reports to create useable functionality.

- Due to processes that must be supported outside of the system because of limitations or deficiency, it is a struggle to contain protected health information (PHI) within the EHR. There are several modules that are not fully integrated into Avatar (medication management, medical laboratory, dental scheduling, etc.)

Administrative issues include:

- Avatar has revenue cycle and billing limitations. The system does not have a true temporary accounts receivable (A/R) function, forcing the accounting period close to lag at least 60 days behind real time due to limitations in functionality. This time lag results in delayed revenue cycle data analytics, making it difficult to forecast revenue collections and react in real time.
- Avatar is difficult for physicians to use, resulting in lost revenue for on-site specialty visits, as well as missed opportunities for care coordination.
- Some ancillary services provided cannot be billed out due to system limitations.
- Like the clinical side, the system limitations drive extra work to maintain billing and other compliance requirements.
- Avatar does not measure administrative staff productivity.
- The complexity of learning the various modules and one-offs of Avatar and the low user satisfaction diminishes the hospital's ability to hire and keep clinical staff. This has become an increasingly prominent issue through the COVID-19 pandemic, which led to provider shortages in many clinical disciplines.

Oregon Health Authority: 2023-25 Policy Package

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

This request is to research and plan for the adoption of a more widely used, robust EHR system. Actions would include identification and evaluation of potential long-term solutions, identification of the business strategy, market research, and creation of a roadmap and acquisition and/or procurement plan.

The desired outcome would be an OSH EHR system that would allow nimble and efficient data transfer to patient care partners and increased care coordination. This system would align with and leverage utilization of existing partners' EHR systems, existing ancillary systems, and other components integral to hospital operations.

Activities within the effort would include:

- Market research with other hospitals to inform how OSH technology use is similar to, and different from, that of major Oregon hospitals (both acute-care and inpatient psychiatric facilities) to develop choices about changing OSH processes to conform to a partner EHR or adapting the partner EHR to conform to OSH processes.
- Draft and finalize a technical Business Case document defining high level requirements, scope, alternatives, approach, and estimated costs.
- Identify a procurement approach, roadmap, and detailed plan for EHR adoption. This roadmap would set timelines for implementation.
- Ensure alignment with DHS/OHA's Office of Information Services (OIS) strategies for system consolidation and data-analysis capabilities.
- Encourage partners to provide "hands on" exposure to a Proof-of-Concept version of the EHR, including physician, nursing, and pharmacy functionality.

Oregon Health Authority: 2023-25 Policy Package

- Document the requirements to be met by the EHR system, including detailed and demonstrated specifics to allow an objective evaluation of how the system meets the documented requirements.
- Draft a procurement scoring approach designed to maximize the retention of capabilities which are met by Avatar currently, as well as additional functionality, and compare products.
- Deliver a ready-for-publication request for proposal (RFP) to solicit a partnership that meets the identified requirements.
- Develop a 2025-27 policy package with estimates for one-time and recurring costs.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Good data and information are key to meeting the OHA mission and 10-year strategic plan to eliminate health disparities in Oregon. OSH requires an EHR with enhanced data collection capability and analytics, that could interact with other EHRs that house OSH's patients' data and would allow OSH to enhance care coordination, providing better person-centered care. Better data and metrics would allow OSH to measure progress related to person-centered care and financial key performance indicators. With access to an enhanced technical care coordination tool, it would enable OSH to engage stakeholders and community partners more easily on the behalf of OSH patients. This includes removing barriers to care that exist systemically for indigent people of Oregon experiencing serious behavioral health challenges that occur less frequently for people of Oregon that have means to access behavioral health care and care coordination.

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

Oregon Health Authority: 2023-25 Policy Package

For example, there are many promising neuromodulatory therapies that have been developed that are not reimbursable under federal law if provided by Institutes of Mental Disease (IMDs), which is a barrier unique to psychiatry (Mensah & Shim, 2021).² The IMD exclusion prohibits Medicaid payment for services provided by accredited inpatient psychiatric facilities, such as OSH. Being able to share information and coordinate care easily and without barriers is key to making quality care available by behavioral health providers that are not subject to the IMD exclusion to historically oppressed people of Oregon experiencing serious behavioral health challenges.

In terms of anti-racism, without considerable resources, people experiencing serious behavioral health challenges are limited to behavioral health care providers that accept insurance and for OSH's patient population that is predominantly Medicaid insurance. Fewer black people have wealth, as a result of historical exclusion and systemic racism (Bailey, et al, 2017),³ which leads to a disproportionate impact to black, indigenous and people of color. In addition, better data collection would allow OSH to have conversations around REALD data, including whether black, indigenous and people of color being cared for at OSH have different outcomes than their white counterparts to encourage conversations and policy changes that achieve equity, elimination of health disparities and anti-racism in Oregon's behavioral health care system.

In line with the Governor's key strategy to achieving lower costs, better outcomes, and better health by reducing silos in healthcare, OSH being part of a community EHR system would be a step in the

² Mensah M, Ogbu-Nwobodo L, Shim RS. Racism and Mental Health Equity: History Repeating Itself. *Psychiatr Serv.* 2021 Sep 1;72(9):1091-1094. doi: 10.1176/appi.ps.202000755. Epub 2021 Jan 12. PMID: 33430652.

³ Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The lancet*, 389(10077), 1453-1463.

Oregon Health Authority: 2023-25 Policy Package

right direction for psychiatric health care for some of Oregon's most clinically challenging and fragile patients. These outcomes would also align with OHA Core Values of Health Equity, Service Excellence, Integrity, Partnership, Innovation and Transparency.

Quantifying results

4. What are the long-term desired outcomes?

Short term success would be measured by the creation of a procurement plan and identification of an EHR that meets OSH requirements and demonstrates successful proof of concept as well as the development of 2025-27 policy package for implementation.

Long term success would be measured by implementation of an integrated, intuitive, robust EHR system that meets both clinical and administrative needs and increases functionality, and person-centered care coordination among health organizations in the state.

5. How will OHA measure the impacts on health inequities of this policy package?

The ability to measure health equity data and the impact of service improvements over time will be a priority focus of the EHR procurement planning workgroup that would be created with this policy package. In the short term, the impact would be measured by the capacity that the selected EHR product has to collect health equity data, and the demonstrated success that other organizations have had collecting and measuring health equity data. Data input and reporting would meet twin criteria to guard information and to include data that furthers OHA goals. The longer-term impact would be measured by establishing baseline health equity data and measuring data points over time

Oregon Health Authority: 2023-25 Policy Package

to ensure that the correct data has been selected for measurement and then measuring the change over time.

How achieved

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

Multiple workarounds are currently in place to mitigate compliance and billing deficiencies. Workflow analysis has been performed and manual processes and monitoring have been put in place attempting to make up for non-existent or subpar functionality. Heavy usage of Excel spreadsheets and MS Access Databases to track data and plug performance gaps in the Avatar system have been implemented. A recent “health-check” performed by Netsmart, and a cross-functional team convened to address deficiencies and plan and prioritize the numerous required upgrades was required to overcome some of the system shortcomings.

The modality and functionality that is not present in Avatar is also clinically mitigated through separate trackers and sub-systems. This necessary input detracts from patient care through time spent performing administrative functions or duplicate record entry. Duplicating record entry also increases likelihood of errors in treatment and/or documentation creating significant risk to patients and the organization.

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

Avatar mitigations have been pursued each year since the initial Avatar “go live” in November 2011, and these have not resulted in satisfaction by clinicians, nor by hospital operations.

Oregon Health Authority: 2023-25 Policy Package

Other state agencies in Oregon also maintain medical records, notably the Oregon Youth Authority and the Department of Corrections. However, their systems are not optimized for the needs of inpatient hospitals. They also are not currently seeking partnerships with other organizations, while at least four major private-sector hospitals in Oregon are seeking such partnerships with OSH (OHSU, Legacy, Providence, and Salem Health).

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

OHA Office of Health Information Technology (OHIT)
ODHS | OHA Office of Information Services (OIS)

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

This package requires no statutory alteration.

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

This package would have no impact. Implementation of a new EHR would impact all populations served by OSH equally, providing improved patient care.

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

This package is not being requested because of an audit, though the Secretary of State has cited concerns (2014) around a “hybrid” EHR model that utilizes both electronic and paper files.

Oregon Health Authority: 2023-25 Policy Package

Additionally, The Joint Commission, in its latest audit of 2021, Finding/Standard LD.01.03.01 EP5, determined the following:

“Observed in HR File Review at Oregon State Hospital (2600 Center Street, NE, Salem, OR) site. The information management system for patient care records and human resource records were slow and cumbersome for staff to navigate which impeded the survey progress. Staff acknowledged difficulty accessing needed information.”

In their exit survey conference with OSH leaders, The Joint Commission survey team noted that if some of OSH’s most facile Avatar users – who were assigned to accompany the surveyors – had difficulty finding necessary clinical information, average users would certainly have even more difficulty. This was borne out in surveyor interviews with hospital staff.

Additionally, a root cause analysis conducted in 2021 following a patient fall with serious injury, as required by The Joint Commission, identified the lack of effective transmission of clinical information between the local medical/surgical hospital and OSH as a factor in the outcome. This would be mitigated if the EHR used by OSH was compatible with that used by most other hospitals in Oregon.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): June 30, 2025

Oregon Health Authority: 2023-25 Policy Package

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

Cost of staffing determined using current OHA approved position pricings at a duration of 21 months.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

This package would not increase OHA responsibilities. There is no new impact on Shared Services as the Technical Analyst would report directly through OSH.

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

Caseloads and services would not be impacted by this package.

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

This planning effort would be staffed by six limited duration, full-time positions:

- One Physician Specialist to provide clinical design expertise and workflow establishment.
- One Mental Health Registered Nurse Informaticist to document existing workflows and requirements.
- One Psychiatric Social Worker to provide clinical design expertise and workflow establishment.
- One Business Analyst (Operations and Policy Analyst 3) to document non-clinical workflows and requirements.
- One Business Technology Analyst (Information Systems Specialist 8) to focus on technological considerations, listed below
 - Infrastructure

Oregon Health Authority: 2023-25 Policy Package

- Communications — Voice, data, image, and video
 - Networking
 - Hardware — PC, server vs cloud, peripherals
 - Software
 - Modularity and scope of functionality
 - Ease of integration with other applications
 - Supportability
 - Data Management
 - Information Security and Privacy
- All supported in this work by one Project Manager 3 coordinating the work and assembling the individual contributions into an integrated whole.

If a 2025-27 policy package is approved to continue this work, these limited duration staff would be eligible for permanent positions requested at that time, allowing OSH to retain the expertise gained over the course of initial development and research. They would be strongly considered for liaison roles between OSH clinicians and the partner's informaticists, technologists and governance bodies, as well as configuration specialists charged with optimizing OSH's use of the partner's EHR.

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

The entirety of this request is one-time, providing the foundation for a subsequent 2025-27 policy package to proceed with the developed scope of work. Costs for this package would consist of limited duration staffing to facilitate the research, planning and procurement strategy detailed earlier in the narrative.

Oregon Health Authority: 2023-25 Policy Package

17. What are the ongoing costs?

Ongoing costs would be determined by a subsequent 2025-27 policy package. Ongoing costs are assumed to be software and/or licenses related to adoption of a more versatile and integrated EHR, along with the staff required to support the system.

18. What are the potential savings?

There are no anticipated savings for this package.

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

Funding would be 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$1,814,324			\$1,814,324	6	5.28
Services & Supplies	\$123,258			\$123,258		
Capital Outlay						
Special Payments						
Other						
Total	\$1,937,582	\$0	\$0	\$1,937,582	6	5.28

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Salem				Total
General Fund	\$1,935,992				\$1,935,992
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$1,937,582				\$1,937,582
Positions	6				6
FTE	5.28				5.28

Oregon Health Authority 2023-25 Policy Package

Division(s):	Health Systems Division & Public Health Division
Program(s):	HSD: BH Non-Medicaid, Program Support & Administration; PHD: Center for Prevention and Health Promotion
Policy package title:	Youth and Adult Suicide Intervention and Prevention Plans
Policy package number:	446
Related legislation:	House Bill 4124 (2014), Senate Bill 561 (2015), Senate Bill 48 (2017), Senate Bill 707 (2019), Senate Bill 52 (2019) Adi’s Act, House Bill 2315 (2021)

Summary statement: Suicide remains a persistent, pervasive, and yet largely preventable cause of death. Oregon’s suicide rates remain above the national average. Every death by suicide in Oregon carries a substantial and long-lasting ripple effect into our communities. The important work to prevent youth suicide (ages 5–24) remains a top priority for OHA. Now through intensive community engagement, Oregon has developed a plan for reducing adult suicide. The work of this policy package includes initiatives as broad as creating connection and meaningful experiences and as specific as training providers to treat suicidal ideation confidently and effectively. This policy package has equity, cultural responsiveness, and community voice woven throughout.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$22,115,940	\$0	\$0	\$22,115,940	4	3.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Oregon suicide rate for all ages has been above the national average for the past four decades. Trends in suicide rates by age group and populations have fluctuated. Since the Legislature approved funding to OHA for youth (5–24 years of age) suicide prevention in 2019, Oregon’s youth suicide rate has showed a decreasing trend. Oregon’s adult suicide rate has had an increasing trend over the past decade; however, Oregon was one of seven states to see a statistically significant decrease in suicide rates (across the lifespan) in 2020. For 2021, preliminary data indicate an increase in suicide across the lifespan and well above the national average. As Oregonians grapple with recovery from the pandemic, it is a time of increased suicide risk and it is anticipated that the 2022 rates may reflect this.

A comprehensive approach to suicide prevention, intervention and postvention¹ is needed to produce long-lasting decreases in suicide rates. This policy package addresses Oregon’s high suicide rate across the lifespan and fuels prevention work grounded in local communities. It fully funds the Youth Suicide Intervention and Prevention Plan (YSIPP), launches the Adult Suicide Intervention and Prevention Plan (ASIPP), and creates an OHA Suicide Prevention unit.

This policy package grows out of the new Oregon Suicide Prevention Framework (the “Framework”), developed by OHA in collaboration with community partners based on the National Strategy for Suicide Prevention (NSSP), the Centers for Disease Control (CDC) Technical Package on Suicide Prevention, and the unique needs of Oregonians. The goal is that local communities can use the

¹ It should be noted that throughout this policy package suicide prevention, intervention, and postvention will be referred to as “suicide prevention” for the sake of brevity. Readers should be aware that suicide prevention encompasses the work to create connection (prevention) as well as the work to create safety (intervention) and the work to heal after a suicide death (postvention).

Oregon Health Authority: 2023-25 Policy Package

Framework to guide suicide prevention creating shared language and initiatives across the work. The Framework, informed and shared by extensive community input, allows for Oregon to see where there are local and statewide successes and momentum, and where gaps exist to target funding and support at the state and local level. The Framework includes:

- **Strategic pillars and strategic goals:** These pillars and corresponding goals are pulled from the NSSP and CDC Technical Package. They are the starting point for all suicide prevention work in Oregon. These strategic pillars are interrelated and interactive, rather than independent areas. The strategic pillars are:
 - **Pillar 1:** Healthy and Empowered Individuals, Families and Communities: This pillar aims to create supportive environments that will promote general health of the population and reduce risk for suicidal behaviors and related problems. The goals and initiatives in this pillar are directed to **all Oregonians** or what are known as prevention strategies.
 - **Pillar 2:** Clinical and Community Prevention Services: Goals of this pillar seek to promote wellness, build resilience, and prevent suicidal behaviors among various groups. Strategic goals here are **focused on groups that are at a higher risk** of considering suicide and aim to prevent the onset of suicidal behaviors or what are known as selective strategies.
 - **Pillar 3:** Treatment and Support Services: This pillar focuses on promoting suicide prevention universally as a core component of health care services and providing specific assessment, management, and treatment for suicide in addition to underlying conditions for individuals identified with suicide risk. Pillar 3 also includes providing care and support to individuals affected by suicide deaths and attempts to promote health and implement community strategies to help prevent further suicides. These are known as indicated strategies — meaning they are **targeted to high-risk individuals that are experiencing suicidal ideation or have been impacted by a suicide death.**

Oregon Health Authority: 2023-25 Policy Package

- **Data and Evaluation:** In the Framework, data and evaluation are a central foundation to ensuring work is meeting intended impacts. For the purposes of this policy package, specific activities related to data and evaluation will be under this heading.

This policy package funds needed growth of comprehensive suicide prevention in Oregon. This work builds on existing YSIPP work and supports the new ASIPP initiatives. This policy package requests additional funding to meet identified gaps through the Framework pillars (including data/evaluation), infrastructure (local/state) and equity considerations.

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

This policy package:

- Creates **structure and alignment** of the OHA suicide prevention positions across OHA divisions to make meaningful progress addressing Oregon's high suicide rates using the Oregon Suicide Prevention Framework.
- Increases **capacity in local communities** across Oregon to provide prevention, intervention and postvention support to those most at risk by local leaders.
- Facilitates the development of and increased access to **culturally responsive suicide prevention**.
- Allows OHA to build upon surveillance of suicide attempts and fatalities and to increase **availability of effective and responsive prevention strategies** according to increased suicide activity.
- Expands **suicide prevention initiatives to include added care across the lifespan** providing community postvention support when the decedent is 25 and older, building infrastructure for suicide prevention in colleges and universities, creating an advisory board and a coordinator position to oversee adult suicide prevention implementation, and providing

Oregon Health Authority: 2023-25 Policy Package

robust, community-rooted data and evaluation of adult suicide prevention work to guide implementation.

These strategies would be implemented in close collaboration and consultation with the Oregon Alliance to Prevent Suicide, the University of Oregon Suicide Prevention Lab, local suicide prevention leaders, and community partners. Implementation for all projects would begin on or before January 1, 2024.

Specific activities of this policy package include:

Pillar 1: Healthy and empowered individuals, families and communities

- **Expand support for schools, school districts and education service districts to build and implement equity-focused suicide prevention plans:** Adi's Act (ORS 339.343) requires Oregon K-12 schools to develop and implement suicide prevention plans. While significant work has moved forward on plan development, educational institutions require additional support through technical assistance and plan implementation.
- **Expand capacity of local suicide prevention coalitions:** Suicide prevention coalitions across the state are largely unfunded which limits their scope of work and impact. Funding would allow for grants to local suicide prevention coalitions to further their work, take a lifespan approach to suicide prevention, and increase collaboration with OHA and statewide efforts.
- **Expand youth suicide prevention programming and add training to adult populations:** Expand funding for existing YSIPP suicide prevention training and programming exclusively for adults working with youth, as applicable, to support training and programming to serve age 25 and older populations.

Oregon Health Authority: 2023-25 Policy Package

- **Provide an annual Oregon Suicide Prevention Conference:** Provide funding to hold an annual suicide prevention conference focused on the lifespan to provide training and learning opportunities for the Oregon suicide prevention community and create networking and connection opportunities. Unsustainable federal grant funding has been used to support this conference in the past with overwhelmingly positive feedback from conference attendees.
- **Enhance support to Oregon higher education students through Oregon Colleges and Universities:** Higher education systems provide a space to support students during a time of transition from high school that can create higher risk for suicide. While Oregon colleges and universities have focused on suicide prevention efforts, there has not been sustainable funding to achieve these goals. Funding would support much needed infrastructure for colleges and universities to collaborate and implement activities. Funding would also support expansion of the Sources of Strength program, currently implemented in Oregon middle and high schools, with the College Sources of Strength curriculum.
- **Expand suicide prevention funding in Oregon counties and Tribal Nations:** There has been limited state funding to support local county suicide prevention efforts. OHA provides limited funding to Oregon's nine federally recognized Tribal Nations. Funding would allow counties to establish and grow local suicide prevention efforts such as increasing and targeting outreach, training, and services to organizations and community; implementing a system-wide crisis response plan for health care organizations and providers; and supporting local training implementation. Funding would allow OHA to consult with Oregon Tribes on needs and allocation of additional funding. Funding would allow local suicide prevention to collaborate and coordinate with OHA and the Oregon Alliance to Prevention Suicide as well as align with the Framework.

Oregon Health Authority: 2023-25 Policy Package

- **Create and Support Advisory Council for Implementation of the ASIPP:** Effective implementation of the ASIPP will require creation of an advisory council to ensure community advisement including from those with lived experience of suicide loss, attempt and ideation. Having an advisory council to support YSIPP implementation has been imperative to success that is truly community driven. This ASIPP council would support a similar structure as the YSIPP advisory council. The advisory council has been requested by the Oregon Alliance to Prevent Suicide to allow coordination with YSIPP activities. The advisory council has also been requested by numerous partners involved in the development of the ASIPP.

Pillar 2: Clinical and community prevention services

- **Expand existing suicide training capacity in Spanish and create evidence base for culturally appropriate suicide prevention training:** While OHA has established suicide prevention programming and training through the YSIPP, many programs were developed with a focus on white cisgender populations. Funding would allow for exploration of establish training adaptations for diverse communities and identification of additional trainings to implement. Many of the existing suicide prevention trainings need to be culturally tailored and translated into Spanish language. The development and retention of Spanish-speaking and bi-cultural trainers to provide training to the over 350,000 Spanish speakers in Oregon is also needed.
- **Expand safe storage supplies (medicine lock boxes and gun safes) for lethal means reduction for Oregonians:** Existing funding to provide safe storage options through Community Mental Health Programs and other entities for youth and families has been successful. Expansion of funding would support safe storage supply distribution to additional sectors, including schools, organizations supporting older adults and community-based

Oregon Health Authority: 2023-25 Policy Package

organizations (CBOs) working with populations at higher-risk of suicide. This is an identified need from community suicide prevention partners.

- **Create a Suicide Prevention Training Coordinator Position:** House Bill 2315 (2021) requires that specified licensed professionals complete continuing education in suicide assessment, management and treatment. The workforce that currently falls under this legislative mandate is approximately 41,000. This legislation and position request came directly from the Oregon Alliance to Prevent Suicide to ensure successful implementation of this legislation. This position, housed in the Equity and Inclusion Division (OEI), would create an approval process for trainings that meet requirements, modeled off the existing Oregon Cultural Competence Continuing Education Program, coordinate with licensing bodies to promote and provide trainings, and coordinate with larger suicide prevention efforts.

Pillar 3: Treatment and support services

- **Create evidence base for culturally appropriate options for suicide management and treatment:** While OHA has established suicide intervention training for suicide management and treatment through the YSIPP, many trainings were developed with a focus on white cisgender populations. Funding would allow for exploration of established training adaptations and additional training identification for diverse communities and for implementation of trainings. This work is also necessary to support intended implementation of House Bill 2315 (2021) requiring specified Oregon licensed professionals to complete continuing education in suicide assessment, management, and treatment.

Oregon Health Authority: 2023-25 Policy Package

- **Develop postvention services and supports for adults:** Existing youth suicide prevention funding provides postvention services and support to counties in the case of a suicide by a decedent age 24 and under. Requested funding would allow for piloting of postvention support and services in the case of a suicide by a decedent age 25 and over to help determine what is needed for a future statewide postvention support program for adults ages 25 and over. This initiative has been requested by our community partners, including the Alliance to Prevent Suicide, Tribes and counties.
- **Create population-specific suicide assessment and safety planning training modules (one for ages 18–24, one for ages 5–12):** OHA supported the creation of Youth SAVE training by the Oregon Pediatric Society during the pandemic to fill a gap in training needs for providers supporting youth. The training has been established with wide adoption by school and youth-serving staff around the state. The need for specific modules focused on those 18–24 years of age and for children under age 10 have been identified by OHA and partners. Among youth (under 24), those 18–24 years of age have the highest rate of suicide. There are unique needs that young adults ages 18–24 need from providers given fewer points of support and connection than youth under age 18. For children under age 10, there is little availability of evidence and training on how to identify, assess and support suicidal ideation. Youth SAVE adaptation would equip providers to support children as young as age 5.

Data and Evaluation Support

- **Provide evaluation of the YSIPP and ASIPP:** The YSIPP has existing evaluation support through an Oregon university which has been imperative to understand progress and success

Oregon Health Authority: 2023-25 Policy Package

of YSIPP activities. The development of the ASIPP will require similar funding to provide robust evaluation and track implementation efforts.

Infrastructure Needs

- **Create a formal OHA Suicide Prevention Unit:** OHA has informally coordinated across suicide prevention staff in Health Systems Division (HSD) and Public Health Division (PHD) working on YSIPP implementation, ASIPP development, data needs, and additional federal grant activities. While this informal coordination has greatly supported state suicide prevention, such as development of the Oregon Suicide Prevention Framework and coordination across these multiple programming efforts, dedicated management and coordination is needed to support these efforts in addition to increased staffing to support increased partner data needs and ASIPP implementation. Therefore, the policy package includes funding to create a cross-divisional OHA Suicide Prevention Unit housed in PHD's Injury and Violence Prevention Program (IVPP) composed of existing and newly proposed staff:
 - Existing OHA Suicide Prevention Staff: There are five existing suicide prevention staff at the agency that would be part of this team. In HSD, positions include a youth suicide prevention program coordinator, youth suicide prevention policy coordinator, and adult suicide prevention program coordinator. In PHD, positions include a public health suicide prevention coordinator and Zero Suicide in health systems coordinator.
 - Suicide Prevention Unit Manager (Principle Executive Manager E): OHA Suicide Prevention Unit manager to provide oversight and coordination across HSD and PHD suicide prevention work including YSIPP, ASIPP, and federal grant funds and provide management support to existing and requested OHA suicide prevention staff.

Oregon Health Authority: 2023-25 Policy Package

- Adult Suicide Prevention Policy Coordinator (Operations & Policy Analyst 4): Similar to the YSIPP implementation, the ASIPP implementation phase would require an additional position to support policy considerations of the ASIPP above programming related efforts currently covered by the adult suicide prevention coordinator.
- Suicide Research Analyst (Research Analyst 4): With the creation of the YSIPP and ASIPP, OHA has seen a dramatic increase in data requests and projects related to suicide. IVPP has existing research analysts and an injury epidemiologist supporting data systems used in analyze suicide data (such as the National Violent Death Reporting System and state hospitalization data set), however existing staff are not able to coordinate nor do they have capacity to meet data requests and projects of partners, including Oregon Alliance to Prevent Suicide. This position would allow for coordination with existing data staff, the OHA Suicide Prevention Unit and internal and external partner requests.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity² or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

This policy package helps increase safety and support for populations at increased risk of suicide which include those who identify as LGBTQ2SIA+,³ People of Color including Black persons and American Indian or Alaskan Native persons, veterans and persons that have served in the military,

² Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

³ Lesbian, Gay, Bisexual, Transgender, Queer, Two Spirit, Intersex, Asexual, and the myriad ways people identify their sexual orientation and gender identities.

Oregon Health Authority: 2023-25 Policy Package

people who live in rural and frontier areas, and those with intersecting identities across these groups. Oregon continues to have suicide rates higher than the national average and the communities referenced above experience higher impacts from suicide in addition to experiencing broader health inequities.

Data shows that American Indian or Alaskan Native persons in Oregon consistently have rates of suicide higher than any other race/ethnicity. Based on national data, Black males have experienced disproportionate increases in suicide rates — this demographic has increases higher than any other race/ethnicity. This group also has low rates of accessing behavioral health services, likely due to stigma, discrimination, culturally inappropriate services, and lack of access to diverse providers. State and national data show that youth who identify at LGBTQ2SIA+ experience higher rates of suicide ideation. This policy package seeks to address these health inequities.

An important overall strategy that is embedded throughout this policy package is to increase the evidence base for culturally responsive community interventions (prevention), training programs providing education on suicide risk identification and referral to help (intervention), treatment strategies and other behavioral health services (treatment) and advanced skills for providers to support people experiencing suicide thoughts.

Nearly all the currently utilized evidence-based trainings and treatments for suicide prevention and intervention have been normed for white people and lack cultural or linguistic diversity. The OHA suicide prevention team has voiced these concerns to the national proprietors of these programs which has been met with limited response. To create a culturally responsive evidence base, the interventions, programs and services need to be developed or adapted by community. They must be accessible to community members. And they must have access to an evaluation team to understand if intended outcomes are being met.

Oregon Health Authority: 2023-25 Policy Package

- Culturally Agile Treatment Options — Building evidence base for culturally responsive approaches to suicide treatment through pilot projects; and adding local capacity to postvention response services to incorporate culturally humble care to communities after a suicide death.

The Oregon Suicide Prevention Framework has centering values to guide all efforts including equity, trauma informed practices, lived experience voice, collective impact and collaboration. Specific activities requested in this policy package related to equity, as discussed in question #2 above, include:

- Funding and evaluation support to local suicide prevention coalitions to increase equity-centered opportunities for connection and coping
- Creating or supporting Spanish language options for all supported suicide prevention training programs
- Adding capacity for Spanish speaking trainer support for suicide prevention training programs, including a learning collaborative for these trainers
- Pilot projects chosen by historically and currently excluded communities for culturally appropriate treatment for suicide
- Adding culturally appropriate options to the current list of suicide management and treatment trainings for providers
- Adding modules to Oregon's Youth SAVE (Suicide Assessment in Virtual Environments) training specific to young adults ages 18–24 who experience high rates of suicide among youth
- Expand suicide prevention funding in Oregon counties, including rural and frontier, and Tribal Nations to increase capacity and implementation of community appropriate intervention, trainings, treatment options and postvention response support
- Increasing systemic approaches to meaningful young adult voice and the voice of people with relevant lived experience through representation on the ASIPP Advisory Council

Oregon Health Authority: 2023-25 Policy Package

- Growing suicide prevention efforts in rural and remote areas through increased suicide prevention to Oregon counties and Tribes
- Expanded support for education systems to build and implement equity-focused suicide prevention plans

All these strategies are rooted in the community guidance and feedback work done to build the ASIPP and update the YSIPP in 2020 and 2021 as further discussed in question #8.

This policy package aligns with broader OHA efforts to eliminate health inequities in Oregon by 2030. OHA's mission seeks ensure that "all people and communities can achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care". The activities in this policy package seek to ensure that diverse communities across the state are guiding state-led suicide prevention, intervention and postvention efforts and that local efforts are funded and supported to meet the unique needs of Oregon communities. The activities expand and adapt existing intervention and trainings to ensure cultural relevance to diverse communities in the state. This policy package aligns with broader OHA efforts to eliminate health inequities in Oregon by 2030 included in the agency's Strategic Plan development. Specific goals that align between this policy package and broader agency efforts include improving access and quality of behavioral health services and decreasing behavioral health inequities and to advance health equity in our communities. Components of this policy package also seek to meet goals included in Healthier Together Oregon. Specific alignment between this policy package and HTO includes increasing resources for culturally responsive suicide prevention programs for communities most at risk within the Behavioral Health priority.

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

Long-term, this policy package creates a suicide prevention, intervention and postvention system that is connected, representative of the community, and increases wellness for all Oregonians. Success would be measured by the growth and strength of local infrastructure, connectivity in programming, and equitable access to programming across the state and specifically in communities with increased risk factors. OHA would partner with data and evaluation experts to measure and monitor the work of this policy package, including YSIPP and ASIPP implementation efforts.

5. How will OHA measure the impacts on health inequities of this policy package?

The impact of this policy package would be seen in increased access to care for suicidality within populations of higher risk, specifically populations who identify as LGBTQIA2S+, People of Color including Black persons and American Indian or Alaskan Native persons, veterans and persons that have served in the military, people who live in rural and frontier areas, and those with intersecting identities across these groups. Oregon continues to have suicide rates higher than the national average and the communities referenced above experience higher impacts from suicide in addition to experiencing broader health inequities.

Until suicide prevention work is grounded in equity and in local energy, it will not reflect and connect with local communities including communities that have increased suicide risk. To mitigate this risk and increase protective factors for these communities, Oregon's suicide prevention work must be locally driven with support from responsive statewide infrastructure.

The YSIPP currently has evaluation support with a request to include evaluation support for the ASIPP included in this policy package. Impacts of policy package activities would be embedded into

Oregon Health Authority: 2023-25 Policy Package

existing YSIPP evaluation efforts and ASIPP evaluation efforts would be modeled after YSIPP evaluation. YSIPP evaluation includes process objective, impact objective and long-term objective measurement. An annual report including YSIPP initiative progress and suicide-related data tracking is provided each spring to the Legislature. This report is also distributed to partners including the Oregon Alliance to Prevent Suicide. A similar report is envisioned to track ASIPP initiatives. OHA suicide prevention staff would continue to engage with Healthier Together Oregon staff to report out on and support HTO goals. The impact of this policy package would be seen in increased access to care for suicidality within populations at higher risk, specifically populations that identify as Black, Indigenous, and people of color as well as American Indian or Alaskan Native populations, LGBTQ2SIA+ populations, English Language Learners, and people with disabilities. Until suicide prevention work is grounded in equity and in local energy, it will not reflect and connect with local communities including communities that have increased suicide risk. To mitigate this risk and increase protective factors for these communities, Oregon's suicide prevention work must be locally driven with support from responsive statewide infrastructure.

This would be measured by access to trainings, appropriateness of trainings per population, access to care, appropriateness of care per population, availability of providers that represent Oregon's diversity and experience, prevention and intervention activities in local communities and among those with health inequities listed above, and access to data that accurately depicts suicide in Oregon communities.

How achieved

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

OHA has secured limited federal funding through several SAMHSA grants (Garrett Lee Smith Youth Suicide Prevention, Zero Suicide in Health Systems and COVID-19 Emergency Response for

Oregon Health Authority: 2023-25 Policy Package

Suicide Prevention grant) and Centers for Disease Control and Prevention (CDC) grants (Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes and Firearm Injury Surveillance Through Emergency Rooms) to support suicide prevention efforts in the state. While these grants have supported state and local suicide prevention work, several grant periods are already closed and funding is uncertain after June 2024 for all, but the SAMHSA Zero Suicide in Health Systems grant, which has a closeout date of August 2025.

With funding from the Legislature in 2019 for the YSIPP, OHA has developed and supported a strong suicide prevention, intervention and postvention infrastructure in Oregon. This funding did not fully fund the YSIPP, and the remaining funding needs for the YSIPP's implementation are included in this policy package.

In 2019, the Legislature provided position authority and funding for OHA to hire an adult suicide prevention coordinator tasked with developing the Adult Suicide Intervention and Prevention Plan. While the position is secured and the plan has been developed, ASIPP-related policy package initiatives are new based upon the tremendous amount of partner feedback that went into ASIPP development that is currently without funding to support implementation. OHA has applied for the CDC Comprehensive Suicide Prevention grant opportunity focused on supporting ASIPP implementation, given there is no current program budget to support work. OHA anticipates being notified of award status in September 2022. While this funding would be significant in moving ASIPP implementation forward, with a budget of \$870,000 in year one with anticipated renewal over a 5-year period, it does not adequately fund commencement of ASIPP implementation and evaluation as is requested in this policy package.

Even with continued federal support, additional funds are needed to continue and grow activities covered in this policy package to address the many factors that affect suicide rates.

Oregon Health Authority: 2023-25 Policy Package

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

The Youth Suicide Intervention and Prevention Plan is only partially funded based on previous funding requests and cannot cover the expense of new adult focused initiatives included in the ASIPP. The Adult Suicide Intervention and Prevention Plan needs its own budget to move its initiatives forward. There will be coordination between YSIPP and ASIPP implementation to avoid duplication of work and maximize efficient use of funding where activities may overlap.

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

These strategies were identified largely by the Oregon Alliance to Prevent Suicide during the development of the YSIPP 2021-2025 and by the 130 community members who participated in the development of the ASIPP. The Oregon Alliance to Prevent Suicide is comprised of members and affiliates from the community, family members, those with lived experience, subject matter experts, professionals, youth, young adults, legislators, and leadership from state agencies. Specific recommendations for funding were received by OHA in January 2022 from the Oregon Alliance to Prevent Suicide. Those recommendations are included in this policy package. Additionally, Oregon Consumer Advisory Committee (OCAC) recommended funding the ASIPP in June 2022.

All the proposed strategies were gathered and driven by community partner feedback. The process of updating the YSIPP included input from hundreds of people with relevant lived experience, and providers of behavioral health and physical health services along with review of evidence and best practices and rigorous research review. Feedback was gathered through a variety of methods including:

- Focus groups with interest groups such as Youth Era's Youth and Young Adult Engagement Advisory, Oregon Alliance to Prevent Suicide committees, and OHA agency and state partners

Oregon Health Authority: 2023-25 Policy Package

- Formative interviews with 30 individuals from diverse backgrounds including Alliance committee chairs, CBOs, OHA advisory groups, legislators, and relevant professionals in counties; and
- Surveys completed by 109 individuals from the Alliance’s Lived Experience workgroup distribution effort and the Youth and Young Adult Engagement Advisory.

The ASIPP was developed by 130 partners throughout the state that met for approximately one year. Input and feedback were gathered from across Oregon through:

- A large, diverse, and engaged group of 130 partners that met monthly.
- Several small workgroups that were predominately made up of members from the large partner group. The small workgroups were based on populations that have disparate rates of suicide or populations that have been historically underserved. Those groups include LGBTQ2SIA+, ages 18–24, those employed in the construction industry, veterans and military connected personnel, older adults, those with disabilities and chronic illness, Black, Indigenous, and people of color (BIPOC) and American Indian or Alaskan Native (AI/AN), men, individuals living in rural and remote areas, and lived experience.
- Focus groups with Oregonians from the following communities: LGBTQ2SIA+, persons with chronic illness or disability, attempt survivors, persons residing in rural communities, persons experiencing housing insecurities, older adults and veterans.
- Two statewide surveys which included county suicide prevention coordinators and members of suicide prevention coalitions and councils throughout the state.

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

No.

Oregon Health Authority: 2023-25 Policy Package

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

Local government would be positively affected by fiscal and technical support for dedicated suicide prevention efforts in local communities.

Presently suicide prevention efforts in each of Oregon's 36 counties are extremely wide-ranging and dependent upon county capacity and resources. Some counties are well funded and have one or more staff dedicated to suicide prevention efforts, others have part-time positions or shared positions while others have negligible or no coordinated suicide prevention activities. Creating support for county suicide prevention activities would:

- Equip counties that have few or no resources for suicide prevention in line with other counties that are better-resourced.
- Increase collaboration between OHA, the 36 counties and 9 federally recognized tribes and increase collaboration among counties.
- Promote the Oregon Suicide Prevention Framework, encouraging all counties to familiarize themselves with the framework and adapt it as a framework for their county suicide prevention work thus creating better alignment and connection statewide.

Specific counties would be chosen for the postvention pilot initiative. There are limited services available throughout the state for postvention interventions when the decedent is over age 24 — which is something that partners, including county suicide prevention coordinators, have expressed as a concern. This pilot would begin the work to meet that need locally.

Oregon Tribal Nations are currently provided youth suicide prevention funding and all nine Tribal Nations in Oregon are leading important suicide prevention work. This funding would allow for better discussion with Tribal Nations to understand how statewide infrastructure can best support them and

Oregon Health Authority: 2023-25 Policy Package

be connected to the work of creating safety and wellness for young people. Expansion through this policy package would allow the OHA suicide prevention team to better collaborate and connect with Tribal Nation prevention leaders and support the expansion of Tribal prevention to inclusion of lifespan.

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

No.

Staffing and fiscal impact

Implementation date(s): YSIPP: Ongoing; ASIPP: July 1, 2023

End date (if applicable): Ongoing

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

The YSIPP was mandated by House Bill 4124 (2014), developed by partners in 2015, and adopted in 2016. The plan was recently updated to reflect work put in place since 2016 and to add new and innovative initiatives needed to progress work.

The ASIPP was developed by partners in 2020-2021 and is being finalized for publication, anticipated in July 2022. This is the first suicide plan focused on the adult population. While aspects of existing YSIPP programming and training supports adult suicide prevention and intervention, additional funds are needed to fully implement the vision for a suicide-safer state for all Oregonians across the lifespan. When applicable, YSIPP activity budgets were referred to and scaled up to support ASIPP activities, given the larger population ASIPP activities are proposed to support.

Oregon Health Authority: 2023-25 Policy Package

There is coordination between YSIPP and ASIPP efforts through the OHA Suicide Prevention team. Consideration has been made to ensure there is alignment, not duplication, of funding between YSIPP and ASIPP efforts. Additional funds are needed to fully fund YSIPP activities and to begin implementation of ASIPP activities. While the OHA suicide prevention work has made significant progress with previous investments, current funding does not fully fund the YSIPP. There is not funding currently for the work outlined in the ASIPP. Existing YSIPP programming and training costs were considered in ASIPP funding requests.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There is no anticipated impact for Shared Services beyond support for the positions outlined below in question #15. The impact on OHA to meet the scope of work emerging from the ASIPP would be completed within the suicide prevention unit from the existing and added positions created through this policy package.

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

The YSIPP and ASIPP activities would increase access to services for population groups though they do not support direct service staff. The four new positions in OHA would create technical assistance, training, and programming to support direct service providers throughout the state and help troubleshoot programmatic and systemic issues in implementation and providing suicide safer care.

Oregon Health Authority: 2023-25 Policy Package

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

OHA has informally coordinated across suicide prevention staff in the Health Systems Division (HSD) and Public Health Division (PHD) working on YSIPP implementation, ASIPP development, and additional federal grant activities. This informal coordination has greatly bolstered state suicide prevention, such as development of the Oregon Suicide Prevention Framework and coordination across these multiple programming efforts. Yet, dedicated management and coordination and additional staffing is needed to formalize and strengthen these efforts to meet increased partner data needs and ASIPP implementation. The policy package includes funding to create a cross-divisional **OHA Suicide Prevention Unit** housed in PHD's Injury and Violence Prevention Program (IVPP) composed of existing and newly proposed staff:

- **Suicide Prevention Unit Manager-** (Principle Executive Manager E): OHA Suicide Prevention Unit manager to provide oversight and coordination across HSD and PHD suicide prevention, intervention and postvention work including YSIPP, ASIPP, and federal grant funds. Provide management support to existing and required OHA suicide prevention staff
- **Existing OHA Suicide Prevention Staff:** There are five existing suicide prevention staff at the agency that will be part of this team. In HSD, positions include a youth suicide prevention program coordinator, youth suicide prevention policy coordinator, and adult suicide prevention program coordinator. In PHD, positions include a public health suicide prevention coordinator and Zero Suicide in health systems coordinator.
- **Adult Suicide Prevention Policy Coordinator-** (Operations & Policy Analyst 4): Similar to the YSIPP implementation, the ASIPP implementation phase will require an additional FTE to support policy considerations of the ASIPP above programming related efforts currently covered by the existing adult suicide prevention coordinator.

Oregon Health Authority: 2023-25 Policy Package

- **Suicide Research Analyst-** (Research Analyst 4): With the creation of the YSIPP and ASIPP, OHA has seen a dramatic increase in data requests and projects related to suicide. IVPP has existing research analysts and an injury epidemiologist supporting data systems used in analyze suicide data (such as the National Violent Death Reporting System and state hospitalization data set); however, existing staff are not able to coordinate nor do they have capacity to meet partner, data requests and projects, including those of the Oregon Alliance to Prevent Suicide. This position would allow for coordination with existing data staff, the OHA Suicide Prevention Unit and internal and external partner requests.

House Bill 2315 (2021) requires that specified licensed professionals complete continuing education in suicide assessment, management and treatment. This legislation and position request came directly from the Oregon Alliance to Prevent Suicide to ensure successful implementation of this legislation. This policy package includes funding for a new **Suicide Prevention Training Coordinator** (Operations & Policy Analyst 3), housed in the Equity and Inclusion Division (OEI), to create an approval process for trainings that meet requirements, modeled off the existing Oregon Cultural Competence Continuing Education Program, coordinate with licensing bodies to promote and provide trainings, and coordinate with larger suicide prevention, intervention, and postvention efforts.

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

One-time costs, aligned with activities described in question #2, include:

- Creating evidence base for culturally appropriate options for suicide management and treatment: \$300,000
- Creating evidence base for culturally appropriate suicide prevention training: \$300,000
- Pilot postvention services and supports for adults: \$200,000

Oregon Health Authority: 2023-25 Policy Package

- Creating suicide assessment and safety planning training modules for those 18–24 years of age, and children 5–12 years of age: \$400,000

Total startup and one-time costs in this policy package come to \$1.2 million for the 2023-25 biennium.

17. What are the ongoing costs?

Most of the requests in this policy package are for ongoing costs that build local and statewide programming and infrastructure to ensure safety and wellness for all Oregonians. This includes these ongoing strategies that align with activities described in Question 2:

- Expand support for schools, school districts and education service districts to build and implement equity-focused suicide prevention plans as required by Adi's Act (ORS 339.343)
- Expand suicide training capacity in Spanish
- Expand safe storage supplies (medicine lock boxes and gun safes) for lethal means reduction for Oregonians
- Expand capacity of local suicide prevention coalitions
- Expand youth suicide prevention programming and training to adult populations
- Provide an annual Oregon Suicide Prevention Conference
- Provide evaluation of the YSIPP and ASIPP
- Enhance support to Oregon higher education students through Oregon Colleges and Universities
- Formalization of the OHA Suicide Prevention Team with additional staffing
- New Suicide Prevention Training Coordinator
- Expand local suicide prevention funding in Oregon counties and Tribal Nations

Oregon Health Authority: 2023-25 Policy Package

- Create and support Advisory Council for implementation of the ASIPP

Total ongoing costs for activities in this policy package come to \$20.9 million per biennium.

18. What are the potential savings?

Suicide has an immeasurable impact on communities. Research has shown that each suicide death can result affect an estimated 135 individuals who may need clinical services or support following a suicide⁴. Beyond the shock and grief that accompanies each death, there are economic costs associated with suicide. According to the CDC, suicide and nonfatal self-harm cost the nation nearly \$490 billion in medical costs, work loss costs, value of statistical life and quality of life costs⁵. Suicide prevention, intervention and postvention initiatives may help reduce the economic costs of suicide as well as the psychological effects.

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

This policy package is 100 percent General Fund.

⁴ Cerel et al. (2018). How many people are exposed to suicide? Not Six. *Suicide and Life-Threatening Behavior*, 29(2): 539-534. <https://doi.org/10.1111/sltb.12450>

⁵ Peterson C, Miller GF, Barnett Senate Bill, Florence C. Economic Cost of Injury — United States, 2019. *MMWR Morb Mortal Wkly Rep* 2021;70:1655–1659. DOI: <http://dx.doi.org/10.15585/mmwr.mm7048a1>

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$753,074			\$753,074	4	3.00
Services & Supplies	\$72,866			\$72,866		
Capital Outlay						
Special Payments	\$21,290,000			\$21,290,000		
Other						
Total	\$22,115,940	\$0	\$0	\$22,115,940	4	3.00

	HSD Non-Medicaid	HSD Admin	Public Health Center for Prevention & Health Promotion	Total
General Fund	\$21,290,000	\$412,970	\$412,970	\$22,115,940
Other Funds	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0
Total Funds	\$21,290,000	\$412,970	\$412,970	\$22,115,940
Positions	0	2	2	4
FTE	0.00	1.50	1.50	3.00

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division
Program: Medicaid
Policy package title: Life Span Respite
Policy package number: 447
Related legislation: None

Summary statement: This policy package is designed to provide respite care to ensure independence and decision making when there is a lack of natural supports or of primary paid caregivers. Additional paid caregiving supports are necessary for a short time frame when paid providers are unavailable or when the natural caregiver needs relief. This package also seeks to expand respite services for Rehabilitative and Behavior Rehabilitation Services within the Medicaid State Plan.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$3,894,051	\$0	\$3,811,472	\$7,705,524	2	1.50

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Oregon aims to ensure placement and independence for people with behavioral health conditions of all ages, based in a person's own home and within their community, that is person-centered, person driven, effective, and culturally and linguistically responsive.

OHA envisions meeting these goals by implementing a system-wide behavioral health respite continuum for children, youth, and adults available throughout the lifespan. Behavioral health respite care is a system of services offering a temporary break between a caregiver and their loved one with mental illness. Trained staff can come to the home, or the individual can stay in designated settings outside of the home. Services can be arranged in advance or available during an emergency or crisis. Respite services improve independent functioning, prevent placement disruptions, help caregivers meet a person's specific needs, and improve caregivers' positive attitude toward the person they are caring for. While there may be some differences in the implementation of services between the child and adult systems, the collaborative effort and intent of this package is to enhance stability for Oregonians regardless of age.

Planned respite gives the caregiver and person intentional breaks from each other to avoid burnout, so the setting can be supported and maintained, while crisis respite gives the individual and caregiver the space needed to de-escalate, gain perspective, and receive support from their treatment providers to allow planning for the safety and security of the individual, placement setting, and community.

Planned respite and crisis respite assist in placement preservation, and subsequently in preventing homelessness, use of emergency department (ED) services or use of more costly inpatient intervention. Developing a respite option and workforce would give alternative and cost-effective

Oregon Health Authority: 2023-25 Policy Package

options to Oregonians, those covered by OHP and those who are not. Additionally, respite care would reduce impact on the resources of an already strained residential system within residential and psychiatric inpatient facilities and allows those who most need the services in these settings a better opportunity to access them.

In the children's system, respite is a strategy that allows parents and caregivers of children who experience behavioral health issues to receive a caregiving break when natural resources are not available.

Respite care for adults is another important aspect of the continuum of care needed to promote independence, ensure continuity of care, and eliminate strain on an overburdened residential system. Appropriate implementation of respite care allows people to get the timely care they need, when natural and primary paid caregiving supports need relief.

OHA's goal is to create access to respite services for individuals and families who are either Oregon Health Plan (OHP) eligible or not eligible. This continuum of care would include additional policy development supporting the transition between the children's system and the adult system for people ages 18–25.

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

This package recommends amending Oregon's Medicaid State plan to include access to respite care for children, families, and individuals. Respite is used when identified as a need within a person-centered service plan. The availability of respite, on a planned, unplanned non-crisis or crisis basis, is important for individuals to avoid unnecessary breaks in service and maintain caregiving and natural supports that are the most accessible, convenient, supportive to the person's behavioral health needs, and cost effective.

Oregon Health Authority: 2023-25 Policy Package

Respite may be utilized in either a planned, unplanned non-crisis, or crisis situation. Planned and unplanned non-crisis respite for children and adults occurs when respite is identified as an intervention on a behavioral health treatment plan and/or Wraparound, or Assertive Community Treatment (ACT) plan of care. This would be available as needed, up to 14 consecutive nights per month.

Crisis respite in the children's system is available when respite is identified as a strategy by the parent, caregiver, natural support, or youth reaching out to the 988 national hotline, Mobile Response Stabilization Services (MRSS), or a warmline, and when respite is identified as a strategy by the responding provider to stabilize the current situation. In a crisis, the youth and family may have the option of overnight (out of the home) respite, in home respite, or day respite, depending on the individualized needs of the situation, and the youth and family preferences.

Three types of system wide behavioral health respite have been identified as follows:

Overnight respite (out of the home) is the most common form of respite offered for children. The identified young person stays in the care of certain Child Caring Agencies (CCA) licensed through the Oregon Department of Human Services (ODHS) or with Tribal Certification for a period of up to fourteen consecutive nights. This care is preferentially in the least restrictive setting such as a "proctor home" but may be in another type of facility-based care such as a Psychiatric Residential Treatment Facility (PRTF) or Behavior Rehabilitation Service (BRS) residential care facility. Facility-based care is a necessary part of the continuum to ensure that youth with complex needs and their caregivers have access to this level of services and supports.

This form of respite will also be available to adults when identified in their person-centered plan.

Oregon Health Authority: 2023-25 Policy Package

Short term, out of the home respite (day respite) is when the person is temporarily cared for by an alternate caregiver or provider offering space for both the person and ongoing caregiver. The alternate caregiver or provider may be a skills trainer, or other qualified Medicaid provider, according to the Medicaid State Plan. Respite must be considered Medically appropriate to improve or sustain the person's behavioral health status and identified on the person-centered service plan.

In-home respite occurs in the person's own home and can take place during the day or overnight. The respite provider is identified by the person or their authorized representative. Respite may be received in the home anytime as identified in the person-centered service plan, to allow caregivers the relief needed to address personal business, burnout, and other needs, with the intent of temporarily relieving them from the demands of caregiving.

Implementation Plan

In the children's system, respite would be implemented through coordinated care organizations (CCOs) and through community-based organizations via a demonstration site. The goal of the demonstration site is to develop respite programs that serve youth and families which are culturally specific, in a flexible service model optimized to serve a geographic area of the state that is as large as possible. The demonstration sites would be established using a request for proposal (RFP).

In the adult system this would be implemented as an added benefit to people accessing OHP, using existing providers and programs. Implementation would include identifying appropriate providers and settings where respite services would be offered. Guidance documents would fully describe the role of the providers and the role of the person accessing respite services.

Oregon Health Authority: 2023-25 Policy Package

Successful proposers would center Tribes, people who identify as LGBTQIA2S+¹ and communities of color in their proposal development and would monitor outcomes including decreased caregiver stress, placement and family stability, improved adherence to treatment, decreased use of the emergency room, inpatient and acute care settings.

Program Specifics

- Addition of one position on the Child and Family Behavioral Health Unit (CFBH) to create and manage the program rules, contract language, and ensure coordination with the HSD Medicaid Transformation Program Unit, and an additional position for the Medicaid Transformation Programs Unit to amend the state plan, develop Oregon Administrative Rules (OARs) coordinate with CFBH Unit and Adult Behavioral Health Unit, and develop billing guidance.
- Submit a State Plan Amendment to CMS² to update language in sections 13.d and 13.e for Rehabilitative and Behavior Rehabilitation services related fee schedules.
- Update the BH Fee for Service and BRS fee schedule to utilize potential respite codes including H0045 or T2034 (overnight respite out of the home), T1005 (in home respite), and S9125 (out of home respite, every 15 minutes) across the lifespan.
- For the children's system: request for proposal (RFP) for demonstration sites to build programs, receive startup funds, and offer availability for families who need this support but are not Medicaid eligible. The low barrier RFP process may supplement existing respite programs with multiple funding streams and would focus on culturally specific organizations and serve cultural communities who need greater access.
- This program would require 6 to 12 months to implement: to apply for a state plan amendment, write and implement temporary administrative rules, RFP posting, selection and contracting.

¹ Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two Spirit and all the other ways people may identify.

² Center for Medicare and Medicaid Services, US Department of Health and Human Services

Oregon Health Authority: 2023-25 Policy Package

- Provide peer delivered services to support transitions to and from respite services, as well as assist to develop individualized strategies of intervention that would follow the individual back to the originating program.
- Work within OHA, ODHS, Oregon Youth Authority (OYA), Oregon Department of Corrections, community providers, advocates, people accessing services, family members and caregivers to identify and develop rule language for both Medicaid and Behavioral Health rules. Develop supports for the caregiver or provider to debrief service attempts, consult with team members to develop renewed intervention and support strategies, and then implement these strategies upon the individual's return.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity³ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Respite care aligns with OHA's prioritization and expansion of the behavioral health service array and policy packages put forward during the past four years. Respite services offer people the ability to maintain independence and current functioning during times of caregiver burnout, crisis, and child or adult instability by offering necessary services and caregiving supports to potentially limit accessing more costly emergency and inpatient services. Additionally, Respite services may be provided by a provider chosen and trained by the person in a way that meets the person and their family's needs. The provider may be a person from their community and would need to understand community and cultural needs of the person receiving respite.

³ Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

Oregon Health Authority: 2023-25 Policy Package

Respite care is aligned with OHA's mission to provide services and supports that are defined by equity. By making a necessary support available to all OHP eligible Oregonians with behavioral health concerns, regardless of county of residence, guardianship/legal status, OHA is taking an important step toward its mission in reducing health inequities.

Identifying as LGBTQIA2S+ increases suicide risk for those with behavioral health challenges, and the availability of respite can be important in stabilizing the psychosocial distress individuals who identify as LGBTQIA2S+ experience when other services and supports may not be readily accessible.

This policy package centers communities that have been economically and socially marginalized, addressing health inequities in several ways. It allows access to respite on a crisis basis via the parent warmline, rather than requiring caregivers to go through providers so access is based on community perception of need. Funding is specifically allocated via a demonstration site to develop programming that centers the needs of communities who lack access to equitable opportunities.

Multiple respite options, not just respite out of the home overnight, empowers communities, families, youth, and individuals to decide what works best for them, supports their values, and feels safe and supportive. Overnight respite may not be appropriate for certain populations, such as individuals with disabilities, individuals/families of color who have experienced systemic racism and injustice or those who identify as LGBTQIA2S+. For example, children with autism may be overwhelmed with staying in an unfamiliar setting, particularly on a crisis basis. For these children, someone coming into their home is more supportive of their needs. For those who identify as LGBTQIA2S+, alternatives are needed if the respite setting does not adequately support their identity or they are uncomfortable with the sleeping arrangements.

Oregon Health Authority: 2023-25 Policy Package

Additionally, adding respite care comports with the [Governor's Executive Order 18-01](#): Building Oregon's commitment to addiction prevention, treatment, and recovery priorities, and setting deadlines for statutory requirements, and declaring a health crisis.

Quantifying results

4. What are the long-term desired outcomes?

The long-term desired outcomes for both the children's and adult systems are the development of a comprehensive and flexible array of respite services statewide, resulting in:

- Reduction in caregiver stress
- Decrease in caregiver or provider turnover
- Sustained stability in a person's behavioral health condition
- Placement stability
- Family preservation
- Reduction in higher cost services
- Promote people living in their own homes

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would collaborate with community partners, including people with lived experience, OHA advisory groups, advocacy groups, and community-based organizations to identify and measure the equity impacts of this policy package. OHA would conduct periodic review, outcome surveys, and other follow up with respite participants and their caregivers to determine effectiveness of programs.

Oregon Health Authority: 2023-25 Policy Package

Respite, as a support complementary to other services within the OHP service array, would have a direct, measurable impact in caregiver stress, and indirect impacts in treatment individualization leading to active collaboration between caregiver and participant, reduction in referrals to higher (and more costly) levels of care, and in potential referrals to Child Welfare.

The Medicaid Transformation Programs Unit and the Office of Behavioral Health would partner to identify operational metrics to measure the success of this program, including the use of claims and encounter data to inform the utilization of higher cost services and monitoring rates of inpatient and residential treatment by those utilizing respite over time.

Additionally, outcome surveys after respite care would be conducted periodically with those who utilized respite programs. MRSS programs can track respite utilization, MMIS⁴ would also be able to track respite utilization, as would the System of Care dashboard. It is anticipated that within the first year after implementation there would be a reduction in the need for higher levels of care and decreased involvement with other state agencies.

The actions described earlier in response to question #3 would result in the measurable outcome of increased access to respite support for Tribes, people who identify as LGBTQIA2S+ and communities of color. Data could be collected surveying respite recipients who identify as LGBTQIA2S+, perhaps through the use of SOGI data.

How achieved

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

⁴ Medicaid Management Information System

Oregon Health Authority: 2023-25 Policy Package

For the Children’s system: Respite is offered by some CCOs, and by some counties where these resources are consistently in demand. Community Mental Health Programs (CMHPs) generally provide respite for adults, but not for children. There is a need, but Oregon is lacking the infrastructure to support parents/caregivers whose children are experiencing behavioral health issues.

Oregon’s child serving systems have, over time, tried to address the identified needs by families to have access to respite, but it has resulted in inconsistent and inequitable access across the state. ODHS Child Welfare has implemented several options for respite care through various community-based organizations—for example, Oregon Relief Nurseries provide respite, as part of a menu of available services, for families with young children they serve. ODHS Child Welfare attempted to include respite as part of a menu of supports for their Multnomah County pilot Foster Care Crisis Response Center (FCCRC) but encountered challenges with implementation. ODHS-Child Welfare has a request for application (RFA) for overnight respite currently active.

Some CCOs report this resource has been difficult to build. Despite infrastructure and resources devoted to development of respite programs, developing capacity, particularly with home-based overnight respite, has been unsuccessful. Due to the challenges developing these programs, especially in the context of the Public Health Emergency, this policy package is expanding efforts to include congregate care settings. While these programs have had challenges with staffing, there has been more success in these efforts than in home recruitment. However, home based settings are a necessary and cost-effective way to provide this service and efforts to increase capacity in this area need to be continued. Additionally, leadership from OHA on this service is needed to address systemic and regulatory challenges faced by development efforts.

Oregon Health Authority: 2023-25 Policy Package

For the Adult system: Oregon maintains crisis respite services, but these are not planned services and are only offered to individuals in a residential treatment home or facility. Oregon is currently expanding the 1915(i) home and community-based services state plan option, to include additional services. Some of these home and community-based services are designed to help an individual access their own home, and access medically necessary supports to maintain their own home in their communities.

House Bill 2980 (2021) provided funding to pilot four peer-run respite programs which would be established in 4 areas of the state. (Oregon Coast, Central/Eastern Oregon, Southern Oregon, and Portland Metro area.) This would not entirely meet the need in our state as the programs are only funded for a single biennium, and the programs can each serve up to six individuals at a time.

OHA received the recommendation to expand supportive services such as respite care, when we contracted with a consultant, Alvarez and Marsal (A&M) in 2019⁵. A&M was charged with reviewing the current service array Oregon offered and providing recommendations to bolster and improve outcomes for people accessing mental health services in Oregon. A&M made this determination upon completion of a comprehensive systemic review of Oregon's behavioral health services and offered feedback regarding the array of services and operations.

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

For the Children's system, due to the scope, nature of the continuum of children's behavioral services and current need, the follow alternatives were considered:

- a. Respite:

⁵ <https://www.oregon.gov/oha/HSD/AMH/docs/SB171-Report-2019.pdf>

Oregon Health Authority: 2023-25 Policy Package

- Continue the existing patchwork availability of respite for Oregon's children. This option is rejected as the Children's System is already beleaguered, and not adequately meeting the needs of youth and families. Youth and families, communities and local Systems of Care groups have identified respite as being a need in various regions and communities for over a decade.
- Allow or mandate CMHPs to contract with CCAs to conduct respite and invoice CCOs for reimbursement. County Financial Assistance Agreements (CFAA) have discretionary funds to meet the needs of their populations. Close collaborative relationships between the CMHPs and CCOs are part of the CCO structure. CCOs can and do already contract with CCAs to meet needs within their service array. To this point, there has not been a concerted effort to standardize this mechanism across CCOs statewide.

ODHS Child Welfare proposals include allowing Behavioral Rehabilitative Services to provide Medicaid Respite. This would be included in the State Plan Amendment.

For the Adult system the following options were considered:

- Maintaining the status quo was considered: OHA continues the current service, which only includes crisis respite. This option was rejected as OHP is already experiencing provider shortages, due to the overtaxing of the behavioral health system. A range of options for respite care would offer needed supports to maintain an individual's community-based setting and supports, in a cost-effective way that meets the person's needs. Including planned respite would offer needed supports.
- Similar to the children's system, allow or mandate counties to contract with licensed providers to conduct respite and invoice CCOs for reimbursement. CFAAs have discretionary funds to meet the needs of their populations, and close collaborative relationships between the CMHPs and

Oregon Health Authority: 2023-25 Policy Package

CCOs are part of the CCO structure. CCOs can and do already contract with specific providers to meet needs within their service array. However, this is not consistent or even prevalent, across the county/CCO systems, and have been challenging to expand due to overloaded workforce challenges and already expended resources.

- Behavioral Health carve out: benefit not accessed through the CCOs. This is rejected as coordinated care organizations are the entities OHA contracts with to provide Medicaid services to their members, in addition to the need for CCOs to provide care coordination.

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

The crisis stabilization centers being developed under the mobile crisis/988 rollout may be critical partners for respite services. Largely, the respite programs could receive referrals from the crisis centers while efforts are made to repair previous services and supports. Occasionally, the crisis centers could be involved in stabilization triage when individuals escalate while at a respite program. Close care coordination would be essential to maintain the overarching view and support of the individual when being served at respite so that the original placement can be preserved.

The OHA Medicaid Transformation Program Unit and the Office of Behavioral Health in HSD are working closely on this package as the providers and population overlap. OHA intends to collaborate with provider groups, including peers, culturally specific providers, and community health workers. If this package is approved, it would likely result in significant coordination between the Medicaid Transformation Unit and the Office of Behavioral Health to avoid overlap of resources. Medicaid would submit the State Plan Amendment, as well as the scope of the request and inform rule promulgation processes.

Oregon Health Authority: 2023-25 Policy Package

Specific to the children’s system, ODHS Child Welfare and OHA Child and Family Behavioral Health (CFBH) are working closely on this package as the providers and population overlap. If this package is approved, it would likely result in adjustments in ODHS respite resources so they are available for support, to not create overlap of resources. CSAC family advisory and other family organizations have given the CFBH unit feedback and direction on how and when they need to be able to access this resource.

The Urban Indian Health Program would be conferred with regarding OAR revisions, and on other aspects of this policy package impacting the Tribes, as it is developed.

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

This policy package would not require any changes to existing statute.

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

This policy package was created with the knowledge that the children, adults, and families receiving behavioral health services can also be served by any other child or adult serving state agencies, Tribal health programs, coordinated care organizations, community mental health programs and community-based organizations. The following entities would be impacted by this policy package:

- County CMHPs or county subcontractors serving both children and adults could be impacted if they are supporting respite providers/shelters in their region.
- Tribes need to be offered consultation on the development of these programs to ensure settings approved for respite include those certified by Tribes.

Oregon Health Authority: 2023-25 Policy Package

- The OHA Tribal Consultation/Confer Policy would need to be followed for the State Plan Amendment and all OAR revisions.
- ODHS Child Welfare could be negatively impacted if CCAs currently serving BRS youth decrease their enrollment in favor of OHA funded respite. Careful coordination between the two agencies would need to occur if an agency wishes to provide both forms of respite.
- Oregon Youth Authority (OYA) may also be negatively impacted if CCAs currently serving BRS youth decrease their enrollment in favor of OHA funded respite. Careful coordination between the two agencies would need to occur if an agency wishes to provide both forms of respite.
- ODHS-ODDS and the Community Developmental Disability Programs (CDDPs) impact would need to be coordinated for youth in their programs to ensure their placements and supportive services are not disrupted.
- The Collective Bargaining Agreement with Adult Foster Homes may need annotation to access planned respite and further define respite services.
- Medicaid would need to provide clarification over Reserve Capacity Payments to reserve unoccupied program beds during respite placements for residential treatment services.

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

In September 2020, the Secretary of State (SOS) audit⁶ focused on the children's behavioral health system. The audit highlighted the crisis that Oregon's Children's Behavioral Health system has been experiencing, how OHA is failing to serve children, youth, and families who are involved with multiple systems and have complex needs. The report highlights five key areas: data shortfalls, chronic workforce shortages, weakness and limitations of state statutes that have contributed to the

⁶ <https://sos.oregon.gov/audits/Documents/2020-32.pdf>

Oregon Health Authority: 2023-25 Policy Package

fragmented service delivery model, inadequate monitoring of General Fund, and a lack of consistent leadership, strategic vision and governance.

“Oregon lacks sufficient community-based services and placements, and emergency rooms may be boarding youth with mental health issues who do not have access to treatment, or for some, a place to live. Families are navigating a service array that is inconsistently available, with waitlists for psychiatric residential treatment services, medication management and outpatient services. **It often does not consistently include respite**, peer delivered services, or child-focused mobile crisis response and stabilization. Mobile crisis response is extremely limited in Oregon and could alleviate cross-system barriers by providing timely identification and contributing to co-created solutions in a manner similar to that accomplished by New Jersey.”

Similar concerns have been identified for Oregonians of all ages.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): _____

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

This policy package assumes three core impacts: future long-term Medicaid savings, inflation and the current work force shortage impacting Oregon’s behavioral health system.

Respite care would serve all people who are OHP eligible with behavioral health diagnoses, living in their own or family homes in Oregon. The program would start January 1, 2024. This policy package

Oregon Health Authority: 2023-25 Policy Package

assumes that future savings in Medicaid would gradually occur after 12 months of program implementation.

In 2023-25, the percentage of decreasing ED visits, residential and psychiatric residential treatment services would still be low and slowly increasing in the 2025-27 biennium. OHA may realize future long-term savings in OHP expenditures due to more cost-effective, high-quality, person-centered care being delivered to OHP members. To the extent savings occur, they would be reflected in subsequent years' CCO rates, which are based on past expenditures, and incorporated into OHA's budget as part of the capitation rates for CCO-enrolled OHP members.

There are unknowns as to the actual projected utilization for this service. Estimations would be drawn based on current utilization in the areas offering respite to generalize to the statewide population. Current and ongoing rate work would be used to estimate costs; however, rate studies have not been performed as to the sustainability of these costs.

Additionally, workforce constraints may impact the rollout of these supports. There is a significant behavioral health workforce shortage. As a result, the supply of behavioral health services is being outpaced by the demand for behavioral health services. In anticipating potential barriers to implementation, any delay in the onboarding of behavioral health professionals in this initiative would likely impact implementation timelines.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

For OHA: The respite program would require two new permanent, full-time positions, one each in the PA3 and OPA 3 classifications, to support the program administration and a counterpart in

Oregon Health Authority: 2023-25 Policy Package

Medicaid Transformation Program Unit to ensure coordination and oversight. The Child and Family Behavioral Health Unit and the Adult Mental Health Unit would provide technical assistance to respite programs, rule writing, contracting, and ongoing consultation for sites on implementation. Licensing and Certification would certify BH providers for these services and conduct ongoing compliance reviews. ODHS CCA Licensing would certify BRS providers and conduct ongoing compliance reviews. Medicaid Unit would submit a State Plan Amendment and develop rules to administer this program.

For Shared Services: There are no currently identified new responsibilities that would impact Shared Services.

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

It is anticipated there would be changes to the services people who access OHP receive, with a new service provision (Respite). It is anticipated that most respite care received by those accessing behavioral health services would be temporarily in lieu of another, medically appropriate service. These services would be identified within the person-centered service plan and using one of the approved respite codes.

OHA surveyed CCOs for the years 2018-2021. While only four CCOs had overnight respite as part of their plan, the majority of CCOs authorized overnight respite on occasion. The other two respite codes were infrequently offered. With respite being added to the Medicaid State Plan and the CCO contract, it's anticipated these numbers would increase significantly.

Oregon Health Authority: 2023-25 Policy Package

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

The new Respite program and demonstration site management requires two new full-time positions, a Program Analyst 3 (PA3) and an Operations & Policy Analyst 3 (OPA3).

The PA3 would be situated in the CFBH unit, to support the program administration and a counterpart (OPA3) would be in Medicaid Transformation Program Unit to ensure Medicaid compliance, coordination, and oversight. The Medicaid Policy Unit would submit a State Plan Amendment and develop rules to administer this program. Additional responsibilities would include the development of program rules, provider and member guidance, contract development, and program coordination. The CFBH Unit would provide technical assistance to respite programs, rule writing, contracting, and ongoing consultation for sites on implementation.

HSD Licensing and Certification would certify behavioral health providers for these services and conduct ongoing compliance reviews. Child Caring Agencies would be licensed and reviewed by ODHS.

Additionally, staff would work closely with other impacted partners to develop rules, rates, provider guidance and technical assistance for crisis respite benefit. These staff would be responsible for the respite program, assisting in onboarding these providers. They also would collaborate with licensing and certification, OHA, OYA and ODHS regarding these providers and supporting Medicaid policy with OAR implementation.

Oregon Health Authority: 2023-25 Policy Package

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

One-time funding (\$1.5 million General Fund) has been incorporated for the request for proposal (RFP) process for demonstration sites to build programs, receive startup funds, and offer availability for families who need this support but are not Medicaid eligible.

17. What are the ongoing costs?

Ongoing costs include respite services for both Medicaid and non-Medicaid enrolled children and adults with services of both planned and unplanned out of home overnight respite services in residential, overnight in home, hourly respite, and respite in home daily rates. Ongoing costs also include the two positions and any IT related costs.

18. What are the potential savings?

Medicaid matching funds would reduce General Fund need. There would also be future cost savings resulting from decreased use of emergency departments and higher levels of mental health care, acute and inpatient hospital services, secure residential services, and other residential settings.

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

The PA3 would be funded 100 percent by General Fund. The OPA3 would be funded 50/50 split General Fund and Medicaid Federal Funds. The initial costs for the demonstration project would be 100 percent General Fund. The costs of the services would be split between General Fund and Medicaid Federal Funds based on the current FMAP rates for Oregon at the time of implementation.

Oregon Health Authority: 2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$253,857	\$0	86,880	\$340,737	2	1.50
Services & Supplies	\$101,483		\$232,154	\$333,638		
Capital Outlay						
Special Payments	\$3,538,711		\$3,492,438	\$7,031,149		
Other						
Total	\$3,894,051	\$0	\$3,811,472	\$7,705,524	2	1.50

Fiscal impact by program

	HSD Admin	HSD Non-Medicaid	HSD Medicaid		Total
General Fund	\$355,340	\$2,220,072	\$1,318,639		\$3,894,051
Other Funds	\$0	\$0	\$0		\$0
Federal Funds	\$319,034	\$0	\$3,492,438		\$3,811,472
Total Funds	\$674,375	\$2,220,072	\$4,811,077		\$7,705,524
Positions	2	0	0		2
FTE	1.5	0	0		1.50

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division
Program: Behavioral Health Non-Medicaid
Policy package title: Behavioral Health Metrics Incentive Fund
Policy package number: 448
Related legislation: House Bill 2086 (2021)

Summary statement: This package requests \$15 million for the Behavioral Health Committee to incentivize a robust metrics system. The Behavioral Health Committee support team is currently being built and supporting the design of metrics by the Behavioral Health Committee, which OHA would like to incentivize in the next biennium.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$15,000,000	\$0	\$0	\$15,000,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

The Behavioral Health Committee was established to increase the quality of services provided by coordinated care organizations (CCOs), health care providers, counties, and other government entities and transform Oregon's behavioral health system through outcomes, metrics, and incentives.

Currently there are no financial incentives that span the entire behavioral health network which causes fragmented care and inequitable outcomes for Oregonians. The Behavioral Health Committee's task is to support OHA's goal of reducing health inequities by 2030, develop metrics that are implemented by all sectors of our BH network, and centers community members with lived experience. This funding will support the implementation of quality metrics for behavioral health services provided by coordinated care organizations (CCO's), health care providers, counties and other government entities and improve the quality of behavioral health services by addressing the equitable redistribution of power and resources to communities impacted by social injustice and health inequities.

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

The \$15.0 million would help the Behavioral Health Committee incentivize system changes that address and eliminate health inequities and disparities in Oregon's behavioral health system to support the health and well-being of all communities across the state.

The \$15.0 million would help the Behavioral Health Committee incentivize behavioral health services provided by CCO's, health services providers, counties and other government entities that address

Oregon Health Authority: 2023-25 Policy Package

and eliminate health inequities and disparities to support health and well-being of all communities across the state.

The incentive outcomes and metrics would be created by a diverse representation of community members with relevant experiences and expertise. The first round of incentives is anticipated to be completed by the end of 2022.

The incentive outcomes and metrics would be created by the Behavioral Health Committee which is representative of a diverse group of community members with relevant experience and expertise. The Behavioral Health Committee has been meeting since November 2021. The first round of incentives is anticipated to be implemented by July 2024.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

These funds would support the work of the Behavioral Health Committee which is a diverse representation of community members with relevant experiences and expertise.

This work aligns with OHA's goal of eliminating health inequities by 2030 and OHA's health equity definition, in part by bringing in leaders from across all regions and sectors of the state and recruiting committee members from communities most impacted by health inequities. Through this process,

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

Oregon Health Authority: 2023-25 Policy Package

OHA aims to ensure equitable distribution of or redistribution of resources and power and to recognize, reconcile and rectify historical and contemporary injustices.

The policy package will support the health equity outcomes this committee identifies by financially incentivizing quality metrics across the BH network that support those outcomes. As providers and payers align with these health equity outcomes, we should begin to experience a reduction in health inequities experienced for people unjustly disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

Quantifying results

4. What are the long-term desired outcomes?

The long-term goal is to establish quality metrics and incentives that help:

- Improve the integration of physical and behavioral health care
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs
- Improve timely access to behavioral health care
- Reduce hospitalizations
- Reduce overdoses
- Address other system inequities or deficits as identified by the committee

Oregon Health Authority: 2023-25 Policy Package

5. How will OHA measure the impacts on health inequities of this policy package?

OHA would require coordinated care organizations, health care providers, counties, and other government entities to report on the quality of services they provide as defined by these metrics.

How achieved

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

The Legislature reserved \$49.0 million during the 2021 legislative session to fund financial incentives for the behavioral health system in the 2021-23 biennium. As the work progressed, it was apparent that the committee needed more time to create quality metrics and this money was then reallocated to Medicaid behavioral health rate increases.

The Legislature appropriated \$49.0 million during the 2021 legislative session to fund financial incentives for the behavioral health system in the 2021-2023 biennium. As the work progressed, it was apparent that the committee needed more time to create quality metrics. The Legislature made the decision sometime in March 2022, to reallocate funding to Medicaid behavioral health rate increases. Incentives were originally intended to be distributed by January 1, 2023.

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

No other funding exists to incentivize these metrics.

To require service providers to make improvements on these metrics as a condition of their contract without additional funding. Take money away for not meeting metric goals could be explored. May not renew provider contract(s).

Oregon Health Authority: 2023-25 Policy Package

The behavioral health system is already in a fragile state with a lack of providers and workforce. Taking money away or not renewing contracts may weaken our already fragile system.

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

Response.

Youth Era (previously Youth M.O.V.E. Oregon), Oregon Judicial Department Official, Advocate for Caring Systems, Young Adult Peer, Behavioral Health Equity, Program and Research Expert, Oregon Department of Human Services, Oregon Alcohol and Drug Policy Commission, Behavioral Health and Harm Reduction Provider, Mental Health Peer Support Specialist, Community Mental Health Program Representative, Care Oregon, Transformations Wellness Center and community members.

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

No.

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

Other governmental agencies would receive financial incentives to change how they do their work so that centers health equity as directed by the Behavioral Health Committee.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2024 to June 30, 2025

End date (if applicable): June 30, 2025

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

It assumed that the \$15.0 million would be enough to financially incentivize providers/CCOs/??? to work towards achieving the defined metrics.

It is assumed that the \$15.0 million is a starting point to financially incentivize behavioral health services provided by Coordinated Care Organizations (CCO's), health care providers, counties and other government entities to work towards implementing metrics that centers health equity as defined by OHA.

\$49 million was appropriated for five metrics at a cost of \$9.8 million per metric and it is anticipated that two metrics could be implemented during the next biennium at a cost of \$7.5 million per metric.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

OHA would have to evaluate the metrics reported on and reward agencies with financial incentives.

OHA would have to evaluate the metrics reported on and reward coordinated care organizations (CCOs), health care providers, counties and other government entities with financial incentives.

Oregon Health Authority: 2023-25 Policy Package

The shared services that currently support the implementation of metrics for OHA will be given additional work to support this effort.

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

This would be dependent on the metrics defined by the committee.

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

No new staff are required.

The Behavioral Health Committee team consists of an administrative assistant, a program implementation lead, an equity coordinator, a Medicaid specialist and a manager position. At this time no new staff are needed.

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

No.

17. What are the ongoing costs?

The entire \$15.0 million would be ongoing funding to ensure metrics are implemented and sustained. Additional funding may be required to incentivize other metrics the committee defines.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

As service provision improves and is more equitable, it is anticipated that over long-term costs could be reduced.

Oregon is ranked 51st in behavioral health care services. Oregon ranks last in the nation. If we could incentive quality of care to keep people out of the state hospital and emergency rooms the savings would be significant.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services					0	0.00
Services & Supplies						
Capital Outlay						
Special Payments	\$15,000,000			\$15,000,000		
Other						
Total	\$15,000,000	\$0	\$0	\$15,000,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	HSD BH Non-Medicaid				Total
General Fund	\$15,000,000				\$15,000,000
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$15,000,000				\$15,000,000
Positions	0				0
FTE	0				0.00

Oregon Health Authority 2023-25 Policy Package

Division:	Public Health Division
Program:	Center for Health Protection
Policy package title:	Oregon Psilocybin Services: The Nation’s First Regulatory Framework for Psilocybin
Policy package number:	449
Related legislation:	Ballot Measure 109

Summary statement:

This policy package would fund the implementation of the Oregon Psilocybin Services Act by addressing any immediate shortfalls while license applications are being accepted, reviewed, and issued by the Oregon Health Authority (OHA). Without the additional funding, the sustainability of the work would be jeopardized. OHA wouldn’t have adequate resources to license and regulate entities seeking licensure in a timely manner. There would be insufficient staff to continue to implement the regulatory program, review license applications and conduct licensure inspections. Consequently, psilocybin businesses seeking licensure could experience financial hardship due to delays in obtaining licensure, an inability to provide services and to legally receive revenue. Additionally, community members seeking psilocybin services would not have the benefits of access to those services. As the first state in the nation to regulate psilocybin services, successful implementation in Oregon is critical to creating a safe, accessible program for Oregonians and model across the nation.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$6,587,395	\$0	\$0	\$6,587,395	22	22.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Oregon Psilocybin Services (OPS) received General Fund for start-up costs and staff positions for the 2021-23 biennium to begin implementation of Ballot Measure 109 (M109), the Oregon Psilocybin Services Act, which was passed in 2020 and is now codified in ORS 475A. OPS will begin receiving Other Funds revenue from licensing fees after January 2, 2023, when OHA begins accepting applications to license psilocybin manufacturers, psilocybin testing labs, psilocybin service centers, and psilocybin facilitators. It may take many months following that date to begin receiving revenue from license fees and several additional months to cover the costs of the section's work.

For the psilocybin framework created by M109 to roll out successfully in Oregon, OHA must be ready to review and license all license types by January 2, 2023. To illustrate, psilocybin products can only be cultivated or processed by a licensed manufacturer, and all products must be tested by an accredited and licensed testing lab. Psilocybin products can only be sold to clients at a licensed service center and only consumed at a licensed service center by clients during an administration session that is supervised by a trained and licensed facilitator.

Although OPS has worked to prevent delays to begin accepting license applications by January 2, 2023 for licensure of manufacturers, testing labs, service centers, and facilitators, there are many factors that are outside of OPS' control. For example, OPS was recently informed that psilocybin facilitator training programs may be subject to Higher Education Coordinating Commission (HECC) career training school licensure, which could cause delays for psilocybin facilitator training programs admitting students and training them in time for the January 2, 2023 date. In addition, local governments may adopt ordinances to prohibit licensed manufacturers and service centers from

Oregon Health Authority: 2023-25 Policy Package

operating in their local jurisdictions, which may cause further delays as those interested in setting up service centers or manufacturer sites wait for the outcome of these ordinances, as well as possible zoning changes, before investing in property and setting up businesses. For these reasons, OPS does not expect to have enough licensure fee revenue to cover the costs of the section's work until the end of the first year of the 2023-25 biennium.

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

This policy package would provide additional General Fund to support the implementation of M109 (ORS 475A) and address any budget shortfalls while license applications are accepted and reviewed and as the section transitions to supporting operational costs with fees. No additional implementation activities would be added to that which has been directed by statute.

3. **How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?**

Psilocybin has been used for centuries by various indigenous and Tribal communities for spiritual, ceremonial, healing, and other purposes throughout the world. This policy package would help to ensure that OPS has the capacity to continue working with community partners, listening to community-based solutions, honoring indigenous and traditional knowledge, and working collaboratively to apply an equity lens in implementation.

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

Oregon Health Authority: 2023-25 Policy Package

Research suggests that psilocybin can help address mental and behavioral health issues, including trauma, anxiety, depression, and addiction. The State Health Improvement Plan (SHIP), *Healthier Together Oregon 2020-2024*, identifies trauma and toxic stress, behavioral health, and access to equitable preventive health care as top priorities. This policy package would help OHA achieve our goal of eliminating health inequities by ensuring that psilocybin services become and remain a safe and accessible option for achieving optimal health.

Because people of color can experience adversity, toxic stress, anxiety, and trauma due to racism, creating access to psilocybin services could have particular benefit for these communities, especially when licensed facilitators are able to deliver psilocybin services in culturally responsive ways. To that end, facilitators will be required to complete training in health equity, history of indigenous use, cultural equity, racial justice, intergenerational trauma, and implicit bias. These training requirements are designed to ensure that culturally appropriate psilocybin facilitation is available to people of color in Oregon. This policy package would enable OPS to provide appropriate technical assistance to training programs and our regulated community to maximize positive health impacts, particularly among Black, Indigenous, people of color, and Tribal members.

OPS has engaged with priority communities identified in the SHIP throughout the development period. OPS has incorporated meaningful ways for community members to share feedback and suggestions, with an emphasis on engaging with historically under-represented communities. Part of this work includes re-building trust with communities that have not always been well-served by government systems.

Oregon Psilocybin Services also creates new economic and business opportunities in Oregon. Successful implementation will help to decrease barriers for license applicants, especially for those in communities that are disproportionately affected by health inequities. This includes creating pathways

Oregon Health Authority: 2023-25 Policy Package

for practitioners of diverse backgrounds who can support the health of their communities through facilitating psilocybin services in culturally grounded ways. This part of the work connects to the SHIP priority of addressing economic drivers of health.

Quantifying results

4. What are the long-term desired outcomes?

OPS is committed to health equity and working toward the agency's strategic plan goal of eliminating health inequities by 2030. To do this, OPS will work closely with internal and external partners to ensure that psilocybin services become and remain a safe and accessible option for healing and wellness.

Research suggests that psilocybin may help reduce depression, anxiety (including end of life anxiety), problematic alcohol and tobacco use, and trauma-related disorders (including PTSD and race-based trauma). Across studies, psilocybin has been found to increase spiritual well-being. Making psilocybin services available as an option to address these behavioral health challenges has the potential to have a long-lasting positive impact on the health of Oregonians. The [Oregon Psilocybin Advisory Board Rapid Evidence Review and Recommendations²](#), or [Revisión rápida de evidencia y recomendaciones del Consejo Consultor sobre la Psilocibina de Oregon](#), findings show that psilocybin, the active ingredient in psychedelic mushrooms, holds promise as an option to address mental health issues, and may be efficacious in reducing problematic alcohol and tobacco use.

²https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Psilocybin%20evidence%20report%20to%20OHA%206-30-21_Submitted.pdf?utm_medium=email&utm_source=govdelivery

Oregon Health Authority: 2023-25 Policy Package

To provide safe, effective psilocybin services to those who are 21 years or older who may be interested and seeking relief from anxiety, trauma, depression, addiction, or other issues, OPS must respond to licensees in a timely manner and have the funding to conduct the section's work appropriately. In addition, many communities of color have interest in applying for licensure, so it is important that OPS is effective in development and efficient and responsive to our regulated community. For these and many other reasons, implementing a sustainable framework is a priority for OPS.

5. How will OHA measure the impacts on health inequities of this policy package?

In January 2022, OPS conducted a community interest survey to better understand interest in accessing psilocybin services, in licensure, and in training program approval. The survey was open for one month and made available in Spanish, Russian, Vietnamese, Simple Chinese/Mandarin, and Somali. There were over 4,400 survey respondents indicating a high level of interest in seeking services and licensure. OPS used an adapted version of REAL-D in consultation with staff at the Equity and Inclusion Division and published a summary of findings in February 2022. OPS expects to conduct other community interest surveys in the future and will continue to include demographic data that can help measure how well we are engaging with different communities across Oregon.

OPS is in the beginning stages of developing a section-wide evaluation plan and equity plan. Both plans will help to chart the course for how we measure impacts and may include qualitative feedback from our community partners, community listening sessions, focus groups, interviews, and surveys.

OPS will continue to apply a health equity lens as programs are implemented, being mindful to balance program sustainability with the need for equitable access to services. Each program will start with and focus on health equity, including outreach to communities and providing clear, timely,

Oregon Health Authority: 2023-25 Policy Package

and accessible information. As a new section and first in the nation to implement psilocybin services, the OPS team will be continuously learning in response to feedback and stories from the community.

How achieved

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

As discussed above, for the psilocybin framework created by M109 to roll out successfully in Oregon, OHA must be ready to license all license types by January 2, 2023. For example, psilocybin products can only be cultivated or processed by a licensed manufacturer, and all products must be tested by an accredited and licensed testing lab. Psilocybin products can only be sold to clients at a licensed service center and only consumed at a licensed service center by clients during an administration session that is supervised by a trained and licensed facilitator.

In the fall of 2021, OPS recognized there were several risks for licensure delays if OPS was not ready to license each of the four license types on January 2, 2023 and prioritized several implementation actions. OPS worked with the Oregon Psilocybin Advisory Board, community members, and partners to ensure that board recommendations and public feedback were provided in time to draft rules for rulemaking early in 2022.

- To ensure that trained psilocybin facilitators would be ready to apply for licensure by January 2, 2023, psilocybin facilitator training programs would need OHA curriculum approval before admitting students, and students would need to complete training by the end of 2022. OPS expedited the training program rules to ensure that rules were adopted by May 20, 2022 to give training programs the ability to move forward.
- Similarly, to ensure that testing labs would be ready to apply for licensure by January 2, 2023, the Oregon Environmental Laboratory Accreditation Program (ORELAP) would have to

Oregon Health Authority: 2023-25 Policy Package

adopt rules for accreditation and begin accepting applications to accredit testing labs by the fall of 2022. Again, OPS expedited a subset of the products and testing rules to ensure that rules were adopted by May 20, 2022 to give ORELAP the ability to move forward.

Although OPS has worked to prevent delays for the licensure of manufacturers, testing labs, service centers, and facilitators there are many factors that are outside of OPS's control. For example, OPS was recently informed that psilocybin facilitator training programs may be subject to Higher Education Coordinating Commission (HECC) career training school licensure, which could cause delays for psilocybin facilitator training programs admitting students and training them in time for the January 2, 2023 date. In addition, local governments may adopt ordinances to prohibit licensed manufacturers and service centers from operating in their local jurisdictions, which may cause further delays as those interested in setting up service centers or manufacturer sites wait for the outcome of these ordinances, as well as possible zoning changes, before investing in property and setting up businesses. For these reasons, OPS does not expect to have enough revenue from licensure fee revenue to cover the costs of the section's work by the end of the first year of the 23-25 biennium.

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

There were no other alternatives as M109 (ORS 475A) requires that OHA adopt rules by December 31, 2022 and begin accepting applications for licensure on January 2, 2023. OPS received General Fund for 21-22 and 22-23, and while OPS has no control over the risk of delays that may affect licensure but are not related to the section's work, the section is working with partners to identify possible ways to overcome them.

Oregon Health Authority: 2023-25 Policy Package

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

OPS is engaging with many community members and partners on the implementation of M109 (ORS 475A), including the Oregon Department of Justice, Oregon Department of Revenue, Oregon Department of Agriculture, Oregon Liquor and Cannabis Commission, Oregon State Treasury, Higher Education Coordinating Commission, Oregon Department of Administrative Services, Oregon Department of Education, Secretary of State Office of Small Business Development, Business Oregon, Oregon Health Authority inter-agency partners, Oregon's 9 Federally Recognized Tribes, Oregon's Professional Licensing Boards, Local Governments, Local Public Health Authorities, Law Enforcement, Advocacy Organizations, Academic Institutions, Professional Associations, Psilocybin and Psychedelic Partners, Other states, Community Based Organizations, the Oregon Psilocybin Advisory Board and subcommittees, and members of the public.

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

No.

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

There would be an impact to Oregon Department of Revenue (DOR) if Oregon Psilocybin Services experienced a budget shortfall and did not have the capacity to license service centers. DOR will be collecting a 15 percent tax on the sale of psilocybin products to clients by licensed service centers and have spent time preparing staff and processes for the collection of this tax.

Oregon Health Authority: 2023-25 Policy Package

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): June 30, 2024

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

Assumptions include that the legislature doesn't significantly amend Measure 109 (ORS Ch. 475A) in the 2023 session in a manner that affects OPS's ability to accept and assess application fees to cover program expenditures. Also, that there are no additional delays to being ready to accept applications on January 2, 2023, such as delays in hiring licensure and compliance staff, delays related to implementation of final rules adopted by December 31, 2022, or contracting delays with product tracking.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

There would be no new responsibilities. This policy package would ensure Oregon Psilocybin Services will remain sustainable while license and application fee revenue begin to come in.

Oregon Health Authority: 2023-25 Policy Package

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

No; however, if OPS experiences a budget shortfall and is unable to implement ORS 475A, there are many communities and members of the public that will not have access to psilocybin services. According to the results of the [OPS Community Interest Survey Findings](#), out of **4,421** respondents, **94 percent** were interested in accessing services. In addition, **660** respondents were interested in applying for training program approval, **1,613** were interested in facilitator licensure, **982** were interested in manufacturer licensure, **903** were interested in service center licensure, and **226** were interested in testing lab licensure.

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

There would be no new positions needed to implement this package.

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

This policy package is entirely one-time General Fund costs; OHA will continue to monitor expenses and expects costs will be covered by 100 percent Other Funds fee revenue by June 30, 2024.

17. What are the ongoing costs?

OPS is working to better understand the number of licensees it should expect to license and regulate beginning January 2, 2023 through the OPS Community Interest Survey, as well as working with partners. Because rules will be adopted by December 31, 2022, regulatory community members may not be ready to establish their businesses and apply for licensure until late in 2023 or early 2024.

Oregon Health Authority: 2023-25 Policy Package

The program will begin to better understand ongoing costs once it begins issuing licenses. OPS expects ongoing costs to be consistent with current budget needs.

18. What are the potential savings?

None.

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

This policy package includes 100 percent General Fund for the first year of the 2023-25 biennium.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$4,699,781			\$4,699,781	22	22.00
Services & Supplies	\$1,887,614			\$1,887,614		
Capital Outlay						
Special Payments						
Other						
Total	\$6,587,395	\$0	\$0	\$6,587,395	22	22.00

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	Center for Health Protection				Total
General Fund	\$6,587,395				\$6,587,395
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$6,587,395				\$6,587,395
Positions	22				22
FTE	22.00				22.00

Oregon Health Authority 2023-25 Policy Package

Division:	Oregon State Hospital
Program:	Oregon State Hospital Operations
Policy package title:	Deferred Maintenance
Policy package number:	450
Related legislation:	ORS 291.215, requiring the Governor's Budget to include deferred maintenance

Summary statement:

The Salem campus of the Oregon State Hospital consists of 1.2 million square feet of buildings and interior court yards and 23 cottages with a Current Replacement Value (CRV) as reported to the Capital Advisory Board (CPAB) of \$387 million. This makes the Oregon State Hospital among the highest replacement value of any single facility owned by the state. The Junction City campus is 229,816 sq. ft. with a current CRV of \$141 million. The Pendleton Cottages facility consists of several older buildings with a total square footage of 23,700. The facility has a current replacement value of \$7.8 million and is presenting considerable deferred maintenance due to the age of the campus. Funding the requested deferred maintenance requests would eliminate the current critical deferred maintenance needs for the Salem, Junction City and Pendleton campuses and maximize the lifespan of the state's investment and public trust.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$11,996,000	\$0	\$0	\$11,996,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Oregon State Hospital (OSH) campuses in Salem, Junction City, and Pendleton have unfunded deferred maintenance that could result in health and safety issues for patients and staff if not resolved. Good stewardship of the state's resources is at the forefront of the building maintenance program at OSH to proactively maintain the state's assets and ensure compliance with Joint Commission and Centers for Medicare and Medicaid Services (CMS). We have seen the results of years of deferring maintenance resulting in loss of accreditation and deplorable conditions in the old hospital that was eventually demolished.

Maintaining critical operational continuity and providing 24-hour hospital level of care to patients needing intensive psychiatric treatment for severe and persistent mental illness is part of the mission of the Oregon Health Authority and Oregon State Hospital. Deferring critical maintenance is not an option in a hospital facility and can result in higher costs to replace or repair systems under emergency situations, health and safety issues for patients and staff, and loss of accreditation and CMS reimbursement.

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

This package would address current large expenditure deferred maintenance in advance of equipment and infrastructure failure. Funding for deferred maintenance would ensure maintenance of the facility to the highest standard and avoid more costly future maintenance, align with regulatory compliance and stewardship of the state's assets, and result in a safe and secure treatment and work environment.

Oregon Health Authority: 2023-25 Policy Package

Implementation would follow the normal state of Oregon procurement processes for deferred maintenance projects with the list of projects and components requested below in the “start-up and one-time costs” section. Each of these projects represents identified safety, and in one case safety and sanitation, risks on the respective campuses.

3. **How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?**

OSH strives to achieve the highest standards and outcomes in all aspects of our work. Good stewardship of the public trust and the public dollar includes maintaining the facility to the highest standards and making regulatory and infrastructure improvements to meet the needs of patients and staff. OSH serves one of the most marginalized populations, the mentally ill. Maintaining well-kept and functioning treatment environments for these individuals contributes towards OHA’s mission of ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care; and aligns with the OHA strategic plan of eliminating health inequities.

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

Oregon Health Authority: 2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

Lower future maintenance costs, operational sustainability and continued compliance with regulatory requirements and good stewardship of state assets to provide a safe and therapeutic environment of care to some of Oregon's most vulnerable populations, as well as a safe work environment for staff.

5. How will OHA measure the impacts on health inequities of this policy package?

Continued compliance with regulatory requirements helps ensure a safe, secure, and therapeutic environment for treating some of Oregon's most vulnerable populations

How achieved

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

OSH has attempted to use budgetary resources to resolve large scale deferred maintenance issues. Budget constraints did not allow for large scale projects.

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

There are no viable alternatives to maintaining critical infrastructure.

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

None.

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

None.

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): June 30, 2025

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

Supply chain and inflationary costs may impact projects.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

Oregon Health Authority: 2023-25 Policy Package

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

No.

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

This package is not expected to require additional positions.

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

Specific items of Deferred Maintenance currently identified include:

Campus	Project Name	Cost Estimate
Salem	Patient room flooring Replacement	\$500,000
Salem	Unit Corridor flooring replacement	\$500,000
Salem	Parking lot sealing and restriping	\$250,000
Salem	Electronic Vehicle Charging Stations (Expansion)	\$ 43,000
Pendleton	Site parking & road asphalt replacement	\$350,000
Pendleton	Repair damage to multi-purpose building	\$200,000
Junction City	Hospital primary power re-feed	\$175,000

17. What are the ongoing costs?

None.

Oregon Health Authority: 2023-25 Policy Package

18. What are the potential savings?

As with all deferred maintenance, the primary savings are against an increasing need. It is likely that each of these projects, if further delayed, will result in a future request at increased cost.

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

This package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies	\$11,996,000			\$11,996,000		
Capital Outlay						
Special Payments						
Other						
Total	\$11,996,000	\$0	\$0	\$11,996,000	0	0.00

Fiscal impact by program

	Salem	SDSRTF	Junction City		Total
General Fund	\$8,666,938	\$175,905	\$3,153,157		\$11,996,000
Other Funds	\$0	\$0	\$0		\$0
Federal Funds	\$0	\$0	\$0		\$0
Total Funds	\$8,666,938	\$175,905	\$3,153,157		\$11,996,000
Positions	0	0	0		0
FTE	0.00	0.00	0.00		0.00

Oregon Health Authority 2023-25 Policy Package

Division: Health Systems Division
Program: Program Support and Administration
Policy package title: FamilyCare settlement
Policy package number: 451
Related legislation: None

Summary statement: This policy package requests funding for the Oregon Health Authority to meet the agreed upon settlement requirements and costs between OHA and FamilyCare.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$6,500,000	\$0	\$0	\$6,500,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Purpose

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

Per fully executed settlement agreement between OHA and FamilyCare, Inc, OHA agreed to ask the Legislature for \$6.5 million that would be sent to FamilyCare no later than 30 days following OHA's receipt of expenditure authority.

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

This policy package is fulfilling legal responsibilities.

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's mission and align with its strategic plan?

Not applicable.

Quantifying results

4. What are the long-term desired outcomes?

Not applicable.

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

Oregon Health Authority: 2023-25 Policy Package

5. How will OHA measure the impacts on health inequities of this policy package?

Not applicable.

How achieved

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

OHA, acting through the Department of Justice, reached a legal settlement with FamilyCare, Inc.

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

None.

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

Not applicable.

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

None.

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

None.

Oregon Health Authority: 2023-25 Policy Package

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

None.

Staffing and fiscal impact

Implementation date(s): July/August 2023

End date (if applicable): August 2023

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

Legal requirements and settlement.

13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

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

None.

Oregon Health Authority: 2023-25 Policy Package

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

All one-time costs.

17. What are the ongoing costs?

None.

18. What are the potential savings?

None.

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

This policy package is 100 percent General Fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies						
Capital Outlay						
Special Payments	\$6,500,000			\$6,500,000		
Other						
Total	\$6,500,000	\$0	\$0	\$6,500,000	0	0.00

Oregon Health Authority: 2023-25 Policy Package

Fiscal impact by program

	HSD Admin				Total
General Fund	\$6,500,000				\$0
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$6,500,000				\$6,500,000
Positions	0				0
FTE	0.00				0.00

Oregon Health Authority: Capital Budgeting

Oregon State Hospital Capital Improvement

The Oregon Health Authority is not proposing any new capital improvement projects for the 2023-25 biennium.

Oregon Health Authority: Capital Budgeting

Oregon State Hospital Capital Construction/Acquisition

Expenditures by fund type, positions and full-time equivalents

	General	Other/Lottery	Federal	Total Funds	Positions	FTE
Leg. Approved 2021-23	\$0.00	\$0.00	\$0.00	\$0.00	0	0.00
Agency Request 2023-25	\$0.00	\$5.27	\$0.00	\$5.27	0	0.00
Difference	\$0.00	\$5.27	\$0.00	\$5.27	0	0.00
Percent Change	N/A	N/A	N/A	N/A	N/A	N/A

Overview

The Agency Request Budget for the Oregon State Hospital includes one capital construction and one acquisition project for the 2023-25 biennium: a Junction City campus Single-occupancy Unit Remodel (within policy package #413) and a Programmable Logic Controller (PLC) System Replacement (within policy package #439) that will be financed with Article XI-Q Bonds issued October 2021.

Project costs and purpose

The costs described below are for the 2023-25 biennium. Following each project's implementation plan, all bond issuance is expected to occur during the 2023-25 biennium, with no additional financing required in future biennia. Debt service will extend into the 2029-31 biennium and will be funded with General Fund.

The **PLC System Replacement** project is expected to cost \$3.55 million, which includes 2023-25 biennium expenses of approximately \$3.0 million for project costs, \$45,000 for bond issuance, and \$181,353 for debt services interest, as estimated by the Department of Administrative Services (DAS). This will fund the acquisition of a single, unified software platform that will replace the existing Programmable Logic Controller (PLC) system, integrating into access control, security cameras, video recording, emergency door release, entry door, sally port and hospital duress systems. The Oregon State Hospital originally utilized a PLC system that is proprietary to a vendor, requiring

Oregon State Hospital Capital Construction/Acquisition

consultants from that vendor to troubleshoot and repair any errors during downtime, which is costly, inefficient, and an obstacle when errors occur during hours outside of normal business operations. This replacement will be an “off the shelf” solution, that will greatly expand the system maintenance options available to OSH and should significantly decrease downtime for an integrated solution that is vital to patient and staff security.

The **Single Occupancy Unit Remodel** on the Junction City campus project is estimated to cost \$1.72 million which includes an estimated 2023-25 biennium total of \$1.5 million for project costs, \$35,000 for bond issuance, and \$89,448 for debt services interest, as estimated by the Department of Administrative Services (DAS). This bond issuance will fund the conversion of a space within the Junction City campus to accommodate a patient who has acute symptomology and cannot be intermingled with the patient population at large without severe risk of assault. OSH has currently contracted with a vendor to undergo an architectural and engineering feasibility study to develop the exact remodel specifications, with the bond request a rough order of magnitude estimate.

STATE OF OREGON

DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE: August 23, 2022
TO: Loren Kelsey, Budget Analyst
FROM: Rhonda Nelson, DAS CFO, Capital Finance Analyst
SUBJECT: 2023-25 XI-Q Request for Junction City Single Unit Remodel

The following information is intended to assist you in preparing an Agency Request Budget that incorporates funding for the Junction City Single Unit Remodel project as outlined in your request dated June 28, 2022. In preparing the following estimate, we anticipated an October 2023 XI-Q bond sale (see attached estimated debt service & COI schedule for further details).

If you decide to move forward with this project a policy package will be required. The policy package should include the project costs, issuance costs and any 2023-25 debt service. Consult with your assigned Chief Financial Office (CFO) Analyst to determine the appropriate packages.

Category	Appropriated Fund	ORBITS Compt Srce #	Amount
<u>Project Proceeds</u>			
Revenue	3020 OF Capital Construction	0555 (GF Bonds)	\$1,500,000
Expense - Capital Outlay	3020 OF Capital Construction	5XXX (Capital)	\$1,500,000
<u>Cost of Issuance</u>			
Revenue	3400 OF Limited	0555 (GF Bonds)	\$35,000
Expense - S&S	3400 OF Limited	4650 (Other S&S)	\$35,000
<u>Debt Service: 2023-25</u>			
Revenue	8030 GF Debt Service	0050 (GF Appropriation)	\$374,448
Expense - Principal	8030 GF Debt Service	7100 (Principal-Bonds)	\$285,000
Expense - Interest	8030 GF Debt Service	7150 (Interest-Bonds)	\$89,448

Over the life of the financing, your agency will be responsible for on-going financing costs such as fiscal agent fees, arbitrage calculation fees and an assessment for Oregon State Treasury (OST) Debt Management Division. The non-OST financial costs are estimated at \$3,000/year for each bond sale. OST financial costs can be found in the Price List under OST assessments.

Please email me at Rhonda.nelson@das.oregon.gov or call me at (971) 719-1998 if you need additional information.

STATE OF OREGON

DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE: August 23, 2022
TO: Loren Kelsey, Budget Analyst
FROM: Rhonda Nelson, DAS CFO, Capital Finance Analyst
SUBJECT: 2023-25 XI-Q Request for PLC System Replacement

The following information is intended to assist you in preparing an Agency Request Budget that incorporates funding for the PLC System Replacement project as outlined in your request dated June 24, 2022. In preparing the following estimate, we anticipated an October 2023 XI-Q bond sale (see attached estimated debt service & COI schedule for further details).

If you decide to move forward with this project a policy package will be required. The policy package should include the project costs, issuance costs and any 2023-25 debt service. Consult with your assigned Chief Financial Office (CFO) Analyst to determine the appropriate packages.

Category	Appropriated Fund	ORBITS Compt Srce #	Amount
<u>Project Proceeds</u>			
Revenue	3020 OF Capital Construction	0555 (GF Bonds)	\$3,000,000
Expense - Capital Outlay	3020 OF Capital Construction	5XXX (Capital)	\$3,000,000
<u>Cost of Issuance</u>			
Revenue	3400 OF Limited	0555 (GF Bonds)	\$45,000
Expense - S&S	3400 OF Limited	4650 (Other S&S)	\$45,000
<u>Debt Service: 2023-25</u>			
Revenue	8030 GF Debt Service	0050 (GF Appropriation)	\$566,353
Expense - Principal	8030 GF Debt Service	7100 (Principal-Bonds)	\$385,000
Expense - Interest	8030 GF Debt Service	7150 (Interest-Bonds)	\$181,353

Over the life of the financing, your agency will be responsible for on-going financing costs such as fiscal agent fees, arbitrage calculation fees and an assessment for Oregon State Treasury (OST) Debt Management Division. The non-OST financial costs are estimated at \$3,000/year for each bond sale. OST financial costs can be found in the Price List under OST assessments.

Please email me at Rhonda.nelson@das.oregon.gov or call me at (971) 719-1998 if you need additional information.

Major Construction/Acquisition Project Narrative

Agency: 443	OHA - Oregon State Hospital	Priority (Agency #):	2	Schedule	
Project Name:	JC Single Occupancy Unit Remodel (within POP 413)	Cost Estimate	Cost Est.Date	Start Date	Est. Completion
Address/Location:	2600 Center St NE, Salem, OR 97301 29398 Recovery Way, Junction City, OR 97448	\$ 1,723,822		TBD	TBD
		GSF	# Stories	Land Use/Zoning Satisfied	
		0		Y	N

Funding Source(s): Show the distribution of dollars by funding source for the full project cost.	General Fund	Lottery	Other	Federal
	\$ -		\$ 1,723,822	

Description of Agency Business/Master Plan and Project Purpose/Problem to be Corrected
<p>The Single Occupancy Unit Remodel on the Junction City campus project is estimated to cost \$1,723,822, which includes an estimated 2023-25 biennium total of \$1.5 million for project costs, \$35,000 for bond issuance, and \$89,448 for debt services interest, as estimated by the Department of Administrative Services (DAS). This Bond issuance will fund the conversion of a space within the Junction City campus to accommodate a patient who has acute symptomology and cannot be intermingled with the patient population at large without severe risk of assault. OSH has currently contracted with a vendor to undergo an architectural and engineering feasibility study to develop the exact remodel specifications, with the Bond request a rough order of magnitude estimate.</p>

Project Scope and Alternatives Considered
<p>Current feasibility study will determine remodel parameters and scope. The hospital is administering care to the patient currently under a temporary waiver from the Centers of Medicaid and Medicare Services (CMS), that cannot be indefinitely extended, requiring a more permanent solution to provide quality patient care. Before the operationalization of the full Junction City campus, the patient was able to be treated on a Unit with no other occupancy; with the full operation of all Units, a new solution is necessary given the exhibited patient aggression.</p>

ESTIMATED PROJECT COST

DIRECT CONSTRUCTION COSTS			
	\$	% Project Cost	\$/GSF
1 Building Cost Estimate			
2 Site Cost Estimate (20 Ft beyond building footprint)			
3 TOTAL DIRECT CONSTRUCTION COSTS	\$ -		\$ -
INDIRECT CONSTRUCTION COSTS			
4 Owner Equipment / Furnishings / Special Systems	\$ 1,723,822	100%	
5 Construction Related Permits & Fees			
6 Other Indirect Construction Costs Including 1% Art, 1.5% Renewable Energy and			
7 Architectural, Engineering Consultants			
8 Other Design and PM Costs	\$ -		
9 TOTAL INDIRECT COSTS	\$ 1,723,822	\$ 1	\$ -
10 OWNER'S PROJECT CONTINGENCY	insert %		
	\$	% Project Cost	\$/GSF
TOTAL PROJECT COST	\$ 1,723,822	100%	\$ -

Major Construction/Acquisition Project Narrative

Agency: 443	OHA - Oregon State Hospital	Priority (Agency #):	1	Schedule	
Project Name:	Programmable Logic Controller Replacement (within POP 439)	Cost Estimate	Cost Est.Date	Start Date	Est. Completion
		\$ 3,550,995		TBD	TBD
Address/Location:	2600 Center St NE, Salem, OR 97301	GSF	# Stories	Land Use/Zoning Satisfied	
	29398 Recovery Way, Junction City, OR 97448	0		Y	N

Funding Source(s): Show the distribution of dollars by funding source for the full project cost.	General Fund	Lottery	Other	Federal
	\$ -		\$ 3,550,995	

Description of Agency Business/Master Plan and Project Purpose/Problem to be Corrected

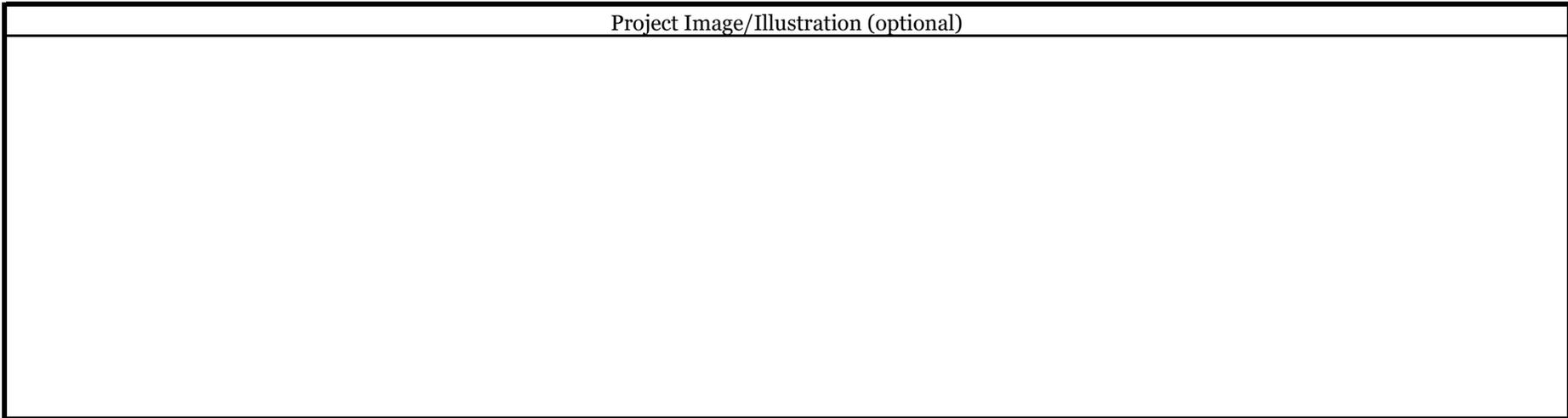
The PLC System Replacement project is expected to cost \$3.55 million, which includes approximately \$3.0 million for project costs, \$45,000 for bond issuance, and \$505,995 for debt service, as estimated by the Department of Administrative Services (DAS). This will fund the acquisition of a single, unified software platform that will replace the existing Programmable Logic Controller (PLC) system, integrating into access control, security cameras, video recording, emergency door release, entry door, sally port and hospital duress systems. The Oregon State Hospital originally utilized a PLC system that is proprietary to a vendor, requiring consultants from that vendor to troubleshoot and repair any errors during downtime, which is costly, inefficient, and an obstacle when errors occur during hours outside of normal business operations. This replacement will be an "off the shelf" solution, that will greatly expand the system maintenance options available to OSH and should significantly decrease downtime for an integrated solution that is vital to patient and staff security.

Project Scope and Alternatives Considered

Project scope would include procurement and deployment of new PLC system at the Salem campus. Because of the current proprietary system, there is no viable alternative to replacement in order to maintain operational, safety and security needs.

ESTIMATED PROJECT COST

DIRECT CONSTRUCTION COSTS			
	\$	% Project Cost	\$/GSF
1 Building Cost Estimate			
2 Site Cost Estimate (20 Ft beyond building footprint)			
3 TOTAL DIRECT CONSTRUCTION COSTS	\$ -		\$ -
INDIRECT CONSTRUCTION COSTS			
4 Owner Equipment / Furnishings / Special Systems	\$ 3,550,995	100%	
5 Construction Related Permits & Fees			
6 Other Indirect Construction Costs Including 1% Art, 1.5% Renewable Energy and other state or unique regulatory requirements not in hard costs			
7 Architectural, Engineering Consultants			
8 Other Design and PM Costs	\$ -		
9 TOTAL INDIRECT COSTS	\$ 3,550,995	\$ 1	\$ -
10 OWNER'S PROJECT CONTINGENCY	insert %		
	\$	% Project Cost	\$/GSF
TOTAL PROJECT COST	\$ 3,550,995	100%	\$ -



Major Construction/Acquisition Project Narrative

Agency: 443	OHA - Oregon State Hospital	Priority (Agency #):	3	Schedule	
Project Name:	Office Renovation (Utilizing OSH Capital Improvement funding)	Cost Estimate	Cost Est.Date	Start Date	Est. Completion
		\$ 1,775,000		TBD	TBD
Address/Location:	2600 Center St NE, Salem, OR 97301	GSF	# Stories	Land Use/Zoning Satisfied	
		2,700		Y	N

Funding Source(s): Show the distribution of dollars by funding source for the full project cost.	General Fund	Lottery	Other	Federal
	\$ 1,775,000	\$ -	\$ -	\$ -

Description of Agency Business/Master Plan and Project Purpose/Problem to be Corrected

The hospital has identified an administrative and program staff space shortage and have had to move staff and programs to the cottages on campus and have identified future space needs requiring additional staff space.
 OSH plans to use existing Capital Improvement funding from DCR 030-06-004 for this project.

Project Scope and Alternatives Considered

OSH Commissioned SRG architects to perform a feasibility study and budget proposal to infill an existing space within the secure perimeter that would add 2700 square feet of office space that would accommodate 32 staff and include a conference room, copy room, and unisex toilet room.

ESTIMATED PROJECT COST

DIRECT CONSTRUCTION COSTS			
	\$	% Project Cost	\$/GSF
1 Building Cost Estimate	\$ 1,775,000		
2 Site Cost Estimate (20 Ft beyond building footprint)			
3 TOTAL DIRECT CONSTRUCTION COSTS	\$ 1,775,000	100%	\$ -
INDIRECT CONSTRUCTION COSTS			
4 Owner Equipment / Furnishings / Special Systems			
5 Construction Related Permits & Fees			
6 Other Indirect Construction Costs Including 1% Art, 1.5% Renewable Energy and other state or unique regulatory requirements not in hard costs			
7 Architectural, Engineering Consultants			
8 Other Design and PM Costs	\$ -		
9 TOTAL INDIRECT COSTS	\$ -	\$ -	\$ -
10 OWNER'S PROJECT CONTINGENCY	insert %		
	\$	% Project Cost	\$/GSF
TOTAL PROJECT COST	\$ 1,775,000	100%	\$ -

Project Image/Illustration (optional)

Major Construction/Acquisition Project Narrative

Agency: 443	OHA - Oregon State Hospital	Priority (Agency #):	1	Schedule	
Project Name:	Deferred Maintenance (POP 450)	Cost Estimate	Cost Est.Date	Start Date	Est. Completion
		\$ 11,996,000		TBD	TBD
Address/Location:	Salem, Pendleton and Junction City campuses of OSH	GSF	# Stories	Land Use/Zoning Satisfied	
				Y	N

Funding Source(s): Show the distribution of dollars by funding source for the full project cost.	General Fund	Lottery	Other	Federal
	\$ 11,996,000	\$ -	\$ -	

Description of Agency Business/Master Plan and Project Purpose/Problem to be Corrected
<p>Oregon State Hospital (OSH) campuses in Salem, Junction City and Pendleton have unfunded deferred maintenance that could result in health and safety issues for staff and patients if not resolved. Good stewardship of the state's resources is at the forefront of the building maintenance program at OSH to proactively maintain the state's assets and ensure compliance with Joint Commission and Centers for Medicare and Medicaid Services (CMS). We have seen the results of years of deferring maintenance resulting in loss of accreditation and deplorable conditions in the old hospital that was eventually demolished.</p> <p>Maintaining critical operational continuity and providing 24-hour hospital level of care to patients needing intensive psychiatric treatment for severe and persistent mental illness is part of the mission of the Oregon Health Authority and Oregon State Hospital. Deferring critical maintenance is not an option in a hospital facility and can result in higher costs to replace or repair systems under emergency situations, health and safety issues for patients and staff, and loss of accreditation and CMS reimbursement.</p>

Project Scope and Alternatives Considered		
Construction or renovation project components and approximate costs:		
Campus	Project	Estimate
Salem	Patient room floor covering	\$ 500,000.00
Salem	Unit corridor flooring replacement	\$ 500,000.00
Salem	Parking lot sealing and re-striping	\$ 250,000.00
Salem	Electric Vehicle Charging Station (expansion)	\$ 43,000.00
Pendleton	Parking and road surface asphalt replacement on site	\$ 350,000.00
Pendleton	Repair water damage to multi-purpose building	\$ 200,000.00
Junction City	Hospital primary power re-feed	\$ 175,000.00
<p>Deferring critical maintenance is not a truly viable option in a hospital facility and results in higher costs to replace or repair systems under emergency situations and could result in health and safety issues for patients and staff. Loss of accreditation and CMS funding is also a risk. Note that funding request is 2% of CRV to comply with ORS 291.215. Above estimates are current identified Deferred Maintenance projects.</p>		

ESTIMATED PROJECT COST

DIRECT CONSTRUCTION COSTS			
	\$	% Project Cost	\$/GSF
1 Building Cost Estimate	\$ 11,996,000		
2 Site Cost Estimate (20 Ft beyond building footprint)			
3 TOTAL DIRECT CONSTRUCTION COSTS	\$ 11,996,000	100%	\$ -
INDIRECT CONSTRUCTION COSTS			
4 Owner Equipment / Furnishings / Special Systems			
5 Construction Related Permits & Fees			
6 Other Indirect Construction Costs Including 1% Art, 1.5% Renewable Energy and other state or unique regulatory requirements not in hard costs			
7 Architectural, Engineering Consultants			
8 Other Design and PM Costs	\$ -		
9 TOTAL INDIRECT COSTS	\$ -	\$ -	\$ -
10 OWNER'S PROJECT CONTINGENCY	insert %		
	\$	% Project Cost	\$/GSF
TOTAL PROJECT COST	\$ 11,996,000	100%	\$ -

Capital Financing Six-Year Forecast Summary 2023-25

Agency: OHA - Oregon State Hospital
 Agency #: 443

Provide amounts of agency financing needs for the 2023-25 biennium, by expected use and repayment source. Include proposed project amounts only (do not include debt service from either previously issued debt or from new debt issuance).

Use of Bond Proceeds	Bond Type		Totals by Repayment Source		
	General Obligation Bonds	Revenue Bonds			
Major Construction / Acquisition Projects					
General Fund Repayment	\$	\$	\$	-	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment		4,580,000		4,580,000	OF
Federal Funds Repayment				-	FF
Total for Major Construction	\$	4,580,000	\$	-	\$
Equipment/Technology Projects over \$500,000					
General Fund Repayment	\$	\$	\$	-	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Equipment/Technology	\$	-	\$	-	-
Debt Issuance for Loans and Grants					
General Fund Repayment	\$	940,801	\$	940,801	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Loans and Grants	\$	940,801	\$	-	\$
Total All Debt Issuance					
General Fund Repayment	\$	940,801	\$	-	\$
Lottery Funds Repayment		-		-	940,801
Other Funds Repayment		4,580,000		-	-
Federal Funds Repayment		-		-	4,580,000
Grand Total 2023-25	\$	5,520,801	\$	-	\$
				5,520,801	

Capital Financing Six-Year Forecast Summary 2025-27

Agency: OHA - Oregon State Hospital

Agency #: 443

Provide amounts of agency financing needs for the 2025-27 biennium, by expected use and repayment source. Include proposed project amounts only (do not include debt service from either previously issued debt or from new debt issuance).

Use of Bond Proceeds	Bond Type		Totals by Repayment Source			
	General Obligation Bonds	Revenue Bonds				
Major Construction / Acquisition Projects						
General Fund Repayment	\$	\$	\$	-	GF	
Lottery Funds Repayment				-	LF	
Other Funds Repayment				-	OF	
Federal Funds Repayment				-	FF	
Total for Major Construction	\$	-	\$	-		
Equipment/Technology Projects over \$500,000						
General Fund Repayment	\$	\$	\$	-	GF	
Lottery Funds Repayment				-	LF	
Other Funds Repayment				-	OF	
Federal Funds Repayment				-	FF	
Total for Equipment/Technology	\$	-	\$	-		
Debt Issuance for Loans and Grants						
General Fund Repayment	\$	1,665,283	\$	1,665,283	GF	
Lottery Funds Repayment				-	LF	
Other Funds Repayment				-	OF	
Federal Funds Repayment				-	FF	
Total for Loans and Grants	\$	1,665,283	\$	-	1,665,283	
Total All Debt Issuance						
General Fund Repayment	\$	1,665,283	\$	-	1,665,283	GF
Lottery Funds Repayment		-		-	-	LF
Other Funds Repayment		-		-	-	OF
Federal Funds Repayment		-		-	-	FF
Grand Total 2025-27	\$	1,665,283	\$	-	1,665,283	

Capital Financing Six-Year Forecast Summary 2027-29

Agency: OHA - Oregon State Hospital
 Agency #: 443

Provide amounts of agency financing needs for the 2027-29 biennium, by expected use and repayment source. Include proposed project amounts only (do not include debt service from either previously issued debt or from new debt issuance).

Use of Bond Proceeds	Bond Type		Totals by Repayment Source		
	General Obligation Bonds	Revenue Bonds			
Major Construction / Acquisition Projects					
General Fund Repayment	\$	\$	\$	-	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Major Construction	\$	-	\$	-	
Equipment/Technology Projects over \$500,000					
General Fund Repayment	\$	\$	\$	-	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Equipment/Technology	\$	-	\$	-	
Debt Issuance for Loans and Grants					
General Fund Repayment	\$	1,670,488	\$	1,670,488	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Loans and Grants	\$	1,670,488	\$	-	1,670,488
Total All Debt Issuance					
General Fund Repayment	\$	1,670,488	\$	-	GF
Lottery Funds Repayment		-		-	LF
Other Funds Repayment		-		-	OF
Federal Funds Repayment		-		-	FF
Grand Total 2025-27	\$	1,670,488	\$	-	1,670,488

Capital Financing Six-Year Forecast Summary 2029-31

Agency: OHA - Oregon State Hospital
 Agency #: 443

Provide amounts of agency financing needs for the 2027-29 biennium, by expected use and repayment source. Include proposed project amounts only (do not include debt service from either previously issued debt or from new debt issuance).

Use of Bond Proceeds	Bond Type		Totals by Repayment Source		
	General Obligation Bonds	Revenue Bonds			
Major Construction / Acquisition Projects					
General Fund Repayment	\$	\$	\$	-	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Major Construction	\$	-	\$	-	
Equipment/Technology Projects over \$500,000					
General Fund Repayment	\$	\$	\$	-	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Equipment/Technology	\$	-	\$	-	
Debt Issuance for Loans and Grants					
General Fund Repayment	\$	998,245	\$	998,245	GF
Lottery Funds Repayment				-	LF
Other Funds Repayment				-	OF
Federal Funds Repayment				-	FF
Total for Loans and Grants	\$	998,245	\$	-	998,245
Total All Debt Issuance					
General Fund Repayment	\$	998,245	\$	-	998,245 GF
Lottery Funds Repayment		-		-	LF
Other Funds Repayment		-		-	OF
Federal Funds Repayment		-		-	FF
Grand Total 2025-27	\$	998,245	\$	-	998,245

Major Construction/Acquisition 10-Year Plan, Lease Plans, Disposals

2021-23 Biennium

Agency Name: OHA - Oregon State Hospital

Proposed New Construction or Acquisition - Complete for 5 Biennia

Biennium	Priority	Concept/Project Name	Description	GSF	Position Count	General Fund	Other Funds	Lottery Funds	Federal Funds	Estimated Cost/Total Funds
2023-25	1	PLC System Replacement	Salem replacement of Programmable Logic Controller System	861,858	1925		3,550,995			3,550,995
2023-25	2	Office Renovation	Renovation to increase office space	861,858	1925	1,775,000	-			1,775,000
2025-27										-
2025-27										-
2025-27										-
2025-27										-
2027-29										-
2029-31										-

Proposed Lease Changes over 10,000 RSF - Complete for 5 Biennia

Biennium	Location	Description/Use	Term in Years	Total RSF ² +/- (added or eliminated)	USF ³	Position Count ¹	Biennial \$ Rent/RSF ²	Biennial \$ O&M ⁴ /RSF ² not included in base rent payment	Total Cost / Biennium
				A	B	C	D	E	(D+E)*A
2021-23									-
2023-25									-
2025-27									-
2027-29									-
2029-31									-

Planned Disposal of Owned Facility

Biennium	Facility Name	Description

Definitions:

Position

Count: 1 Total Legislatively Approved Budget (LAB) Position Count assigned to (home location) each building or lease as applicable.

RSF 2 Rentable SF per BOMA definition. The total usable area plus a pro-rated allocation of the floor and building common areas within a building.

Usable Square Feet per BOMA definition for office/administrative uses. Area of a floor occupiable by a tenant where personnel or furniture are normally housed plus building amenity areas that are convertible to occupant area and not required by code or for the operations of a building. If not known, estimate the

USF 3 percentage.

O&M 4 Total Operations and Maintenance Costs for facilities including all maintenance, utilities and janitorial.

Facilities Maintenance

Key drivers of facility needs and measuring demand

Oregon State Hospital is subject to standards set by the Centers for Medicaid and Medicare Services (CMS) and reviewed and accredited through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In addition to standard repair and maintenance of buildings and equipment, the hospital may be required to meet more stringent facilities requirements as determined by those governing bodies. These will be related to patient and staff safety, such as anti-ligature efforts.

The occupancy of the hospital is primarily determined by the judicial system. Periodic legislative changes impact the types and number of patients to be admitted to OSH. Depending on the changes in law, this can drive an increase or decrease to the facility demand, partially determined by the level of care required for new patient admissions and the associated adaptation of existing hospital space. Space requirements are therefore fluid. The measurement of space is done through monitoring of legislative and regulatory requirements, with associated increases or decreases to staffing dependent on shifting requirements and the needs of the patients.

Challenges over next 10 years

- Construction or renovation to ensure efficient hospital utilization and sustainability.
- Lifecycle replacement of high value equipment and assets.
- Responding to regulatory changes requiring facility improvements.
- Ensuring a 5- and 10-year equipment replacement cycle is maintained.
- Funding to develop life cycle costing, and budget for life cycles in advance of equipment breakdown.
- Ensure upgrades are made to equipment to extend life cycles.
- Above standard wear and tear of a facility partially occupied by persons not invested in long term facility care.

What is needed to meet challenges

- Receive budgetary funding adequate to meet these challenges.
- Ensure related technology resources are adequate and available.
- Update and maintain associated maintenance software.

Facility Plan - Facility Summary Report 107BF16a

2023-25 Biennium

Agency Name

Oregon Health Authority/Oregon State Hospital

Table A: Owned Assets Over \$1M CRV		FY 2022 DATA			
Total Number of Facilities Over \$1M		16			
Current Replacement Value \$ (CRV)	1	\$524,194,531	Source	4	Risk or FCA
Total Gross Square Feet (GSF)		1,120,033			
Office/Administrative Usable Square Feet (USF)	2	675,451	Estimate/Actual	5	73% % USF/GSF
Occupants Position Count (PC)	3	1,751	Office/Admin USF/PC or Agency Measure	6	
				7	JCAHO

Table B: Owned facilities under \$1M CRV		
Number of Facilities Under \$1M		28
CRV	1	\$10,886,533
Total Gross Square Feet (GSF)		59,367

OSHA is regulated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO or Joint Commission). Agency USF measures are the number of beds and average daily positions. OSH is a 24/7 facility with three shifts. We calculate 2/3 of total position count for space occupied by a person during their shift.

Table C: Leased Facilities					
Total Rented SF		0			
Total 2021-23 Biennial Lease Cost		\$0			
Additional 2021-23 Costs for Lease Properties (O&M)	9	0			
Office/Administrative Usable Square Feet (USF)	2	0	Estimate/Actual	5	% USF/GSF
Occupants Position Count (PC)	3	0	Office/Admin USF/PC	6	

Definitions

CRV	1	Current Replacement Value Reported to Risk Management or Calculated Replacement Value Reported from iPlan Facility Conditions Assessment (FCA)
USF	2	Usable Square Feet per BOMA definition for office/administrative uses. Area of a floor occupiable by a tenant where personnel or furniture are normally housed plus building amenity areas that are convertible to occupant area and not required by code or for the operations of a building. If not known, estimate the percentage.
Occupant Position Count (PC)	3	Total Legislatively Approved Budget (LAB) Position Count within the buildings or leases as applicable.
Source	4	Enter Source of CRV as "Risk" or "FCA"

Estimate/Actual	5	Use actual USF % of USF to GSF, if available. If not known, estimate the percentage.
Office/Administrative USF/PC	6	Divide your USF by your position count. If office/admin space is a less than 10% of your space use, fill in N/A and fill in #7, "Agency Measure".
Agency Measure	7	If not using USF/PC, insert Agency Measure as defined in 107BF02 question #1.
RSF	8	Rentable SF per BOMA definition. The total usable area plus a pro-rated allocation of the floor and building common areas within a building.
O&M	9	Total Operations and Maintenance Costs for facilities including all maintenance, utilities and janitorial

Facility Plan - Facility O&M/DM Report 107B16b

2023-25 Biennium

Agency Name

Oregon Health Authority/Oregon State Hospital

Facilities Operations and Maintenance (O&M) Budget excluding Capital Improvements and Deferred Maintenance

Personal Services (PS) Operations and Maintenance
 Services and Supplies (S&S) Operations and Maintenance
 Utilities not included in PS and S&S above
Total O&M
O&M \$/SF

1	2019-21 Actual	2021-23 LAB	2023-25 Estimated	2025-27 Estimated
	\$13,243,046.00	\$14,122,501.00	\$15,817,201.00	\$17,715,265.00
	\$7,601,507.00	\$7,649,466.00	\$7,970,744.00	\$8,305,515.00
	\$20,844,553.00	\$21,771,967.00	\$23,787,945.00	\$26,020,780.00
	18.61	19.44		

Total O&M SF

1,120,033	Include only the SF for which your agency provides O&M funding.
-----------	---

O&M Estimated Fund Split Percentage %

2	General Fund	Lottery Fund	Other Funds	Federal Funds
	95%		5%	

Deferred Maintenance Funding In Current Budget Model

Total Short and Long Term Deferred Maintenance Plan for Facilities

Priorities 1-3 - Currently, Potentially and Not Yet Critical
 Priority 4 - Seismic & Natural Hazard
 Priority 5 - Modernization
Total Priority Need
Facility Condition Index (Priority 1-3 Needs/CRV)

3	2023-25 Biennium		Ongoing Budgeted (non POP)	Ongoing Budgeted (non POP)
4,5,6	Current Costs 2021	Ten Year Projection	2023-25 Budgeted SB 1067 (2% CRV min.)	2025-27 Projected SB 1067 (2% CRV min.)
7	\$17,326,312	\$15,355,356	\$10,343,356	\$10,225,091
8	\$0	\$0	\$0	\$0
9	\$0	\$0	\$0	\$0
	\$17,326,312	\$15,355,356	\$10,343,356	\$10,225,091
	3.238%	2.870%	1.305%	0.959%

SB 1067 Guidance Below
 If your allocation is < 2%, replace with your value
 (minus DM funding in current budget model)

Assets CRV

\$535,081,063	Current Replacement Value Reported to Risk or Calculated Replacement Value Reported from Facility Conditions Assessment (FCA)
---------------	---

Process/Software for routine maintenance (O&M)
 Process/Software for deferred maintenance/renewal
 Process for funding facilities maintenance

ZLink Maintenance Software	Provide narrative
ZLink Maintenance Software	Provide narrative
Contained within the Oregon State Hospital Budget	Provide narrative

From iPlan FCA

Definitions

Facilities Operations and Maintenance Budget	1	The Facilities Operations and Maintenance budget includes costs to operate and maintain facilities and keep them in repair including utilities, janitorial and maintenance costs. Maintenance costs are categorized as external building (roof, siding, windows, etc.); interior systems (electrical, mechanical, interior walls, doors, etc.); roads and ground (groundskeeper, parking lots, sidewalks, etc.) and centrally operated systems (electrical, mechanical, etc.). Agencies with significant facilities may include support staff if directly associated with facilities maintenance activities. Do not include other overhead costs such as accounting, central government charges, etc.
O&M Estimated Fund Split Percentage %	2	Show the fund split by percentage of fund source allocated to facility O&M for your agency
Total Short and Long Term Maintenance and Deferred Maintenance Plan for Facilities Value Over \$1M	3	All Maintenance excluding routine O&M costs. 23-25 and 25-27 auto-populates with 2% of the sum of your agency portfolio's CRV. Written to deliver on SB 1067: SECTION 9. (1) Each biennium, the Governor shall propose as part of the Governor's recommended budget an amount for deferred maintenance and capital improvements on existing state-owned buildings and infrastructure that is equivalent to at least two percent of the current replacement value of the state-owned buildings and infrastructure.
Priority One: Currently Critical	4	From the Budget Instruction: Priority One projects are conditions that require immediate action in order to address code and accessibility violations that affect life safety. Building envelope issues (roof, sides, windows and doors) that pose immediate safety concerns should be included in this category.
Priority Two: Potentially Critical	5	From the Budget Instruction: Priority Two projects are to be undertaken in the near future to maintain the integrity of the facility and accommodate current agency program requirements. Included are systems that are functioning improperly or at limited capacity, and if not addressed, will cause additional system deterioration and added repair costs. Also included are significant building envelope issues (roof, sides, windows and doors) that, if not addressed, will cause additional system deterioration and added repair costs.
Priority Three: Necessary - Not yet Critical	6	From the Budget Instructions: Priority Three projects could be undertaken in the near to mid-term future to maintain the integrity of a building and to address building systems, building components and site work that have reached or exceeded their useful life based on industry standards, but are still functioning in some capacity. These projects may require attention currently to avoid deterioration, potential downtime and consequently higher costs if corrective action is deferred.
Priority Four: Seismic and Natural Hazard Remediation	7	From the Budget Instructions: Priority Four projects improve seismic performance of buildings constructed prior to 1995 building code changes to protect occupants, minimize building damage and speed recovery after a major earthquake. Projects also include those that mitigate significant flood hazards.
Priority Five: Modernization	8	From the Budget Instructions: Priority Five projects are alterations or replacement of facilities solely to implement new or higher standards to accommodate new functions, significantly improve existing functionality as well as replacement of building components that typically last more than 50 years (such as the building structure or foundations). These standards include system and aesthetic upgrades which represent sensible improvements to the existing condition. These projects improve the overall usability and reduce long-term maintenance requirements. Given the significant nature of these projects, the work typically addresses deficiencies that do not conform to current codes, but are 'grandfathered' in their existing condition to the extent feasible.
Facility Condition Index	9	A calculated measure of facility condition relative to its current replacement value (expressed as a percentage)

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 413 - Complex Case Management Unit

Cross Reference Name: Capital Construction
 Cross Reference Number: 44300-089-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Obligation Bonds	-	-	1,500,000	-	-	-	1,500,000
Total Revenues	-	-	\$1,500,000	-	-	-	\$1,500,000
Capital Outlay							
Building Structures	-	-	1,500,000	-	-	-	1,500,000
Total Capital Outlay	-	-	\$1,500,000	-	-	-	\$1,500,000
Total Expenditures							
Total Expenditures	-	-	1,500,000	-	-	-	1,500,000
Total Expenditures	-	-	\$1,500,000	-	-	-	\$1,500,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
 Pkg: 439 - OSH Asset & Equipment Replacement

Cross Reference Name: Capital Construction
 Cross Reference Number: 44300-089-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Obligation Bonds	-	-	3,000,000	-	-	-	3,000,000
Total Revenues	-	-	\$3,000,000	-	-	-	\$3,000,000
Capital Outlay							
Household and Institutional Equip.	-	-	3,000,000	-	-	-	3,000,000
Total Capital Outlay	-	-	\$3,000,000	-	-	-	\$3,000,000
Total Expenditures							
Total Expenditures	-	-	3,000,000	-	-	-	3,000,000
Total Expenditures	-	-	\$3,000,000	-	-	-	\$3,000,000
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Health Authority
2023-25 Biennium

Agency Number: 44300

Cross Reference Number: 44300-089-00-00-00000

<i>Source</i>	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
General Fund Obligation Bonds	-	7,992,750	7,992,750	4,500,000	-	-
Total Other Funds	-	\$7,992,750	\$7,992,750	\$4,500,000	-	-

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Health Authority
Pkg: 413 - Complex Case Management Unit

Cross Reference Name: Capital Improvements
Cross Reference Number: 44300-088-00-00-00000

<i>Description</i>	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
General Fund Appropriation	-	-	-	-	-	-	-
Total Revenues	-	-	-	-	-	-	-
Services & Supplies							
Instate Travel	-	-	-	-	-	-	-
Employee Training	-	-	-	-	-	-	-
Office Expenses	-	-	-	-	-	-	-
Telecommunications	-	-	-	-	-	-	-
IT Professional Services	-	-	-	-	-	-	-
Intra-agency Charges	-	-	-	-	-	-	-
Other Services and Supplies	-	-	-	-	-	-	-
Expendable Prop 250 - 5000	-	-	-	-	-	-	-
Total Services & Supplies	-	-	-	-	-	-	-
Total Expenditures							
Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-
Ending Balance							
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

Affirmative Action Report

The Equity Advancement Plan — also referred to as the Affirmative Action Plan — is a required compliance document fulfilling part of the Oregon Health Authority’s (OHA) responsibility as a federal government contractor. Governor’s Executive Order 17-11 also requires OHA to complete an affirmative action plan and engage in a variety of proactive efforts to advance workforce equity and inclusion.

This report summarizes progress that OHA has made in accomplishing its equity advancement goals for the 2019-21 biennium and outlines the agency’s goals for 2021-23.* Note: the below progress report is a snapshot in time. Many activities are rapidly evolving, particularly with the agency’s COVID-19 response and recovery efforts.

2019-21 Progress Report

Goal 1: Meet and exceed parity in all EEO job categories and subcategories.

Strategic plan

To fulfil the agency’s vision of a healthy Oregon, OHA began efforts in 2019 to develop a strategic plan, starting with holding engagement sessions with communities across the state that have not been reached in the past. The agency organized engagement sessions where facilitators asked a set of key questions regarding supports and barriers to achieving better health. Responses to the questions were compiled into a report to inform the plan’s goals, strategies and initiatives. In late 2019 and early 2020, OHA leaders prioritized top themes from the report, which resulted in identifying the plan’s overarching

* Data to update the report will be available in December 2022. OHA will provide an updated report on accomplishments for the 2021-23 biennium and goals for the 2023-25 biennium in the 2023-25 Governor’s Budget document.

goal: eliminate health inequities in Oregon by 2030. In August 2020, the Executive Leadership Team began reengaging with the strategic plan after efforts were paused due to the agency's involvement in the COVID-19 response. In 2021, strategic planning efforts resumed, focused on expanding anti-racist education and practices across the agency.

Performance system

OHA has established a performance system process to bring more business rigor to OHA operations and drive agency focus toward OHA's goals of transforming health and health care for Oregonians. Three measures in the performance system pertain directly to the OHA workforce: 1) increase OHA workforce engagement; 2) improve workforce equity and inclusion, and 3) develop and support the OHA workforce. During the biennium, a cross-agency workgroup collaborated on developing the *Improve Workforce Equity and Inclusion* outcome.

Steward relationships with diverse communities and Tribes throughout the state

COVID-19 response

Both preceding and during the COVID-19 pandemic, OHA meaningfully engaged communities by working with trusted partners across the state to address health and equity gaps. Notable examples of the agency's community engagement activities around the COVID-19 response include:

- In 2020, the Oregon Legislature approved OHA's request to direct \$45 million in federal Coronavirus Aid, Relief and Economic Security Act funds to address social determinants of health, systemic racism and other health and economic disparities. Additionally, the Public Health Division awarded \$25 million in grants to approximately 170 community-based organizations across the state to provide culturally and linguistically appropriate and accessible information and services to communities at higher risk for COVID-19.
- The Safe + Strong (Unidos + Fuertes) campaign features a website, social media, radio ads, digital display ads and radio PSAs in English and Spanish.

- OHA was in ongoing communication with the 25-member Disability Emergency Management Advisory Council of Oregon.
- In early 2021, OHA launched a Vaccine Advisory Committee to co-create a vaccine sequencing plan focused on health equity to meet the needs of systemically affected populations.

OHA strategic plan

As part of the strategic planning process, OHA asked for initial input from communities historically not engaged by the agency. In 2019, OHA started by creating a plan to engage and learn from communities across the state, then partnered with stakeholders to plan community engagement events. The process began by asking communities if they wanted to provide feedback on the OHA strategic plan and, if so, how they wanted to give input. A culturally specific community-based organization or a grassroots community member led each event, which was individually customized to be culturally and linguistically appropriate. Community leaders facilitated most events by asking a short list of key questions, written in plain language and translated into multiple languages. OHA staff then analyzed all input and grouped it into themes. This process led to agency leadership identifying an overarching strategic plan goal of eliminating health inequities in Oregon by 2030.

Oregon Health Policy Board

During the biennium, Oregon Health Policy Board (OHBP) championed numerous community engagement activities. One notable highlight was in October 2019, the OHBP Health Equity Committee developed a definition of health equity that OHPB and OHA adopted.[†] Around the same time, the committee provided extensive feedback to OHA on policy development for the Coordinated care organization (CCO) 2.0 initiative and developed guidance documents for CCO health equity plans. Additionally, the committee participated in a workgroup tasked with creating a CCO health equity measure, “meaningful language access to culturally responsive health care services.”

[†] OHA health equity definition: <https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx>

State Health Improvement Plan

The Public Health Division led the development of the 2020–2024 state health improvement plan (SHIP), which identified Oregon’s health priorities with strategies to improve and measures to monitor progress. Priorities for 2020–2024 include institutional bias; adversity, trauma and toxic stress; behavioral health; access to equitable preventive health care; and economic drivers of health. PartnerSHIP, a community-based steering committee, consists of agencies serving priority populations and potential plan implementers. In 2019, subcommittees for each priority formed with people from more than 68 organizations representing public health, health care, social services, education, academia, transportation, housing and the business community.

Equity and Inclusion Division

During the 2019-21 biennium, the Equity and Inclusion Division collaborated with other OHA divisions to identify and implement equitable and culturally appropriate community engagement practices for a variety of OHA initiatives and programs. The following is a sample of community engagement accomplishments led by the division and its committees:

- The division’s Community Advisory Council centers community voices in the division’s work to improve health equity and to establish a more equitable relationship between the division, OHA and Oregon’s diverse communities.
- Regional Health Equity Coalitions (RHECs) are autonomous, community-driven, cross-sector groups whose backbone organizations are non-governmental in nature. The RHEC model works by building on the inherent strengths of local communities to meaningfully involve them in identifying sustainable, long-term, policy, system and environmental solutions to increase health equity for communities of color, and those living at the intersection of race/ethnicity and other identities most affected by inequities. At the time of this report’s publication, there were six RHECs representing 11 Oregon counties and the Confederated Tribes of Warm Springs.
- Developing Equity Leadership through Training and Action (DELTA) is a nine-month statewide leadership program that advances multi-sectoral leadership toward health equity with community

leaders, policymakers, administrators and clinicians recruited from communities of color, health departments, hospitals, clinics, CCOs and a variety of other types of organizations. During the 2018-2019 DELTA cohort, individuals from 34 organizations participated in the program. In 2019-2020, a pilot cohort was hosted with a focus on behavioral health. For 2020-2021, DELTA completed its first virtual cohort.

- The Health Care Interpreter Program works directly with a council and the community to develop training standards, approve training programs, and provide support for training programs to increase the number of qualified and certified health care interpreters throughout the state. As of July 2020, 740 health care interpreters were enrolled in OHA’s registry.
- The Traditional Health Worker (THW) Program promotes the roles, engagement and use of the traditional health worker workforce, which includes community health workers, peer wellness specialists, personal health navigators, peer support specialists and birth doulas. The THW Commission has 23 members, many of whom are frontline traditional health workers from throughout the state. As of September 2020, OHA certified a total of 3,300 THWs and approved 53 trainings and continuing education programs.
- House Bill 2011 directs 23 Oregon health-related boards to require their professional licensees to complete cultural competency continuing education. The Cultural Competence Continuing Education Committee recommends approval to OHA of cultural competence continuing education trainings for 25 types of health care professionals. As of this report’s publication date, OHA had reviewed a total of 57 trainings.

Equitable hiring strategies

In 2019, OHA hosted a series of town hall presentations outlining workforce equity and inclusion priorities for the biennium. Equity and Inclusion Division staff then met with division directors to identify division-specific priorities. Equity in hiring was consistently mentioned, which led to collaboration among the Equity and Inclusion Division and hiring managers to incorporate anti-racism, equity, inclusion and accessibility practices into various recruitments. As a result of these ongoing consultations, the Equity and Inclusion Division created a toolkit and e-training on equity in hiring strategies for OHA hiring

managers and interview panelists; at the time of this report's publication, both the toolkit and e-training proposal are in the final stages of development.

Goal 2. Increase recruitment, retention and promotion of a workforce that represents the changing demographics of Oregon.

Assess agency suite of mandatory trainings to address equity gaps

In April 2019, the Office of Human Resources assessed existing trainings available to staff, reviewing curriculum and making recommendations for changes to the Executive Leadership Team. Additionally, a training resource and needs assessment was completed, which identified management training, succession program/mentoring and onboarding improvement as the top three needs.

To address agency-specific training needs, OHA transitioned several staff from a joint-agency training unit previously shared with the Oregon Department of Human Services. In 2020, OHA announced the formation of the new Office of Human Resources Training and Development Unit, structured to provide the level of service that meets goals established in the strategic plan. With OHA's strategic plan goal to eliminate health inequities in Oregon by 2030, more work is planned over the 2021–23 biennium to expand agencywide education and practices related to health equity and anti-racism.

Goal 3. Increase OHA implementation and practice of equity, diversity and cultural responsiveness in services and the workplace.

Use the training system to support and develop cultural responsiveness among all employees

As part of the strategic plan development process, OHA held a series of anti-racism trainings in 2019 with more than 100 executive leaders and managers. OHA also held related trainings with a steering committee responsible for coordinating community engagement during the design of the strategic plan. In late 2020 and early 2021, contractors who provided the trainings partnered with the Executive Leadership Team to plan expanded trainings that reach more staff throughout the agency. Incremental

progress was also made to expand organizational learning about equity, diversity and inclusion. Some notable examples led by the Equity and Inclusion Division include: facilitating unconscious bias and equity in hiring trainings with internal teams; acquiring a “Structural Racism in Oregon” timeline exhibit for teams to use in training events; and sponsoring 10 agency employees to become Intercultural Development Inventory qualified administrators.

Coordinated and centralized systems to increase equity

Since 2019, more than 100 OHA executive leaders and managers have participated in anti-racism trainings. OHA plans to expand these trainings more broadly across the organization. This represents a key coordinated cultural change strategy to build internal capacity and support for the OHA strategic plan goal to eliminate health inequities in Oregon by 2030.

In 2019, OHA established a centralized accommodation budget procedure for individual managers and units to ask for funding to accommodate prospective and current employees. As a result, employees do not have to continually educate new managers on their accommodation needs.

In 2020, OHA convened two new committees, the Equity Advancement Leadership Team and the Gender Identity Policy Work Group, which demonstrate a commitment to an agencywide approach to advancing equity and inclusion in the workforce. Lastly, OHA is developing two policies to support the workforce: a flexible work solutions policy and an organizational resilience and healing policy.

Maintain and the expand the OHA employee resource group program

During the biennium, the number of OHA-recognized employee resource groups (ERGs) expanded from four to seven. The ERG program continued to expand in part because of ongoing outreach and communications activities throughout the agency. In 2020, advocacy by ERG members led to the Executive Leadership Team approving a revision to the agency’s ERG policy, which increased the amount of work time available for ERG leaders to conduct ERG activities.

Goal 4. Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on equity advancement goals.

Explore Workday functionality to support workforce equity and inclusion initiatives

OHA is in the initial stages of using Workday to provide information and data about the workforce. This information will help the Executive Leadership Team and managers understand trends with recruitment, promotions, separations, retention and other measures that support the agency's equity advancement goals.

OHA experienced significant barriers with tracking demographic diversity of prospective employees throughout the hiring process. Workday has allowed the agency to create reports on the overall applicant pool. However, it remains unclear whether Workday has functionality to track demographics of candidates as they move through various rounds of screening, interviewing and reference checks.

As the agency's performance system measures are refined, OHA will have better information to address barriers to hiring, advancement and retention of people of color and people with disabilities.

REALD demographic data collection for the workforce

REALD is an effort to increase and standardize race, ethnicity, language and disability data collection across the Oregon Department of Human Services and OHA. Informed by communities most affected by inequities, REALD includes a set of standardized data categories and questions that OHA and ODHS datasets must collect. To achieve OHA's REALD compliance with the Workday, the Equity and Inclusion Division conducted initial groundwork to plan dissemination of a voluntary REALD survey with OHA employees. This work is currently paused as a result of prioritizing workloads related to the COVID-19 response.

Goal 5. Maintain and improve communication and collaboration to achieve equity advancement goals.

Equity Advancement Leadership Team

In 2020, following an agencywide recruitment process, the OHA Director and Equity and Inclusion Division director convened the Equity Advancement Leadership Team. Comprised of staff from across OHA with lived and professional experience in advancing health equity and makes, the team makes recommendations to the agency on informing and operationalizing the OHA strategic plan, performance system and equity advancement plan.

Quality improvement of workforce equity and inclusion data

During the biennium, the Equity and Inclusion Division and Office of Human Resources continued partnership efforts to improve the quality of workforce data available for various strategic initiatives, most notably the *Improve OHA Workforce Equity and Inclusion* outcome in the OHA performance system.

Workforce demographic analysis

OHA defines parity as achieving comparable representation of non-dominant racial/ethnic groups, people with disabilities and females (binary gender) in every job category in the agency's workforce in the same proportion as they are represented in the potential labor market.

At the time of this report's publication, OHA chose to estimate parity by comparing its workforce to population demographics in and near counties where OHA employees work. For this report, these counties included: Multnomah, Clackamas, Washington, Marion, Lane, Linn, Benton, Yamhill and Polk counties (Oregon) and Clark County (Washington). In future reporting, OHA will make adjustments in

how it compares its workforce to the Oregon population with the goal of centering populations most affected by health inequities.[‡]

Note: Statistical data for people with disabilities are dependent on voluntary self-identification. Because measures of the workforce representation of people with disabilities rely on voluntary self-identification, the actual number of OHA employees with disabilities remains unknown.

OHA workforce profile: June 30, 2020

Among 4,472 state government employees in OHA:

- 23.7 percent were people of color
- 73.4 percent of all OHA employees were White
- People with disabilities represented 2.6 percent of all employees; among all employees with disabilities, 69 percent were White
- Females (binary gender) represented 61 percent of all employees; among all female employees, 72.9 percent were White

In contrast, among OHA's 393 supervisory managers and executive leaders:

- 2.6 percent were people of color
- 85 percent were White
- 2.8 percent were people with disabilities, and
- 55.5 percent were female.

Among OHA's 870 hires (since Jan. 1, 2019):

- 26.8 percent (228) were people of color

[‡] Data source for potential labor market: American Community Survey (ACS) Figures, 2015–2019, 5-year estimates from Public Use Microdata Sample (PUMS) data with Hispanic and Latinx adjusted as a race.

- 59.9 percent (509) were White
- 1.1 percent (10) were people with disabilities, and
- 62.7 percent (545) were female.

Since June 30, 2018, the agency experienced:

- A 1.6 percent **increase in workforce representation of people of color**
- A 0.4 percent **decrease in the proportion of people with disabilities** in the workforce, and
- A 1 percent **decrease in the proportion of females** (binary gender) in the workforce.

OHA workforce parity estimates: June 30, 2020

OHA workforce (all employees)

Compared to the potential labor market:

- OHA is meeting or exceeding parity representation among all employees who identify as Asian, Black and African American, and female.
- OHA is below parity representation among all employees who identify as American Indian and Alaska Native, Hispanic and Latinx, Native Hawaiian and Pacific Islander, and people with disabilities.

Non-supervisory managers

Compared to the potential labor market:

- OHA is meeting or exceeding parity representation among non-supervisory managers who identify as American Indian and Alaska Native, Black and African American, and female.
- OHA is below parity representation among non-supervisory managers who identify as Asian, Hispanic and Latinx, and people with disabilities.

Supervisory managers

Compared to the potential labor market:

- OHA is meeting or exceeding parity representation among supervisory managers who identify as female.
- OHA is near parity representation among supervisory managers who identify as Black and African American.
- OHA is below parity representation among supervisory managers who identify as Asian, Hispanic and Latinx, and people with disabilities.

Hires

Compared to the potential labor market:

- OHA is meeting or exceeding parity representation among hires who identify as Asian, Black and African American, Hispanic and Latinx, Native Hawaiian and Pacific Islander and female.
- OHA is below parity representation among hires who identify as American Indian and Alaska Native and for people with disabilities.

Promotions

Compared to the potential labor market:

- OHA is meeting or exceeding parity representation in all agency promotions among employees who identify as Black and African American and as female. However, when examining promotion trends among management service employees, there are striking inequities affecting people of color.
- OHA is near parity representation in all agency promotions among employees who identify as Hispanic and Latinx.
- OHA is below parity representation in all agency promotions among employees who identify as American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander, and people with disabilities.

Voluntary employee separations

Compared to all OHA employee separations:

- OHA has a relatively average representation among employees who identify as Black and African American in voluntary separations.
- OHA has a relatively high representation of employees who identify as American Indian and Alaska Native, Asian, Hispanic and Latinx, Native Hawaiian and Pacific Islander, people with disabilities, and female in voluntary separations.

Involuntary employee separations

Compared to all employee separations in the agency, OHA has a relatively high representation of employees who identify as Black and African American and as female in involuntary separations. Involuntary separations exclude deaths and unknown separations.

Equity advancement goals for 2021-23

The 2021–23 equity advancement plan reaffirms OHA’s strategic plan goal: eliminate health inequities in Oregon by 2030. To achieve this goal, the agency recognizes the need to do things differently. During the 2021–23 biennium, OHA will focus on the following equity advancement strategies:

- **Continue strategic planning efforts.** Anti-racism is a core component of the strategic plan. OHA is facilitating ongoing anti-racism education and practice with its Executive Leadership Team and the “Group of 70” who are informing and developing the strategic plan. A key focus during the 2021–23 biennium will be to expand anti-racist education and practices more broadly across the agency. It will also be important for OHA to identify and act on workforce-focused initiatives tied to advancing the strategic plan goal.

- **Develop an equity action plan.** Informed by the Equity Advancement Leadership Team, other key stakeholders and an agencywide equity-readiness assessment, the agency will develop and implement an equity action plan. The plan will serve as a roadmap for OHA-specific priorities and initiatives to improve workforce equity and inclusion. The equity action plan will align with and operationalize the strategic plan. As part of the equity advancement plan submitted every biennium to the Governor’s Office, OHA will report on priorities and progress from the equity action plan.
- **Integrate equity, inclusion, anti-racism and accessibility into existing systems and processes.** One critical example of an action the agency can take immediately is to assess external and internal agency policies for equity-related consequences and impacts.

Medicaid Dental

**Racial Health Equity Impact Statement
Medicaid Dental**

Oral Health Program

Advancing evidence-based strategies to improve the oral health of all Oregonians.

The importance of oral health

Oral health is an essential component of comprehensive primary care. The integration of oral, behavioral, and physical health care is central to the goals of providing whole person, coordinated care and promoting health equity. A growing body of evidence shows that oral health is critical to overall health. Research suggests that gum disease and other oral health conditions are associated with heart disease, diabetes, low birth weight and certain types of cancers. Poor oral health also contributes to missed school and workdays and can have a negative impact on overall well-being. In short, the mouth is connected to the body and an important part of whole-body health.

OHA is focused on eliminating health inequities and achieving the triple aim for all Oregonians – better health, better care and lower costs. Oregon’s health system transformation efforts have focused on wellness, treating the whole person, and coordination among providers. Oral health is critical in this equation. Over the last several years, community stakeholders and OHA have paid increasing attention to ensuring oral health.

In Oregon, 49% of children ages 6–9 have had a cavity, and most adults suffer from some degree of oral disease. Twenty eight percent of older adults aged ≥ 65 years have lost six or more teeth and 12.3% of adults aged ≥ 65 years have no teeth.

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

Having a healthy mouth is especially important to child development. Many children get their first cavity (also known as tooth decay) before they lose their first baby tooth. Cavities can be painful and lead to infection. Left untreated, cavities often have serious consequences that can negatively affect a child's development and school performance. Cavities are one of the most common chronic diseases of childhood in the United States. Poor oral health among children affects speech, nutrition, growth, social development and the ability to learn. On average, 34 million school hours are lost each year because of unplanned (emergency) dental care¹.

Recent studies show there may be a link between oral health and other chronic diseases. Dental decay in childhood has been linked to increased risk for future decay, and chronic oral infections are associated with an array of other health problems such as heart disease, diabetes and unfavorable pregnancy outcomes. Among pregnant women, oral infections can increase the risks for premature delivery and low birth weight babies.

Health inequities in oral health

The serious disparities in health by race/ethnicity, language and socio-economic status in the United States also exist in oral health. Poor oral health disproportionately impacts low-income communities, with the greatest burden falling on communities of color. African Americans and Hispanic populations experience significantly higher rates of untreated tooth decay and tooth loss. Alaska Natives and American Indians suffer from the poorest oral health of any community in the country. Communities of color experience barriers in accessing care and in receiving culturally and linguistically competent care. Efforts to improve overall health through better integration of care must also address health equity.

¹ Naavaal S, Kelekar U. School hours lost due to acute/unplanned dental care. Health Behav Policy Rev. 2018;5(2):66–73.

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

Oral health disparities exist for children, adolescents and adults based on race, ethnicity, geographic residence, household income, and other factors. OHA's 2017 Smile Survey, which focuses on children ages 6-9 years old, found several inequities in oral health in Oregon:

- Children from counties in southeastern Oregon had higher cavity rates than those of the rest of the state.
- Children from lower-income households had substantially higher cavity rates compared to children from higher-income households (59% vs. 36%) and almost twice the rate of untreated cavities (25% vs. 12%).
- Hispanic and Native Hawaiian/Pacific Islander children had the highest cavity rates overall and also had the highest rates of untreated cavities.

These disparities persist because there is inequitable access to oral health services. Barriers include lack of dental insurance, scarcity of dental providers in rural and remote communities, transportation difficulties, lack of a culturally and racially diverse workforce, cultural and linguistic obstacles, and lack of healthy literacy.

Oregon is one of only 13 states that offers comprehensive dental benefits to all adults with Medicaid, as well as children. A [2017 report](#) on oral health specifically provided by Oregon's Coordinated Care Organizations (CCOs) through the Oregon Health Plan (OHP) found several key trends.

- Certain counties in Oregon have fewer dentists compared with the number of residents they serve, and only about 2 of every 5 dentists report seeing Medicaid patients (41.5%). This could pose a challenge for members trying to access services.
 - (Note: As of 2022, 33 out of 36 Oregon counties are designated as a dental healthcare provider shortage area.)
- Adult CCO members receive oral health services at lower rates than children. Only about 1 in 3 adults receive dental services in a given year, compared with a little more than half of children.

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

Adults are also less likely to report having a regular dentist (57% of adults compared to 79% of children).

- Many members do not receive preventive dental services, like regular cleanings, fluoride treatments, and dental sealants. Only 1 in 5 adults and just over half of children (50.1%) had a preventive service between July 2015 and June 2016. This is important because dental diseases are largely preventable.
- When stratified by race/ethnicity, the data show variation between groups. Members who identify as Hawaiian/Pacific Islander consistently receive services at lower rates than other members. Members identifying as Asian American generally have higher rates of utilization and follow-up.

Some examples of variation by race/ethnicity include:

- Percent of adults in CCOs who received an preventative dental service in the previous year (as of mid-2016).

African American	18.7%
American Indian / Alaskan Native	18.2%
Asian American	27.4%
Hawaiian / Pacific Islander	15.5%
Hispanic / Latino	18.9%
White	19.0%
- Percent of children in CCOs who received an preventative dental service in the previous year (as of mid-2016).

African American	1.6%
American Indian / Alaskan Native	6.3%
Asian American	4.0%
Hawaiian / Pacific Islander	7.8%
Hispanic / Latino	4.4%
White	12.3%

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

- Percent of children (0–6) who had an oral health assessment in the previous year (as of mid-2016).

African American	11.7%
American Indian / Alaskan Native	8.5%
Asian American	7.0%
Hawaiian / Pacific Islander	5.6%
Hispanic / Latino	14.2%
White	9.3%

In addition, there are clear differences in access to oral health care between people enrolled in OHP and other people in Oregon.

- In 2017, among all adults (18+) in Oregon, 65.3% had a dental visit in the previous year for any reason; among adults (21+) on Medicaid, it was 36.8%.
- Among all children (1–17) in Oregon, 85.2% had a dental visit in the previous year for any reason; among children (1–17) on Medicaid, it was 43.0%.
- Among all children aged 6–9 in Oregon, 39.0% with protective sealants on at least one permanent molar; among children aged 6–9 on Medicaid or CHIP, this was 20.3%.

Oregon Health Authority’s oral health program

OHA’s oral health program is spread across the agency, reflecting an integrated approach to meeting the oral health needs of people in Oregon.

The Oregon Public Health Division (PHD) works to protect and promote the health of all Oregonians and the communities where they live, work, play and learn. Key efforts underway that help PHD achieve its mission include:

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

- Public Health Modernization: Oregon’s plan for modernizing our governmental public health system
- Public Health Accountability Metrics
- State Health Improvement Plan
- State Health Assessment and Indicators
- Public Health Strategic plan
- Partnering with Community-based Organizations

The Oral Health Program within PHD is responsible for advancing evidence-based strategies to improve the oral health of all Oregonians. The program is designed after the Association of State and Territorial Dental Directors' (ASTDD) model for state-based oral health programs. The Oral Health Program takes a comprehensive approach to address oral health issues across the lifespan through these activities:

- Creating systems and leadership capacity to incorporate oral health into overall health prevention strategies
- Ongoing data collection and maintenance of the Oregon Oral Health Surveillance System (e.g., Oregon Smile & Healthy Growth Screening, BRFSS, PRAMS, etc.)
- Policy development
- Delivery of school-based oral health services
- Oral health promotion and education for the public
- Building partnerships and collaboration to support the integration of oral health
- Workforce development and administering the Dental Pilot Project Program

The Health Systems Division is tasked with oversight of the Medicaid oral health operational program for both the fee-for-service (FFS) and managed care dental programs. This includes all operational aspects of the programs, including program administrative rule creation and framework, contracting, contract

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

compliance and administrative oversight, FFS policy and business operations, provider and member services, including enrollment of both, clinical review, and claims adjudication.

HSD's oral health staff is responsible for:

- Developing rules for the Medicaid dental program
- Providing guidance to other parts of the Medicaid program regarding services that affect oral health
- Consulting with contracting staff on any Medicaid contracting that touches dental services or oral health
- Working with the Health Evidence Review Committee and other parts of the agency to ensure that dental benefits are implemented in the Medicaid program

The HPA Division provides health policy analysis and development; coordinates strategic and implementation planning, and conducts policy and health services research and evaluation to provide information needed for OHA policy development and evaluation. Oral health staff in the division provide:

- Oral health policy analysis and development
- Metrics development, implementation, and analysis
- Systems-level technical assistance to deliver innovative oral health services that deliver better health care at lower costs and to improve the health of Oregonians, beginning with Oregon's Medicaid population
- Planning and implementation of strategies to increase integration of oral health with behavioral and physical health

In addition, OHA operates the Dental Pilot Project Program, which is designed to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to underserved populations. OHA accepts applications from project sponsors to operate dental pilot

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

projects and monitor them for patient safety. Dental pilot projects are community driven and designed to increase access to dental care for communities of color and other populations that face oral health disparities by doing one of the following:

- Teaching new skills to existing dental providers;
- Developing new categories of dental providers;
- Accelerating the training of existing dental providers; or
- Teaching new oral health care roles to untrained people.

Oregon's participation in the 14-state affinity group that the Centers for Medicare and Medicaid Services (CMS) currently sponsors efforts to decrease the rate of childhood caries (cavities). Through OHA's participation in this group, CCOs and other healthcare entities in Oregon have access to training and technical assistance, as well as lessons from other state peers, to support their efforts to increase integration of topical fluoride varnish applications in primary care settings.

Oral health equity strategies

The [2015–2019 State Health Improvement Plan](#) (SHIP) focused heavily on oral health. The SHIP included various oral health intervention strategies, each with success measures, targets, and baselines. Four of these strategies were specific to oral health equity:

Strategy 1. Provide dental sealants in schools that serve students at high risk of tooth decay

School-based dental sealant programs are an evidence-based practice recommended by the Community Preventive Services Task Force, Centers for Disease Control and Prevention (CDC), and Healthy People 2020 that is effective in preventing tooth decay among children. Most tooth decay (90%) occurs in the molars, and school-based dental sealant programs can reduce tooth decay by 50% in the treated teeth.

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

- Measure 1.1: Percentage of eligible schools served (40% Free or Reduced Lunch [FRL] or greater) (target grades 1 and 2 or grades 2 and 3)
 - Target: 95%
 - Baseline: 70.7% (2014–15 school year)
 - Approximately 95.2% (2018–19 school year)
- Measure 1.2: Percentage of eligible schools served (40% FRL or greater) (target grades 6 and 7 or grades 7 and 8)
 - Target: 80%
 - Baseline: 7.8% (2014–15 school year)
 - Approximately 85.7% (2018–19 school year)
- Measure 1.3: Children aged 6–9 years with dental sealants on one or more permanent molars
 - Target: 40%
 - Baseline: 38.1% (2012)
 - 2017: 39.0%
- Measure 1.4: Percentage of children aged 6–9 years with untreated decay
 - Target: 18%
 - Baseline: 20% (2012)
 - 2017: 19.2%

Strategy 2: Enhance oral health services through community clinics, including SBHCs

Local oral health infrastructure allows for timely access to oral health prevention, education and care. Oral health services by community clinics may be provided on site or at other locations in the community, and may involve partnerships with local dental providers.

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

- Measure 2.1: Number of SBHCs that provide routine access to a dental provider on site.
 - Target: 30%
 - Baseline: 7.4% (2014)
 - 19.0% (2018–19 school year)

Strategy 3: Ensure that Oregon has an adequate number of oral health professionals

Of Oregon’s 36 counties, 33 are designated as a Dental Health Care Provider Shortage Area (HPSA). This illustrates both a shortage of qualified and trained dentists and dental hygienists, and a lack of access to oral health care among low-income, rural and other underserved population groups. To meet the oral health needs in Oregon, workforce capacity must be improved to retain and equitably distribute oral health care providers across Oregon.

- Measure 3.1: Number of expanded practice dental hygienists practicing in Oregon communities
 - Target: 1,000
 - Baseline: 213 (2013)
 - 771 licensed EPDHs (2018)

Strategy 4: Reduce the number of dental-related visits to emergency departments.

Emergency department visits for dental conditions reflect lack of access to dental care. Uninsured Oregonians and Oregon Health Plan enrollees are more likely to visit the emergency department for dental problems.

- Measure 4.1: Number of emergency department visits for nontraumatic dental problems
 - Target: 7,500 ED visits annually
 - Baseline: 15,000 ED visits annually (2013)
 - Estimated 21,370 ED visits annually (2018)

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

In a [2020 report on access to dental care](#), the Oregon Dental Association (ODA) identified challenges in Oregon that included:

- Medicaid is underfunded, resulting in access issues for Medicaid patients.
- Too few dentists are located (or open at flexible/convenient times) in some rural areas.
- Black children and other children of color disproportionately have poorer oral health outcomes.

The ODA's recommendations for dental care access that most directly relate to health equity included:

- Analyze and support programs that focus on convenience, such as school-based dental services, which have proven to dramatically expand access to care in rural counties that have focused resources to meet families where they are at.
- Maintain and strengthen state programs that ensure dentists can locate in areas with lower patient volume such as rural and underserved communities.
- Improve incentives that support diversity, equity and inclusion in dentistry that raise the floor to provide access and opportunity for BIPOC communities without reducing quality and care standards based on income, location or identity.
- Improve Medicaid reimbursement rates to expand access to care, starting with a review process including relevant stakeholders on dental rates and capitation.

Legislative proposal

OHA has proposed one legislative concept for the 2023–2025 session that could improve oral health equity.

There was a shortage of dental health providers before the pandemic, but COVID-19 has exacerbated this problem. From 2019 to 2020, there was a 24.3% decrease in Medicaid members receiving any dental service. Workforce innovation can be a central driving force in efforts to reduce health disparities

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

and increase access to oral health care. OHA operates the [Dental Pilot Project Program](#) that accepts pilot projects that are designed to test various innovative oral health workforce models that eliminate health inequities and increase access to oral health care.

OHA has overseen three dental pilot projects, which have led to successful legislation in 2020:

- Creating a new category of dental practitioner called dental therapist (HB 2528); and
- Expanding the scope of practice for an expanded practice dental hygienist to place an interim therapeutic restoration (HB 2627).

While the OHA Dental Pilot Project Program is scheduled to sunset on January 2, 2025, OHA is requesting legislation during the 2023 session to remove the sunset date and continue funding the program well into the future.

OHA initiatives

Legislative Implementation

House Bill 4095: OHA is currently working to implement a no-cost dental program for Veterans up to 400% of the federal poverty level. This program will provide OHP-like dental coverage for Veterans who don't qualify for the Oregon Health Plan. This program will be open for applications beginning November 1, 2022 with coverage starting on January 1, 2023.

House Bill 1538: The agency is also working to implement a no-cost dental program for COFA citizens up to 138% of the federal poverty level. This program will provide OHP-like dental coverage for COFA citizens who don't qualify for the Oregon Health Plan. Dental coverage through this program will begin on January 1, 2023.

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

Dental Care Organization Transition

Dental Care Organizations (DCOs) are directly contracted by OHA to serve certain OHP members who are not enrolled in a CCO for dental services. About 5% of OHP members are enrolled in a DCO. OHA is working to transition members of these DCOs into CCOs with an enrollment date of January 1, 2023. In addition to cost savings and administrative improvements, this is expected to improve services for these members.

School-based Dental Sealant Services

Since 2015, there has been a greater focus on increasing access to oral health services for children and adolescents in schools. OHA has seen an increase in the number of school dental sealant programs operating in Oregon from serving 632 elementary and middle schools during the 2016–17 school year to serving approximately 800 elementary and middle schools during the 2020–21 school year. This is largely due to the CCO financial incentive metric for dental sealants (2016–2019) and the ability to coordinate efforts statewide through the mandatory certification program for local school dental sealant programs as mandated by Senate Bill 660 in 2015.

Dental sealants are thin liquid coatings applied to the chewing surfaces of the back molar teeth to prevent tooth decay (cavities). The coating flows into the deep pits and grooves of the tooth “sealing out” bacteria and food debris that cause cavities. This highly effective, safe and low-cost intervention prevents about 50%–80% of decay in the treated teeth for at least 2 years, and protection lasts for about 9 years.

School-based dental sealant programs are highly effective since they can reach children from low-income families who are less likely to receive dental care. OHA requires school dental sealant programs to target elementary and middle schools where 40% or greater of all students attending are eligible for the USDA’s National School Lunch Program (NSLP); or the school has been approved for the Community Eligibility Program (CEP); or the school is located in a dental care health professional

Oregon Health Authority: Racial Health Equity Impact Statement

Medicaid Dental

shortage area (HPSA). OHA also require programs to offer dental sealant services to all students regardless of insurance status, race, ethnicity or socio-economic status.

Community Water Fluoridation

While increasing the number of fluoridated public water districts is included as a population intervention, it is also a significant health equity intervention. Community water fluoridation is the controlled adjustment of fluoride in a public water supply to optimal concentration in order to prevent tooth decay (cavities) and dental disease. While fluoride occurs naturally in water, it is usually lower than the optimal concentration.

Community water fluoridation is an evidence-based practice recommended by the Community Preventive Services Task Force, Centers for Disease Control and Prevention (CDC), Association of State and Territorial Dental Directors (ASTDD), and Healthy People 2020 based on strong evidence of effectiveness in reducing dental cavities and disease across the entire population, regardless of age, race or ethnicity, insurance coverage, access to a dentist, or the ability to pay for care.

Unfortunately, this remains a large challenge because the data is moving in the wrong direction (22.5% in 2020 and 22.2% in 2014). Oregon has the third lowest amount of fluoridation in community water systems nationwide.

Oregon Health Authority: Racial Health Equity Impact Statement

Workforce Incentives Introduction

Racial Health Equity Impact Statement Workforce Incentives Introduction

Oregon Health Authority (OHA) facilitates a set of federal and state-funded incentives and technical assistance for health care professionals, organizations, and educational institutions and training programs to expand the health care workforce's diversity and cultural responsiveness.

The workforce incentives reviewed for the Racial Equity Impact Statement are from the Health Care Provider Incentive Fund (HCPIF) established in ORS 676.450. Initiated by the Oregon Legislature through House Bill 3261 (2017), HCPIF increases the supply and retention of the health care workforce in rural and urban communities experiencing inequities. HCPIF includes three components:

- **Health Care Provider Incentive Program (HCPIP)**, which sits in the Oregon Primary Care Office (PCO) in the Health Policy and Analytics Division, is funded by state dollars. HCPIP combined several small, separate programs into a single funding pool overseen by the Oregon Health Policy Board. HCPIP was modelled on National Health Service Corps federal incentives to meet Oregon's needs for health professionals. HCPIP includes four types of incentives:
 - Rural Malpractice Insurance Subsidy pays a portion of malpractice premiums for MDs, DOs and NPs working in rural and frontier Oregon;
 - Loan Repayment funds practicing professionals to repay qualifying student loan debt, in exchange for year-for-year service at a qualifying practice site;
 - Loan Forgiveness provides scholarships to students participating in approved rural training tracks, in exchange for a future year-for-year service obligation in rural or frontier area; and

Oregon Health Authority: Racial Health Equity Impact Statement

Workforce Incentives Introduction

- *Scholarships* provide students enrolled in an approved education program to receive tuition reimbursement, in exchange for a future year-for-year service commitment in either a rural or in an urban underserved qualifying practice site.
- **Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)**, which sits in the PCO, is funded through an Oregon Health & Science University-OHA partnership.¹ HOWTO awards grants to community-based health care workforce training programs statewide that lead to a more robust, diverse, and culturally responsive workforce in Oregon. Oregon Health & Science University, OHA, and Oregon Health Policy Board have partnered on HOWTO since 2018. HOWTO has conducted four grantmaking cycles awarding \$24 million to 34 programs. In August 2021, the program administrative responsibility transitioned from OHSU to OHA.
- **Behavioral Health Workforce Initiative (BHWi)**, which sits in the Behavioral Health Workforce Development Program in the Health Systems Division, is funded by American Rescue Plan Act dollars through House Bill 2949 (2021). This legislation directs OHA to increase the recruitment and retention of behavioral health providers who are people of color, tribal members, or residents of rural areas of Oregon, and can provide culturally responsive care for diverse communities. To do this, OHA created BHWi. The initiative's funding includes:
 - \$60 million to develop a diverse behavioral health workforce in licensed and non-licensed occupations through scholarships, loan repayment, and retention, and

¹ HOWTO is funded by an Oregon Health & Science University provider tax matched with Oregon Health Plan Medicaid funds through an Intergovernmental Transfer.

Oregon Health Authority: Racial Health Equity Impact Statement

Workforce Incentives Introduction

- \$20 million for grants to licensed behavioral health providers to provide supervised clinical experience to associates or other individuals so they may obtain a license or certification to practice.

The specific aims of the BHWi Program are to:

- Increase behavioral health system capacity to provide care that deeply embeds practices and promotes principles of health equity, cultural responsiveness, de-stigmatization of services, restorative healing and community empowerment;
- Develop and invest in a culturally specific workforce and increase access to culturally responsive services and interventions; and
- Engage communities through shared decision-making to build structures, processes, resources and supports for increasing recruitment and retention of a culturally specific behavioral health workforce.

Appendix B. State of Oregon Racial Equity Toolkit

Oregon Health Authority: Racial Equity Impact Statement Workforce Incentives

Appendix B. State of Oregon Racial Equity Toolkit

Advancing racial equity in Oregon will take foundational reform. Racial disparities persist across key indicators of success including health, education, housing, and economic opportunity amongst others. A budget is a moral document, a statement of our state's priorities and a critical opportunity to advance racial equity. The Racial Equity Assessment Worksheet serves as a tool to apply a racial equity lens to the budget development process and assess how programs benefit and/or burden Tribal/Native American, Black/ African American, Latino/a/x, Asian, Pacific Islander, Arab/Middle Eastern/North African, Immigrant, and Refugee communities. The worksheet questions serve as a tool to deepen agencies' racial equity impact assessment for the programs (budgets) in consideration.

Racial Equity Impact Assessment Worksheet

Step 1. Set Equity Outcomes and Define Impact

1. Does your agency have an Equity Strategic Plan? *(Please circle response)* Yes No

If so, what does your agency define as the most important equitable community outcomes related to the investment or program?

The Oregon Health Authority has adopted the strategic goal to end health inequities in the state of Oregon by 2030. This goal is not attainable without the intended outcome of the workforce initiative: to equitably increase the diversity and capacity of Oregon's behavioral health care workforce. OHA has also defined Health Equity as one of the most important equitable outcomes in reaching true equity when it comes to Oregon's diverse communities. Health equity is defined as:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

2. What is the program under consideration?

The programs under consideration is related to Workforce Development.

3. Which racial equity opportunity areas will the program primarily impact?

Appendix B. State of Oregon Racial Equity Toolkit

House Bill (HB) 2949 was passed in June 2021 and seeks to not only address the significant behavioral health workforce shortage, but also focuses on bringing equitable access to behavioral health services for culturally and linguistically specific communities. The aim of HB 2949 is to “develop programs and providing incentives to increase the number of individuals training for and entering the field of behavioral health and to improve the retention of behavioral health care providers.” Included within the legislation is a focus on communities of color and tribal communities who can provide culturally responsive behavioral health services to (a) Tribal members; (b) People of color; (c) Lesbian, gay, bisexual and transgender youth; (d) Veterans; (e) Persons with disabilities; (f) Individuals with intellectual and developmental disabilities; (g) Individuals with limited English proficiency; (h) Individuals working in correctional facilities; and (i) Other underserved communities. The program seeks to better reflect the community in the workforce, thus providing incentives to address inequities that may exist which prevent communities of color from entering and being retained in the behavioral health field.

Criminal Justice Reform and Police Accountability

opportunity to the community. Inclusive outreach and community engagement is currently underway.

Economic Opportunity

Education

Are there impacts on:

Contract/Procurement Equity

Culturally Specific Programs and Services

Immigrant and Refugee Access to Services

Please explain your selection:

The racial equity opportunity areas that this program will primarily impact are culturally specific programs, workforce equity and inclusive communications and outreach. BHWi will impact culturally specific programs and services by providing grant funded opportunities to agencies, clinicians, students who are culturally and linguistically diverse and will be prioritized. Incentives within the scope of HB2949 aims to bolster services by training, education, assistance and

Appendix B. State of Oregon Racial Equity Toolkit

Environmental Justice/Natural Resources

Health Equity

Housing and Homelessness

Jobs/Employment

Other

Inclusive Communications and Outreach

Workforce Equity

Other: _____

4. What are the desired results and outcomes with this program?

The desired results and outcomes with this program are threefold:

1. Increase the behavioral health system's capacity to provide culturally responsive care that is deeply embedded in equity-centered cultural responsiveness, de-stigmatization of services, and promotion of restorative healing and community empowerment
2. Develop and invest in culturally specific workforce and increase access to culturally responsive services and interventions
3. Engage communities in shared decision-making to build structures/processes/resources/supports for increasing recruitment and retention of a culturally specific behavioral health workforce
4. Help meet OHA's larger strategic goal of eliminating health inequities by 2030.

Step 2. Analyze Data

5. Does the program have different impacts within different geographic areas?

(Please circle response) Yes / No

This legislation specifically addresses the need to ensure geographic equity in general, and specifically, to provide impact within rural communities.

6. What are the racial demographics of those living in the area or impacted by the program?

Given this program is available for eligible Oregonians in the field of behavioral health, the racial demographics are represented in the census data. To see specific demographic data for the State of Oregon, please go to: <https://www.census.gov/quickfacts/OR>. Demographic data for Oregon's licensed behavioral health workforce can be found [Here](#). Demographic data within the licensed workforce is compared to Oregon's population which clearly define shortages amongst communities of color.

7. How are you collecting, reviewing, and analyzing demographic data to inform program decisions?

Data is being collected in different ways. Population data is accessible by the Oregon Health Authority (OHA). This allows all initiatives under the OHA umbrella to be knowledgeable about the racial and ethnic makeup of the geography in which incentives such as the ones listed in HB 2949 are being implemented. In addition, participant data is collected for all Oregonians who are awarded under the incentive program. This allows for both the

Appendix B State of Oregon Racial Equity Toolkit

collection of real time data, as well as highlight areas in which the initiatives can improve if awardees reflect inequity or lack of parity.

8. How are you notifying and educating constituents in the collection of this data and how it will be used?

Within each one of the incentives under the HB 2949 umbrella, there is clear communication in relation to what data is collected and what data is used for. Below is sample language from an Oregon Administrative Rule (OAR) specific to a Clinical Supervision Incentive:

“RULE TITLE: Data Sharing

RULE SUMMARY: Outlines data dissemination guidelines.

RULE TEXT:

(1) The Authority may not share data about program participants, other than for purposes of planning, program evaluation or analysis.

(2) Data may only be shared with:

(a) Agencies, offices, or contractors of the Authority;

(b) The Oregon Employment Department; and

(c) Non-governmental entities, not noted above, only with written approval from the Director of the Authority.”

For any additional questions in relation to data and how it is used, Workforce Development staff are available for technical support.

9. How is demographic data being woven into program decision-making? Will this data, or a version of this data, be incorporated into the agency’s open data efforts, so that constituents may view and understand this dataset?

Demographic data and the workforce crisis were a part of the program decision making as early as the drafting of the legislation. The diversification of the workforce, as well as ensuring that rural geographies, both of which often do not often enough get the attention deserved, were highlighted in the legislation and are the focus of HB 2949.

The program currently utilizes demographic data being woven into decision making. An example of this was with Loan Repayment. The Workforce Development Team observed that there was not enough ‘weighting’ on the rubric for being able to speak a second language. Given the aim of this work is equity, being able to encourage and

Appendix B State of Oregon Racial Equity Toolkit

support culturally and racially diverse communities through equity considerations helps to promote OHA's goal of eliminating inequities related to health care by 2030.

Step 3. Determine Benefit and/or Burden

10. Who benefits from the program, both directly and indirectly?

There are multiple beneficiaries from the Workforce Development program. First, the hope is that Oregonians will benefit from this program by seeing an increase in much needed behavioral health services, specifically culturally responsive services. The current workforce crisis has resulted in the supply of behavioral health professionals not being able to keep up with the demand for behavioral health services. This program should expand behavioral health services, thus promoting a healthier Oregon through providing needed services in areas in which services are hard to access (e.g., rural geographies across the state).

Second, the field of behavioral health also benefits from this program. The behavioral health workforce shortage has reached crisis levels significantly impacting the quantity and quality of behavioral health services. The incentives of this program seek to increase recruitment of behavioral health professionals, as well as improve the retention rate of professionals already in the field. As \$20 million dollars has been allocated for Clinical Supervision, those seeking licensure or certification, which may be required for professional development or upward mobility (and can be cost prohibitive), can be sought more readily through HB 2949. This directly addresses equity in relation to the ability to achieve credentialing in the behavioral health field without it being predicated on socioeconomic status. \$60 million dollars has been allocated to promote the recruitment and retention of behavioral health professionals. Examples of incentives that are a part of this \$60 million dollars are: loan repayment, scholarships, as well as other educational and professional development incentives. These incentives seek to reinforce the behavioral health pipeline and as a result, reinforce the behavioral health field more globally in Oregon.

Third, communities of color, Tribal nations, individuals living in rural communities, and additional communities traditionally marginalized (e.g. LGBTQ) are also identified beneficiaries of this program in the HB 2949 legislation. The program seeks to address racial and geographic disparities that have existed in the behavioral health field across the State of Oregon. The aim of this program is to contribute to both the identification and inequities, as well as the creation of incentives that directly address those inequities.

11. Who will be burdened from the proposal?

Potential burdens may fall on partners in administration of funding, educators, training programs, and employers.

12. How does the program increase or decrease racial equity? Does the program have potential unintended racial equity consequences? What benefits may result?

This program seeks to increase racial equity by having equity, diversity, and inclusion at the forefront of the incentives that are chosen and implemented. This is done in a few different ways: First, there is a Community Leadership Council (CLC). The CLC is not legislatively mandated. Given that the Oregon Health Authority places significant value on community voice, the CLC was formed and placed a premium on its members possessing diverse experiences and backgrounds. CLC members meet with OHA Workforce Development team members, can understand the work taking place, and are able to give feedback that guides the work taking place under HB 2949. This gives a level of independent review of the work taking place around workforce, while promoting racial equity by reinforcing diverse community voices.

Secondly, the legislation itself found in HB 2949 focuses on increasing racial equity. The intentionality in the communities identified (e.g., communities of color) speaks to the commitment of both the House Bill, as well as the Workforce Development Program as a whole. Data on recipients are kept by the program for both the purposes of memorializing the program, but also to improve programmatic cadence if enhanced equity (e.g., racial) can be achieved.

Benefits for the program can be reflected in the aforementioned. The strengthening of the voices of communities of color is an important component in the pursuit of equity. This does, has and will continue to need to help communities of color find their power and allow access to the decision-making table if true equity is to be achieved. Additionally, one tenet of HB 2949 seeks to address racial (and geographic) equity. Community voice coupled with specific legislation focused on a diverse workforce makes a meaningful contribution in the promotion of racial equity.

As far as potential unintended equity consequences, the potential for unintended racial equity consequences always exists. It's in being aware of this potential that the program seeks to operationalize the 'Equity Lens' in the reviewing of all incentive implementations and outcome reviews. An example in which this may occur is if data driven approaches are not employed, the program is not engaging in quality improvement to increase access to traditionally marginalized communities, and as a result, further inequities occur. Given the program seeks to be inclusive racially and geographically, results of outcomes should be closely monitored and broadly shared, with program adjustments being made when possible in an effort to have continuous quality improvement for the duration of the Workforce Development initiative.

Section 2. Guiding Questions to Operationalize Racial Equity

Below are some guiding questions to apply the DEI Action Plan strategies in all development and implementation State of Oregon's policy, practice, budget, program, and service decisions.

Inclusive Communications

1. How do we ensure our communications and messaging are getting to all Oregonians?

Health Care Provider Incentive Program (HCPIP) contracts with the Oregon Office of Rural Health (ORH) to administer incentives in consultation with OHA, which includes a multi-faceted communications plan to inform practice sites health care professionals working at those sites meeting program qualifications and about application cycles. HCPIP uses communication strategies specific to each incentive. For example, program staff target communications for scholarships to all college and training programs in Oregon. We deliver messages via ORH's 10,000+ email distribution lists, ORH's social media pages, PCO newsletter and face-to-face interactions. In a pre-COVID world, program staff conducted site visits on a regular basis and promoted these opportunities in communities throughout Oregon. One primary limitation is that we could never possibly reach every provider, clinic and training program in Oregon. There is a need for constant promotion of incentives, due to issues like workforce turnover and new professionals being developed.

Moreover, those who do not speak English as a primary language are limited by our English only outreach. One could argue all clinicians in Oregon speak English to some extent, but community members (non-providers) could be better aware of what we could offer if we translated promotional items. This would also impact providers at culturally specific clinics who might not have a desire to communicate in English. Program staff are beginning to develop mechanisms for more community input into the materials developed and the impact of the resources being utilized by their clinicians, such as a provider incentives advisory workgroup.

Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO) has developed a marketing and communications plan used in its the recent 2022 grantmaking round, the first one administered by OHA. Program staff used the state procurement system Oregon Buys to accept applications for the request for grant proposals (RFGP). Program staff used several communication channels to share the RFGP announcement widely. These channels included electronic newsletters, various OHA listservs, other community-staffed OHA committees, current grantees, and other relationships with community-based organizations. Understanding that some culturally specific organizations may not have the infrastructure or staff to develop competitive grants or the capacity to run a large grant program, OHA set aside up to \$3 million to fund for smaller grant projects of \$300,000. Although grants were scored using the same rubric and process as all HOWTO applicants, they were discussed and compared to other small grant applicants to ensure a level playing field.

Behavioral Health Workforce Development Program (BHWDP) takes several approaches currently to get messaging out to Oregonians. First, there is an external facing Workforce Development page on the Oregon Health Authority (OHA) Website. The web page discusses the various incentives and gives information around how to apply. In addition, Oregonians can sign up for notifications that directly apply

Appendix B. State of Oregon Racial Equity Toolkit

to the work (e.g., Oregon Administrative Rules). This gives community members an opportunity to be given notifications in real time related to filings and process. In addition, there is an initiative to identify providers across the State of Oregon who provide culturally specific services. Presentations and interviews regarding incentives to community organizations are also being used to inform communities. The aim of this initiative is to better strengthen and inform communities that have been traditionally marginalized. The hope is by bridging the information gap, it will promote the elimination of inequities by giving communities the tools they need to be more prominently at the decision-making table.

2. Who are the communities being left behind and how do we connect with those communities? What processes are in place for:
 - Translating and interpreting agency communications?
 - Coordinate internal and external systems to ensure Oregonians who have a primary language other than English have access to interpreter services.
 - Ensuring that ADA requirements are met or exceeded?
 - Efforts to promote equity, including equity related to accessibility, are a part of workforce incentives considerations. Given the commitment to a diverse workforce coupled with the intersectionality of identities (e.g. race and the need for reasonable accommodations), it is anticipated ADA requirements will at a minimum be met.
 - Communicating with people who may be unable to read, lack access to the internet, and/or need information through alternate media?
 - The review and assessment of public facing programmatic materials will periodically take place to ensure the most accessible reading levels are being applied. The hope is that in doing this, more Oregonians, despite any educational disparities that may exist, will not be penalized, and miss out on incentives that may support professional growth and development. Alternative communication styles are also available upon request to ensure access for all Oregonians.
 - Working with trusted messengers and local leaders to communicate with communities?
 - OHA values community voice. To that end, the programs implementing Workforce Development not just values community voice, but actively seeks it. Currently, the Workforce Development team is participating in an initiative focused on identifying culturally specific providers across the State of Oregon. In establishing and nurturing these connections, the aim is to promote enhanced synthesis between program and (potentially) marginalized communities. The Workforce Development team has also connected with other agencies, workforce development boards and local leaders across Oregon receiving feedback around incentives as well as, recommendations for new incentives.

Appendix B. State of Oregon Racial Equity Toolkit

- ❑ Seeking early input to inform the development of communications materials?
 - This is an area of growth for **HCPIP, HOWTO, and BHWDP**. Feedback is often sought, but not in ample advance or from impacted communities for it to influence the foundation of initiatives. Program staff could benefit from operationalizing ways to seek input earlier in the development of communication materials.
- ❑ Seeking early input to inform the development of communications materials?
 - This is an area of growth for the Workforce Development Program. Feedback is often sought, but not in ample advance for it to influence the foundation of initiatives. Program could benefit from operationalizing ways to seek input earlier in the development of communication materials.

Data Collection and Data-informed Decision-Making

1. Are we collecting, reviewing, and analyzing demographic data to inform mitigation measures, communication strategies, and targeted investments?

HCPIP contracts with ORH to administer a database collecting awardee information, including number of awards made, amount of each award, discipline/specialty, home community, employment location, and demographic characteristics. ORH provides OHA will quarterly reports on awardee information. HCPIP review and analyzes this information to determine areas of improvement and applies community member and awardee feedback to adjust marketing and application materials and processes.

HOWTO requested applicants provide include REALD data on program participants for the first time in the recent 2022 grantmaking round. The previous grantmaking rounds did not request participant demographic data consistently in the applications and progress reporting. HOWTO is planning to develop a database in the next year that summarizes this information as available.

BHWDP currently collects, reviews, and analyzes demographic data to inform measures and strategies in relation to Workforce Development investments. Opportunities for improvement do in exist in relation to incorporating the data collected more quickly into workflow decisions and processes. The more efficient program can be in applying the data collected to processes, the more effective program will be at making data driven decisions.

2. How are these data being woven into decision making?

HCPIP reviews and analyzes program data each award cycle to ensure we are providing access to resources and distributing awards in an equitable manner. Program staff assesses whether a diverse group of awardees is being chosen, according to geographic location, language skills, care delivery type/location, race/ethnicity, education level, etc. The report also provides data on number of new sites approved by program staff, site transfers processed, and termination data. Program staff use this data to determine future iterations and how to best distribute resources. Similar demographic data is collected for each of the incentives and is assessed regularly to decide operational or policy changes.

Appendix B. State of Oregon Racial Equity Toolkit

HOWTO uses available participant data, information from key workforce reports such as the OHA Health Workforce Needs Assessment released every two years, and input from its Advisory Committee to develop grantmaking priorities and how to best distribute resources.

BHWDP data is woven into decision making in numerous ways. One of the ways data is a part of decision making can be reflected in both the incentives the Workforce Development program implements, as well as the criteria in which successful awardees are selected. The incentives listed in HB 2949 were a response to not just the data reflecting the behavioral health professional shortfall in general, but also the need to recruit and retain more professionals from communities of color specifically. Data has reflected significant disparities in services to communities that have been traditionally marginalized, as well as have received fewer services because of geographical location. Data is not only being utilized to identify areas in need of focus, but also to support how to best support those areas through data driven approaches.

3. Who is interpreting the data?

HCPIP releases a legislatively mandated Evaluation of Effectiveness on recipient data, combined with the ORH Areas of Unmet Health Care Need data. The evaluation is reviewed and approved by the Oregon Health Policy Board and its Health Care Workforce Committee.

HOWTO has started sharing grantee success stories with grantees and the Advisory Committee. However, this past year has been focused on the transition of program administration to OHA from Oregon Health & Science University, providing networking and information sharing opportunities among grantees, and releasing a new grantmaking round given the multiple health care workforce crises.

BHWDP interpretation of the data can take place both within, as well as outside of the Workforce Development Program. Within the program, demographic and practitioner data is interpreted and applied in decision making processes related to incentives being offered. The utilization of available data sources is vital to address the behavioral health needs most effectively across the State of Oregon.

Externally, the community can see demographic and practitioner data, as well as access de-identified program awardee data. The reason the data is de-identified is respect and protect the privacy of awardees. This data has been requested by both community members as well as via public records requests. Data is often readily available on the Oregon Health Authority website as well.

4. Is the data being used to impact systems rather than define people?

HCPIP data is being used to continually improve the program and support awardees.

HOWTO data is being used to understand the impact and outcomes of grant investments.

BHWDP data is being utilized to positively impact systems while practicing non-maleficence in the process. Though the data may be applied to support people, it is not used to define people pejoratively or otherwise.

Appendix B. State of Oregon Racial Equity Toolkit

5. Was there a community engagement or other outreach process in the creation of this data system, collection methodology, or standard?

HCPIP contracts with ORH to collect data elements required by its authorizing legislation, which did not include a community outreach or engagement process.

HOWTO did not have a requirement in its authorizing legislation to collect data. HOWTO analyzes data from grantee reports and site visits, but it takes time as this information exists in reports. HOWTO is starting to plan to create a system to collect this data and strengthening its Advisory Committee to include more diverse voices.

For **BHWDP**, there was not significant community engagement prior to the creation of data sets used in the foundational creation of the Workforce Development Program. There is an intentional effort to more closely involve community in decision making and view of data going forward.

6. Will this data be made publicly available as open data to support the state's vision for transparency?

HCPIP makes de-identified data available on financial incentives provided through the Health Care Provider Incentive Fund in its legislatively required Evaluation of Effectiveness report every two years. HCPIP is developing the next Evaluation report that will be released by February 2023, in conjunction with the next OHA Health Care Workforce Needs Assessment and the Health Care Workforce Diversity Profiles which summarize workforce data from health care licensing boards.

HOWTO has not made data publicly available since program administration transitioned to OHA in August 2021 but is planning to produce a Biennial Report by the end of the 2021-23 biennium.

BHWDP has a commitment for de-identified data to be transparently available. The reason for the data to be de-identified is to protect the privacy of awardees. In relation to racial and geographic of awardees, that data can be made available upon request.

Community-Informed Policy and Partnerships

1. How are we ensuring we have representation of voices across race, ethnicity, culture, color, Tribal membership, disability, gender, gender identity, marital status, national origin, age, religion, sexual orientation, socio-economic status, veteran status, and immigration status? And geographically?

HCPIP program staff has engaged community networks to evolve its incentives by utilizing community-based decision making alongside the Equity Framework that guides the Health Care Workforce Committee. Intentional engagement of those most impacted by historical injustices has been a key part of application and essay question development over the past 12 months. Program staff have utilized data around who applies to determine gaps in outreach and are in the process of developing plans to more meaningfully engage communities who haven't historically accessed the incentives. Moreover, program staff are developing mechanisms to engage those who receive services by the clinicians receiving our incentives. This should help us strengthen our understanding of the Programs impact on the community, not just the providers receiving the resources.

HCPIP has developed relationships with clinics in all service areas of Oregon. Program staff conduct outreach and site visits to those with the highest level of unmet need, as determined by Areas of Unmet Needs Report developed by ORH. Intentional engagement is conducted around the communities need. Program staff often travel to areas of high need to hear about their needs and wants from those running the clinics. It is important that we continue to conduct this kind of engagement to make sure we are responding to what people say they need, versus determining that ourselves from the outside looking in.

HOWTO has an Advisory Committee that provides input on the program and grantmaking priorities. Currently, program staff are developing the plan for recruitment with the purpose of expanding the committee. This expansion includes recruiting representatives from diverse disciplines, regions, education levels, communities of color, and other historically marginalized communities that can guide the program accordingly.

BHWDP seeks diverse representation in a few different ways. First, the Community Leadership Council (CLC) is a group of racially and geographically diverse professionals and individuals with lived experience brought together to provide a level of community voice to the incentive work being directed under HB 2949. This group of approximately 15 represent individuals who are African American, Latinx, Asian American, Tribal members, and LGBTQIA2+, as well as representatives for rural communities. Though needing to find another Tribal liaison, the CLC has previously had a tribal liaison to ensure tribal communities also are intentionally included in feedback related to Workforce Development initiatives.

Currently, there are efforts being made towards identifying culturally specific providers across the State of Oregon. Specific outreach has also taken place in talking with the LEHC (Latino emotional health collaborative) and the African American providers within Multnomah county. There needs to be more direct and intentional outreach to other groups most impacted by health inequities to ensure they also

Appendix B. State of Oregon Racial Equity Toolkit

have a voice and insight around these incentives. One of the anticipated outcomes of this effort is enhanced community engagement, with a focus on engaging communities of color. Despite the continued efforts to include communities of color, tribal communities, rural and other communities that have been traditionally marginalized (e.g. individuals with disabilities), there are still necessary efforts needed to make inroads more effectively towards mitigating continued inequity in the field of behavioral health.

2. What are the ways we engage agency equity leaders and communities in decision-making currently?

HCPIP and HOWTO engage agency equity leaders in decision-making, having them review materials prior to resource allocations and grantmaking approved by the Oregon Health Policy Board and its Health Care Workforce Committee.

HCPIP includes agency and community equity leaders in making program updates. HCPIP often consults OEI as well as HSD and PHD workforce experts in developing materials, rules, and processes. HCPIP has developed a provider incentive workgroup composed of practice sites accepting HCPIP health professionals to advise on how to make its materials, rubrics, and processes more equitable. HCPIP invites community members and coordinates with our divisional Tribal liaison for rules advisory committees to update its rules.

HOWTO complies grantee feedback from progress reports and site visits to inform its decision-making. In the recent grantmaking round, each application was independently reviewed by an OHA staff member and a community representative, who after scoring met as a group to discuss the reviews, scoring and the process. A Recommendations Panel was convened that included the funders and sponsors (OHA and OHSU) and representatives from the Oregon Health Policy Board and its Health Care Workforce Committee who reviewed the scores and made a final selection and recommendation for funding.

For **BHWD**, the internal Executive Sponsor supporting the Workforce Development Program directs both equity and community engagement work at the Oregon Health Authority. This very directly aligns the Workforce Development Program with the upper leadership of the Oregon Health Authority.

In relation to communities participating in decision-making, though there are opportunities for the community to contribute to change processes (e.g. give feedback in Rule Advisory Committees prior to the Oregon Administrative Rules becoming permanent), this is an identified area of improvement. The areas of improvement identified are not just around improving the quantity of community members participating in decision making, but also making sure the decision-making tables are reflected by the diversity reflected across all communities.

Appendix B. State of Oregon Racial Equity Toolkit

3. Whose voices and perspectives are not at the table? Why?

HCPIP and HOWTO do not engage with people receiving care and community members due to program structures and staffing limitations.

For **BHWDP**, it is difficult to assess which voices and perspectives are not at the table given the Workforce Development Program is still in the process of identifying culturally specific providers across the State of Oregon. Without better understanding both diverse providers and communities across this state, it will be assured that voices and perspectives will not be adequately represented at the table.

The Workforce Development Program will continue to identify diverse communities, support communities finding their power and voice, and whenever possible, ensure those voices and perspectives are represented at the table.

4. What can we do to ensure they are part of our decision-making process?

HCPIP and HOWTO have increased its focus on increasing input through a HCPIP provider incentive workgroup and recruiting for HOWTO Advisory Committee members. HCPIP and HOW have opportunities to receive more information from people receiving care through the Patient-Centered Primary Care Home Program, which is in the same unit as the PCO since September 2020. The PCPCH program conducts patient focus groups during their site visits, which could include workforce-related information.

BHWDP can take three very distinct steps to promote diverse voices and perspective being a part of the decision-making process. First, the operationalization of the Equity Lens is needed. By asking questions such as, “are there voices that are not currently represented that need to be at the decision-making table”, it can lead to an intentionality that makes it more difficult to simply move through decision making without their being diverse representation. Secondly, our respective equity lens application needs to evolve as we continue to understand inequities that exist. As we continue to understand the impact and importance of identity intersectionality, who we include at our “tables of decision making” should be expanded to include more communities. To promote this, incentivizing participation for traditionally marginalized communities should be highly considered. Lastly, a decision and commitment to not allow the need for expediency in decision making to supersede community voice is a crucial step. Often the intention is to get community feedback. Too often however, the need to meet timeframes of projects are prioritized over the assurance of diverse voices and perspective being at the decision-making table. There needs to be both a fidelity to involving community voice, as well as doing our best to balance how we get community voice when tight programmatic timeframes are present.

5. What are the barriers that keep communities from participating in decision-making?

HCPIP, HOWTO, and BHWDP have identified barriers that contribute to communities not fully participating at the decision-making table are as follows:

- Provide Stipends for Community Participation- Often, communities that have been traditionally marginalized are at times asked to participate in systems-level initiatives, though are asked to do

Appendix B. State of Oregon Racial Equity Toolkit

so at their own costs (e.g., unpaid “invisible labor”). If there is a value on community voice, perspective and expertise, considerations around how that value is reflected and stipends for diverse community participation should be highly considered when possible.

- Getting Communication Out to Communities- The Oregon Health Authority and the Workforce Development currently makes information available for community members. Some evaluation around who is receiving the information (e.g. identifying communities traditionally marginalized and ensuring they receive correspondences), when the information is received (e.g. not sending information out too late for communities to respond to), and intentionally, including well-informed communities in decision making processes.

6. How are we ensuring that we provide access to and address the needs of:

- Language?

Providing documents in multiple languages upon request.

- Technology?

For community members for whom technology is a barrier to access, written materials can be made available in cases where the request is reasonable.

- Physical accessibility?

Currently, all meetings have been held virtually minimizing any accessibility barriers individuals may experience.

- Adequate support and preparation?

This is an area that is and will continue to be evaluated.

- Financial support?

This is an area that is and will continue to be evaluated.

Resource Allocation and Accessibility

1. How are we ensuring that forms of response/relief/benefit/resource/budget allocation are:

- Going directly to the communities who need it?
 - **HCPIP** uses a scoring rubric to determine awards that prioritizes those in areas of highest need or working with historically marginalized populations. Resources are prioritized for those who demonstrate an understanding of cultural agility/flexibility and can articulate their ability to navigate barriers experienced by their patient population.
 - **HOWTO** introduced a new scoring rubric in its most recent grantmaking round that prioritized projects advancing health equity, antiracism and trauma informed workplaces and increasing culturally specific health care workforce. The rubric weights health equity and antiracism scoring criteria and prioritizes community-based organizations providing pipeline and career advancement opportunities.

To further ensure the program is using funds in a way that are responsive to the needs of those from historically marginalized communities, applicants are required to affirm that their organization was in alignment with the non-discrimination policy, which was expanded in the recent grantmaking round. This expanded definition incorporated non-discrimination against any veteran status, ancestry, political or religious affiliation, familial status, gender orientation or expression, creed and citizenship.

- **BHWDP** uses data to identify geographic areas in need of additional resource and/or support (e.g. ensuring rural communities are receiving heightened consideration due to disparities). Program staff understand and apply demographic and practitioner data to pinpoint areas of reinforcement needed for behavioral health pipeline development. BHWDP identifies racial, cultural, and linguistic inequities and mobilizes incentives and resources to bridge those equity gaps
- Accessible regardless of disability or status?
 - **HCPIP** program staff have implemented “verbal” response options for the essay questions required to apply for the incentives. HCPIP recognizes the bias that may exist when reading essay questions and decided it was appropriate to implement an opportunity for those to complete an application who may not want to write out their answers. This change, along with questions seeking applicant's pronouns are aimed at increasing accessibility for the populations affected.
 - **HOWTO** through the Oregon Buys procurement system provides potential applicants with a program contact to access the application in another format (such as Braille, large print, audio, video or other formats) or in another language.
 - Program can provide technical assistance for potential applicants/awardees if a reasonable accommodation is needed or requested.

Appendix B. State of Oregon Racial Equity Toolkit

- Accessible regardless of language?
 - OHA and each program can work with language service organizations (e.g. Linguava) in hopes linguistic needs and requests can be adequately addressed. OHA is also able to provide support to individuals who may speak another language or preferred communication through OHA's language access program. Interpreter services can be requested upon request.
- Compliant with the ADA requirements?
 - All programmatic incentives and resources associated with **BHWDP** through HB 2949, **HCPIP**, and **HOWTO** should be in, as well as should communicate compliance with all Americans with Disability Act (ADA) requirements and expectations. Reasonable accommodations can be requested upon request.
- Accessible regardless of access to technology?
 - For Oregonians for whom technology may be a barrier, each program (**HCPIP**, **HOWTO**, and **BHWDP**) would/could coordinate with potential applicants around how they could participate in the Workforce Development Program without the benefit of technology.
- Supporting, consulting, and/or partnering with tribes?
 - **HCPIP** and **HOWTO** works with our divisional Tribal Liaison to ensure that Tribal Leadership and Tribal Communities are informed about and have an opportunity to participate in incentives and grantmaking, rule changes, workforce advisory and decision-making committees, and other opportunities.
 - **BHWDP** has and will continue to communicate with Tribal Leadership and Tribal nations around incentives that may positively impact Sovereign Nations, as well as can participate in Tribal Consultation when requested. The Workforce Development Program will continue to be in contact with Tribal Liaisons to ensure Tribal Leadership and Tribal nations are not just informed about the incentives covered in HB 2949, but also are welcomed to the decision-making tables.
- Accessible regardless of geographic location including rural Oregonians?
 - **HCPIP**, **HOWTO**, and **BHWDP** incentives and resources are accessible to all Oregonians regardless of geographic location. By contrast, additional resources are being considered for rural communities because of the inequities that current exist.

Being prioritized for communities already living on the margins (e.g., older adults, gender, ethnic, and racial minorities, immigration status, socio-economic status)?

Appendix B. State of Oregon Racial Equity Toolkit

- The legislation of HB 3261 and HB 2949 coupled with the focus of **HCPIP**, **HOWTO**, and **BHWDP**, focus very specifically on traditionally marginalized communities (e.g. communities of color, tribal communities, and rural communities).

For additional information about HB 3261 and HB 2949, please go to:

<https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/3261/Enrolled>

<https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/2949/Enrolled>

2. Are we using strategies that are culturally specific and responsive to address the distinct needs of Oregonians? If not, what resources or community partners can we consult with to develop culturally specific and responsive strategies?

HCPIP, **HOWTO**, and **BHWDP** employ strategies that hope to address culturally specific and responsive needs of Oregonians.

3. Are our programs and services providing reasonable accommodations in compliance with the ADA to Oregonians? If not, what resources or partners can we consult with to develop strategies to better support people with disabilities?

All OHA programs and services under including the workforce ones described in this REIS provide reasonable accommodations in compliance with the Americans with Disabilities Act (ADA).

Evaluation

1. What measurable outcomes are most important to our historically and currently underserved communities?

HCPIP and HOWTO focus on the measurable outcome of matching health professionals providing culturally responsive care to communities experiencing health inequities. In addition, both programs participated in listening sessions in 2021 with other Oregon Primary Care Office staff and Health Care Workforce Committee members to develop an Equity Framework that guides developing resource allocations reviewed and approved by the Oregon Health Policy Board. The listening sessions were conducted with 29 community-based organizations and primary care practices representing communities experiencing inequities across Oregon.

Measurable outcomes that stand out amongst historically and currently underserved communities that **BHWDP** serves are:

- Improving the quantity of providers representative of the communities seeking services
- Making less disparate access to needed health (e.g. primary care and behavioral) services
- Improvement in successful treatment outcomes
- Decrease in Emergency Department visits
- Lower mortality rates associated with substance use, mental health, or co-occurring disorders

2. How will impacts be documented and evaluated?

HCPIP develops a report every two years as required by HB 3261 (2017) evaluating the effectiveness of financial incentives in improving the supply, distribution, and diversity of Oregon's health care workforce. The report's findings are used to determine future policy and procedures for incentives. Identifying gaps and areas of improvement is key in determining the changes needed to better support all communities in Oregon. The evaluation assesses the impact of providing financial resources to those most affected by historical inequities. With each evaluation comes a new iteration of the program that seeks to better support those who need loan repayment, scholarships or insurance subsidies. The evaluation has impact on scoring rubric updates and changes to funding allocations among incentives.

HOWTO was intended to expand the diversity of the healthcare workforce in Oregon. In the first grantmaking round in 2018, only one recipient was supporting culturally specific training. In the recent grantmaking round, all awarded grantees have components supporting culturally specific or responsive training programs. Program staff has started reviewing key data points in the progress reports. OHA and Oregon Health & Science University have discussed conducting an evaluation of HOWTO to assess impact and inform future grantmaking rounds.

BHWDP will document impacts through the recording of incentives and awardees under HB 2949 within the Workforce Development Program. Evaluation of the effectiveness of this program will be longitudinal in nature given we are measuring the impacts of engagement and implementation of the incentives of HB 2949 over time.

Appendix B. State of Oregon Racial Equity Toolkit

3. How will our communities participate in the evaluation process?

HCPIP will include several awardee testimonials (in addition to program data and Areas of Unmet Health Care Need report) in the upcoming evaluation that will provide qualitative information on program impact. HCPIP would like to include at least one testimonial that includes a less positive experience to show the range of support and troubleshooting that program staff provide to grantees and to suggest potential areas for improvement.

HOWTO asks grantees to provide information on program outcomes. HOWTO is planning to create a database later this year that summarizes this outcome information and include a summary in a Biennial Report planned for the end of 2021-23 biennium.

Communities will participate in the BHWDP evaluation process in a few different ways. The Community Leadership Council (CLC) is group of racially and geographically diverse professionals and individuals with lived experience who the Workforce Development Program seeks evaluative feedback from. In addition, Rules Advisory Committees (RACs) are opportunities for the community to provide evaluative type feedback around Temporary Oregon Administrative Rules (OARs) prior to them going from 'Temporary Rule' to 'Permanent Rule'. Other methods that have been utilized to receive community engagement, feedback and participation have been through culturally specific providers who meet consistently within the Health Systems Division within OHA.

The Oregon Health Authority continues to seek ways to maximize community voice. This has been identified as an area of improvement.

4. Are we achieving the anticipated outcomes?

HCPIP offered a targeted set of incentives pre-pandemic for primarily licensed professionals that achieved notable successes. However, COVID-19 has shown that market forces and economic factors ultimately play a major role in the training, supply, and distribution of the health care workforce. The current multiple workforce crises we are experiencing are a result of systemic disinvestment in economic development and community infrastructure. The upcoming evaluation of effectiveness provides an opportunity to examine accomplishments and areas for improvement.

For **HOWTO**, it is too early to ascertain as to whether grantmaking rounds are achieving the desired outcomes, especially given COVID-19 disruptions. OHA and Oregon Health & Science University have been discussing the need to develop a HOWTO evaluation that would help to guide the focus of future grantmaking rounds.

For **BHWDP**, it is too early to ascertain as to whether we are achieving the desired outcomes. This will likely become clearer by January 2023 as more programmatic data becomes available.

Appendix B. State of Oregon Racial Equity Toolkit

5. Are we having measurable impact in the communities?

HCPIP offered a targeted set of incentives pre-pandemic for primarily licensed professionals that achieved notable successes. However, COVID-19 has shown that market forces and economic factors ultimately play a major role in the training, supply, and distribution of the health care workforce. The current multiple workforce crises we are experiencing are a result of systemic disinvestment in economic development and community infrastructure. The upcoming evaluation of effectiveness provides an opportunity to examine accomplishments and areas for improvement.

For **HOWTO**, it is too early to ascertain as to whether grantmaking rounds are having a measurable impact in developing a culturally responsive workforce, especially given COVID-19 disruptions. OHA and Oregon Health & Science University have been discussing the need to develop a HOWTO evaluation that would help to guide the focus of future grantmaking rounds.

For **BHWDP**, it is too early to ascertain as to whether we are achieving the desired outcomes. This will likely become clearer by January 2023 as more programmatic data becomes available.

6. How are we consistently communicating our efforts with our communities and demonstrating our results?

HCPIP and HOWTO communicate our results through presentations and reports to the Oregon Health Policy Board and Health Care Workforce Committee, site visits, ORH and PCO communication channels, and outreach to community networks.

This has been identified as an area of improvement for **BHWDP**. There are communications that go out to the community, though it is unclear how effective OHA/Program communications are at informing the entirety of the state. Enhanced understanding around what communities need from a communication standpoint would be value added. There are currently project efforts that are specifically aimed at engaging in more effective and comprehensive community engagement and communication.

7. How do we collect and respond to feedback?

HCPIP collects feedback through meetings, emails, phone calls, and other methods. HCPIP reviews program data, conducts site visits, and receives feedback from awardees. HCPIP responds to helping awardees navigate changing life circumstances and maintain their service obligation. HCPIP uses data, feedback, and incentives provider workforce workgroup information to continually improve its incentives.

HOWTO collects feedback through progress reports and site visits. HOWTO works with grantees to provide technical assistance and support to grantees so they may successfully meet their program objectives and make modifications as appropriate. One idea that HOWTO implemented in January 2022 was convening the first All-Grantee meeting providing an opportunity for grantees to network, share information and best practices, and receive key HOWTO updates.

Appendix B. State of Oregon Racial Equity Toolkit

BHWDP can collect feedback in a few different ways. It can be through: Meetings with internal or external invested parties; emails are received through incentive specific email addresses; community members email staff members individually using individual state email addresses; or phone calls received from community members. These are just some of the ways in which feedback is received from community members.

Most often, unless otherwise requested, the response to feedback is generally responded to in the same communication manner as the feedback was initially relayed (e.g. if OHA receives a call with feedback, OHA would respond initially with a call back).

8. How do we use these results to continually reevaluate and improve our efforts?

HCPIP uses feedback from Oregon Health Policy Board and its Health Care Workforce Committee, awardees, practice sites, and professional and advocacy organizations to continually make changes to its materials and processes. One example is the Oregon Behavioral Health Loan Repayment program, which started in July 2021 based on behavioral health provider and Oregon Health Policy Board guidance. This incentive expanded loan repayment to include certified Qualified Mental Health Associates and allow service in different practice sites. This incentive experienced high demand and was successfully transition to HB 2949 incentives expanding eligibility criteria to be aligned with the legislation.

HOWTO used experience and input from other OHA grantmaking programs to make the recent 2022 grantmaking round more equitable. This included improved outreach; more emphasis on trauma-informed care, equity, and anti-racism; creating tools and supports for first-time grantees; an equity-informed scoring rubric; and a review process with community representatives paired with OHA staff to make funding recommendations.

BHWDP program team will continue to reevaluate and improve our efforts as necessary. It is too early to determine where we can improve with most of our current efforts in development phase.

9. How are we ensuring these partnerships do not exploit the communities we seek to engage?

HCPIP and HOWTO continually modify its incentives and grantmaking based on program data combined with participant and community feedback to avoid unintended consequences.

BHWDP will evaluate projects quarterly using a variety of methods depending on the incentive that the recipient is receiving. These methods include financial usage reporting and progress narratives. However, many incentive programs have not yet been operationalized and their evaluation methods are not concrete at this time. Additionally, having an open line of communication with awardees and providing technical assistance when needed will assist in building and maintaining trust with communities we seek to engage.

10. How will we operationalize equity and create accountability systems?

HCPIP, HOWTO, and BHWDP will operationalize equity and create accountable systems by:

Appendix B. State of Oregon Racial Equity Toolkit

- Establishing consistent 'two-way' communication with communities in the manner they prefer;
- Promoting accountability and transparency through making programmatic outcomes data available for program evaluation;
- Using data-driven decision making to identify areas of inequity in the field of health care and apply that data for incentive and resource deployment;
- Operationalizing the Equity Framework developed by the Health Care Workforce Committee and ensure all communities, including traditionally underserved communities (e.g. communities of color, tribal communities, LGBTQ), are not only informed of the resources of this program, but when possible, are present at the decision-making table; and
- Collaborating across health disciplines (e.g. Primary Care, Oral Health Behavioral Health), as well as internal (e.g., within OHA) and external (e.g., across all communities with a focus on traditionally marginalized communities) invested parties in working towards the elimination of health care inequities.

11. How will we ensure adequate capacity to implement strategies as outlined?

HCPIP and HOWTO have continued to evolve as opportunities are identified within staff capacity. The PCO has brought on new staff with different skills sets, diverse voices, and lived experiences that can think creatively about how to implement strategies and create new processes and partnerships to do things differently.

BHWDP will engage in continuous quality improvement (CQI) through the application of PLAN→DO→STUDY→ACT (e.g., Deming Model) processes.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Racial Health Equity Impact Statement

Chronic Disease Prevention in Oregon

Mobilizing to address root causes of chronic disease health inequities and disproportionate impacts on individuals, families and communities.

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Background and overview

Today in Oregon, the fundamental influences that shape a healthy life – access to healthy food, opportunities for physical activity, healthy housing, transportation, and financial stability – are out of reach for too many people. At the same time, Oregonians are surrounded by unhealthy products and places, from tobacco and alcohol advertising to environmental hazards and neighborhoods without sidewalks.

All these factors impact an individual's ability to make healthy decisions and reduce their risk of chronic disease. Many of these risk factors are driven by social determinants, such as unjust laws, policies, systemic racism, discrimination, oppression, and trauma that result in unequal access to chronic disease prevention resources and opportunities for maintaining lifelong health and wellbeing. In addition, a growing body of evidence demonstrates the link between Adverse Childhood Experiences (ACES) and chronic disease.

Many chronic diseases are exacerbated by climate change-driven environmental threats including excessive heat and wildfire smoke. The COVID 19 pandemic has exposed and exasperated the enormous burden that chronic diseases place on individuals, families and communities across Oregon,

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

as well as deep health inequities in our state. People living with chronic diseases such as diabetes, cardiovascular diseases, liver diseases, obesity, depression, dementia, and cancer are at higher risk for severe COVID-19 outcomes.

Community involvement in program and policy development is essential because laws, policies, and programs provide the greatest benefit to the communities that help shape them. Governments and other institutions have historically and currently excluded communities of color, people with disabilities, people who identify as LGBTQ+, immigrants, and other groups from making decisions about health laws and policies that directly impact their communities.

Resources for building partnerships and advancing tobacco prevention in Oregon have expanded in recent years. However, state and federal investments for addressing upstream drivers of chronic disease, such as building community partnerships, supporting community-driven policy, and funding prevention programs, remain critically limited. There is little federal or state funding to address excessive alcohol and other drug use and almost no funding for increasing physical activity and nutrition security at the population level. The need is greater than ever for advancing equity centered, multi-sector, community-driven efforts to ensure all people in Oregon can eat nutritious, affordable food; be active; live a life of abundance; and age well.

Currently, the Health Promotion Chronic Disease Prevention (HPCDP) Section administers approximately \$97.1 million biannually to support a range of chronic disease primary prevention initiatives in Oregon. HPCDP is housed within the Health Promotion and Prevention Center of the Oregon Health Authority – Public Health Division. Numerous other public and private partners contribute to chronic disease prevention in Oregon, including maternal child health, early childhood education, injury and violence prevention, adolescent and school health, environmental public health, clinical health systems, transportation, and housing.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Expanding and developing new approaches to chronic disease prevention in Oregon is especially timely given the release of HPCDP’s Health Equity Action Plan (HEAP) and anticipated updates to HPCDP’s Strategic Framework in 2022-23; emerging efforts to address the secondary impacts of the COVID-19 pandemic; and recent innovation at OHA to co-develop new funding and program opportunities that increase access to community specific and rural CBOs and other communities. Additionally, OHA is aligning programs and funding by using a shared risk and protective factors framework to understand the drivers of chronic disease risk factors.

As one of many partners advancing health equity in Oregon, HPCDP’s Health Equity Action Plan (HEAP) reflects two years of engagement with Oregon’s five Regional Health Equity Coalitions (RHECs) and the Oregon Office on Disability and Health to identify goals and strategies for addressing gaps in chronic disease prevention equity practices across all program areas. This includes building staff and systems capacity (both internal and external) to change processes and infrastructure to ensure diverse community voices are shaping programs, policies and funding decisions to eliminate health inequities in Oregon.

Finally, Oregon’s current and emerging chronic disease prevention efforts are informed by key goals outlined in the Maternal Child Health Block Grant - Title V Program; the 2020-25 State Health Improvement Plan, Healthier Together Oregon; and Oregon’s Strategic Plan for Substance Use Services which all elevate the need for equity-focused programs and policies prioritized by and co-developed with community partners.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Tobacco Prevention and Cessation

Agency team

The team includes 25.00 FTE tobacco prevention staff and 2.50 manager FTE in total. Lead program staff include Sarah Wylie, Tobacco Retail License Program Manager; Steve Fiala, Tobacco Equity Community Partnership and Policy Lead; Leah Festa, Community Programs Lead; Rebecca Garza, Health Promotion Strategist and Communications Team Lead; Sari Hargand, Lead Tobacco Epidemiologist; Helen Kidane, Social Epidemiologist; Lily Banning, Tobacco Policy Analyst; Vaida Liutkute-Gumarov, Tobacco Policy Analyst; and Ophelia Vidal, Health Systems Policy Analyst. Total biennial operating budget for tobacco prevention and cessation work is approximately \$48.3 million.

Overview of program

Oregon Public Division's (PHD) Health Promotion Chronic Disease Prevention (HPCDP) Section administers data and evaluation, tobacco cessation, and other state and community interventions using a comprehensive, integrated approach. This occurs through increasing the cost of tobacco; increasing the minimum age of tobacco purchase from 18 to 21; regulatory functions such as the Oregon Indoor Clean Air Act and Tobacco Retail Licensing; community prevention grants administration and oversight; statewide communications to share information about quitting resources and prevention strategies; capacity building through coordinated training and technical assistance; and increasing access to cessation support through full cessation coverage in all health plans and the Oregon Tobacco Quit Line.

Commercial tobacco prevention and cessation interventions are self-reinforcing. Commercial tobacco prevention fosters environments to prevent initiation of commercial tobacco and help people who want to quit to be successful through policy protections like smoke-free spaces and free quit medication. Cessation facilitates social norms that prevent commercial tobacco initiation, disrupts intergenerational patterns that increase risk, and bolster protective factors against commercial tobacco use. This work is

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

done in collaboration with Oregon’s 36 counties, 76 culturally specific community-based organizations, nine federally recognized Tribes, five Regional Health Equity Coalitions (RHECs), health care providers, and other advocacy groups across the state.

Despite steady and significant reductions in tobacco use, many communities continue to experience disproportionate harms from commercial tobacco use including Native American/Alaskan Native, Black/African American/African, Pacific Islander, Latino/a, Asian, LGBTQ2SIA+, people with disabilities and people living with mental and other behavioral health issues. These health inequities result from variations in policy protections; the tobacco industry’s continued targeting of under-resourced communities; underlying social and structural inequities, including systemic racism; and the resulting stressors experienced inequitably by communities of color, low-income communities, and people with disabilities.

As policies that help people quit or prevent youth from starting tobacco use expanded, communities with higher incomes benefited more and decreased tobacco use more rapidly relative to communities with lower incomes. For example, smoke-free homes and housing policies have expanded, but people who rent are still more often exposed to secondhand smoke. In turn, secondhand smoke exposure causes health problems even among people who don't use tobacco and can make it harder to quit for people who are addicted to nicotine.

Program examples

Below is a snapshot of community-based, community-centered approaches to comprehensive tobacco control, prevention, and cessation in Oregon:

- **Regional Health Equity Coalitions (RHECs)**. Since 2014, OHA-PHD-HPCDP and the Oregon Office of Equity and Inclusion have co-funded five Regional Health Equity Coalitions (RHECs) to build

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

both OHA's and communities' capacity to reduce health inequities through policy, system, and environmental change strategies. RHECs are community led, cross-sectoral regional groups that mobilize underrepresented communities experiencing health inequities in Oregon. RHECs provide guidance to OHA on culturally responsive outreach, community engagement, and advocacy efforts. Most recently, HPCDP closely consulted with RHECs on HPCDP's new Health Equity Action Plan (HEAP).

- **Smokefree Oregon (SFO)** is OHA's primary tobacco prevention communications brand. Smokefree Oregon is a mass reach health communications brand that seeks to change social norms related to tobacco use, educates the public about the tobacco industry's continued targeting of Tribal communities, communities of color, and person living with low incomes, and highlights ways Oregonians can mobilize against the tobacco industry and promote community-driven tobacco prevention policy. Smokefree Oregon also supports two community-specific sub-brands that promote culturally and linguistically specific prevention and cessation communications, including:
 - **Oregon Native Quit Line** is a culturally specific commercial tobacco cessation initiative for American Indians and Alaska Native people in Oregon. The campaign includes unique materials and stories from Oregon's nine federally recognized Tribes and two native serving organizations. Materials feature spokespeople encouraging others to quit or never use commercial tobacco. The project incorporated the principle of media sovereignty by only using materials or images created for the campaign for ongoing culturally relevant cessation and prevention activities, unless OHA receives the express written permission of the participating Tribe or Tribal organization. The project ensured participating Tribes and native serving organizations held all assets (photography, video footage) for their own use. This effort was supported by OHA, Northwest Portland Area Indian Health Board (NPAIHB), Buffalo Nickel Creative, and Metropolitan Group. See the following link to view Oregon's Native Quit Line www.nativequitline.org.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

- **Vive sin Fumar** is a culturally and linguistically specific tobacco prevention campaign co-created with Latino/a community members in Oregon. OHA-PHD-HPCDP researched and produced “Vive sin fumar” entirely in Spanish to reflect the cultural contexts and lived experiences of communities across the state. Focus groups with Latino/a communities in Portland, the Salem metro area, Hermiston and surrounding areas informed the themes of the campaign which emphasize connection, community, support and a sense of belonging. Characters in the campaign are based on stories shared by community members and resources available through the website highlight the supports communities stated they need most to support quitting and living a tobacco-free life. All materials, including toolkits and creatives, are available only in Spanish. See the link to view Vive sin Fumar at www.vivesinfumar.com.
- **Nicotine Treatment & Recovery Project** seeks to improve access to treatment and cessation services for people who use commercial tobacco or nicotine and who also have behavioral health needs. Oregonians with behavioral health conditions, including mental illness and substance use disorders, are disproportionately impacted by tobacco use. Nationally, people with behavioral health needs smoke at two to three times the rate of the general population, and nearly half of all annual deaths from smoking are among people with behavioral health conditions. This project is led by an expert panel of behavioral health and other community partners, including people with lived behavioral health experiences. The first phase of the project included a survey of 29 outpatient SUD facilities to assess barriers and opportunities to improve commercial tobacco or nicotine treatment practices and policies. There are opportunities to expand this work and center community voice by including more direct community engagement on cessation service design and explicitly centering Tribal communities and communities of color.

Equity Initiative Spotlight: Measure 108, Tobacco & E-Cigarette Tax Increase

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Overview of Ballot Measure 108, Tobacco and E-Cigarette Tax Increase

In 2020, Oregon voters passed “Tobacco and E-Cigarette Tax Increase for Health Programs” (Ballot Measure 108) into law as a legislatively referred state statute, marking a once-in-a-generation opportunity to significantly reduce tobacco use inequities in Oregon through this new revenue source.

OHA committed to using an equity-centered community driven engagement process to allocate these new funds. Through a formal Tribal Consultation process, Oregon’s nine federally recognized tribes received \$20 million in funding to support implementation of tribal specific commercial tobacco prevention and cessation services. Through a nine-month community-led allocation planning process with 21 community-based organizations (CBOs), OHA allocated an additional \$20 million to fund CBOs and RHECs to address the social determinants of commercial tobacco use in their communities.

Community advisors recommended that OHA prioritize funding to culturally specific community-based organizations; and that funding be flexible enough to address social determinants of health in addition to tobacco prevention and cessation. In 2021, OHA subsequently incorporated CBO advisory group recommendations into a new competitive CBO funding opportunity developed in collaboration with eight other OHA-PHD programs. The OHA-PHD received 114 applications for Commercial Tobacco Prevention funding with budget requests totaling more than \$40 million (double the \$20 million in available funding). The application review team consisted of 17 OHA staff and 7 community advisors (community advisors were compensated through stipends for their time and expertise).

The CBO advisory group’s priorities guided the application review process, with a focus on addressing the disproportionate impact of commercial tobacco on Black, Indigenous, and people of color communities; applications from smaller, new, and emerging organizations; applications reflecting cross-sector partnerships (i.e., housing, transportation, health care, and education); and applications from organizations that work with people with intersecting identities (e.g. people with disabilities who also identify as LGBTQIA2S+).

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Impact of Community Feedback on Program Implementation

Convening and empowering the CBO Advisory Group to guide decision making required OHA-PHD to make significant changes in organizational culture and practice, including 1) acknowledging inherent power dynamics of being both a funder and a public institution with a history of causing trauma on communities; 2) limiting staff involvement in the community budgeting process; 3) contracting with an external, neutral, culturally supportive external facilitator to support advisory group deliberations; and 4) ensuring full consideration and implementation of the recommendations whenever possible.

Acknowledging the impact of disinvestment in the evaluation of culturally specific approaches and limited inclusion of historically marginalized communities in evidence-based programs, this process reflects a culture shift from solely relying on evidence based best practices to creating space for community priorities and wisdom in OHA's program and budget priorities. Oregon's tobacco prevention and education portfolio now includes a broader spectrum of activities than previously funded. These range from culturally relevant cessation supports to activities that address the social determinants of health (food security, employment, housing, transportation, etc.).

Additionally, CBO community advisors recommended that most of available funding be prioritized for organizations that explicitly lead with race and/or apply an intersectional approach to their work that acknowledges the impact of racism on health. OHA-PHD operationalized this recommendation by requiring applicants to address these requirements in their proposals resulting in the majority of funding being allocated to culturally specific organizations serving communities of color.

Operationalizing the recommendation of leading with race has challenged the current system of grant making and contains a focus on supporting "priority populations" that also included rural, low-income, LGBTQ2SIA+ communities. The concentration of final grantees in more urban areas resulted in some critical feedback that OHA-PHD was not ensuring geographic equity. The ability to fund work that addresses social determinants of tobacco use required caps on how much CBOs can spend on

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

incentives (gift cards and other stipends) and other direct aid (e.g., housing or utility stipends). While these barriers reflect the context of public stewardship for the funds, they impacted OHA-PHD's ability to fully implement community recommendations and warrant further discussion in the future.

Community Engagement, Resource and Budget Allocation

Using a participatory budgeting approach for the new tobacco tax revenue accelerated OHA-PHD's shift from a historical position of "consulting" (characterized by obtaining feedback from community on pre-determined approaches) to "collaborating/empowering" where OHA partnered with the CBO advisory group on decisions related to activities and organizations eligible for the new funding and implemented the group's funding recommendations unless legally constrained.

Communities represented through the 21 CBOs serving on the advisory group helped to shape decisions about the process for allocating new revenue, the scope of eligible activities, and the types of organizations prioritized for funding. CBO advisors met monthly as a core group, and additionally through smaller technical subgroups. Advisors received a stipend to support their participation in the planning process and acknowledge their contributions and expertise. At the request of advisors, all meetings were facilitated by an external facilitator with experience in culturally supportive facilitation and only one OHA-PHD staff person attended the advisory and technical subgroup meetings.

CBO community advisors subsequently participated in reviewing 114 applications submitted for CBO Commercial Tobacco Prevention funding (as part of the broader 2021 CBO Public Health Funding Opportunity). Seven community advisors served on the review panel (supported with stipends for their time and expertise), which resulted in the selection of 74 CBOs for Commercial Tobacco Prevention funding, the vast majority of which demonstrated an explicit commitment to lead with race (one of the key recommendations from the CBO Advisory Group).

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

OHA has historically relied on funded partnerships with county public health departments, as well as statewide coalitions of tobacco prevention partners (e.g., Oregon Partners for Tobacco Prevention) to inform state policy priorities. In Fall 2022, PHD-HPCDP and the CBO Tobacco Advisory Group will begin developing a permanent community governance group to guide future funding and program decisions of Oregon’s Tobacco Prevention and Education Program for the long-term. This will include determining how to bridge community governance with other existing governance bodies representing local government, advocacy organizations and other public and private partners. This change process is critical to ensure meaningful engagement of CBOs in developing state policy priorities in the future.

Data Collection and Analysis

OHA-PHD uses a wide variety of data to inform program budgets and decision-making. Data sources include, but are not limited to, population surveys of adults and youth, hospitalizations, emergency department visits, vital records, and cancer incidence. These data sources contain demographic information, with some having more granularity than others. Innovative data collection efforts are underway to gather better data for specific communities. For example, HPCDP is working with the Oregon Office of Equity and Inclusion to assess Sexual Orientation and Gender Identity (SOGI) questions and data collection among youth.

Available tobacco data shows the following:

- Tobacco use is the number one preventable cause of death in Oregon, responsible for more than 8,000 deaths annually. Tobacco disproportionately affects Black/African Americans, American Indian/Alaska natives, people experiencing poor mental health, and people living with lower incomes in Oregon.
- Black/African American people are disproportionately targeted by the tobacco industry and smoke at higher rates than their white counterparts in Oregon.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

- 58% of African American Oregonians who smoke use menthol cigarettes compared to 15% of white, non-Latino cigarette smokers. Menthol can be more harmful than other tobacco and is disproportionately marketed to Black/African American communities.
- Among Oregonians who report experiencing poor mental health approximately one in four (26%) smoke while only about one in seven (14%) of people who report not experiencing poor mental health smoke.
- People with chronic mental illnesses live 25 fewer years, on average, than the general population, largely because of tobacco-related health conditions.
- About one in three Oregonians with a household income of less than \$20,000 a year smoke. In comparison, about one in 10 Oregonians with a household income of more than \$50,000 a year smoke.
- In Oregon, 22% of people who rent are exposed to secondhand smoke compared to only 15% of people who own their home.

OHA-PHD's existing surveillance infrastructure and data sources reports on performance measures and informs evaluation questions. The data sources include the Behavioral Risk Factor Surveillance System (BRFSS), Oregon Student Health Survey, Health Promotion & Chronic Disease Prevention (HPCDP) Policy Database, and Oregon Tobacco Prevention Panel Survey. In addition, HPCDP uses special data sets to inform program design and evaluation for populations experiencing health inequities and for local communities. The BRFSS Race Oversample is a BRFSS survey of racial and ethnic minority adults that supports evaluation and program design related to disparities experienced by these communities. PHD-HPCDP also combines several years of BRFSS data to provide county-level and LGBTQ2S data for local tobacco prevention planning and evaluation purposes.

Chronic disease and related risk factors data is shared to constituents at the highest granularity of demographic data feasible and is available at

<https://www.oregon.gov/oha/ph/diseasesconditions/chronicdisease/datareports/pages/index.aspx>

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Partner and Community Engagement in Evaluation Activities

Ensuring key program staff and partners are engaged in the evaluation and performance measurement planning process is a critical component of each evaluation project. As a standard of practice, HPCDP's tobacco evaluation team convenes a core user group to build capacity for evaluation and to provide ongoing feedback to inform the plan.

Chronic disease data are reviewed both internally and externally with community partners, such as the OHA policy team, legislators, Regional Health Equity Coalitions, Ballot Measure 108 Advisory Committee, Local Public Health and Prevention Departments, the Alcohol and Drug Policy Commission (ADPC) and others to inform funding and program strategy decisions.

OHA-PHD HPCDP evaluates tobacco-related data on youth, adults and traditionally under resourced populations in Oregon to ensure programs are appropriate and effective. This includes expanding standard data collection methods to implement novel methods to reach those most affected by tobacco. Small sample sizes and unique needs of communities lead to challenges in standard evaluation practices, and HPCDP has been adapting its approaches to evaluation in recent years in response to those challenges. For example, HPCDP is identifying community partner organizations that represent urban Native Americans, high needs youth, and people with behavioral health conditions to improve evaluation and community-based evaluation practices for these groups. Historically, PHD-HPCDP has had few systems or partnerships to support community-based participatory or community-led evaluations of the section's program and policy work.

However, the section is currently evaluating the CBO Advisory Group process that determined how new tobacco tax dollars would be most equitably allocated to communities experiencing tobacco use inequities. This evaluation will inform future participatory budgeting processes in the section and ideally across OHA divisions and programs.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

In addition, HPCDP is staffing and fiscally supporting an evaluation of the Public Health Division's first Public Health Funding Opportunity to CBOs released in December 2021. This evaluation will inform ongoing efforts to innovatively braid and blend siloed public health funding streams to sustainably resource community-led projects focused both on chronic disease risk factor reduction and addressing inequities in the social determinants of health.

HPCDP is also currently seeking an evaluation contractor to support convening a group of HPCDP staff, county tobacco prevention partners, and CBOs funded for commercial tobacco prevention to co-develop a shared vision for commercial tobacco prevention in Oregon, as well as related measures of success and a theory of change to guide program and policy priorities. HPCDP also received an additional staff position for a Social Epidemiologist funded through Ballot Measure 108 to specifically improve equity-focused data collection, analysis, and evaluation to inform tobacco and social determinants of health programming.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Alcohol & Other Drug Prevention and Education

Agency team

Tatiana Dierwechter, HPCDP Interim Section Manager/AOD Prevention Manager; Amanda Cue, Alcohol Policy Analyst; Vicky Buelow, Alcohol Research Analyst; Rebecca Garza, Health Promotion Strategist; Will Burchard, Research Analyst, Alcohol Drug Policy Commission; Julie McFarlane, Rape Prevention Education Coordinator; and Dagan Wright, Senior Injury Epidemiologist. Total biennial operating budget for alcohol and other drug primary prevention work is approximately \$12.2 million.

Overview of program

OHA-PHD's Health Promotion Chronic Disease Prevention Program (HPCDP) provides overall administration of alcohol related primary prevention strategies. Program infrastructure includes data and evaluation, health communications, state level program and policy interventions, and funding directly allocated to communities to plan and implement strategies that prevent alcohol and other drug use across the lifespan through local and regional community mobilization and advocacy.

The Alcohol and Other Drug Prevention and Education Program (ADPEP), funded primarily by the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, as well as the Centers for Disease Control and Prevention (CDC), state general funds and state marijuana taxes works to reduce excessive alcohol use and associated chronic and acute health harms. Primary prevention strategies include raising the price of alcohol; increasing access to comprehensive alcohol screening, referral, and treatment; maintaining state control for distilled spirits; increasing regulation of alcohol outlet density and retail environments; and limiting exposure to and access to alcohol. Community or tribal based ADPEP prevention strategies include Tribal Based Practices, coalition building, school-based prevention programs and supports or environmental prevention and community mobilization.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Additional funding through OHA-PHD's Rape Prevention and Education (RPE) grant supports environmental strategies to reduce alcohol outlet density. New funding through the Injury and Violence Prevention (IVPP) Program is increasing opportunities to partner across OHA Divisions to expand alcohol prevention initiatives, given alcohol is often associated with injuries related to vehicular related accidents, drug overdoses, suicide, and gun violence.

Over the last seven years, OHA-PHD has worked towards the goal of building a comprehensive prevention program addressing alcohol and other drug use that parallels the more robust infrastructure of tobacco prevention and cessation. This work occurs in collaboration with Oregon's 36 counties, culturally specific organizations, nine federally recognized Tribes, and five Regional Health Equity Coalitions (RHECs). In addition, HPCDP coordinates closely with OHA-HSD's Child and Family Behavioral Health Program; Addiction Treatment, Recovery and Prevention Unit; Medicaid Policy and Partnerships Team; and Health Policy & Analytics to align efforts across the substance use continuum of prevention, treatment and recovery.

Program examples

Below is a snapshot of alcohol related program activities in Oregon.

CDC Alcohol Epidemiology Grant

In 2021, CDC awarded Oregon a competitive five-year grant to increase capacity in alcohol epidemiology and excessive alcohol use prevention. Funding supports a new 1.0 FTE epidemiologist dedicated to strengthening alcohol related data systems that inform and expand alcohol prevention program, systems and policy infrastructure in Oregon. A new alcohol data dashboard will increase access to data for planning, program development and policy efforts. These efforts will also in tailoring information and communication, educate and mobilize community partners, and inform policy decision

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

makers about the importance of population-level, primary prevention interventions that prevent and reduce excessive alcohol use.

Alcohol Density Work Group

The AOD Prevention Alignment Team convenes an “Alcohol Outlet Density” (AOD) workgroup with representation from across OHA-PHD and the Transportation Growth Management Program. The group met four times between July 2021 and March 2022. At the March meeting, it was determined that a technical sub-workgroup of analysts would begin meeting to work on the technical aspects of methodology and mapping. Members of this smaller workgroup were identified, and it started meeting monthly in May 2022. The workgroup is currently classifying alcohol outlet license types into categories appropriate for mapping retail and non-retail and on- and off-premises. These categories may evolve as the mapping work moves forward.

Equity Initiative Spotlight:

Overview of OHA’s excessive alcohol use communications campaign, Rethink the Drink

Excessive alcohol use is an urgent issue, leading to suffering in our communities, however alcohol is also a complex substance. Community relationships with alcohol range from this substance being used as a tool of economic opportunity and to strengthen community bonds or decrease isolation, to thousands of years of cultivation and use in religious or cultural settings, all the way to alcohol being used as a tool for social oppression and colonization.

Over the last five years, OHA-PHD has worked with a diverse array of public, private and community partners; research and evaluation contractors; and communications consultants to develop the country’s first statewide communications infrastructure to reduce excessive alcohol use. The Rethink the Drink (RTD) mass reach communications brand includes a website, social media, paid media, earned media, campaign evaluation, and continuous support for partners through engagement and technical

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

assistance. The target population for RTD includes all adults in Oregon ages 21 and older who do not have an Alcohol Use Disorder (AUD).

The brand and first campaign launched on June 27, 2022, and initially runs through September 2022. The website, social media, and partner technical assistance and support will be available in perpetuity as funding allows.

RTD's aims to reduce the harms associated with excessive alcohol use including preventing AUD, by reaching the 90% of people who drink excessively who are not alcohol dependent. More information is available at www.rethinkthedrink.com.

Community engagement and resource and budget allocation

OHA-PHD co-created RTD through the Reducing Excessive Alcohol Leadership (REAL) Task Force, a collaboration representing over 30 strategic partners including local county public health departments, Tribal and non-profit organizations, and other state entities. Examples include Benton County Health Services, Lines for Life, Oregon Office of Disability and Health, Oregon Recovers, and Oregon Sexual Assault Task Force.

The REAL Taskforce met monthly from January to June 2021 and determined the brand's creative foundation, logo, and overall strategic direction. Since then, OHA-PHD has convened additional opportunities for input through group or individual settings. HPCDP worked to ensure accessible engagement opportunities, changing course as feedback was received, with the express commitment to engage partners when they felt ready to participate. Engagement opportunities continue at every stage of development such as discussing focus group findings, reviewing creative materials, designing evaluation protocols, and providing direction for next steps.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Despite the challenges of convening the REAL Taskforce during the Covid-19 pandemic, participants expressed support in moving the project forward, given early data showing increased alcohol use among Oregonians as they coped with the impacts of the pandemic and alcohol became more readily accessibility through changes in policies such as cocktails to go. Ultimately, the taskforce created an umbrella brand to start community conversations about excessive alcohol use broadly across the state, with the explicit mission of creating community-specific communications tools as relationships developed and community needs are identified. Rethink the Drink is a foundation for alcohol prevention communications with the vision of elevating the complex stories about excessive alcohol use among diverse communities through Oregon in the years ahead.

RTD shares information in ways that are easily accessible, especially to populations that may not have ready access to health information. RTD uses a non-shaming approach to build relationships with community leaders, highlighting data and other information about the harms of excessive alcohol use with the public. RTD acknowledges that alcohol use is a complex issue and encourages everyone to pause and reflect on how alcohol shapes individual, family and community health. OHA-PHD hopes this approach will build a shared understanding of the health risks of excessive alcohol and open the door to further nuanced, culturally and linguistically specific conversations in later stages of the campaign.

Impact of community feedback on program implementation

Partner feedback has guided budget decision making throughout RTD development. This has included providing training and technical assistance for local communities, being flexible with utilizing creative elements of the campaign, ensuring creative materials are developed in many languages; and ensuring that rural Oregonians are emphasized in the paid media buy. For example, after hearing feedback on the need to reach rural Oregonians, OHA-PHD changed the paid media buy for the campaign to include newspaper and radio ads solely in rural counties.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

OHA-PHD is now conducting an equity and alcohol use narrative inquiry project which includes semi-structured interviews with diverse community leaders to document their stories about the complex ways in which excessive alcohol use impacts their unique communities. This can open doors to people, organizations, and communities whose voices haven't previously been included in adult alcohol prevention narratives. OHA-PHD will build the next stage of RTD based on this and other community feedback to ensure materials reflect community needs and counter industry influences that harm communities.

Community engagement and research will continue to inform the brand's evolution and future media and communications efforts. RTD utilizes population level data, culturally specific focus groups, and contractors with established experience engaging culturally and linguistically diverse communities. For example, the campaign produced "How Many Drinks in a Week" video spot in both English and Spanish, and it was also created as a "Spanglish" spot ([see here](#)) to reach second and third generation Latino/a audiences who live their lives in both languages or who have Spanish as a heritage language. In addition, the campaign features unique, Spanish language-only videos shown to be effective with Spanish speaking communities based on audience testing. OHA-PHD changed the paid media plan based on recommendations from culturally specific focus groups; for example, based on areas of the state with more or fewer Spanish language media outlets.

As community interest and funding is identified, OHA-PHD will utilize similar approaches emphasizing community preferences, flexibility and innovation in other community-specific initiatives.

Data Collection, Analysis and Evaluation:

Alcohol use drives many pressing health and social challenges and inequities in alcohol related harm. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use contributes to adverse childhood experiences (ACEs) such as domestic violence, child abuse and neglect; risky sexual behavior; stillbirths, miscarriages, fetal alcohol syndrome disorders and other birth defects;

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

suicide attempts and deaths by suicide; car crashes and serious injuries; lower educational outcomes; heart disease, liver disease, cancer, drug and alcohol dependence, among others.

These alcohol-related harms most affect communities already experiencing other health and economic disparities. Alcohol is disproportionately available for sale in lower-income neighborhoods, and systemic racism, discrimination, oppression, toxic stress, and trauma have created and continue to perpetuate these inequities and related harms. The alcohol industry has further harmed low income and racial and ethnic communities with targeted alcohol advertising and overconcentration of alcohol outlets in these neighborhoods. The negative harms from excessive alcohol use disproportionately impact those with lower education and racial and ethnic populations, despite consumption rates that are generally lower than white Oregonians.

Available alcohol related data shows:

- Overall, alcohol is the third leading cause of preventable death in Oregon and is responsible for over 2,100 deaths annually.
- Excessive alcohol use and associated problems are on the rise. In Oregon, alcohol-related deaths have increased 34% since 2001 – with more than 2,100 deaths in 2020 alone.
- Deaths directly attributable to alcohol increased by over 20% in a single year (2019-2020) during the COVID pandemic (Oregon Vital Records).
- Alcohol sales in Oregon reached an all-time high during this same period (Oregon Liquor Control Commission).
- Alcohol use is a risk factor in nearly 1 in 5 (18.9%) unintentional drug overdose deaths in Oregon (2020 SUDORS).
- The rate of alcohol-related deaths in Oregon is more than double among American Indians and Alaska Natives (94 per 100,000) compared to any other racial or ethnic group (45 per 100,000 among non-Hispanic whites) (Oregon Vital Records).

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

- The percentage of women in Oregon who use alcohol and binge drink is higher than the national average. This correlates with a higher rate of Fetal Alcohol Syndrome (FAS). Oregon studies show that children and youth with FAS are over-represented in the foster care system and FAS creates lifelong impacts on the child, the family, and society.

Excessive drinking places a heavy burden on Oregon’s behavioral health system. Alcohol Use Disorder (AUD) is the most common substance use disorder (SUD) in the state and Oregon has the highest untreated SUD rate in the nation (2020 National Survey on Drug Use and Health). In contrast, spending and investments in alcohol and other substance use and abuse prevention relative to treatment remains very low (SB 1041 report for Criminal Justice Commission). The passage of Oregon’s Ballot Measure 110 in 2020, the Drug Addiction Treatment and Recovery Act, re-directed hundreds of millions of dollars for increased screening, access to treatment and recovery services and peer supports, but did not include funding for substance use primary prevention as part of the continuum of care investments.

All told, excessive alcohol use is estimated to cost the Oregon economy \$4.8 billion in 2019, or roughly \$1,100 per person. This includes lost labor productivity, health care expenses, criminal justice costs, motor vehicle crashes and social welfare. It is estimated that over half of this cost (\$2.6 billion) are public costs imposed on all Oregonians (ECONorthwest, 2020).

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Physical Activity & Nutrition

Agency team

Stephen White, Manager for Community Policy, Systems, and Environmental Change; Meredith Knowles, Nutrition and Physical Activity Policy Specialist; Anne Celovsky, Nutrition and Physical Activity Research Analyst; Vacant, Social Determinants of Health Strategist; Cheryl Alto, Women, Infant and Children’s Program Manager; Kim Tham, Environmental Public Health Manager. Total annual operating budget for physical activity and nutrition prevention interventions administered through HPCDP is approximately \$36.6 million per biennium.

Overview of program

A resilient food system provides enough food to meet current needs while maintaining healthy systems that ensure food for future generations. Poor nutrition and diet are a major factor for multiple chronic diseases for both youth and adults, including type 2 diabetes, heart disease, stroke, cancer, metabolic syndrome, and others. Data shows that physical inactivity and poor nutrition and diet quality are common risk factors among Oregonians leading to serious yet preventable diseases such as diabetes and heart disease. Together, these risk factors contribute to obesity which is the second leading cause of preventable death in Oregon, responsible for 2,600 deaths annually.

Many households in Oregon struggle to afford healthy food. Oregon has one of the highest rates of food insecurity in the country, especially in families with children. Some people, especially in rural areas of the state, must travel long distances to access a full-service grocery store. Others live in neighborhoods fewer places to buy affordable fresh fruits and vegetables (sometimes referred to as “food deserts” or Low-Income / Low-Foodstore-Access tracks by the USDA). The Covid-19 pandemic has exasperated food insecurity in Oregon, with 25% of Oregonians experiencing food insecurity in 2020, up from roughly 10% in 2019.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Walking is the easiest way for most people to get more physical activity, including people with disabilities who can move with assistive devices such as wheelchairs and walkers. Time spent walking and moving can also improve muscle strength and flexibility, cardiorespiratory fitness, joint health, bone density, sleep quality, and it can also help with managing weight stress and overall mental health. People who meet the CDC's guidelines for physical activity have reduced risk of developing multiple chronic conditions including heart disease, type 2 diabetes, multiple cancers, overweight/obesity, arthritis, stress, depression, and others.

Policies and programs that create more walkable environments and encourage walking for transportation and leisure can help people get more exercise, safely reduce their risk of chronic disease and help manage many chronic conditions they may already have. Improving walkability in communities with high proportions of people with low incomes and people of color can also help reduce health inequities. These communities have experienced systemic discriminations and less access to healthy environments. This has resulted in higher rates of chronic diseases that may improve with walking and physical activity.

Overall, OHA-PHD has limited resources dedicated to promoting interventions for physical activity and nutrition. This significantly limits the capacity of the agency to advance access to nutrition and physical activity among Oregonians, especially among priority populations. The consequences of not responding to these community needs is dire, and has long term, multigenerational health consequences. Flexible, sustainable funding is critical to prioritize nutrition security and access to safe physical activity. Funding that accommodates alternative ways of evaluating physical activity and nutrition interventions in a weight-neutral way is also important. Policy, systems, and environmental change strategies must be prioritized to move the needle upstream and acknowledge that nutrition and food security as an economic driver of significant health inequities.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Program examples

Below is a snapshot of physical activity and nutrition related program activities in Oregon:

Sodium reduction initiative

Excessive sodium consumption is wide-spread and directly contributes to the chronic disease burden of Oregonians. In the past, CDC funded OHA-PHD-HPCDP to reduce sodium consumption by leveraging the impact of institutional policies, including improving purchasing policies and food service guidelines across diverse public and private venues. Aligned with CDC priorities for implementation of sodium reduction strategies in congregate settings, OHA identified Oregon State Hospital (OSH), the Oregon Department of Education (ODE), and the Oregon Department of Corrections (ODOC) as priority venues. With 14 facilities across Oregon, ODOC is a large-scale venue with capacity to implement broad reach and sustainable strategies to reduce sodium intake. ODOC and the Food Innovation Center participated in OHA-PHD's Sodium Reduction Coalition, a collaborative workgroup convened to coordinate sodium reduction strategies and share information across multiple partners. This project ended in December 2021 and is no longer funded by the CDC.

Diabetes prevention in health systems

The National Diabetes Prevention Program (National DPP) is a community-based year-long lifestyle change program designed to prevent or delay the onset of type 2 diabetes. The program is led by a trained lifestyle coach, often a peer leader or a community health worker, and focuses on physical activity, nutrition, managing stress and overcoming challenges. Since 2016, OHA-PHD-HPCDP has collaborated with other OHA divisions, Coordinated Care Organizations (CCOs), and community-based organizations to demonstrate the effectiveness of the National Diabetes Prevention Program (National DPP) for Medicaid beneficiaries. This included pilot projects with culturally specific CBOs serving communities of color to ensure culturally and linguistically responsive National DPP programs. OHA-PHD has worked to expand access to these programs across Oregon after National DPP becoming a

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

Medicaid covered benefit in January 2019. This includes work with OHA Health Systems Division, Coordinated Care Organizations, and external partners to include online diabetes self-management programs, National DPP in alternative settings, and chronic disease self-management education programs.

Oregon Department of Transportation (ODOT) and OHA Intergovernmental Governmental Agreement (IGA)

ODOT and OHA meet quarterly to coordinate and align health and transportation initiatives through this IGA. This includes supporting an Oregon team of state, county and local partners to participate in CDC's Walkability Institute and convening regional Health and Transportation Summits through the Transportation Growth Management Program. Emerging opportunities including jointly supporting new community-based organizations conducting climate and health work through Oregon's public health modernization funding and outreach through ODOT's new Innovative Mobility Initiative which is allocating funding through the American Rescue Act to engage communities of color, low-income communities, and people with disabilities in designing transportation alternatives to auto use.

Equity Initiative Spotlight:

Overview of the State Partnerships Improving Nutrition and Equity (SPINE) project

The State Partnerships Improving Nutrition and Equity (SPINE) Project is working to address economic and social conditions limiting food and nutrition security across the life span. This one-year project (January – December 2022) is funded through the National Association of Chronic Disease Directors (NACDD) to strengthen relationships with community-based organizations involved in equity-centered food and nutrition security policy, programs, and initiatives. The project aligns with Oregon's 2020-25 State Health Improvement Plan, Healthier Together Oregon (HTO) by:

- Increasing access to affordable, healthy, and culturally appropriate foods for priority populations, including people of color and low-income communities

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

- Building a resilient food system that provides access to healthy, affordable, and culturally appropriate food for all communities
- Strengthening the public health infrastructure for establishing relationships and partnerships with equity-centered community-based organizations involved in food and nutrition security policy, programs, and initiatives; and

The project is statewide, but community-driven, with activities focusing on training and technical assistance convenings as identified and led by partners. OHA-PHD designed the project to elevate community leadership and knowledge. The Oregon Community Food Systems Network (OCFSN) is the lead partner for the project and their leadership team guides the direction of the work. OHA staff provide logistical and technical assistance with grant writing, reporting, and other requests, but programmatic direction is led by OCFSN. OHA staff also participate in a centralized cross-sector food and nutrition security workgroup that includes Maternal and Child Health, Women, Infant and Children (WIC) Environmental Public Health, OHA Transformation Center, and the Office of the State Public Health Director. Efforts are underway to include future participation from Department of Human Services. More information about the Housing and Food implementation area can be found at:

<https://healthiertogetheroregon.org/housing-and-food/>

Community engagement and resource allocation

Healthier Together Oregon (HTO), the 2020 – 2024 State Health Improvement Plan, functions under the framework of collective impact. The work under the SPINE grant leverages the work of HTO and the strategic guidance from OHA’s community-led Steering Committee, the PartnerSHIP, to implement partner-driven actions and mutually reinforcing activities. This work forms the basis of implementation activities of two strategies within the Housing and Food implementation area of HTO. As the steering committee for HTO, the PartnerSHIP prioritized the first 7 strategies in the plan to work on in 2022, two of which centered food and nutrition security. The SPINE work direct responds to the needs and priorities articulated by representatives from priority populations.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

HTO Development and implementation is overseen by an external steering committee, called the PartnerSHIP, which is made up of community leaders and representatives reflecting priority populations including:

- Black, Indigenous, people of color, and American Indian/Alaska Native people (BIPOC-AI/AN)
- People with low-income
- People with disabilities
- People living in rural areas of the state; and
- People who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+)
- Immigrants and refugees

Under this pilot project, the PartnerSHIP and OHA staff will use the RE-AIM planning and evaluation framework (of which the dimensions include reach (R), effectiveness (E), and maintenance (M)—which operate at the individual-level (i.e., those who are intended to benefit), and adoption (A), implementation (I), and maintenance (M), which focus on the staff and setting levels to assess the impact of these key strategy areas. This grant is structured to allocate maximum resources to community organizations and elevate the decision-making and power of community leaders. Accounting for necessary administrative costs, 100% of the available funding is directed as a pass-through grant to two key community networks.

Data analysis

Physical Activity and Nutrition data show that:

- Physical inactivity and poor nutrition are common risk factors among Oregonians leading to serious yet preventable diseases such as diabetes and heart disease. There are disproportionate opportunities for safe physical activity and nutrition.
- In Oregon, only 25% of adults, 19% of 11th graders, and 26% of 8th graders get enough physical activity.

Oregon Health Authority: Racial Health Equity Impact Statement

Tobacco Prevention & Cessation / Alcohol & Other Drug Prevention / Physical Activity & Nutrition

- Together, these risk factors often lead to the development of obesity which is the second leading cause of preventable death in Oregon, responsible for 2,600 deaths annually.
- Diabetes rates in Oregon are: Black/African American (15%), Hispanic/Latino/a (14%) and Native American or Alaska Native (13%) and non-Hispanic white (8%). Black/African American, Hispanic/Latino/a, and Native American or Alaskan Native Oregonians are 65% more likely to have diabetes than non-Hispanic whites.
- Native American or Alaska Natives (43%), Black/African Americans (36%) and Hispanic/Latino/a (36%) Oregonians are more likely to be obese than white Oregonians (29%).

Body Mass Index (BMI) and obesity rates have historically measured nutrition and physical activity programming. The use of BMI as an evaluation metric carries racial bias and weight stigma. OHA-PHD nutrition and physical activity programming needs to be evaluated from a more equitable lens. Chronic disease and related risk factors data is shared to constituents at the highest granularity of demographic data feasible and is available at:

<https://www.oregon.gov/oha/ph/diseasesconditions/chronicdisease/datareports/pages/index.aspx>

Oregon Health Authority

Audit Response Report

1. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2019, audit #2020-14 (dated March 2020)

- Recommend management ensure year-end accrual methodologies are complete and include consideration of all relevant expenditures.

During FY21, the SFR unit has reviewed/updated every year-end procedure, including accruals, by going through them as a team so everyone understands the process and what to review.

The Office of Financial Services has also put together a group from multiple financial units to document the financial processes of each program within the sub-systems, so everyone understands the impacts and needs for accruals. This document includes the financial transactions throughout each step of the process and the year-end financial process.

We expect to continue this until all programs are completed. Lastly, we have created an accrual template for the program areas that provide the accrual estimates to use in order to clarify our needs.

- Recommend authority management implement procedures to monitor user access and potential unauthorized changes to the application, as well as continue to implement processes to verify the effectiveness and completeness of the claims edits and audits function.

1. Rewrote the deliverable from Gainwell so that testing results are easier to read and understand.

2. *The steps involved in creating and implementing an edit into the MMIS require the interaction of at least three managers: including Medicaid Policy and MMIS Business Support Unit manager approval, and approval from the EDI/Claims manager.*
3. *Since January 2021, OHA conducts monthly meetings involving managers from Provider Services, Claims, EDI, and BSU to review any claims/EDI issues, including new edits being proposed or developed. This meeting is a checkpoint to be sure that all units impacted by claims edit and audit changes are aware of proposed & pending changes, and to create accountability before implementing a new edit or audit in MMIS.*
4. *Staff with access to MMIS Edits & Audits is 4.*
5. *Weekly audit activity reports on the four analysts who can update edits and audits in the MMIS are generated and reviewed by HSD Leadership & Management to monitor activity by the analyst in MMIS to determine if any incorrect actions have occurred.*
6. *MMIS contains audit tables detailing the activities of users – HSD Management monitors for suspicious activity.*
7. *The MMIS Business Support Unit is automated or enhanced solutions monitoring of edits.*
8. *OHA maintains system documentation in the Oregon Project Workbook site, secure for access by management, which serves as project site for MMIS and houses system documentation including details on edits.*
9. *Documentation from Gainwell shows that between July 1, 2019, and June 30, 2020, that 94 of 116 identified edits were tested. Of the 116 edits, those tested had active paid status. OHA is committed to a clearer presentation of testing results.*
10. *OHA reviews, on a weekly basis, the claims edits & audits, in MMIS.*

- Recommend authority management continue their analysis and correct all incorrect provider payments. It is also recommended that authority management ensure tables are updated timely and accurately when CMS provides updates.

A correction was made in MMIS to change the incorrect table rate and rule so that future claims will be processed at the proper rate. A total of six System Mass Adjustment Processes (SMAP's) were conducted to pay at the lower rate. The final total amount to be recovered or recouped by the state would be \$348,079.

Decision was made on February 24, 2021, by Medicaid Policy not to reprocess these claims as originally pursued, but instead to let them remain because they will be corrected when they go through the settlement process.

The programmed rates in MMIS were corrected in alignment with the fee schedule to correct future payments on January 1, 2020. The State assigned a backup to monitor emails from CMS that contain conversion factors to prevent future issues. Having more than one person in BSU subscribed to receive CMS transmittals/updates and watching out for rate changes should reduce/ prevent future errors. The State is not planning on adjusting the 2019 past claims because of a detrimental effect it would have on providers based on the lack of a State Plan requirement that specifies which conversion factors the state must utilize for outpatient claims.

- Recommend authority management strengthen controls to ensure documentation supporting a provider's eligibility determination is retained.

Starting with the 2020 revalidation cycle, October 2020, the state requires new Provider Enrollment Agreements (PEAs) for all revalidating individuals and organizations. Revalidation is required every five years for all Medicaid providers. This requirement ensures all newly enrolling and revalidating organizations and individual providers will have new or updated

PEA's at the time of enrollment or revalidation. Enrollment and revalidation applications without attached PEA's are no longer accepted. Providers failing to revalidate with a new PEA will be inactivated as a Medicaid provider.

Provider validations may be missed due to the manual nature of the processes. Currently, the state is reviewing missed validation reports no less frequently than monthly to ensure missed validations are corrected at the earliest opportunity. The state continues to check all providers against OIG, SAM and Death Master databases monthly as required. Waiting for a response from CMS in order to update projected implementation to December 31, 2022.

- Recommend department and authority management strengthen controls to perform timely eligibility redeterminations and verification of client income and ensure eligible clients are appropriately enrolled in both Medicare and Medicaid. Additionally, we recommend management provide periodic training to caseworkers to reduce the risk of administrative errors. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

The ONE system was implemented statewide on February 1, 2021. The ONE system requires that fields and screens be completed before an eligibility worker can advance in the system. Verifications are automated via interfaces when possible and must be reviewed. In addition, the ONE system contains a robust rule engine and checks for correct program enrollment prior to the authorization of benefits. These systematic actions will support accurate and timely eligibility determinations now and into the future.

Additionally, the IE system implementation includes cross policy, system, and advanced policy training to support staff, eligibility workers and case managers statewide. We believe this training will also assist in ensuring we are building and developing an informed workforce with consistent knowledge of federal and state eligibility policies.

All questioned costs have been adjusted as of December 31, 2020.

- Recommend authority management comply with subrecipient monitoring requirements, develop and implement internal controls to ensure risk assessments are performed and documented for each subrecipient, and monitoring activities are completed and documented in conformance with risk assessment results.

The Health Systems Division (HSD) has assigned a project manager to assist program area to develop and implement a sustainable process, documentation and grant administrator training package and creating corrective action for remediating the issue and ensuring it does not reoccur.

There is now a documented process and standardized tools to perform risk assessments of subrecipients to determine appropriate monitoring policies. There is also a documented formal process to ensure subrecipients comply with federal regulations, terms, and conditions of the subrecipient performance. However, we are currently piloting this process and tools within a small workgroup, the Grant Management Process Improvement Team, in anticipation of conducting division wide training and implementation in summer of 2022.

- Recommend authority management develop and implement controls to ensure performance progress report are complete and accurate prior to report submission.

The Health Systems Division (HSD) has assigned a project manager to assist program area to develop and implement a sustainable process, documentation and grant administrator training package and creating corrective action for remediating the issue and ensuring it does not reoccur.

There is now a documented process and standardized tools to perform risk assessments of subrecipients to determine appropriate monitoring policies. There is also a documented formal

process to ensure subrecipients comply with federal regulations, terms, and conditions of the subrecipient performance. However, we are currently piloting this process and tools within a small workgroup, the Grant Management Process Improvement Team, in anticipation of conducting division wide training and implementation in summer of 2022.

2. OHA: Chronic and Systemic Issues in Oregon’s Mental Health Treatment System Leave Children and Their Families in Crisis audit #2020-32 (dated September 2020)

- Recommend develop and document a comprehensive strategic plan for the agency and Behavioral Health Division. A process to update and report plan progress to governing bodies should be created in tandem. Once established, the plan should be communicated to the public, agency staff, and governing entities.

Management Response: *OHA agrees with a primary theme of this audit about the importance of aligning agency values, principles, and strategic vision with agency operations. This audit illustrates the complexities and gaps that have resulted from lack of a documented and well-communicated strategic plan. We agree with all of the elements of this recommendation, including the need to develop and document plans; conduct regular performance reviews against the plans; report performance to governing bodies; and to broadly communicate all aspects of planning to stakeholders including consumers, providers, staff, the public and governing bodies. Prior to the pandemic, OHA was nearing completion of a strategic plan whose conclusion was that OHA must eliminate health inequities. Our work during the COVID-19 pandemic has confirmed that direction as we have observed inequity in the rate of infection among communities of color, more acute illnesses for those who are infected, and higher rates of hospitalization.*

Inequity issues: *As this audit acknowledges, COVID-19 has disrupted OHA operations since early 2020. While that is an important backdrop to some of our responses, the pandemic has*

also helped OHA staff and partners learn and adapt. Much of that learning, focus and adaptation will inform future strategic planning efforts.

In addition, the Legislature allocated \$25.6 million from the Coronavirus Relief Fund to focus on culturally appropriate behavioral health services during the crisis. OHA is working with Community Based Organizations and stakeholders to better understand how to provide outreach and improve access to meaningful behavioral health services for historically underserved people. Much of our effort involves engaging with stakeholders we have not previously known. These new connections will carry forward after the pandemic to inform our strategic planning.

Consumer voice: *Any strategic plans created for the behavioral health system must center consumers and be trauma informed. OHA must devote time and resources to ensure that consumers can express needs and co-create solutions. We will include people with lived experience in planning from the beginning and embed their participation in processes and procedures.*

As this audit stressed, we must take a trauma-informed approach to all of our work and planning as we create a more culturally and linguistically responsive system of behavioral health services.

Work underway: *The Behavioral Health Director was appointed in April 2019. His initial vision is included in this audit report: Behavioral health services must be simple, responsive, and meaningful. For children and families, the guiding vision is that children can be at home, in school and in their community because they receive the right services, at the right time and for the right duration.*

The behavioral health system does not exist in isolation from other public systems. Decisions made by OHA can affect other systems and, conversely, things happen in other systems that

can affect the behavioral health system. We are embarking on strategic planning that is fully inclusive to help all systems function better.

After articulating our initial vision, OHA and the Behavioral Health Director have been working with stakeholder groups, the Governor, the Legislature and various workgroups and committees over the past year to gather input and map a direction for the behavioral health system and its components.

While the audit pointed out that the myriad groups and advisors can be overwhelming, OHA receives important input from people representing diverse interests and perspectives. That input is critical to understanding the implications of the decisions being made in the behavioral health system and in setting effective strategies for system improvement.

Other planning efforts include the strategic plan developed by Oregon's Alcohol and Drug Policy Commission (ADPC). The purpose of the ADPC is to improve the effectiveness and efficiency of state and local substance use disorder prevention, treatment, and recovery services for all Oregonians. The ADPC and its state agency partners adopted a comprehensive strategic plan. The plan seeks to identify processes and resources to create, track, fund and report on strategies for systems integration, innovation, and policy development; strategies to reduce Oregon's substance use disorder (SUD) rate, including preventing SUD and promoting recovery; and strategies to reduce morbidity and mortality related to SUD. This work intersects with services to children and their families and adults, as people who have SUD often have mental health issues as well.

OHA is committed to the work that is needed to synthesize the results of all these efforts into a comprehensive strategic plan for behavioral health services.

Internally, after the audit was completed, OHA reorganized the Office of Behavioral Health Services. The new structure will allow the office to better focus on strategic planning and data analytics. The structure adds a Child and Family Behavioral Health Director, an Adult Mental Health and Addictions Director, and a Behavioral Health Operations Director, all of whom report to the Behavioral Health Director.

OHA is also integrating performance management into the expected duties and work of all staff.

Challenges: *As this audit recognizes, the financial picture changed rapidly and unexpectedly upon the arrival of COVID-19. OHA and the behavioral health system started the 2019-2021 biennium with momentum and expectations of new funding after several years of a strong Oregon economy. The Governor and the Legislature established multiple workgroups to begin addressing chronic system underfunding, much of which is called out in this audit report.*

Once the impacts of COVID-19 are fully known, we expect the funding situation to be significantly worse, and we anticipate the need to imagine a system with different financial constraints than we had been planning. We also expect that administrative resources will be constrained and that we will have to make difficult decisions about what work our staff can support and what will be deferred.

That being the case, it is more important than ever that we plan for, implement and monitor a behavioral health system that is responsive to consumers, children and families when the services are needed and that results in the best outcomes possible.

This audit recognizes the complications faced by people who receive services in a system with multiple funders, multiple stakeholder groups and multiple levels and systems of government, all with differing objectives and requirements. These realities cannot be ignored

and must be synthesized during strategic planning to ensure a system that meets the vision of being simple, responsive and meaningful.

Agency needs: *As this audit report stresses, our current data and analysis capacity is severely limited. Our Agency Requested Budget for 2021-23 includes funding to support data improvement work that is underway. If that effort is not funded, challenges will continue. Without the data improvement, we will not be able to monitor, analyze and track performance and outcomes, as the audit recommends throughout.*

Update: *OHA has adopted the bold vision to Eliminate Health Inequities in Oregon by 2030. This essential work seeks to recognize the systemic racism and discrimination experienced by communities of color in our in our state and to achieve health equality within 10 years.*

The Behavioral Health director has developed a strategic plan for the Behavioral Health Division of Health Systems Division in line with this larger vision. Over the past year, he has met with community groups and partners across Oregon and has engaged consumers in feedback sessions to build a comprehensive vision for behavioral health. In recent months, the Director has presented this vision to legislators and interested community members in multiple sessions and is implementing this vision across behavioral health programs.

While OHA has taken steps to address this recommendation and even expanded upon it, it is not yet complete. Next steps include public communication of this information and updates to OHA's website for full transparency.

- Recommend Oregon Health Authority define necessary terms, such as “health” and “mental health,” and integrate those terms into all plans and contracts and propose integration into Oregon Administrative Rule and ORS in order to be institutionalized.

Management Response: *We agree that defining key terms and integrating them into our work and guiding documents will better define the relationship between behavioral health and the broader agency goal of “better health.” OHA agrees that we need to revisit our Performance Outcome system and strengthen the behavioral health linkages to the high-level goal of “Better Health.” We will engage consumers and other stakeholders in the development of the definitions. With the vetted definitions, we will review our contractual instruments to incorporate the definitions. We will also identify OARs where these definitions need to be clarified and begin rulemaking to incorporate these changes. Finally, we will review Oregon Revised Statutes (ORS) and create legislative concepts that include these definitions as well as other needed changes identified during the strategic planning processes. We will engage a broad array of stakeholders and partners to integrate the definitions into the governance and delivery systems. OHA will craft legislative concepts, rule revisions and contract changes to ensure consistency of terms and definitions used across all ORSs, OARs, procedures and contract instruments.*

Inequity issues: *We must articulate the most basic element of our strategic vision for behavioral health, or the concept of mental health will remain invisible. Without that common understanding, consumers won’t be able to find connections to the services they need, and stakeholders won’t be able to effectively advocate for needed changes to the system.*

Consumer voice: *Acknowledging that mental health is an integral part of health is a trauma-informed action that will support co-creation of solutions with consumers. Definitions should center on the consumers and their experiences and emphasize that each individual defines what constitutes mental well-being. Co-creating definitions will support a responsive and meaningful system.*

Work underway: *OHA staff are familiar with consolidating and synthesizing definitions. During the recent development of Oregon Health Plan coordinated care organization contracts (CCO 2.0), we focused on using consistent definitions in the CCO contracts and OARs. This*

process has been completed for OAR Chapter 410, and additional work is needed on Chapter 309. OHA is also aiming to provide consistent definitions in its work on County Financial Assistance Agreements.

Challenges: *Clear definitions will provide the foundation for all of OHA’s behavioral health work. Incorporating these definitions into all statutory references, Oregon Administrative Rules (OAR) and contracts will help to prevent the fragmentation that can result from decentralized administration. If everyone is working from the same definitions, expectations will be clearer, and accountability will be easier to institute. That said, it will be complex and time-consuming.*

Agency needs: *OHA will need support and agreement from stakeholders as we develop definitions. Additionally, each governance document or protocol requires specific procedural actions that may require additional champions. Statutory change may be necessary. The support of legislative leadership will be key.*

Timeline: *Development of the definitions can begin during the next strategic planning phase, as envisioned in Recommendation #1. Implementing changes to governance documents will require calendaring and coordination with contracting, rulemaking and legislative cycles. Target completion of this recommendation is December 31, 2021.*

Update: *In his 2019 message on Health Equity, The OHA Director defined health as “a positive state of physical, mental, and social well-being and not merely the absence of disease.” Additionally, HB 3046 (2021) provided a definition of mental health treatment and services as “the treatment or services provided to address any condition or disorder that falls under any of the diagnostic categories listed in the mental health disorders section of the current edition of the a) International Classification of Disease; or b) Diagnostic and Statistical Manual of Mental Disorders.”*

In updates to Oregon Administrative Rule and ORS, terms are being addressed and edited over time. Efforts to achieve this goal have been slowed by the COVID-19 pandemic, which stretched resources across OHA. These efforts are ongoing and staff within OHA are monitoring for this issue as any rule changes are considered.

- Recommend Oregon Health Authority Work with the Oregon Health Policy Board and Legislature to review effectiveness and role of councils, commissions, and other advisory boards. Bodies identified as not essential should be considered for dissolution or revised in function.

Management Response: *As the audit report demonstrates, many councils, commissions and advisory boards provide guidance for the delivery of behavioral health services in Oregon. OHA and the behavioral health system have a long tradition of seeking broad-based input and advocacy.*

Additionally, various system funders, including the federal Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration, and the Oregon Legislature, have mandated many of the formal advisory bodies. Currently, there are at least 42 of these types of groups established to advise OHA about the behavioral health system. This is an unwieldy number of councils to support, and the important input provided by each group often gets overwhelmed and difficult to hear or extract. OHA agrees with the recommendation that the functions, overlaps and effectiveness of these advisory bodies should be evaluated and addressed.

When the Behavioral Health Director was appointed in April 2019, he quickly realized that he would be unable to devote the hours needed to actively engage with every advisory board within his purview. To prepare for the Governor's Behavioral Health Advisory Council, OHA staff began to identify all the formal and informal boards, commissions and groups advising the Behavioral Health Director. Most of that work is complete. To ensure that consumers and underserved communities are centered, the Office of Consumer Activities Director has taken

lead in analyzing the information. Conversations have also been started with several of the advisory groups regarding the question raised in this recommendation.

Inequity issues: *Membership and representation on these advisory groups is often pre-defined by statute and other processes. The groups typically include medical professionals, business executives and other professional-level staff, sometimes combined with other representatives such as family members or consumers. Meetings are generally conducted in English and take place on weekdays in state office buildings. This systematically excludes the voices of unserved and underserved people. In addition, some of the same people fill roles in several groups, which creates less diverse representation. The sheer volume of advisory groups also means that the individual issues identified by any one advisory group or group member may not receive full and meaningful attention from OHA leadership.*

Consumer voice: *OHA will evaluate how each group prioritizes consumer voices and ensure that we are providing the proper, trauma-informed spaces to co-create solutions that are simple, responsive and meaningful as we consider next steps with each council.*

Work underway: *Instead of identifying groups as nonessential, the Behavioral Health Director is taking a holistic look at the groups, their makeup and their missions and how they relate to one another. He is evaluating methods to engage behavioral health stakeholders as a whole and gather information and feedback from them. The goal is to find more efficient ways to synthesize the information and make it available for multiple purposes, including strategic planning, budgeting, troubleshooting, advocacy, and service delivery system improvements. Along the way, OHA is also asking who does not currently have a seat at the table and how to engage those voices.*

Challenges: *Deciding whether to disband or disengage with an advisory body is a difficult one. Understanding the history and needs of each advisory body is critical to deciding how*

to make it function better or whether to incorporate it into another advisory body or disband it altogether. All these advisors have been convened for legitimate purposes, so it's imperative to understand the implications of changes to the function of those groups.

Because of the decentralized and fragmented system that currently exists, this multitude of advisory councils is duplicated on every level. Community Mental Health Programs and CCOs and providers all have requirements for advisors at the local level. Often those requirements are prescribed by funders and the legislature. At any level of the system, when advisors convene with the primary goal of meeting a contract or funder requirement, we do not see engagement at the levels intended when those advisory boards were imagined and required.

Agency needs: *OHA needs the groups' membership and stakeholders to understand the goal of the work: to have a better coordinated slate of advisory groups whose voices are heard. We will prioritize this work with a focus on culturally responsive, consumer-centered input.*

Timeline: *This work has already begun and will continue throughout the current and next biennium. Initially, work will focus on providing a trauma-informed avenue for effective input from consumers and underserved communities and be completed by July 1, 2021.*

Update: *Since the publishing of the audit report, OHA has created a new unit within Health Services Division titled the Office of Recovery and Resilience. This unit is charged with coordination of community feedback and participation in OHA councils, policy work, and strategic planning. As OHA embraces the strategic goal to eliminate health inequity in our state by 2030, community voice is seen as more important than ever. The Office of Recovery and Resilience is working to streamline meetings where possible, but also to broaden community input and empower individuals with lived experience to be part of discussions and decision-making.*

A comprehensive list of councils, commissions, and advisory boards has been compiled. Many of these are legislatively required and OHA is not able to make independent changes to these committees and councils. However, the Office of Recovery and Resilience is working to expand the communities involved, and to educate a broader group in ways to participate in these meetings. This work will continue as OHA continues to embrace health equity and the value of lived experience.

- Recommend using the existing stakeholder map presented to Legislature on November 18, 2019, to develop and document a process for maintaining regular stakeholder input. Once the plan for receiving input has been established, it should be communicated across the stakeholder spectrum to ensure coordination.

Management Response: *As this recommendation points out, OHA has a starting point for compiling information about the formal advisory channels in place. We are building on that list of stakeholder partners. We have significant work left to do to create input channels for the list of stakeholder partners – and partners who may not yet be on the list.*

Inequity issues: *The November 18, 2019, stakeholder map is the compilation of formal stakeholder input channels as of that date. OHA continues to identify and implement new methods for reaching unserved and underserved populations. The COVID-19 emergency has helped OHA better understand and improve communications with key stakeholders who have been historically and systematically underserved. Developing and documenting a process for regular stakeholder input will require flexibility and adaptation as we become more skilled at hearing and centering the voices of those who need or receive service.*

Consumer voice: *OHA must create trauma-informed avenues that support consumer input to OHA and throughout the service delivery system so that we are able to co-create solutions to complex system issues.*

Work underway: *Since that initial list was created, OHA and the behavioral health system have shifted focus to the COVID-19 response. In that shift, we have developed more insight into the needs of stakeholders, including those who currently receive services, those who need service, providers of service, funders, and system managers. We have been forced to get creative about stakeholder engagement, which has introduced us to new ways to engage with the community and put us in touch with new people.*

Challenges: *Stakeholder input is critical at all levels of the system, and different groups need to be engaged with in different ways. Additionally, processes are evolving as we learn and implement trauma-informed approaches to working with various stakeholders and groups. The volume, complexity and ever-changing needs have made documenting and communicating across the spectrum challenging.*

Also, because the system is locally driven and delivered, stakeholder input from all levels of the system and at all levels of the system is critical. This creates the need for a well-functioning web of interrelated communication channels.

Agency needs: *The more we learn from each stakeholder group about the most responsive ways to engage with them, the more effective our communications will be. Communicating across the stakeholder spectrum will require attention, interest and patience from each stakeholder group.*

Timeline: *This work has begun. Anticipated completion is July 1, 2021.*

Update: *Since the publishing of the audit report, OHA has created a new unit within Health Services Division titled the Office of Recovery and Resilience. This unit is charged with coordination of community feedback and participation in OHA councils, policy work, and strategic planning. As OHA embraces the strategic goal to eliminated health inequity in our state by 2030,*

community voice is seen as more important than ever. The Office of Recovery and Resilience is working to streamline meetings where possible, but also to broaden community input and empower individuals with lived experience to be part of discussions and decision-making.

A comprehensive list of councils, commissions, and advisory boards has been compiled. Many of these are legislatively required and OHA is not able to make independent changes to these committees and councils. However, the Office of Recovery and Resilience is working to expand the communities involved, and to educate a broader group in ways to participate in these meetings. This work will continue as OHA continues to embrace health equity and the value of lived experience.

- Recommend Oregon Health Authority update outdated policies and procedures that refer to divisions that no longer exist within the agency, such as Addictions and Mental Health, and update all outdated policies, (s)procedures, and evidence-based practice guidelines.

Management Response: *OHA agrees that imprecise information in the regulatory documents creates confusion at all levels and must be updated. OHA sees a need for a comprehensive review of definitions and consistencies across policies and procedures, contractual instruments, OARs and ORS. We have been working to align terminology across OARs, CCO contracts and County Financial Assistance Agreements. As opportunities arise, staff are poised to update other documentation for consistency.*

Inequity issues: *Consistency in regulatory information is needed so that people can trust and understand how the various systems work and can be accessed. The system needs to be free of unwritten rules and informal processes, otherwise people who don't know how to navigate these informal channels cannot get access.*

Consumer voice: *Updating and cleaning up regulatory documents is a basic starting point to the process of simplifying the behavioral health service system. With access to accurate and up-to-date information on policies, procedures, and other guidelines, service users will be better positioned to make informed decisions about their care and advocate for their own needs.*

Work underway: *The Office of Behavioral Health Services was recently reorganized. In that restructure, a Behavioral Health Operations Division has been created that has assumed responsibility for this work.*

Challenges: *OHA is a large agency with multiple programs and rules supported by a biennial budget exceeding \$23 billion. Statutes, rules, procedures, and contractual instruments change frequently, and the processes that support those changes often have long lead times. Keeping all governance documents aligned requires constant attention, with staff particularly focused on that alignment. OHA is working to improve internal processes to better recognize opportunities to include consistency updates across governance documents. Inconsistencies in policies and procedures and evidence-based practice guidelines make it difficult to establish transparency and accountability in a decentralized system.*

Agency needs: *Changes to statutes and rules require open, public process, so OHA would need participation from stakeholders to ensure that changes fully reflect the needs of stakeholders.*

Timeline: *This work will begin immediately, and initial work will be completed by the end of the biennium, June 30, 2021.*

Update: *This work was delayed due to staffing resource assignment to pandemic response. However, OHA has assigned staff within the Health Services Division to search policies, procedures, and rules for outdated terms in need of update. A list will be compiled and addressed*

as a comprehensive process over upcoming months. Rules Coordinators are aware of this need and are monitoring for any language updates needed as part of the standard rule updates.

- Recommend Oregon Health Authority identify data gaps that prevent the tracking of behavioral health performance measures and:
 1. Once identified, develop a plan for addressing the gaps, and communicate the plan and its results to appropriate bodies.
 2. Define benchmarks for children’s mental health service performance measures tied to goals and document the methodology used to track the measures with appropriate data.

Management Response: *OHA appreciates that this audit highlights the need we have for a defined set of outcomes and goals. Outcomes are best defined as part of a comprehensive strategic plan, which is currently underway. Once the strategic plan is in place. This in turn will help us better define the needs we have in data collection and administrative data sets used to collect data. But to fully achieve this and several other recommendations, we must secure funding to continue the COMPASS Modernization Project.*

Inequity issues: *We will continue to work to implement data systems that match REAL-D (race, ethnicity, language and disability) data requirements, which are comprehensive. As we work to achieve this goal, it will allow us to better understand and identify inequities and differences associated with underserved populations in Oregon.*

Consumer voice: *Historically, OHA has selected performance measures based on the availability of data from legacy systems. As noted above, this is a poor approach and will be corrected by defining and comprehensive strategic approach to services and using that to define need*

outcomes to measure progress. For this to be a success, we must engage with consumers and other advocates.

Work underway: *While OHA does need to define an overall strategy to attach outcomes, we have consulted with national children's System of Care expert Liz Manley. Manley was the chief architect behind the New Jersey System of Care mentioned in this audit report. She will help us define targeted outcomes so we can begin to create meaningful outcome reports. Additionally, as a result of 2019's Senate Bill 1, OHA, Oregon Youth Authority, and Oregon's Department of Human Services are teaming up to create a children's focused data dashboard.*

OHA will incorporate this work into an overarching data collection and outcome process that is inclusive of all the populations served and integrates the work overseen by OHA in the behavioral health system.

At the foundation of our work to improve our data capabilities is the COMPASS Modernization Project. As we reported in our response to our internal audit in December 2019, the behavioral health system has long struggled with data issues. In 2014, the primary legacy system for tracking community behavioral health systems was replaced by the system now in use, Measures and Outcomes Tracking System (MOTS). Due to budget constraints, the MOTS system that was implemented was a truncated version of what was actually needed. Implementation and data quality issues have plagued the system. As a result, OHA submitted a Policy Option Package for the 2019-2021 budget to replace MOTS. The Legislature approved funding sufficient for the planning phase of the COMPASS Modernization Project. Additional phases will require coordination across all OHA and DHS data initiatives and legislative approval and funding. In the meantime, behavioral health managers have deployed various desktop tools or relied on contracted studies and data collection to assist in managing data for key components of the behavioral health system.

Behavioral health and substance use disorder data is currently underreported by providers due to the outdated, fragmented processes and systems; under-analysis and utilization of the data by the agency is due in part to underreporting and in part to system age and fragmentation. The agency cannot adequately utilize data for required reporting or for analytical purposes that would better promote the Triple Aim.

The COMPASS redesign provides OHA with an opportunity to examine and update business processes and better align to the agency's vision and the continuity of care model. Part of this business process alignment will include the standardization of data fields, validation of business data needs, an evaluation of partner needs, and an analysis of desired inputs and outputs. OHA has the chance to reduce silos and begin integrating data from Managed Care Entities (Coordinated Care Organizations or CCOs) into the behavioral health service delivery model.

The objectives of Compass modernization:

- 1. A data collection system to evaluate more timely, appropriate, cost-effective services for Oregonians.*
- 2. Reduce the administrative burden on providers and improve care coordination.*
- 3. Streamline and update business processes for collection, analysis, and reporting of information.*
- 4. Improve the standardization of behavioral health data.*
- 5. Collect data to increase the agency's ability to measure and report on behavioral health outcomes.*
- 6. Implement a solution that includes data elements necessary for tracking outcomes and providing data for a 360-degree view of the client.*
- 7. Establish a platform that can be easily modifiable and expanded to meet evolving needs.*

8. *Provide more accurate and robust data for SAMHSA and Block Grant reporting.*
9. *Reduce use of Excel and paper surveys and improve the data collection efficiency.*
10. *Enable analysis of program approaches and resource allocation efficacy.*

In addition, the resulting system will conform to all standard Privacy and Security requirements.

In addition to work on the underlying data infrastructure, in 2018, OHA implemented the Performance System. This system is about organizational alignment across all agency divisions. The agency identified outcome measures that are quantifiable indicators of the agency's overall performance. Process measures were then created to assess the progress of the work that supports our customers and functions in the organization. Cross-functional collaboration and engagement allows teams with different functions to move toward the same goals. The performance system is data-driven, telling us how our processes are doing. Health Systems Division units are creating metrics for their work, measuring their processes to understand current conditions and setting goals for short and long-term continuous improvement. All units are creating dashboards for essential and priority work. At the quarterly performance reviews, measure owners share the current condition of their unit dashboard, process measures, improvements, and quarterly goals. The agency-wide quarterly performance reviews focus on shared goals and outcomes. Strategic planning recommendations influence the measures highlighted at the agency-wide reviews.

Challenges: *OHA relies on what is currently a decentralized and fragmented system to provide quality data inputs. Providers and subcontractors have varying capabilities and challenges when it comes to synthesizing local data and feeding it into the state-level collection systems. OHA will need to simplify and focus its data-gathering efforts to allow for a comprehensive view of the system envisioned by its strategic plan while keeping the administrative burden on the providers to a minimum. This will be a difficult but important task.*

Agency needs: *To implement the data system development needed to support this recommendation, OHA and OHA/DHS Shared Services will require ongoing state and federal funding support. Additionally, OHA's data needs require staffing and prioritization within Shared Services.*

Timeline: *Work is underway and will continue for at least the following two biennia. Planning and benchmarking to be completed by June 30, 2023.*

Update: *The Child and Family Behavioral Health Unit worked extensively with community partners to identify key indicators of youth mental health and coordinated with Health Policy and Analytics to compile data and create a Unit dashboard for inclusion on the CFBH internet page for internal and public use. Some concerns are ongoing related to reporting from counties and CCO's, and CFBH leadership is coordinating with other parts of the HSD team to address these issues through contracting, CFAA updates, and CCO accountability. However, even through these efforts, many reporting requirements have been suspended during the Covid-19 pandemic to help alleviate administrative burden on counties and provider agencies. The CFBH Unit will provide information as it becomes increasingly available and is committed to being data driven as access to data improves.*

- Recommend Oregon Health Authority develop and deliver a proposal to request additional resources for a data analyst within the Child and Family Behavioral Health Unit.

Management Response: *OHA appreciates how this audit highlights the critical need for quality data and meaningful analysis. The audit further highlights the challenges OHA faces when attempting to identify and support staff skilled in the multiple areas needed to do this work well. While this recommendation is one way to achieve the goal, OHA may need to explore alternative solutions.*

Inequity issues: As this audit report points out, OHA’s current analytic capabilities are limited. As such, we often lack information about unserved and underserved populations, systemic racism, and outcomes related to service delivery or lack of service.

Consumer voice: OHA must have staff who are able to engage with children and families and direct the analytical questions posed to the data systems. Those staff must also be well-versed in the underlying data that supports needed analyses and have the technology skills to be able to extract and interpret data appropriately.

Work underway: Regardless of whether OHA can pursue additional resources, we are determining how to integrate analytical functions into the functions of multiple positions in the Office of Behavioral Health. Recent reorganization of the office creates a specific unit with focus on Medicaid, Policy and Analytics.

Longer term, through the COMPASS initiative, we are also looking at newer types of technology and platforms such as Behavioral Health Data Warehousing and the cloud to identify methods to get more accessibility to system data.

Challenges: OHA and other state agencies now face significant budget challenges. Considering those constraints, it is not prudent to expect to receive funding for additional administrative staff. We will likely need to develop an alternative method to meet the goals of this recommendation.

This audit reveals that the decentralized and fragmented system creates real challenges when it comes to understanding all the complex program and data interrelationships. These issues are further exacerbated by confidentiality and identification issues that create real barriers to data sharing.

Recruiting, training, supporting and supervising staff who have information technology skills coupled with multi-system program understanding would be difficult regardless of where staff sit in the organizational structure.

Timeline: *The work of enhancing the analytic functions within the Office of Behavioral Health Services has begun and will include submission of a proposal for an analyst position by June 30, 2021.*

Update: *A proposal for an additional data analyst was delivered, and funding for an additional dedicated position for the CFBH Unit was authorized through HB 2086 (2021). The position was posted in November 2021 and interviews were held in December; it is hoped that this position will be hired early in 2022.*

- Recommend OHA leverage data analysts in the Health Policy and Analytics Division and resources in the Child and Family Behavioral Health Unit to determine the extent to which Medicaid claims data can be used to accurately identify and track the number of children receiving mental health services statewide and outcomes.

Management Response: *Even considering the data and analytical challenges described in this audit, OHA does have a wealth of information available through the Medicaid Management Information System (MMIS). OHA agrees that we can do more to extract and analyze data from the Medicaid system to make assessments about how many children are receiving services and their health outcomes. In consultation with national children System of Care experts Liz Manley and Shelia Pires, OHA staff are working on a project to determine what Medicaid claims data can be used to identify and track children receiving mental health services statewide and define targeted outcomes. This project work will overlap with the Senate Bill 1 data dashboard project team (DHS/OHA/OYA) and the work that is currently underway.*

Inequity issues: Through regular review of information about service delivery, we can begin identifying patterns in service utilization. These patterns can serve as proxies that will bring us closer to understanding inequities faced by certain children and families in Oregon.

Consumer voice: As we identify service patterns and outcomes, children and families will be equipped with information to help us co-create system solutions and identify trauma indicators.

Challenges: We will continue to face challenges with the massive scale of the data that is submitted through a centralized and fragmented system. All conclusions must be considered carefully as there are many nuances to the data. Developing careful understandings about how the data was extracted and for what purpose is significant to interpreting results. Also, the sheer size of MMIS, coupled with the data submission rules that must allow adequate time for service providers to submit and time for correction mean that the data system is fluid and subject to change well after the dates of service.

Update: This work is ongoing but is being delayed due to reporting pauses as part of the Covid-19 support for CMHP's. Additional data analysis support within HPA will help make this work possible when reporting resumes.

- Recommend OHA formalize agreements with DHS to help assess the ongoing needs for intensive mental health treatment services statewide and track performance measures of mental health services for children by foster care status.

Management Response: This audit report appropriately highlights the critical relationships between OHA and DHS in supporting the needs of children in foster care. Oregon's System of Care partners are guided by the vision that children can be at home, in school and in their community because they receive the right services, at the right time and for the right duration.

OHA and DHS are working together on a project that will identify and prioritize cross-system interventions to better serve children in foster care and children and families in Oregon. This project will address access, Medicaid services, eligibility, and capacity-building.

Inequity issues: *OHA agrees with the audit report's conclusions that without behavioral health performance measures for children in foster care, we risk perpetuating programs and levels of care that are not culturally and linguistically responsive, may be of low quality and may not meet the needs of the children who receive treatment.*

Additionally, as the audit report highlights, OHA's mechanism for tracking children's intensive service capacity has not worked as intended, and data resulting from it is incomplete. This limits our ability to see inequity in access and identify the barriers children and families are experiencing.

Consumer voice: *In collaboration with youth and families, OHA and DHS must together support a system that meets the behavioral health service needs of children in foster care. Too many times, children and their families, especially children being served in foster care, have struggled to access services in a system that is difficult to navigate, non-responsive to their needs, that forces them to endure long waitlists for intensive services, and that too often results in inappropriate placements and emergency room use for behavioral health intervention. OHA and DHS must work with system users to co-create solutions to these and other challenges.*

Work underway: *OHA and DHS have a combined Psychiatric Residential Treatment Services (PRTS) Capacity Building Project that will create a needs assessment and develop strategies to build and monitor this intensive level of behavioral health capacity. OHA has drafted a POP for the 2021 Legislative Session requesting funds to expand this capacity. To date OHA has*

developed seven new PRTS beds and continues to work with existing and new providers to increase capacity at this level of care.

OHA and DHS have committed to:

- Engage PRTS providers, CCOs and commercial insurance carriers to identify future state options for Oregon recognizing collective resources and knowledge.*
- Identify start-up funds needed to help offset one-time costs for developing additional capacity.*
- Develop programmatic and policy change recommendations that would encourage and support capacity development and operational sustainability.*
- Track provider outcomes and ongoing system capacity needs.*
- Review current services with an equity lens and make recommendations to ensure culturally specific service delivery is occurring.*
- Explore funding models to ensure capacity is available when needed*
- Coordinate with the System of Care Advisory Council with an analysis of the current continuum of care and develop long-term recommendations for the appropriate settings needed in Oregon.*

DHS and OHA are developing recommendations by December 31, 2020, for capacity, policy changes and budget to adequately build a service array for children specifically served by the child welfare system.

In addition, OHA, DHS, and the Oregon Youth Authority (OYA) are building a Children's System of Care Data Dashboard that will show the continuums of care in OYA, Child Welfare and Behavioral Health and how they overlap for children. Dashboard elements will include utilization,

youth involved with multiple systems, and much more to inform policy and program development moving forward.

OHA and DHS will be working together with the System of Care Advisory Council and national experts to define performance and outcome measures to be tracked to support and monitor the children's continuum of care.

Rates were increased for PRTS and Subacute Service on July 1, 2019. The intent of the rate increases was to support the current provider network and potentially attract new providers to the system.

Challenges: *As this audit highlights, OHA and DHS have faced many challenges in getting to this point. Some of the barriers to success include:*

- *Crises and lawsuits driving system and policy focus rather than data and outcomes;*
- *Inadequate staffing and financial resources to support and focus on this work;*
- *We have not yet identified the specific outcomes to measure;*
- *As the audit points out, the capacity tracking system has not worked as envisioned;*
- *Development of inpatient care can be expensive and takes time;*
- *Need for additional financial investment into the Children's System of Care;*
- *Lack of funding appropriated to capacity retention and expansion (especially for inpatient levels of care);*
- *Children's service capacity development has been reactive and happening separately (Behavioral Health, Foster Care, Behavioral Rehabilitation Services);*
- *CCOs are responsible to ensure the provision of children's behavioral health services. This has led to confusion about which organizations maintain lead responsibility for capacity management and expansion, especially for statewide services such as*

Psychiatric Residential Treatment Services;

- *Minimal demographic data in the MMIS system to support racial equity evaluation.*

The children’s behavioral health system is decentralized and locally managed through the CCO model. While OARs give some structure to the services, the infrastructure does not support the notion of “no wrong door” for children and families needing to access care. This is especially challenging for children in foster care who are supported by case workers and system partners throughout the state, navigating 15 different continuums of care with different access points.

Agency needs: *To successfully and systematically monitor performance measures of mental health services by foster care status, OHA and ODHS would benefit from support from the Oregon Enterprise Data Analytics (OEDA) unit. The 2015 Oregon Legislature created the OEDA unit to conduct inter-agency research. The legislation encouraged the expansion of data-informed decisions throughout state government. The research analysts, economists, and information technology positions work among agencies to translate data into information; that information promotes data-informed decisions and improves outcomes for children and families. OEDA uses advanced analytics with human service organizations, health organizations, public health organizations, corrections, the courts, employment, housing, and education. The current projects include use of predictive analytics for health risk, identifying nongraduates during elementary school, differentiating Self-Sufficiency client groups to better serve the highest risk families, developing staff engagement surveys to recognize staff most likely to leave ODHS, algorithms identifying children at risk for temporary lodging and out-of-state placement, and developing data sharing agreements among agencies.*

OHA staff from the Child and Family Behavioral Health Unit will reach out to OEDA to determine what support may be available to help implement this audit recommendation.

Timeline: *Work is underway and will continue through 2021.*

Update: *Intra-Agency meetings have been held to review the direction for this formalized agreement, and an agreement has been drafted. It is anticipated that the agreement will be finalized by March 2022.*

- Recommend OHA develop and document shared guidance on the methodology that will be used to track performance measures and communicate that to all stakeholders, including CCOs and providers.

Management response: *OHA agrees that clear communications and guidance are critical as we seek to improve transparency about the methods that support our performance measures. We will continue to move forward with the CCO Compliance Project described below and refine our measures in the OHA Performance System.*

Inequity issues: *Shared understandings about how systems will be evaluated improve transparency and accountability. This frees us to ask probing questions about the meaning of performance results. Understanding and communicating underlying methodologies allows advocates to highlight systemic barriers and racism inherent in those methodologies. Without the option to evaluate those methods, stakeholders and decision makers may have differing interpretations of the results.*

Consumer voice: *OHA believes that this recommended guidance will provide consumers, children and families with helpful information about how well our measures reveal whether the system is simple, responsive and meaningful. Understanding exactly what is being tracked and why, and knowing that key stakeholders have the same understanding, provides consumers and families with tools needed to ensure transparency and accountability. Also, to the extent the guidance reveals inadequate measures, consumers and families will be in a stronger position to advocate for system improvements.*

Work underway: OHA has been working on several initiatives that relate to this audit recommendation. We are working on what we call the CCO Compliance Project, which addresses this recommendation across all CCO requirements. We developed a standard process for submission of CCO deliverables. We have a framework to track each deliverable for each CCO based on a variety of factors, including timely submission, level of completion and an evaluation of quality. We still have work to do to refine and finalize this work, and ultimately work is needed to effectively communicate it with stakeholders.

This audit report also alludes to the OHA Performance System that we have been building for the department. This has been a multi-phase, cross-departmental effort and is described in a previous response. We continue to refine the measures and reporting. For the programs within Health Systems Division, including Medicaid and Behavioral Health, managers meet quarterly to review progress in establishing measures and evaluating performance. We still have work to do to finalize the performance measures and to communicate to stakeholders.

Challenges: To make a meaningful assessment of whether people are receiving services that are timely, meaningful, and responsive performance and outcomes must be measured from various vantage points. Data-sharing across agencies is often useful in helping determine the performance of our system. At the same time, some data, if used incorrectly, can be incriminating. Much of that data is managed by other agencies that are governed by strict data confidentiality rules. Also, there are technical challenges inherent in matching disparate data sets. Some service systems collect data for different purposes than OHA does, so matching information is structurally complicated. Oregon does not have a Master Client Index that allows us to follow the services people and families receive, and there are ethical considerations when evaluating outcomes across systems.

The current decentralized, fragmented system means that there will be multiple areas for which performance measure guidance will need to be developed, documented and shared.

OHA is currently responsible to administer multiple performance measure systems. Communicating the underlying methodologies to key stakeholders can be confusing without adequate synthesis and interpretation.

Agency needs: *To best implement this recommendation, OHA would need data-sharing agreements with other agencies, plus the underlying technical support from their staffs to extract and share information with us. Additionally, the COMPASS Modernization Project described earlier in this response is key to success with this recommendation. If that project is not funded, OHA will continue to struggle with the most basic data issues. Even if it is funded, OHA and our system partners will have a great deal of work to do to resolve deeply rooted, systemic data challenges.*

Timeline: *Work has been underway and continues to be refined by OHA staff. Anticipated completion date is December 31, 2021.*

Update: *HB 2086 (2021) provided direction for a Behavioral Health Metrics Committee, which has been formed with a diverse group of community partners and individuals with lived experience. This group is completing recommendations for appropriate metrics for behavioral health services. While much of this work is aimed at adult services, the CFBH team is coordinating efforts to align efforts across the lifespan.*

A team within HSD has been assigned to this body of work, and several staff have been hired to lead the efforts. Performance measures are written into the CCO 2.0 contracts, and accountability for CCO entities includes reporting, grievance monitoring, coordination within HSD to determine CCO compliance with contracted requirements. Health equity is an essential part of this work, and OHA is closely monitoring CCO actions to address health equity in their regions, including equitable distribution of resources, tracking of REAL-D information for members, community input into services, and maintaining a robust system of care.

- Recommend OHA clarify expectations for reporting through a robust set of instructions, similar to the technical manual provided by Washington’s Health Care Authority.

Management Response: *OHA respects that clear expectations are important. While on its face, this recommendation would seem straightforward, there are differences between how the Oregon Health Plan is structured and how Washington State’s Medicaid Program operates. OHA does not believe that this recommendation can be implemented as written. However, OHA does agree that we must continue to improve and clarify our written guidance, contract language, reporting requirements, and data submission instructions throughout the system.*

The Oregon Health Plan Behavioral Health covered benefit is detailed on a prioritized list of conditions paired with effective treatments. Oregon’s CCO model requires CCOs to understand the communities they serve and to tailor delivery of the benefit for the community. This model means that the fine details of rates and billing code requirements are not set statewide. Details for the state’s Fee-for-Service (FFS) program are in OARs and on the published FFS fee schedule. CCOs are held to account through a capitation model (encounter claims history is factored in) and metrics. The state monitors complaints of all types and follows up. There is also an audit process that monitors patterns in services and can serve as a means of accountability and quality improvement when issues are discovered.

Operationalizing the CCO 2.0 contracts will also help clarify reporting requirements inside the framework of our more flexible system.

Inequity issues: *A statewide billing code standard would reinforce the inequitable status quo, which doesn’t align with stated goals of our waiver with the federal Centers for Medicare and Medicaid. The state’s current flexible model is necessary to address inequities in services unique to each community across the state. But much more work is needed in this area. The*

state must maintain sustained focus on identifying and eliminating differences to ensure that services as needed are available across the state. OHA must also make sure CCOs use the flexibility we give them to achieve this essential outcome.

Consumer voice: *Consumers are one step removed from this issue, but they are impacted by it.*

This issue is about the details of billing between providers and payers (FFS and CCOs). Consumers' interest would not be best served by a statewide billing guide. Consumer interests are best served when the state ensures their voices influence CCO policies including billing details, the policies guiding those services, and the outcomes achieved through the services and policies.

Work underway: *OHA revised the CCO contracts (CCO 2.0) to require much stronger oversight. OHA is building the team and defining the deliverables to operationalize these requirements. This work that will ensure OHP members receive quality well-coordinated behavioral health care. Some of the billing code detail is defined in the metrics. Additional details may be included as each CCO deliverable is defined with an initial focus on access to services across all populations.*

Challenges: *Oregon's transformation model works to reduce fragmentation at the community and CCO level. A statewide billing code standard could interfere with this work. OHA needs to continue consolidating and creating a cohesive framework associated with Behavioral Health services. This will create direction for the system and reduce current fragmentation.*

Agency needs: *OHA needs sustained direction and focused resources to achieve the goals outlined.*

Update: OHA does not feel that the Washington system is similar enough to Oregon's system to use the manual as a template for Oregon. However, this work is being addressed through CFAA innovation and revision, and contracted organizations will be provided with clear instructions for reporting.

- Recommend OHA develop and document a process for verifying that data submissions used to track performance measures are timely, complete, and accurate. Once documented, establish a policy for the process to hold stakeholders, including CCOs, accountable for timely, complete, and accurate data submissions and communicate the policy to all parties.

Management Response: OHA agrees with a primary theme of this audit about the importance of high- quality data to support decision-making. This audit recognizes a long-standing challenge within the behavioral health system, which is lack of timely, complete and accurate data. There are legitimate systemic reasons why this is the situation, and OHA continues to work on developing the ability to find cost-effective levers that result in improvements.

Inequity issues: As so many of our responses have indicated, lack of timely, complete and accurate data means we struggle to identify indicators of systemic inequity and, thus, struggle to eliminate these inequities.

Consumer voice: Similarly, working without reliable data makes it extremely difficult to be adequately informed to co-create trauma-informed system solutions with consumers and families.

Work underway: OHA has several efforts to support behavioral health agencies' ability to collect and share client-level information, which is an important part of data quality and accountability. OHA conducted an in-depth Health Information Technology (HIT) scan focusing on behavioral health needs and convenes a Behavioral Health HIT Workgroup to

recommend strategies and oversee OHA's work. In particular, OHA supports adoption of certified electronic health records through federal Promoting Interoperability incentive payments and technical assistance to providers. OHA supports health information exchange efforts that have significantly increased behavioral health providers' ability to coordinate care and access information about their clients' hospitalizations and use of emergency departments. These data are critical for behavioral health providers' ability to meet OHA's expectations for performance, manage their clients proactively, and improve the quality of their care.

OHA also holds CCOs accountable through the CCO quality incentive program to address disparate use of emergency department visits for their members with serious mental illness. OHA supports CCO and behavioral health agencies in this metric by providing a flag for CCO members with serious mental illness. The goal is to let CCOs and behavioral health agencies to know, in real time, when these individuals are in the emergency department, which will help inform care management and coordination efforts. Providing this simple yet critical data enables CCOs and behavioral health agencies to act quickly to address the needs of members with mental illness – and ultimately drives outcomes that positively impact CCO metric performance.

OHA is in the midst of a substantial redesign of the underlying data systems and warehouses that support performance measures. OHA is also currently working with CCOs on the CCO Compliance Project across all CCO deliverables.

Challenges: *This issue is driven by the decentralized and fragmented system. Providers regularly struggle with data-reporting requirements. Much of that struggle is the result of conflicts between local electronic systems and OHA's complex information technology requirements. Some of it is driven by needs for various data elements to meet billing*

requirements versus licensing requirements versus clinical requirements. Some is driven by accounting requirements.

Timeline: *OHA has begun this work and will continue to make improvements in data monitoring processes. Improved technology will be an essential in making data collection, analysis and reporting feasible in ways it isn't currently. Anticipated completion of June 20, 2023, but dependent on anticipated technology enhancements.*

Update: *Efforts to address data submission have been delayed due to the Covid-19 pandemic due to workforce shortages across the sector. Reporting has been paused for most entities to reduce administrative burden for providers. However, OHA remains committed to accountability across the system, and is working to revise and expand data expectations across the system.*

A CFAA Revision framework is underway, including discussions with county representatives, community input, and streamlining CCO and County contracting. These revisions will include accountability standards for data submissions and sustainably maintaining data submission requirements over time.

- Recommend OHA collaborate with System of Care stakeholders to perform a systemwide needs assessment for the children and family continuum of care, including: Wraparound, secure inpatient, residential, and intensive support.

Management Response: *A 2017 OHA/DHA Continuum of Care Project explored recommendations to support the child serving systems. The recommendations were supported by extensive stakeholder engagement and feedback. The three selected projects included: State System of Care Infrastructure Implementation, Trauma Informed State Agencies and Intellectual and Developmental Disabilities- Mental Health (IDD/MH) Improvements and Capacity. Many objectives have been completed, including the work*

through Senate Bill 1 and both OHA and DHS developing Trauma Policies. This work continues.

In March 2019, the Child and Family Behavioral Health Unit developed a vision that will be used to launch the statewide needs assessment recommended here. Staff have reviewed and summarized previous needs assessments, audits and reports and are incorporating that work into the ongoing vision and policy direction.

Inequity issues: *Oregon lacks a full spectrum of mental health supports that meet youth and family's needs in a culturally responsive manner across Oregon's Black, Indigenous and People of Color (BIPOC) communities. Many of Oregon's nine federally recognized tribal members remain on Open Card OHP benefit that provides them less access to providers and services, including Wraparound for children and families. This inequity impacts Latinx and immigrant communities getting access to a continuum of care that meets their cultural and linguistic needs. When conducting the needs assessment, it will be essential to engage with individuals from these communities to identify needs and challenges and co- create culturally responsive solutions.*

Oregon also struggles to provide a continuum of care in rural, frontier and urban areas of the state. Mental health promotion and prevention efforts have historically been limited statewide. Higher-level care options are mostly in urban areas, while rural and frontier communities do not have access to needed services and supports. A more specific inquiry into how social determinants of health is impacting children's behavioral health supports, and how that can be alleviated, is warranted.

Consumer voice: *To adequately and accurately conduct a needs assessment across the continuum of care, it is essential to center the voices and experiences of youth and families. This approach is especially critical when identifying the needs of historically marginalized or*

underserved communities, including those who are Black, Indigenous, or other people of color, and Oregon's rural and frontier communities. Meaningful consumer participation will be prioritized throughout the needs assessment process.

Work underway: *The outcome of the work outlined above will guide the work of the Child and Family Behavioral Health Unit's five-year plan.*

In the 2019 session, funds were allocated to support the development of Intensive In-Home Behavioral Health Treatment (IIBHT) services. These critical services help alleviate many of the concerns addressed in this audit, including bridging the gap between emergency room use and the need for intensive services that do not require a psychiatric residential treatment level of care. IIBHT offers support in the home to children/youth and their families. A framework for the implementation of these services has been created: OARs have been filed, stakeholder engagement has been sought, a series of webinars for potential providers have been conducted, funding mechanisms are established.

Much of the related work has been outlined in other responses, and in addition, OHA and DHS are working with the Governor's Children's Cabinet and participating in a subcommittee with members of the Statewide Child Welfare Oversight Board to develop and manage a workplan to ensure the integration of new service development with an efficient and comprehensive system of care for children. Also, OHA is supporting DHS's Family First Prevention Services Act by implementing new requirements for Qualified Residential Treatment Programs (QRTPs) and prevention models.

Challenges: *Child-serving systems, service providers, and families and youth recognize that Oregon lacks a fully coordinated, effective network of services to support Oregon's more than 2 million children. More than 20,000 of these children are being served by multiple systems. The Governor and Legislature have established several initiatives to address this system challenge,*

including the Children and Youth with Specialized Needs Workgroup (2018), the Governor's Behavioral Health Advisory Council (2019–2020) and the statewide System of Care Advisory Council (Senate Bill 1, 2019).

National best practice for System of Care shows early intervention for children's behavioral health crises is a cornerstone of a strong, effective System of Care. Oregon's current service array does not support early intervention, nor does it adequately serve young people and families when they are in crisis or after they have stabilized. Additionally, there is a lack of cross-system collaboration, flexibility and responsiveness, which results in avoidable crises and inappropriate placements, including for children involved with child welfare. The current system lacks a clear delineation of roles, responsibilities and accountability around emerging and urgent issues for children and families experiencing intensive behavioral health needs and has neither the capacity nor a sustainable funding structure, to keep them in a family setting and in school.

The services and supports for youth that are involved in child-serving systems span a broad range dependent upon CCO and local county capacity. For youth with complex mental health needs involved in child-serving systems, CCOs provide Wraparound and Intensive Care Coordination; however, these coordination models do not provide direct access and coordination to other child-serving systems. Thus, barriers still exist for children and youth with complex needs. This often means that the system is reactive to children and families rather than proactive and responsive.

Oregon lacks sufficient community-based services and placements, and emergency rooms may be boarding youth with mental health issues who do not have access to treatment, or for some, a place to live. Families are navigating a service array that is inconsistently available, with waitlists for psychiatric residential treatment services, medication management and outpatient services. It often does not consistently include respite, peer delivered services, or child-focused mobile crisis response and stabilization. Mobile crisis response is extremely limited in Oregon and could

alleviate cross-system barriers by providing timely identification and contributing to co-created solutions in a manner similar to that accomplished by New Jersey.

Agency needs: OHA needs:

- *Increased opportunities for meaningful youth and family involvement and consumer co-creation.*
- *Partnership with the other child-serving agencies to complete a full system wide needs assessment to ensure impact and feedback includes school, juvenile justice, child welfare and intellectual and developmental disabilities.*
- *Continued national consultation to determine the right questions to ask our communities to get at system level structure and policy changes needed. A targeted look at racial equity across the current mental health continuum of care needs to be conducted and documented.*
- *Support from CCOs and outpatient providers statewide to ensure that prevention and proactive levels of care are represented.*
- *Collaboration and support from related advisory councils to participate in a robust needs assessment.*
- *A significant investment into data systems and development of measures/performance indicators needs to occur led by OHA but developed with extensive stakeholder input and direction.*
- *Legislative investment for OHA to be responsive to the children's continuum of care.*

Timeline: *Systemwide Assessment to be completed October 2020-October 2021*

Update: *The CFBH Unit met with family and youth community groups, tribal representatives, providers, and other community groups to develop a policy vision paper. This plan was finalized with OHA leadership and approval of the Children’s System Advisory Council in 2020. The Unit has developed a five-year plan to implement this vision, including the full continuum of youth and young adult care in Oregon. Final communication of this plan through the CFBH Unit website and presentations is upcoming in early 2022.*

- Recommend OHA utilize stakeholder input to develop and determine the methodology used to assess statewide emergency department boarding, with separate reporting for children and youth boarding and frequency, and pursue measures needed for consistent implementation. The methodology should be documented and maintained by the Behavioral Health Division.

Management Response: *OHA has long been concerned about inappropriate or excessive use of Emergency Departments (ED) for children and adults who need behavioral health services. Additionally, we recognize that it is crucial to engage people into appropriate services upon discharge from EDs. In an agreement with the U.S. Department of Justice, we have prioritized ongoing study, evaluation and improvement of this issue for adults with serious and persistent mental illness. For children, we have made and will continue to increase investments in services to help reduce overall ED utilization. We recognize that we still have work to continue to address this issue.*

Inequity issues: *National data shows 1 in 5 young people experience diagnosable mental health conditions in any given year. In the last three years on average, 8,250 Oregonians on the Oregon Health Plan ages 0 to 25 with behavioral health diagnoses were treated in EDs. In 2018, there were over 7,600 young people in foster care, and of these young people, 60 percent experienced a disruption in their foster home that led to the need for a new foster home, placement in a shelter or going to an ED. An emergency department’s primary role is to address*

physical and not behavioral health needs, and they are adult oriented. This lack of specialized expertise to respond to and successfully stabilize children and youth experiencing a behavioral health crisis often leads to an extended stay in an ED or discharge without effective safety planning. Children in foster care are overrepresented by our BIPOC communities.

With the increased potential for trauma response in the wake of the COVID-19 pandemic, all young people are at risk for added stress. Safety and health are a top priority during this unique time of physical distancing, and this need poses significant interruption in daily routines that impact access to support and care. Physical distancing is also disruptive to normal growth and development, particularly for older children and teens who are learning about appropriate relationships and need interpersonal support. Children and teens will be disproportionately impacted for months and years to come, even after a vaccine is found and particularly with the prospect of future outbreaks. This will heighten existing mental health symptoms and create additional symptoms, including post-traumatic stress disorder.

These additional stressors will contribute to increased risk of abuse and neglect as people experience overwhelm and isolation. This has been previously measured and documented in areas experiencing natural disasters. Among the top concerns are Oregon's most vulnerable youth, who are at risk, or already living in a foster home.

Consumer voice: *The development and implementation of this methodology will be informed by input from consumers, including youth and families. Consumers can provide guidance on collection and assessment of data. Consumers can also provide insight into any trends in data, give context for the information gathered and advise on actions to be taken based on the data collected.*

Oregon's current service array does not support early intervention, noted elsewhere as a national best practice, nor does it adequately serve young people and families when they are

in crisis or after they have stabilized. Additionally, there is a lack of cross-system collaboration, flexibility and responsiveness that results in avoidable crises and inappropriate placements, including for children involved with child welfare. The current system lacks a clear delineation of roles, responsibilities and accountability around emerging and urgent issues for children and families experiencing intensive behavioral health needs and has neither the capacity nor a sustainable funding structure, to keep them in a family setting and in school.

Work underway: *OHA's 2021-23 Agency Requested Budget includes a policy option package (POP) to implement Children's Mobile Response and Stabilization Services (MRSS). MRSS is a prevention program specifically designed to support children and their families and/or caregivers before situations turn into a crisis. This trauma-informed program will also provide support to children and their families in their home, their schools and in the communities.*

Evidence from other states shows that MRSS services and supports dramatically increase the stability of youth residing in foster homes. Further evidence shows MRSS can successfully decrease police involvement and emergency room use, while providing treatment to youth and their families in their home and community.

Other programs OHA has implemented and expanded to support ED diversion and accessing appropriate levels of care:

- ***Crisis and Acute Transition Services (CATS)*** *are designed to provide a community-based alternative to emergency department "boarding" for children, youth and young adults in need of acute psychiatric treatment who are awaiting inpatient psychiatric hospitalization. The program includes and requires brief crisis services, stabilization, and transition to community-based supports and services when individuals from birth through age 18 present to emergency departments or crisis center and are at risk of admission for psychiatric or behavioral crises. Programs must serve all individuals presenting in the settings indicated above, including those*

with public, private, or no insurance. The CATS program has served over 1,300 youth and their families in nine counties in 2019. Approximately 78 percent of youth are discharged from the emergency department within 24 hours, and 92 percent within 48 hours.

- ***Fidelity Wraparound*** is an intensive care coordination model and a fidelity process that supports young people and their families with complex behavioral health needs who are multi-system involved. Wraparound is a voluntary process, guided by youth and their families, that connects them to the supports and services needed to improve health and wellbeing. Wraparound reduces the use of emergency rooms, higher levels of care, reduces episodes of psychiatric hospitalization, improves school attendance, and provides significant support to youth involved in child welfare and juvenile justice. Most counties and all regions have access to Wraparound care coordinators and peer-delivered service providers with specialized training in supporting youth and their families.
- ***Interdisciplinary Assessment centers (IATs)***. The 2019 Legislature passed Senate Bill 1 and established a special purpose appropriation for OHA, DHS and OYA to coordinate efforts and establish regional interdisciplinary assessment centers. The teams in the centers would conduct thorough assessments and make treatment recommendations for long-term wellness. As of July 2020, IATs are in statute but the special appropriation is no longer available to finance the initiative.

OHA's 2019-21 Legislatively Approved Budget did include funding to support the Children's System of Care data dashboard as established in Senate Bill 1. Emergency Department utilization will be incorporated with separate reporting for children and youth boarding and frequency, and the Council will pursue recommended measures needed for consistent implementation.

Challenges: *With the current wait list for residential treatment beds, we need more innovative services and resources in Oregon. These waitlists create a gap in services that causes families to wait more than 6 weeks for assessment appointments, resulting in increased likelihood of a crisis emergency department visit and worsening health of the family. Utilizing MRSS, fully implementing the 2019 investments (including IATs) and expanding other current programming (CATS, IIBHT, Wraparound) would provide supports that would prevent disruptions, interactions with emergency departments, law enforcement, foster care and higher levels of mental health care.*

Agency Needs: *Oregon's System of Care aims to improve the effectiveness of state agencies serving Oregon's children and improve the continuum of care that provides services to youth, ages 0 to 25 so that mental health care is community based, family driven, effective, and culturally and linguistically responsive. Achieving this will require changes to the current systems and the filling of gaps in the continuum of services available to children and young adults. Filling the early intervention gap with MRSS and the current programming would decrease demand for higher levels of service and preserve foster placements for young people involved with DHS Child Welfare.*

Coordination of services and network is critical, particularly during the pandemic. Oregon must prepare to meet this need to support children, young people and families and provide resources and support at the right time. Adequate response to COVID-19 issues requires the creation and utilization of early intervention strategies and trauma-informed mobile response and stabilization services, and an increase in the coordination of the service network.

Timeline: *The work described above to reduce ED boarding for children and adults will continue over the next several years. The monitoring and reporting of ED boarding through dashboards is expected to be completed by December 31, 2021.*

Update: Staff within the CFBH team worked with HPA analysts and hospital representatives to obtain and study Emergency Department data for children and young adults. This information has been compiled into a report and presented to community groups, CSAC, parent groups, and internal partners. The information has been communicated through the CFBH website and will be updated and reported quarterly to the CSAC group.

- Recommend OHA develop an intermediate proposal to Legislature for addressing issues with statutory language requiring the call center contract up to discontinuing OHA's portion of the contract.

Management Response: In 2017, the Governor signed SB 944 into law. The intentions of this bill were to establish a call center to help children get access to the right service at the right time and so that OHA and the community would be able to track the need for different levels of care. The call center focus is on children in emergency departments and inpatient care (Subacute and PRTS). The bill also intended that we would improve our ability to understand and track system capacity in real time.

OHA and the System of Care have learned valuable lessons, as execution of the bill did not result in the intended outcomes. OHA and the System of Care will need to reevaluate how to improve the effectiveness of the referral system and capacity management tools. While it may help to change the statute, the underlying work that needs to be done is to identify more effective methods to achieve the outcomes envisioned by the legislation.

As with other responses, the lessons and work that OHA has done through COVID-19 response may allow us to break through some of the stumbling blocks that occurred as we initially attempted to create this capacity management system for this singular level of service. Instead of abandoning the entire concept, consumers will be better served if OHA, providers and funders revisit the mechanics of how to make this work and commit to the goals of SB 944.

Once a solution is crafted that works, OHA will review the statutes and rules and update if needed.

Inequity issues: *As the crafters of SB 944 recognized, having a service delivery system dependent on existing knowledge and relationships between providers resulted in a delivery system that would often exclude people from easily accessing needed services. This is one more instance of systemic barriers that are especially difficult for those from nondominant cultures to overcome.*

Consumer voice: *While this is a very specific recommendation related to one section of the statutes, the underlying work is germane through the entire lifespan for behavioral health services. Having an easy to access, systematized capacity management system for every level and type of behavioral health service will allow consumers, families, and referring providers to identify appropriate and timely service options.*

Work underway: *On June 5, 2020, the Legislative Emergency Board approved allocation of \$6 million to develop an Oregon Behavioral Health Access System. Within this initiative, OHA will be utilizing nationally recognized capacity management tools and techniques to create a one-stop shopping experience for consumers who seek behavioral health services. The system will build from lessons learned in SB 944 implementation, be sophisticated and will also support connections for providers who seek real-time information about capacity so that we can streamline referrals to appropriate levels of care.*

As noted in the audit, OHA did work with the PRTS and Subacute providers in 2018-2019 to gather important data, outside of the call center, for a calendar year to specifically look at the capacity need, utilization, wait times and access barriers. OHA recognizes that this is valuable data.

Challenges: *The current design of the children’s continuum of care mental health provider participation is required to have a call center to assess system needs and access. When capacity is consistently full, the ability to consider capacity management is limited. The children’s system is in crisis so there is a focus on getting urgent services to children and families rather than data gathering to make more informed decisions.*

Creating a one-stop experience will be complex as providers operate under multiple governance systems and payor structures. For example, the children’s behavioral health system is primarily managed through the CCO model in Oregon. CCOs contract for their provider network directly. For the inpatient levels of care there are only five providers, but CCOs are not required to contract with any or all of them. In addition, access to these levels of care can look different depending on the CCO of the member. OHA does not contract with these providers directly so although we oversee them through certification and OARs, access and management are not directly overseen.

Agency Needs: *To be successful, OHA will need to determine an effective method for providers to keep capacity reports up-to-date and current.*

Update: *HB 2086 (2021) amended statutory language related to the call center contract and allowed for increased flexibility for the collection of access data across the system, and the Lines for Life contract has been amended.*

The CFBH Unit has worked extensively with the System of Care Advisory Council to review system needs, differentiating between data needs for different levels of care. A centralized bed capacity tracker is under development for SUD and mental health residential capacity to provide a robust communication tool for these high levels of care. Following implementation, the Unit will work to determine broader applicability for program access.

- Recommend OHA work with the newly created Senate Bill 1 System of Care Advisory Council and Legislature to better optimize the statute guiding mental health treatment services. Specifically, the collaborative effort should:
 - Expand statutes to consider CCO framework and evaluate disconnected mental health statutes for potential revision.
 - Clarify statutory roles and responsibilities of stakeholders.
 - Develop alternative language for “subject to the availability of funds” in order to establish priority of mental health services.
 - Define the requirement of integrated physical, mental, and oral health.
 - Deliver a report on planned optimizations.

Management Response: OHA appreciates the importance of aligning and optimizing foundational statutes that support the behavioral health system. Because this is needed for the behavioral health statutes covering the lifespan, we would suggest expanding the advisory process through which we accomplish this. In addition to utilizing the System of Care Advisory Council, which focuses primarily on children and families, we would also work through other advisory groups including, potentially, the Governor’s Behavioral Health Advisory Council, the Alcohol and Drug Policy Advisory Council, the Alcohol and Drug and Mental Health Planning and Advisory Council, the Oregon Consumer Advisory Council, and many others. We would also need input from a vast array of stakeholder groups. Additionally, we would engage regularly with legislative committees on behavioral health as we proceed, to ensure we are addressing issues that constituents bring forth.

Inequity issues: Conflicts in statutes, as well as optional financing and poorly articulated roles and responsibilities, leave room for service gaps and lack of accountability and perpetuate long-standing systemic barriers to service, particularly for persons of color.

Consumer voice: Consumers, including youth and families, will be leaders in the process and will co-create the recommendations for changes needed to the behavioral health statutory framework. As OHA does the difficult work of clarifying and aligning statutes, consumers will benefit from a system that becomes more simple, responsive, and meaningful.

Challenges: This work will be challenging. The current system is built from the local level. Each county and region has unique operational challenges and needs flexibility to ensure the needs of consumers can be met. Additionally, while CCOs represent a majority of the financial investment in Oregon's behavioral health system, there remains a need for safety net capacity for services that are not covered through the Oregon Health Plan or for people who are not eligible for services. Also, many people access services through private health insurance, and it will be important to factor that into the statutory work. For children and families, intersections with the other child-serving systems will influence how this work moves. For adults, it will be critical to factor intersections with justice systems, law enforcement, housing, disability services, older adults, veterans and other systems.

Agency Needs: OHA will need stakeholder consensus for this to succeed.

Timeline: This work has started and will continue through 2023.

Update: The System of Care Advisory Council has developed a vision and plan and is currently hiring for an Executive Director of the Council. This newly created role will be charged with evaluating statutes for potential revision and clarifying language and requirements for integrated health care. The System of Care Advisory Council is intended to operate as an independent body,

and CFBH will continue to provide technical assistance and support for this group during the transition to the Executive Director, when hired.

- Recommend OHA collaborate with system stakeholders, such as providers and other agencies, to develop and document a comprehensive workforce retention and recruitment strategy and communicate it to all stakeholders. Reporting on strategic implementation should be delivered annually to the Oregon Health Policy Board.

Introduction: *As referenced in the audit, the Behavioral Health Collaborative made recommendations regarding the behavioral health workforce, namely, to complete an assessment. OHA contracted with the Eugene Farley Health Policy Center to assess the current behavioral health workforce and develop a recruitment and retention plan. This work was completed in 2019 and was presented to the Oregon Health Policy Board. OHA's Behavioral Health Medicaid, Policy and Analytics unit works closely with OHA's Primary Care Office and OHPB's Health Care Workforce Committee on all behavioral health workforce recommendations, including the Farley Center recommendations.*

Since the publication of the Farley reports, OHA staff has conducted an analysis of Oregon-specific workforce recommendations in the past decade. These were presented to a workgroup of the Governor's Behavioral Health Advisory Council. OHA is incorporating the council's policy recommendations into requests for the 2021 legislative session.

Inequity issues: *The behavioral health workforce in Oregon is predominantly white. BIPOC consumers are not able to receive treatment from BIPOC providers. Low wages result in individuals not entering the workforce. Some cultures don't see traditional counseling as acceptable, and this results in many people not seeking behavioral health care or being distrustful of the care they receive. Black communities experience bias from providers, which often results in misdiagnosis and poorer quality of care. This continues the cycle of mistrust*

and a tendency not to seek behavioral health care. Culturally competent providers have long waitlists and accept limited insurance. Lastly, systemic racism has created deep distrust.

Consumer voice: *Consumers, including youth and families, have critical insight into this issue. Oregon must develop and retain a behavioral health workforce that is responsive to the needs of the people who rely on these services. As such, consumers will inform the development of this plan and will guide OHA in determining goals for workforce composition and training. The workforce issues, such as high turnover, results in consumers having to start over with new providers. This is not a trauma-informed system as consumers are required to retell their stories and develop a therapeutic relationship with a new provider. Our most qualified workforce tends to work in lower acuity settings, whereas our least experienced workforce is working with the most acute patients. This is a disservice to consumers as they are not able to receive care from a highly trained and senior workforce. Consumers are not able to receive treatment from providers that share their culture, language, or background. These issues result in consumers not receiving meaningful services and overall poor outcomes.*

Challenges: *As the audit itself recognizes, Oregon's turnover rates within the children's behavioral health system are within the national averages, indicating that this is not only an Oregon issue, but also a national one. Efforts to integrate behavioral health into the healthcare system are underway, but behavioral health staff is not paid in parity with physical or oral healthcare with parallel education, training, and certification. OHA can raise rates, work with the Transformation Center to convene learning collaboratives, and work with partners, higher education and licensing boards to implement recommendations. But until behavioral health is fully integrated and in parity with physical and oral healthcare, we will continue to face significant workforce turnover and shortages.*

The audit asserts that "while OHA is aware of the turnover problem, its efforts to reduce it have been ineffective." OHA does not have staff dedicated to work on this area. OHA has a Primary

Care Office that is responsible for workforce, including loan repayment and incentive programs, workforce development issues, and the Oregon Health Policy Board's Health Care Workforce Committee; however, their primary focus is physical health. The former Addictions and Mental Health Division had a behavioral health workforce unit of approximately four FTE; those positions were lost in a reorganization.

Agency Needs: *Behavioral Health does not have staff to implement the recommendations. Adding behavioral health staff to the Primary Care Office (which oversees much of the workforce related efforts for OHA and staffs Oregon Health Policy Board's Health Care Workforce Committee) would place the staff in the right place to effectively do this work. Bringing higher education and licensing boards together with OHA and other stakeholders could require a mandate.*

Timeline: *This work is underway and was prioritized by the Governor's Behavioral Health Advisory Council. It will continue through 2023.*

Update: *While the behavioral health workforce was under strain during the Secretary of State's audit process in 2019, the Covid-19 pandemic has created unprecedented shortages over the past two years across the healthcare system. Extensive funding has been routed to behavioral health providers to support efforts to recruit and retain staff, and HB 2086 (2021) provided funds for a comprehensive workforce study.*

HSD representatives have brought system partners together for ongoing conversations on how best to recruit and build a robust workforce, including student loan forgiveness, mentoring and career ladders, credentialing, supervision, rate increases, and development of educational pipelines particularly to bring staff of color into the behavioral health field. Additional legislation is being considered for further efforts in the upcoming legislative session.

- Recommend OHA develop and deliver a public information campaign for mental health, including challenges faced by individuals in the system, as well as direct care workers, similar to campaigns delivered by the Public Health Division.

Management response: *This audit report highlights how statutory provisions with no reliable source of funding have undermined OHA's ability to focus on mental health prevention and promotion. Also, OHA recognizes the serious challenges faced every day by the direct care staff.*

In response to COVID-19, OHA contracted with Brink Communications to develop the Safe + Strong campaign. OHA received funding from the federal CARES Act to support current work with Brink for a behavioral health specific campaign. A key feature of that campaign will address stigma. Priority populations identified include health care workers, BIPOC, and those with behavioral health concerns.

Inequity issues: *As mentioned in previous responses to the recommendations, the COVID-19 pandemic has had significant impact on and disruptions to OHA operations since early 2020. While that is an important backdrop to some of our responses, it is important to note that during the months of operating under the pandemic, OHA has realized some opportunities for system improvements. We received funding to support a broad-based public information campaign to help people understand mental health and to provide information about resources that can be helpful if they are experiencing mental health service needs.*

Brink Communications conducted research and found high health disparity scores near Salem-Keizer, the Willamette Valley and agricultural counties. BIPOC seek support from personal networks rather than behavioral health care professionals. Income level and refugee or immigration status have a large impact on behavioral health of BIPOC. Reducing stigma in Latinx communities may help normalize help-seeking behavior.

Consumer voice: *This work, in progress, will continue to be centered on the needs of behavioral health consumers, including those who are healthcare workers and members of high-risk or underserved populations. The first round of creative from Brink shows a simple campaign that will be transcated into 11 languages. The campaign aims to be inclusive for gender and BIPOC. Stigma reduction and normalizing help-seeking behavior will help more people access behavioral health care. The campaign is building upon trauma-informed and supportive messages. To provide the foundation of the work, Brink and OHA staff did extensive community engagement work to speak to Community Based Organizations and other community leaders and learn about the needs of BIPOC communities. Messages and materials are being tailored from the insights gathered from that work.*

Work underway: *OHA has utilized resources from the Federal Mental Health Block Grant and funding from behavioral health investments in 2015 to contract with communities to enhance wellness practices and prevention. Since 2014, OHA has funded local Mental Health Promotion and Prevention projects. Led by community organizations, the projects aim to help everyone improve and sustain theirmental health. This means children and adults can:*

- *Achieve developmentally appropriate tasks,*
- *Maintain a positive sense of self-esteem, mastery, well-being, and social inclusion, and*
- *Strengthen their ability to cope with adversity.*

The projects promote evidence-based, community-based interventions and activities.

In 2019, OHA funded Mental Health Promotion and Prevention projects in 20 counties, serving more than 25,000 individuals and reaching thousands more through social media, websites, online learning and other outreach activities. Projects included:

- *Advocacy, stakeholder engagement and interagency collaboration: Train the Trainer,*

Honest OpenProud (HOP), youth groups, peer support, parent support groups, life skills, coping skills and self - regulation, harm reduction.

- *Onsite and School-Based Services: Professional development for staff, Question Persuade Refer, Curve It Forward, Positive Behavior Interventions, Mental Health Tool Box, Applied Suicide Intervention Skills Training, Culturally Responsive Mental Health First Aid (suicide prevention), STEPS to SUCCESS (bullying prevention), Second Step (social and emotional well-being), MindUp (social-emotional awareness to enhance psychosocial well-being), Collaborative Problem Solving, NETSMARTZ (cyberbullying prevention), CONNECT (creating youth leaders).*
- *Summer school programs, food security, tutoring, art classes, after-school sports.*
- *Culturally appropriate refugee and immigrant resources and services.*

Related work: *Also, during the COVID-19 crisis, OHA has enhanced the availability of tools for direct care workers affected by the crisis to include psychological first aid training and a self-assessment tool called PsyStart.*

Challenges: *The Brink Communications media campaign is funded for a limited period of time. There will need to be ongoing funding to continue the campaign.*

Timeline: *Work has been underway for several years and will continue to be expanded and improved. As a result of the COVID-19 work, a targeted campaign will be completed by December 31, 2020.*

Update: *HSD worked with Brink Media and the Public Health Division to implement the Safe and Strong Oregon public health campaign during the Fall of 2020. This program provides information for Covid-19 vaccine resources and safety, as well as mental and emotional health supports and community resources.*

Ongoing collaboration between Behavioral Health and Public Health is planned in order to provide resources and public campaigns for integrated health.

- Recommend OHA work with Trauma Informed Oregon to become a trauma-informed agency, finalize the internal trauma-informed policy, and provide related agency wide training starting at the highest leadership levels. The agency should hold contracted organizations accountable for Trauma Informed Practices.

OHA's leadership team recommended that the policy be reviewed by the agency-wide Equity Advancement Leadership Team (EALT).

The EALT reviewed the policy and discussed how the policy could best be moved forward in synchronization with OHA's Strategic Plan and Equity Advancement plan (formerly known as the Affirmative Action plan).

The EALT recommended that the Equity and Inclusion Division be responsible for policy oversight and governance, including facilitating a workgroup in the implementation of the policy and associated work, and for any revisions necessary to align with OHA's strategic planning and anti-racism framework.

OHA leadership agreed to the EALT recommendations, and the work has now been passed to the Equity and Inclusion Division.

Workgroup recruitment completed in June 2021 and a new draft is anticipated August 2021.

Update: *During 2020, the CFBH Unit worked with internal partners, community groups, and Trauma Informed Oregon to develop a draft policy in alignment with Equity, Inclusion, and Diversity efforts. This draft was paused to determine the definition of "trauma informed" as it applies to anti-racism work and OHA's goal to address health inequities.*

Current policy work in this area is focused on the connection between anti-racist actions and trauma-informed policies. The workgroup addressing this policy is working with ODHS to determine if a comprehensive policy can be developed, and work was paused to allow time for all members to attend anti-racist trauma trainings. An updated version of the policy is anticipated in Spring 2022.

- Recommend OHA continue to collaborate with Trauma Informed Oregon to deliver training of trauma-informed practices to direct care providers.

Management response: *OHA supports a trauma-informed foundation to all services and supports provided for children and families. As noted in the previous response, OHA currently works extensively with Trauma Informed Oregon to shape our understanding of the impacts that trauma has on how people experience services and the importance of addressing that experience so that people can expect successful outcomes. We will continue to do so.*

Inequity issues: *Trauma manifests in several ways. For people who identify as members of communities of color, systemic racism and microaggressions are recurring traumas that compound their experiences. Direct care providers must be educated to understand the subtle and overt ways that their service delivery can be improved and be trauma informed.*

Consumer voice: *Consumers, including youth and families and members of communities of color, have consistently expressed the desire for behavioral health providers who are competent in delivering trauma-informed care. Consumers often won't access services because the health care environment feels unsafe. This happens when service providers or the service system is not trauma aware. As a result, existing issues manifest to point of crisis, or illness and symptoms become worse.*

Work underway: *OHA recently invested additional funds in the Trauma Informed Oregon contract, to address technical assistance and training needs in the areas of social emotional*

learning, and culturally responsive practices in strength-based healing centered engagement, Trauma Informed Care (TIC), and Adverse Childhood Experiences (ACEs). This technical assistance and training will be provided for service providers serving people of color, people with physical and cognitive disabilities, LGBTQIA2S+ individuals, interested consumers, family members, young adults, and individuals across the lifespan with serious mental illness, those in recovery from mental health disorders, substance use disorders, and problem gambling issues; and to support Coordinated Care Organizations (CCOs), Community Mental Health Programs (CMHPs), individual providers of behavioral health services, and health professionals statewide.

Challenges: *The decentralization and fragmentation of systems can cause consumers to be retraumatized, via having to repeat their “story” (need for treatment) to various providers because the system is not contiguous and working well together. People drop out of services when this becomes untenable for them.*

Agency needs: *As with all that OHA does, the successful and ongoing implementation of this recommendation will require sufficient funding to support training contracts and staff focus to implement and schedule.*

Timeline: *This work is underway and will be ongoing with an initial goal of providing training to all OHA regulated providers of children’s services by July 1, 2022.*

Update: *OHA’s contract with Trauma Informed Oregon has been extended and is managed through the CFBH Unit. Trainings and resources are provided to internal partners across OHA, as well as to CMHP’s and provider agencies*

- Recommend OHA work with the Oregon Health Policy Board, System of Care Advisory Council, and Legislature to update the statutory framework to ensure agencies within the System of Care are fully

invested to support the burden costs across the system. A System of Care roadmap should be developed and documented to demonstrate process owners and related costs.

Management response: *OHA agrees with this recommendation. To reiterate from previous responses, Oregon’s System of Care partners are guided by the vision that children can be at home, in school and in their community because they receive the right services, at the right time and for the right duration. OHA agrees that a strong, interconnected statutory framework would provide transparency and clarity in describing, defining, and ensuring financial commitment to the children’s System of Care.*

Inequity issues: *Oregon’s statutory direction for the children’s System of Care must be fully informed and designed to break the cycle of systemic and historic racism and inequity. To make meaningful inroads in resolving health inequity, all stakeholders must learn to see past “business as usual” thinking and invest in ideas that are trauma informed. As the audit repeatedly mentions, so many of the statutes that support behavioral health services are qualified with “subject to available funds” clauses. A complete System of Care roadmap will identify funding, with proposals for elimination of gaps and barriers to success.*

Consumer voice: *Youth and family voice will be critical in the development of a System of Care roadmap and in determining policy and funding priorities. Well-written statutory framework and a System of Care roadmap will add cohesion so that individual agencies can more effectively work together toward common goals for children and families. If well written and administered, the needs of the children and families will drive service delivery and outcomes should improve.*

Work underway: *This body of work was envisioned, and the 2019 Legislature passed SB 1, which established the System of Care Advisory Council. OHA hired staff to lead this effort and the council began meeting in March 2020. OHA will collaborate with the Oregon Health Policy*

Board, System of Care Advisory Council, consumers and stakeholders to develop the System of Care roadmap and continue developing recommendations to update the statutory framework. This work will also include development of POPs to provide appropriate supporting financial investments and staffing.

Challenges: *How systems are organized affects focus, alignment and effectiveness. Oregon organizes child-serving agencies along service lines with separate governance over each major service, including education, social service, justice, and medical services. Each of those organizations has evolved differently over multiple generations, and all are now uniquely structured to meet the specialized requirements tied to delivering those services. Underlying funder requirements, particularly federal partners such as Medicaid and U.S. Department of Education, also affect organizational structures and program priorities. Those structural differences are substantial and will be difficult to synthesize and simplify in the roadmap and statutory frameworks without revolutionary adaptations and compromise.*

Historically Oregon's child-serving agencies have struggled with incompatible requirements and service delivery structures that have made it difficult to work across systems. Oregon has a high rate of child welfare referrals, unacceptable suicide rates for youth ages 10-24, challenges with school completion and graduation, especially for communities of color, high numbers of black, indigenous and people of color youth being incarcerated, and high numbers of children and youth needing intensive level of services. Likely, a robust array of culturally appropriate services that is easily accessible by families could have prevented escalation to that level of need.

Agency needs: *To implement this recommendation, OHA will need full support from children and families and from all child-serving stakeholders and agencies ranging from the Governor's office to all child serving agencies, including service providers, DHS, OYA and ODE.*

Timeline: This work has begun with OHA's convening of the System of Care Advisory Council and some preliminary POPs are being advanced through OHA's Agency Recommended Budget for 2021-2023. Full implementation of this recommendation will cross several biennia.

Update: The System of Care Advisory Council has developed a vision and plan and is currently hiring for an Executive Director of the Council. This newly created role will be charged with evaluating statutes for potential revision and clarifying language and requirements for integrated health care. The System of Care Advisory Council is intended to operate as an independent body, and CFBH will continue to provide technical assistance and support for this group during the transition to the Executive Director, when hired.

- Recommend OHA develop and document internal policies and procedures for monitoring behavioral health funding to the counties through ORS 430. The agency should seek to establish a process owner for regularly reconciling and reporting on these funds.

Management response: OHA values partnerships throughout the behavioral health system. An historic partnership is that which establishes the Community Mental Health Programs (CMHPs) through ORS 430. OHA's current formal relationship with the CMHPs is through negotiated County Financial Assistance Agreements (CFAAs). These CFAAs are the contractual mechanisms OHA uses to distribute state funds, federal grants and other funds to CMHPs. CMHPs, in return, operate community mental health programs and provide a locally developed array of behavioral health services. Funding from the CFAAs is combined with other resources including Medicaid billings, CCO contracted funding, private insurance, and other local resources. OHA plans to conduct an internal audit to identify methods for tightened contracts and compliance. This will help inform next steps and realistic options for ongoing reporting.

Inequity issues: By reviewing each county's financial resources for behavioral services, OHA will be in a better position to understand fiscal incentives that may be perpetuating inequities.

Consumer voice: *To understand financial underpinnings of the behavioral system at the local level, consumers will have information to understand and direct a system that is more responsive and accountable.*

Challenges: *Because behavioral health services are delivered in a decentralized system, and because each of the CMHPs (covering 36 counties and Warm Springs tribe) have unique administrative structures, funding sources, and business models, creating meaningful financial reports and appropriately evaluating the reports will be complex. OHA is not currently staffed to do this work well. Additionally, the CMHPs, who don't currently provide these reports to OHA, may not be staffed to produce the reports in the formats that meet a statewide evaluation need.*

Agency needs: *To implement this recommendation, OHA will need to reach agreement with CMHPs about reporting requirements and CMHPs will need to provide requested information. Additionally, OHA will need staff to review and interpret complex financial information and who can report the results of the reviews back to CMHPs for continued system improvement and feedback.*

Timeline: *Internal audit work described above will be completed by March 31, 2021. OHA will continue to negotiate reporting requirements with CMHPs as County Financial Assistance Agreements are being revised. OARS 430 changes will be ongoing with target completion of December 31, 2021.*

Update: *OHA has hired a consultant to support efforts to innovate and revise county contracting, including a list of recommendations and findings. An HSD Manager has been assigned to this work and is building a team to monitor county compliance with contractual requirements. County representatives are involved in this process and work has begun to align county contracting with CCO requirements. As mentioned previously, reporting requirements have been paused to help*

support staff stresses during the Covid-19 pandemic. During this pause, however, ongoing work is underway to build robust system for monitoring and addressing consistency of standards, and funding will be dependent upon compliance with expectations.

3. OHA: Efforts Have Helped Limit Some Employee Health Care Costs, but PEBB and OEBC Can Do More to Manage Costs and Optimize Benefits, audit #2020-39 (dated November 2020)

- Recommend PEBB and OEBC regularly communicate to members further educational opportunities in addition to open enrollment for members to learn how to better understand the details of their insurance coverage and how to utilize their benefits to make optimal health and cost decisions.

1. PEBB has been collaborating with Rise Partnership (now Uplift Oregon) to roll out training and resources for new State of Oregon employees explaining their robust benefits package.

- *Uplift Oregon is currently offering Uplift Your Benefits, a weekly two-hour training that includes:*
 - *90 minutes of content on benefits, and*
 - *a 30-minute union orientation for positions represented by SEIU or AFSCME.*
 - *The training was designed with new employees in mind, but any employee is welcome to attend.*
- *The goal is to have this as a mandatory training within the first 14 days of hire for AFSCME and SEIU represented positions.*
- *2021 major milestones:*

- *June 2021: DAS will send an email to all State of Oregon employees announcing Uplift Oregon and the process for enrolling in the benefits workshop, Uplift Your Benefits*
 - *July 6, 2021: Uplift will begin sending emails directly to all new employees, inviting them to register and attend the Uplift Your Benefits workshop*
 - *September 2021: Agency listening session scheduled to adjust and adapt the process for Uplift Your Benefits, and Uplift offers an additional “Benefits Tune-Up” workshop in anticipation of open enrollment, available for any State employee to attend.*
2. *In partnership with Jellyvision, PEBB has expanded program offerings through “Alex Advanced.” Updates include:*
- *Promote use of chronic care/wellness programs by incorporating into the Alex tool*
 - *Continue “Smart Tips” to direct people to care resources like telemedicine, etc.*
 - *Coordinate with Uplift Oregon to support new hire training and the benefits’ selection process*
 - *Host a new PEBB specific and fully customizable URL that includes:*
 - *On-demand videos related to medical plan basics, using a nurse advice line, talking to a provider using telehealth, etc.*
 - *Links to wellness pages, carriers, or whatever we want*
 - *FAQs*
3. *We are purchasing “Benefits 101” instructional videos. OEGB and PEBB will post video links prominently in a “member education” section on both websites.*

4. *OEBB and PEBB monthly newsletters will include benefit tips each month.*

5. *PEBB is partnering with Mercer to design a dedicated “on demand” resource page for new hires where they can find information on:*

- *Benefits training opportunities*
 - *Educational Videos*
 - *Enrollment resources*
- Recommend PEBB and OEBB periodically communicate to employers, members, and stakeholders about the board’s ongoing administration of benefits, cost containment efforts, and the anticipated effects on affordability and accessibility of health care coverage to stakeholders, including employers and members.

1. Both programs have restarted PEBB Information Exchange (PIE) and Business Information Exchange (BIE) in 2021. We are expanding the board information and feedback agenda topics as described to ensure stakeholders are fully informed of board actions and have an opportunity to provide feedback if desired.

2. In collaboration with our consultant, Mercer, PEBB has designed a monthly member newsletter, the first of which will be sent in June. Among other informational benefit-related topics, the newsletter will include a regular “Working for You” section in which we will share the highlights of board discussions, decision making, cost-containment efforts, etc.

3. OEBB is expanding our current Wellness-focused newsletter to include all employee benefit topics. The expanded monthly email will align with PEBB and incorporate board news and highlights.

4. Mercer is currently performing a review of the PEBB website. The Board section is being expanded to provide detailed information of the topics highlighted in the monthly newsletter. We will also expand the board focus on the OEGB website. Implementation date is December 31, 2021.

Update: PEBB Information Exchange and OEGB Business Information Exchange meetings have been scheduled quarterly for the 2022 calendar year. Agenda topics have been updated to include a detailed summary of board discussions and decisions. Staff continue to expand the board presence in monthly newsletters web pages.

- Recommend PEBB and OEGB consistently collect, analyze, and share results of employers' and members' experiences to better inform board decisions; for example, consistently track customer service calls to the programs, ask about benefit and claim experiences on the annual member survey, and obtain information from carriers on claims calls and appeals.

PEBB currently performs a customer-service focused survey that does not contain benefit utilization questions. PEBB will seek to align with OEGB over the next year and request the carriers collect the same information.

- Recommend PEBB and OEGB promptly enhance clarity and oversight of consultant and carrier contracts, which should include:

a) Ensuring consultant contracts have clearly defined deliverables that are of value and the related costs.

Consultant Contracts: OEGB and PEBB have monthly account meetings with its consultants. The meetings include OEGB/PEBB team leads as well as the department leadership. These

meetings have set agendas, which include reviewing invoices, having consultants present budget tracking information and confirming work priorities/expectations with the consultants.

Other Contracts: We have mapped out the full annual renewal process for these contracts, which include the consultant-led public meetings and discussions, as well as the subsequent contract amendment drafting and future monitoring building in internal touchpoints during the course of this process to ensure we review proposed renewal parameters and address any performance issues we may be experiencing with the carriers. This is a challenge due to claims lag.

Once this process has been vetted and completely approved, the Contracts team will then assign specific contract reports to the team to shore up roles and responsibilities for the touchpoint meetings discussed below.

We reviewed our consultant contracts and worked with staff to develop a more accurate description of the work we need from our consultants. This is critical for the upcoming Consultant RFP. One benefit to this process is that we more specifically defined our communication needs so that our staff will have more flexibility in working with our consultants in the future to develop communications (content and delivery methods).

Current: We expect to have the updated annual renewal process vetted and changes to the process approved soon. Once this occurs, Contracts will determine how specific contract reports will be assigned out or otherwise reviewed and addressed during the touchpoints. Touchpoints will have standing agendas and will be facilitated by the Contracts team. We will review required reporting and other deliverables as well as gather feedback from other area leads on their experiences working with carriers. This information will be shared with leadership and consultants to ensure we not only respond with appropriate contract actions but also consider asking the Board to address the performance in its renewal discussions

and decisions.

Future: Program and Contracts staff are currently working with leadership and the Innovation Workgroup (IWG) to establish a comprehensive strategy for assessing contract performance that includes new performance and outcome measures with associated financial risk. This is expected to take a few years to implement, which is why staff initially focused on mapping and improving the annual renewal process. Currently, staff is working to finalize the performance measures for measurement year 2022. Staff will work on creating a standardized reporting guide for carriers to fill out and send back to staff. Dates have not been set nor has frequency of reporting been established at this time.

b) Identifying deliverables in current contracts and monitoring and enforcing deliverables be contract compliant.

Current: We expect to have the updated annual renewal process vetted and changes to the process approved soon. Once this occurs, Contracts will determine how specific contract reports will be assigned out or otherwise reviewed and addressed during the touchpoints. Touchpoints will have standing agendas and will be facilitated by the Contracts team. We will review required reporting and other deliverables as well as gather feedback from other area leads on their experiences working with carriers. This information will be shared with leadership and consultants to ensure we not only respond with appropriate contract actions but also consider asking the Board to address the performance in its renewal discussions and decisions.

Future: Program and Contracts staff are currently working with leadership and the Innovation Workgroup (IWG) to establish a comprehensive strategy for assessing contract performance that includes new performance and outcome measures with associated financial risk. This is expected to take a few years to implement, which is why staff initially focused on mapping

and improving the annual renewal process. Currently, staff is working to finalize the performance measures for measurement year 2022. Staff will work on creating a standardized reporting guide for carriers to fill out and send back to staff. Dates have not been set, nor has frequency of reporting has been established at this time.

c) Verifying invoices for mathematical accuracy and contract compliance by staff who have the pertinent training and knowledge of contract terms.

We have brought invoice review/approval into our monthly consultant account meetings. In addition, invoices are required deliverables under the contracts so we will work with our Finance team to improve internal processes as needed.

d) Having a comprehensive program for identifying improper claim payments that is reflected in contracted services.

We built potential audit work into our respective 2021 consultant budgets to ensure the work would be within scope and accounted for if we have the resources to move an audit forward soon. We have built this work into the upcoming Consultant RFP and will be interested in seeing how different proposers feel they can support this work.

Update: *All milestones are now complete and all requisite handoffs and transitions have been made.*

- Recommend PEBB develop a formal strategic plan that includes elements such as the appropriate amount to be maintained in reserve and steps to take when the reserve reaches higher or lower levels than targeted.

The PEBB board maintains the Stabilization Fund (also known as “the reserve”) in the state treasury. The board works with its consultant actuary each year to project an amount in the Stabilization Fund sufficient to meet both anticipated and unanticipated fluctuations in claims costs. The Board has used the fund to stabilize premiums, subsidize the employee premium share, and fund programs designed to reduce premium increases, but the board has no formal policy for how to manage funds in the event that reserves exceed the fully funded target level.

When the PEBB Reserve exceeds the targeted fully funded reserve level, the legislature has in recent years legislated a “fund sweep” of those excess reserves that have resulted in an OMB Circular A87 Federal payback for an unallowable transfer. Over the next 12 months the PEBB board will consider developing a “Formal” reserve policy that includes direction for handling of excess funds in the reserve when they exceed the target. One item to note is that PEBB’s legislatively adopted biennial budget is developed using a 3.4% annual increase. For the board to “buy-down” a higher than anticipated annual contract renewal beyond the 3.4%, it would likely need to secure additional budget limitation from the legislature in an Emergency Board rebalance request, or full legislative session. A formal reserve policy may inhibit future fund sweeps.

***Update:** The due date is being pushed out to accommodate the awarding of the consulting contract currently out for RFP. This was done because the actuarial analysis to support this formal strategic plan will be performed and supported by that consulting firm.*

4. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Award for the Year Ended June 30, 2020, audit #2021-13 (dated April 2021)

- Recommend management ensure transaction review is adequate and includes examination of proper and complete coding, accounting periods, and supporting documentation.

OFS has reviewed and updated all year-end procedures and is engaged with staff for more accurate accrual data.

- Recommend management strengthen year-end review procedures to ensure necessary system processing has occurred, and account balances are reasonable and properly classified.

Year-end methodologies have been reviewed and we continue to engage closely with the staff providing year-end transaction details to educate on the importance of accurate estimates. The MMIS contractor has made the FMAP rate updates from 2020 at this time.

- Recommend department and authority management strengthen controls to perform timely eligibility redeterminations and provide periodic training to caseworkers to reduce the risk of administrative errors. We also recommend management implement corrections in the ONE system to address the weaknesses identified in verifying income. Management should also review the entire duration of the claim identified to determine if there are additional questioned costs from previous years. Additionally, management should reimburse the federal agency for unallowable costs.

The Department is committed to providing timely benefits to only those individuals who are appropriately determined eligible. The Department has taken positive steps since 2016 to continuously improve and automate reporting capabilities for tracking and remediating untimely Medicaid redeterminations, including the successful implementation of the new Integrated Eligibility (IE) system, named "ONE" in February 2021. This new system provides improved client eligibility controls specifically related to timeliness of determinations, correct enrollment, automated notification of redeterminations and subsequently, actions to close eligibility if necessary, along with electronic retention of eligibility data elements such as signed applications. With implementation of ONE and as we move the rest of the cases into ONE over the next year of redeterminations., we expect the errors associated with these areas to be reduced.

The Department has collaborated across OHA and ODHS programs to develop a combined eligibility manual that incorporates all relevant policy and process for determining eligibility for the medical benefits contained in the IE system. This allows our eligibility workers and case managers in the local offices an upgraded tool and a singular resource that allows us to work collaboratively in our efforts to better serve and be good stewards to Oregonians. We anticipate releasing this in July 2021.

In addition, new program and system training has been developed and deployed collaboratively across OHA and ODHS programs to ensure new and existing eligibility staff are trained sufficiently in the ONE system and all programs contained therein.

The department and authority are committed to providing training and guidance to staff to ensure information related to an eligibility determination, that is not captured by the ONE system, will be include in the individual's case record. The department will review and update any existing training material as needed and send a communication to staff highlighting the importance of recording any information related to the eligibility decision, that is not already captured by ONE.

The authority has submitted a change request to update the logic used by the ONE system to determine whether income information received by the Federal Data Services Hub is reasonably compatible with information contained within a case record. Additionally, the authority will review the identified individual's case and reimburse the federal agency for any questioned costs for the duration of the claim.

Update: *Staff materials updated, communications sent and training and guidance provided:*

- *The combined eligibility manual that was updated can be found on the DHS forms:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2818.pdf>*
- *Information about verifying and documenting income sent May 3, 2021 in a staff Weekly Update*
- *Attached All staff transmittal sent in March 2021*

◦ *Income related trainings provided in the months listed below; recordings of these are still available online for staff: July 2021 – three separate trainings and December 2021*

- Recommend authority management strengthen controls to ensure documentation supporting a provider’s eligibility determination and revalidation is retained. Additionally, we recommend management review the automated processes to ensure databases are checked timely.

As of June 30, 2021, the state had addressed all bullet points noted above and obtained the missing managing employee information, new disclosure statements or new enrollment agreements for all providers in the sample with one provider being inactivated who failed to respond. New enrollment agreements and provider disclosure documents for revalidating providers are now required.

Since April 2019, the State has been running monthly missed validation reports for newly enrolled or revalidated providers to ensure missed validations are completed.

- Recommend authority management continue to implement procedures to monitor potential unauthorized changes to the application, as well as continue to verify the effectiveness and completeness of the claim’s edits and audits function.

HSD has taken the following corrective action for 2020-2021:

1. *Rewrote the deliverable from Gainwell, the MMIS contractor, so that testing results are easier to read and understand.*
2. *OHA conducts monthly meetings involving managers from Provider Services, Claims, EDI, and BSU to review any claims/EDI issues, including new edits being proposed or developed. This meeting is a checkpoint to be sure that all units impacted by claims edit and audit changes are aware of proposed & pending changes, and to create accountability before implementing a new edit or audit in MMIS. (meeting once a month since January 2021)*

3. *Regular auditing reports reviewed on the four analyst positions who can update edits and audits in the MMIS. These reports allow HSD Leadership & Management to monitor activity by the analyst in MMIS to determine if any incorrect actions have occurred. (reports are being developed weekly)*
4. *The MMIS Business Support Unit has explored ways that the monitoring of edits can be automated. However, HSD has found this is not a viable solution to date and that manual oversight and control processes implemented before July 1, 2021, will continue.*

Update: *BSU continues to monitor selected claims edits and audits each quarter, and Gainwell continues testing throughout the year on the top 20% of edits with significant financial impact.*

Monthly meetings are schedule with the EDI Manager and lead worker, Provider Services Manager and lead worker, and also includes from the MMIS BSU the Claims and Reference subsystem analysts. Among the many agenda items is a check in regarding any new edits or audits that have been implemented into the MMIS over the previous 30 days.

Additionally, a monthly usage audit is conducted for the 4 individuals in MMIS BSU who can update edits and audits in the MMIS.

- *Recommend authority management strengthen controls over review to ensure transactions are adequately supported and the federal financial participation rate is correctly applied. Additionally, we recommend the authority reimburse the federal agency for unallowable costs.*

The agencies immediately corrected the questioned costs by charging the transaction to the correct period federal participation rate and reimbursing the federal agency. The questioned costs of \$124,851 was corrected with document BTCL8375 on March 4, 2021. The questioned federal costs of \$213,575 was corrected with document number BTCL8382 on March 18, 2021. The refund was reported on the Title XXI FFY 2021 Q2 report to CMS.

To ensure the appropriate program coding is used, OFS will send the Public Health program staff the appropriate program coding for inclusion on the CHIP Vaccine Value Report that is submitted quarterly to the Office of Financial Services (OFS). Adding the coding elements to the report (used as entry documentation) will help ensure the correct program codes are used on the approved request and entry.

To ensure the correct FFP rate is used on the CHIP vaccine draw entry, OFS will update the internal process document to show the methodology change to claiming funds based on the date vaccines are administered rather than based on the date the vaccines are purchased.

Remaining questioned costs in the amount of \$77,214 were refunded using document BTCL8588 with a May 13, 2022, effective date. The refund is being reported to CMS on the FFY2022 Q3 CMS-21.

- Recommend authority management strengthen controls by providing periodic training to eligibility staff to reduce the risk of administrative errors. This training should ensure eligibility staff know how to verify and document income support. In addition, management should review benefits and program eligibility related to cases identified with questioned costs to ensure proper funding within CHIP and other applicable federal programs and should reimburse the federal agency for unallowable costs.

The ODHS and OHA are committed to providing training and guidance to ensure staff know how to verify and document income support. The ODHS and OHA will review and update any existing training material and eligibility manuals and send communications to staff with this information. Additionally, the authority will work with the federal agency to reimburse for the unallowable costs.

Related to the final bullet point OHA requested technical guidance from the Center for Medicare and Medicaid Services (CMS) on March 23, 2021. As 42 CFR 435.956(e), Oregon Administrative Rule,

and Oregon's State Verification Plan all indicate that the state will accept self-attestation for this eligibility criteria, and not require proof, either pre- or post-eligibility, unless questionable, OHA is seeking CMS' position on whether this should be an audit finding of non-compliance resulting in the return of FMAP. At the time that the individual attested that she was pregnant, it was not questionable, staff followed procedure, and appropriate regulations, rules, and the State Verification Plan were followed. If CMS deems it a valid finding, OHA will work with the CMS to reimburse for the unallowable costs.

Staff materials have been updated and communications, training, and guidance have been provided:

- The combined eligibility manual was updated*
- Information about verifying and documenting income sent May 3, 2021, in a staff Weekly Update*
- All staff transmittals sent in March 2021*
- Income related trainings were provided in July and December of 2021 and recordings of these are still available online for staff:*
- There were two findings within this recommendation with questioned costs: \$2,292 + \$23,137 = \$25,429:*
- For the \$2,292 finding, this was submitted for FMAP reversal in May 2021*
- For the \$23,137 finding, CMS eligibility branch was consulted. CMS confirmed this case was not in error and thus no FMAP was required to be returned.*

- Recommend authority management strengthen controls over provider eligibility determinations and revalidations to ensure maintenance of updated agreements and disclosure statements in accordance with federal regulations and ensure all databases are checked timely.*

For the first item noted in this finding the validation box was missed due to staff error and as of February 2021, OHA obtained an updated disclosure statement and verified the death master file for the managing employee. The ongoing corrective action plan is already in place but was implemented after this provider was enrolled. To ensure current and future required validations are completed accurately and timely, the State pulls the missed validation report monthly seeking validations which were missed by enrollment staff. Validations which were missed are remediated. The missed validation reports have been pulled and worked monthly since April 2019 and will continue.

For the second item noted in this finding OHA contacted both providers to obtain the missing documentation. As of March 1, 2021, OHA obtained a completed disclosure statement with required managing employee details from one of these providers. The second provider must complete the revalidation process by submitting a managing employee. This provider requested and was granted an extension. The Provider Enrollment Unit anticipates receiving information and completing revalidation by April 30, 2021. Should the provider fail to revalidate by the deadline, they will be inactivated as a Medicaid provider.

For the third item noted in this finding OHA obtained a signed provider enrollment agreement and completed disclosure statement from one of these providers as of March 1, 2021. While the second provider failed to comply and is in the process of having their Medicaid participation inactivated.

For the fourth item noted in this finding OHA obtained a completed disclosure statement for this provider as of March 1, 2021. The provider submitted the information prior to the close of the audit and prior to the March 31, 2021, revalidation deadline.

For the fifth item noted in this finding OHA obtained signed provider enrollment agreements and disclosure statements from five of the six providers as of March 1, 2021. The remaining provider

failed to comply and is in the process of having their Medicaid participation inactivated. These providers are also currently going through the revalidation process and will all be required to provide updated enrollment agreement and disclosure forms.

The State is in the process of revalidating these providers but has been delayed due to the federal COVID-19 Disaster Relief 1135 waiver. The waiver allows revalidation to be delayed for providers that were due during the public health emergency. Federal guidelines state these revalidations must be completed within six months after the end of the public health emergency for compliance. To meet these requirements, OHA has begun revalidations and is on track to complete this work by August 31, 2021. The ongoing corrective action plan is already in place. Since 2019, the provider revalidation process mirrored the provider enrollment process by requiring the submission of an enrollment agreement and disclosure statements. Providers will not be enrolled or revalidated without the managing employee information, signed provider enrollment agreements or disclosure statements. All missing provider documents were received and one provider was end dated because they failed to respond by August 31, 2020.

Lastly, we have created an accrual template for the program areas that provide the accrual estimates to use in order to clarify our needs.

All missing provider documents were received and one provider was end dated because they failed to respond by August 31, 2021.

5. OHA: Timely Notification of Inpatient Hospital Stays Could Help Reduce Improper Medicaid Payments, audit #2021-37 (dated December 2021)

- Reimburse the federal government for the federal portion of the identified improper payment amount.

OHA is reviewing the NEMT claims and will pursue the appropriate actions to reimburse the Centers for Medicare and Medicaid Services (CMS) for any improper payments. Additionally, technical assistance will be provided to the NEMT brokerages and providers found to be inappropriately billing. If intentional fraud, waste, or abuse is identified through this research and outreach OHA will pursue the appropriate legal remediations. OHA is collaborating with ODHS on the In-home service and private duty nursing for children that involves cross agency funding. ODHS has committed to researching the individual claims identified through the audit to determine necessary actions including repaying the Centers for Medicare and Medicaid Services for any inappropriate billing.

- Develop and implement cost-effective controls that would prevent or detect improper payments for unallowable services while a Medicaid client is inpatient. Consider ways timely notification of hospital admissions could be integrated efficiently into claims processing.

OHA is collaborating across program areas to identify cost-effective automation and process improvements.

OHA is assessing the feasibility of expanding its current software analytical tools to perform pre and post-payment reviews. This could facilitate the automated review of payments to providers.

Until OHA can accomplish a cost-effective automation, OHA will conduct a quarterly data pull to include In-Patient claims where there is an additional claim type for the same dates of service as the In-Patient stay. The data elements of that report will include the following: Member Information, From Date of Service to Date of Service, and Claim Type. This quarterly report will be sent to the Medicaid Policy Unit in the Health Systems Division for assessment, analysis, and determination regarding any further action on those claims. If the Medicaid Policy Unit determines there is some potential solution that can be administered, they will work collaboratively with the MMIS team to determine the best course of action, or if any action can be taken in the current

system environment. The inpatient claims data will also be shared with ODHS for review and remediation of claims outside of MMIS. During the Public Health Emergency related to COVID-19, beginning in 2020, OHA and ODHS collaborated on an emergency waiver to Home and Community Based Services (HCBS) to stabilize the system and offer additional supports to Medicaid eligible individuals. Specifically, one part of the waiver allowed OHA and ODHS to provide personal care supports while an individual was hospitalized. OHA and ODHS have found that the waiver has provided a necessary benefit to the members we serve. Jointly, we have included this flexibility as a new, ongoing service as part of the state's 1915(k) and 1915(i) state plan amendments to be a permanent component of HCBS to eligible individuals. Approvals for HCBS providers to serve individuals in hospitals are made by the case management entities or the central policy teams. Additionally, ODHS is currently researching further controls the agency can put in place to prevent future inappropriate billing from occurring and will be included in OHA discussions regarding potential automation of reviews. As the single state Medicaid agency for Oregon, OHA holds the ultimate responsibility for the administration, compliance, and accuracy of Oregon's Medicaid program and will establish quarterly meetings with ODHS to ensure mechanisms are in place to identify and implement cross systems risks and mitigation.

**6. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards
for the Year Ended June 30, 2021, audit #2022-18 (dated July 2022)**

- We recommend department and authority management strengthen review controls to ensure only allowable expenditures are charged to the Medicaid program. Additionally, we recommend the authority reimburse the federal agency for unallowable costs.

The Office of Financial Services will continue to consult with and advise program on the need for accurate coding and review of vendor payments to ensure proper funding is used for the services

provided. Questioned costs were corrected with documents BTCL4471 and BTCL4473 and appropriate amount was refunded to the federal agency.

- We recommend department and authority management strengthen controls to ensure documentation supporting a provider's eligibility determination and revalidation is retained and is complete.

ODHS – Aging and People with Disabilities (APD) Response:

The department's expectation to have a correctly completed and retained I-9 for homecare workers was reinforced by the department with APD and Area Agency on Aging (AAA) program managers, district managers, supervisors, and support staff responsible for completing I-9s in APD and AAA offices meetings held on 4/13/22, 5/10/22, 5/11/22, and 5/26/22. The Local office staff were reminded of the legal requirement to correctly complete and retain the form and have it readily available for inspection. Local office staff were reminded of the resources available to assist with completing and retaining I-9s, particularly referencing the information memorandum issued in 2019 on how to correctly fill out an I-9 for homecare workers (APD-IM-19-062), the U.S. Citizenship and Immigration Services' Handbook for Employers (M-274) and referenced the information available on the case management tools webpage for APD/AAA staff. Additionally, in August 2021, we implemented the process of uploading HCW provider applications, supporting documentation and renewals into EDMS as noted in APD-AR-21-039, which were previously maintained in paper files at the local office. This will assist with the finding and retention of records.

ODHS - Intellectual/Developmental Disabilities Response:

For a short-term solution, we are implementing a random sampling Quality Assurance by the Provider Enrollment team. Currently, there is a QA staff who is monitoring agency enrollments, but we are having them also include Personal Support Worker items as well. Our current Fiscal

Intermediary, Public Partnerships, are processing the I-9s currently and we will go into their system to check for any missing items.

- We recommend authority management strengthen internal controls to ensure each MLR report contains all required information.

OHA has increased the staff assigned to the medical loss ratio report review for CY2020 and based on feedback through the audit, has already improved review to ensure the allocations are filled out by all CCOs for CY2020 (current filing period under review). The three managed care entities missing this information in CY2019 completed the information for the updated filing. OHA will continue to review and follow-up with filings from managed care plans to ensure they are complete for this filing and future filings.

- We recommend department management develop and implement procedures to help ensure the accuracy of amounts reported in the monthly financial reports. Additionally, we recommend department management work with the CDC to revise and resubmit the inaccurate reports.

Our corrective action plan to improve financial reporting accuracy is as follows:

- *All ELC monthly financial reporting will be assigned to our current ELC Fiscal Analyst.*
- *ELC Fiscal Analyst will submit monthly financial reports and the query used to generate the reports to the Office of Financial Services (OFS) for review and approval.*
- *ELC Fiscal Analyst will then revise monthly financial reports based on OFS feedback.*
- *Following OFS approval, monthly financial reports will be entered into REDCap by ELC administrative staff. A second staff member will verify that data entry is accurate.*

- *ELC Fiscal Analyst will reach out to CDC to develop a plan to revise and resubmit inaccurate reports.*
- We recommend the authority return the questioned costs to the Department of Health and Human Services.

The Oregon Health Authority has processed the refund with a May 13, 2022, effective date using document BTCL8588.

- We recommend management strengthen internal controls to ensure appropriate subrecipient monitoring is performed. Specifically, monitoring procedures should be performed timely and should be designed to ensure subrecipients use program monies for allowable purposes. We also recommend management seek reimbursement of program monies that were not spent by subrecipients or were used for indirect costs and reimburse the federal agency for unallowable costs.

Finding: Evidence of monitoring not retained

Health Systems Division (HSD) – Behavioral Health Response:

- *HSD is already in the process of developing a more robust grant compliance monitoring process and is currently in the pilot phase. We are currently planning for widespread training and socialization Summer 2022 with continued compliance monitoring on all grants quarterly thereafter. However, the internal compliance team (Governance & Process Improvement – GPI unit) is attempting to acquire dedicated staff for grant monitoring as this team has not grown at the rate of the Behavioral Health teams. Finding: Indirect Costs/Unspent monies not reimbursed*

HSD – Behavioral Health Response:

- *As of the writing of this response, OHA has received final expenditure reports and recovered \$99,613 in unspent funds from one entity. Since completion of the audit, HSD – Behavioral health, has also confirmed through expenditure reports that the other two entities expended all their funding appropriately*
- *Behavioral health is working statewide to ensure that all county-based CRF reports are submitted, and any unspent funds will be returned to OHA by August 1, 2022. Additionally, OHA will ensure that any unspent funds will be returned to the US Department of Treasury promptly.*

Public Health Division (PHD) Response:

- *PHD will complete a full analysis of all CRF contracts and posted payments for any errors or miscoding during adjustment requests. PHD has issued settlement letters to CBOs owing funds to OHA during Fall 2021. OHA will ensure that any unspent funds will be returned to the US Department of Treasury promptly*
- We recommend management strengthen internal controls to ensure subaward information is accurately communicated to all subrecipients. We also recommend management ensure a risk assessment is completed for each subrecipient.

Finding: Inaccurate/incomplete subaward information communicated

HSD – Behavioral Health Response:

- *Corrected the link to subaward information website; created an internal tracking sheet for subrecipients of federal funds and to verify that all required subaward information has been accurately posted.*

Public Health Division Response:

- *The Public Health Division will ensure that subrecipient designations are reviewed and validated as a part of the contract amendment process. Should funds that operate like CRF come to the Public Health Division in the future, necessary grant documentation such as Project Officer name will be collected from DAS in the grant set-up process.*

Health Equity Response:

- *Future awards related for these purposes that have federal funds will provide all appropriate subaward information in communication.*

Health Equity Response:

- *Future awards for these purposes that have federal funds will assure that risk assessments are completed as required.*

2021-2023 Mandatory Special Report on Community Mental Health

Treasury Account Report

July 2021 to June 2022

Per ORS 426.506 Community Mental Housing Fund; Community Housing Trust Account

Restricted Funds- Permanent Fund Principle		\$5,726,586
Unrestricted 17-19 Balance Forward		1,249,837
Prepayment of Funds		316,334
Interest: Actual July 2019 through May 2020		40,722
Projected June 2020 through June 2021 (12 months @ \$5,500)		66,000
	Total	\$7,333,479

Restricted Funds - Permanent Fund Principle		\$5,726,586
Awarded Amounts Funded July 2021 through June 2022		360,000
Amount Reserved for Awarded Housing Development		0
Amount Reserved for Awarded Institutional Housing		0
Available to be Awarded – Housing Development		1,403,078
Available to be Awarded – Institutional Housing		203,815
Interest: Projected June 2020 through June 2021 (13 months @ \$8,500)		66,000
	Total	\$7,333,479

Oregon Health Authority

Gender Equity Report

The Oregon Health Authority (OHA) Gender Equity Report provides progress and plans in achieving equal access to appropriate services for individuals under 18 years of age who are either female or male.¹ This report is required by ORS 417.270 (House Bill 3576 Equal Access to Appropriate Services for Girls and Boys).

Due to the scope of OHA's activities, the information in this report is organized programmatically as opposed to agency wide. This report includes information from OHA's Public Health Division (PHD) and the ODHS-OHA (Shared Services or "SS") Office of Contracts & Procurement (OC&P). This report covers updates on program activities, plans and data between **July 1, 2020** through **June 30, 2021**.

Public Health Division

The Public Health Division (PHD) has several initiatives addressing youth services.

Center for Prevention & Health Promotion: Adolescent, Genetic and Reproductive Health Section

The Reproductive Health (RH) Program works with 150 clinics throughout Oregon to offer free or low-cost reproductive health services and birth control for adults and teens who need them. The program seeks to promote reproductive autonomy by ensuring people in Oregon have access to high-quality reproductive and sexual health services, knowledge, and resources through partnerships with clinics,

¹ OHA recognizes that considering services in terms of only binary gender is not representative of the people in Oregon. This report includes data related to the statute's requirements and includes a recommendation that the Legislature revisit and revise this statute to be gender-affirming and inclusive.

community organizations, and policy makers. In Fiscal Year (FY) 2021, a total of 31,609 clients accessed services at RH Program clinics statewide. Of these, 2,668 (8.4%) were under the age of 18. Males under the age of 18 represented less than 1% of the total clients served while females under the age of 18 represented 7.9% of the total clients served. The RH Program clinic network, in particular School Based Health Centers, had limited services during the acute phase of the COVID-19 pandemic resulting in a significant drop in youth clients accessing services during this time.

Limited contraceptive methods for males means fewer services are available for male clients. National standards for preventive services include more reproductive health screenings for females than for males.

The RH Program also supports clinics throughout the state in best practices and quality care through training, technical assistance, and resource development and distribution.

FY 2021 activities included:

- In spring and summer 2020, we supported our clinic network in adapting to providing telehealth services in a client centered manner;
- Between July 2020-February 2021, we hosted a webinar series for our clinic network on improving care for LGBTQ+ clients; and
- In January 2021, we hosted a webinar for community-based organizations on Working with Youth.

The Adolescent & School Health program supports school health services through its School-Based Health Center (SBHC) Program and School Nurse Consultant position and health education through the Youth Sexual Health program.

The SBHC Program certifies and supports SBHCs throughout Oregon. SBHCs are a unique health care model for comprehensive physical, mental and preventive health services provided to youth and adolescents either within a school or on school property. Easy access to health care in a school setting reduces barriers such as cost, transportation, and concerns surrounding confidentiality that often keep children and youth from seeking health services they need. SBHCs provide a full range of physical, mental, reproductive, and preventative health services to students regardless of their ability to pay. Each SBHC is staffed by a primary care professional (who may be a doctor, nurse practitioner, or physician's assistant), other medical or mental health professionals, and support staff, such as a receptionist. During fiscal year 2021, SBHCs in 25 counties served 17,370 youth ages 0 to 17 representing 61% of all SBHC clients. Of those clients, 55% were female, 45% were male and fewer than 1% were identified as transgender. However, it should be noted that this data comes through electronic health record systems which may not be fully equipped to capture gender outside of traditional binary options and it is highly likely that the number of transgender clients is undercounted.

The State School Nurse Consultant provides technical assistance and professional development to nurses working in Oregon schools. The State School Nurse Consultant works to achieve gender equity by supporting school nurse services that are easily accessible to all students, and which address the needs of all genders. Notable activities in FY 2021 includes:

- Revisions to the Oregon School Nurse Manual expanded focus areas related to gender equity and gender-responsive care, with increased emphasis on social wellbeing and mental, behavioral, and sexual health in Oregon. In collaboration with the School Nurse Advisory Group, the State School Nurse Consultant revises and updates the Oregon School Nurse Manual, which is provided to nurses during School Nurse Orientations.
- In collaboration with the Oregon School Nurses' Association (OSNA), the State School Nurse Consultant supports professional development opportunities for school nurses, including spring and fall Conferences. School nurse conferences in FY 2019 reached almost 200 registered nurses, who

collectively serve schools with approximately 300,000 of Oregon's students. Professional development increases knowledge and skill in care provision, and can increase retention, ensuring nurses are well-prepared and available to serve all students. OHA is funding OSNA to develop professional tools designed to aid school nurses and school nurse teams as they plan and respond to COVID-19 and other communicable disease outbreaks. The tools, designed by school nurses from across the state, will also help improve school nurse practice and build more robust school health infrastructure in support of school and student recovery.

The Youth Sexual Health Program works to achieve gender equity by:

- Supporting K-12 comprehensive sexuality education inclusive of gender and sexual orientation as a solution to multiple public health issues, including child sexual abuse prevention, suicide prevention, and sexual violence prevention. This work also supports school districts' implementation of Erin's Law, the Healthy Teens Relationship Act, and Human Sexuality Education laws.
- In April of 2021, Oregon Health Authority and OHSU's University Center for Excellence in Developmental Disabilities (UCEDD) presented at the Oregon Statewide Transition Conference about the Friendships and Dating project. In this presentation, preliminary results from the student and teacher surveys were shared.
- In the Fall of 2020, the PHD's Maternal and Child Health Program took over the interactive mapping tool connecting youth sexual health data and comprehensive sexuality education policy implementation in local school districts from the Injury and Violence Prevention Program. The map will relaunch in 2022/2023.
- Oregon Department of Education and OHA collaborated with researchers Eva Goldfarb, PhD and Lisa Lieberman, PhD to present their findings Three Decades of Research: The Case for Comprehensive Sexuality Education via webinar.

Oregon is one of the first states in the nation to adopt a comprehensive and inclusive measure of gender identity in its youth survey, the Oregon Student Health Survey (formerly Oregon Healthy Teens Survey),

to ensure every youth has their identity counted. In response to youth comments regarding health-related topics the survey should address, the Oregon Healthy Teens (OHT) Advisory Committee in 2016 explored the feasibility of including a more expansive gender identity question in the OHT Survey. Since then, OHA has continued to refine the question with additional feedback from community partners, academics, and youth. In the 2020 Student Health Survey, multiple response options for gender identity were provided, including transgender female, transgender male, gender nonconforming, something else fits better (specify), and unsure of my gender identity. Further refinement of this question based on evolving language preferences and qualitative responses is planned.

The majority of 8th and 11th grade students identified as either exclusively female or male. About 8% of 8th and 11th grade students identified as transgender, gender nonconforming, some other gender identity, not sure of their gender, or indicated multiple gender identities.

The Student Health Survey affirms the knowledge that female and gender diverse youth face systematic oppression and disproportionate impacts of health inequities throughout Oregon, such as:

- Food insecurity
- Missing school because they felt unsafe
- Not feeling connected to a supportive teacher or adult at school
- Being bullied
- Having unmet mental or emotional health needs
- Contemplating suicide in the last 12 months

The Adolescent and School Health Program also analyzes Student Health Survey (SHS) data on positive youth development, a framework for measuring students' resilience and social connectedness. This analysis looks at SHS data to identify trends and disparities in positive youth development (PYD) by gender identity and sexual orientation. To meet the PYD benchmark, youth must answer five out of the

six items positively (excellent, very good or good, or very much true, pretty much true). Based on 2020 SHS survey data, among 11th graders:

- Significantly higher rates of male students met the PYD Benchmark (57%) compared to females (47%). Even fewer transgender and gender diverse students (18-33%) met the benchmark compared to their cisgender peers.
- There are significant differences on achieving the PYD Benchmark by sexual orientation. 57% of 11th graders who identify as straight achieved the benchmark, compared to 31% of youth who identify as gay or lesbian and 30% of youth who identify as bisexual.

Center for Prevention & Health Promotion: Health Promotion and Chronic Disease Prevention

The OHA-PHD Health Promotion and Chronic Disease Prevention (HPCDP) section supports primary prevention, system, and policy initiatives in the areas of tobacco, alcohol, asthma, nutrition, diabetes, arthritis, heart disease, physical activity, stroke, and cancer prevention. HPCDP uses an integrated approach to reducing chronic diseases and premature death by focusing on the common risk factors of commercial tobacco use, excessive drinking, physical inactivity, and poor nutrition across all Oregon communities.

Recent efforts to address equitable program and service access related to gender and youth include:

Alcohol and Tobacco prevention work focusing on youth. HPCDP administers a comprehensive Alcohol, Tobacco and other Drug Prevention and Education Program (ADPEP and TPEP), providing administration, data and evaluation, health communications, and funding directly to communities to plan and implement strategies that prevent alcohol, tobacco, and other drug use. HPCDP collaborates with Oregon's 36 counties, culturally specific organizations, nine federally recognized Native American Tribes, six Regional Health Equity Coalitions (RHECs), and 72 culturally specific Community Based Organizations.

This system addresses the needs of youth of all gender identities through information and data collection; coalition building; multi-media campaigns such as “Stay True to You;” awareness and social norm campaigns; youth development to promote protective factors and reduce risk factors; partnerships with retailers and regulatory groups to reduce youth access to alcohol and tobacco; multi-session prevention education programs; alcohol and tobacco policy approaches; reduction of exposure to advertising; and ongoing collaboration with community partners and stakeholders.

New CBO Collaborative Grant Program. In 2021-22, HPCDP participated in a multi-program new OHA-PHD grant program which included funding to address the root causes of commercial tobacco use inequities in Oregon. OHA-PHD awarded \$20 million in funding to 72 CBOs for the 2021-2023 biennium. Among these, 27 are advancing projects focused on youth engagement. Examples include:

- The Portland Black Community Development Consortium is launching a Youth Optimal Health Program, an intergenerational, culturally specific approach to fostering positive outcomes for African American and other underserved youth and their families.
- According to His Word Outreach will be hosting a smokefree day walk along with education and outreach and implementing policy changes to reduce tobacco use for people of color and youth.
- An additional three CBOs serving LGBTQ2SIA+ communities will support those who identify as transgender and gender nonconforming to quit using tobacco through culturally relevant quit supports and community building activities.

Healthy Food Access. Under the State Partnerships to Improve Nutrition and Equity (SPINE) grant, HPCDP works with Oregon Community Food Systems Network (OCFSN) to address the policy, systems, and environmental changes that support nutrition security for Oregon families and individuals across the lifespan. HPCDP partners with Upstream Public Health to convene the Healthy Active Oregon Coalition, which focuses on industry influences on health, especially among youth. The coalition is advocating for a sugary beverage tax policy and healthy kids’ default meal policy in Multnomah County.

Center for Prevention and Health Promotion: Maternal and Child Health Section

The PHD Maternal and Child Health (MCH) Section works to address health issues across the lifespan of individuals and families. MCH's work arises from the perspective that preconception, pregnancy, and early childhood experiences create and influence a path for lifelong wellness. The MCH Section represents many public health disciplines and has multiple funding streams. Funds are distributed through partnerships with local health departments, tribes, and public and private agencies for a wide variety of clinical and supportive, community-based health services.

Highlights of the MCH Section's gender equity work related to children and youth include the following:

- Implemented promising practices to promote healthy relationships with on-going funds from the Centers for Disease Control and Prevention (CDC) for Rape Prevention and Education (RPE). While rape affects all genders, girls, young women, and trans people are at highest risk for victimization and that risk may be heightened based on race, ethnicity, and other factors. Program funds support the work of the Oregon Sexual Assault Task Force and four to six local sites to promote positive social norms among youth and support healthy relationships using proven prevention strategies. Additional funds from CDC are used to address policy and community level approaches to prevent violence. Because sexual violence is commonly used to exert power and control over people, the RPE program uses an anti-oppression framework in the planning and implementation of these prevention strategies.
- Collected data on gender-based violence including Intimate Partner Violence, harassment, and rape using the Behavioral Risk Factor Surveillance System (BRFSS), Student Health Survey (SHS), and Pregnancy Risk Assessment Monitoring System (PRAMS) surveys to track prevalence and identify risk factors. Public Health also maintains the violent death reporting system.

- Implemented Public Health Nurse Home Visiting programs including Babies First!, Family Connects Oregon, and Nurse Family Partnership. These programs offer services to pregnant and parenting people (including those under 18 years of age) with identified needs, especially women experiencing social, emotional, environmental, and health challenges. Program focus areas include healthy relationships, mental health, and reproductive health. Other home visiting programs also serve pregnant and parenting women under 18 years of age through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, including Early Head Start and Health Families Oregon.
- Implemented Oregon Mother’s Care, a program whose goal is to improve access to prenatal services for all people in Oregon, including women under the age of 18. The program connects pregnant individuals to pregnancy and prenatal information, help, and services. OMC services are provided at Access Sites, typically local clinics or public health agencies. OMC Access Sites help connect pregnant people to the services they need for a healthy pregnancy including pregnancy testing, prenatal care, home visiting, WIC, and other services as needed. OMC sites provide these services to all clients free of charge.

Center for Public Health Practice: HIV/STD and TB Section

Chlamydia is the second most common reportable disease in Oregon with 14.9% of cases occurring in those 18 and under. Gonorrhea is the third most common reportable disease with 4.6% of cases occurring in those 18 and under during the same period. Females represented the majority of infections in those 18 and under (80.0% for chlamydia and 71.3% for gonorrhea). Left undiagnosed and untreated both infections can cause serious short- and long-term health consequences including pelvic inflammatory disease, infertility, ectopic pregnancy, and an increased risk for acquisition of HIV infection. The Oregon STD Prevention Program subsidizes gonorrhea and chlamydia screening for adolescents and young adults under 24 at safety net clinics (e.g., local county health departments, juvenile detention facilities, school-based health centers, Planned Parenthood, etc.). Individuals who are uninsured or underinsured are eligible to receive subsidized screening. During this reporting period, 27% of the 4,049

safety net tests were for individuals 18 and under. Of these, approximately two-thirds were in women and one-third were in men. STI testing dramatically decreased during this reporting period compared with testing prior to the onset of the COVID-19 public health emergency.

Both the HIV and STD Prevention Programs also distribute large quantities of condoms and lubricants to each local county health department for dissemination within their communities. In several counties, these condoms are distributed to clinics and organizations serving youth, including school-based health centers, youth services programs, and community health clinics. Lastly, the One at Home program allows Oregon residents to receive a free envelope of sexual wellness supplies delivered discreetly to their door, up to twice per 30 days.

Center for Public Health Practice: Immunizations Section

Immunization Services contains population-based services including public education, enforcement of school immunization requirements, and technical assistance for healthcare providers who provide vaccines to their client populations; as well as vaccine administration to populations of people who are most at risk for poor outcomes, with an emphasis on ensuring access and equity in service delivery. The Immunization Program provides vaccines to close to 700 clinics providing routine immunizations and an additional approximately 1200 COVID vaccine clinics, pharmacies, and community-based organizations across Oregon, including all School-Based Health Centers, Community Health Centers, Federally Qualified Health Centers, Local Public Health Authorities and Rural Health Clinics in Oregon, Oregon Youth Authority facilities, the Department of Corrections, and ITU (Indian, Tribal and Urban Indian) clinics.

The Immunization Program manages the ALERT Immunization Information System (IIS). Using data from ALERT, the program measures immunization rates among the entire population in Oregon, including measuring adolescent HPV immunization rates by gender, facilitating interventions at the local or clinic level. The IQIP (Immunization Quality Improvement for Providers) program offers providers

assessments of immunization rates for two-year-olds and for adolescents, helping practices strategize simple interventions to increase their rates. It is anticipated that ALERT IIS will be set up to capture non-binary gender data in the next biennium.

Office of Contracts and Procurement

The Office of Contracts and Procurement (OC&P) is a shared service between OHA and the Oregon Department of Human Services (ODHS). The office addresses gender equity within OHA Contracts, including OHA requests for proposals (RFPs) through the following processes and mechanisms:

- Program staff can request contracts or RFPs to include services to clients with specific guidance surrounding gender specific expectations. RFP template language includes:
 - The State of Oregon promotes equal opportunity for all individuals without regard to age, color, disability, marital status, national origin, race, religion or creed, sex or gender, sexual orientation, or veteran status.
 - In the Pay Equity Compliance paragraph: If selected for award and the Contract/Price Agreement value exceeds \$500,000 and Proposer employs 50 or more full-time workers, Proposer shall submit to Agency a true and correct copy of an unexpired Pay Equity Compliance Certificate, issued to the Proposer by the Oregon Department of Administrative Services. For instructions on how to obtain the Certificate, visit <https://www.oregon.gov/das/Procurement/Pages/PayEquity.aspx>.
ORS 279B.110(2)(f) requires that Proposer provide this prior to execution of the Contract/Price Agreement.
 - In the Nondiscrimination in Employment paragraph: As a condition of receiving the award of a Contract/Price Agreement under this RFP, Proposer must certify by its Signature on Attachment

C - Proposer Information and Certification Sheet, in accordance with ORS 279A.112, that it has in place a policy and practice of preventing sexual harassment, sexual assault, and discrimination against employees who are members of a protected class. The policy and practice must include giving employees a written notice of a policy that both prohibits, and prescribes disciplinary measures for, conduct that constitutes sexual harassment, sexual assault, or unlawful discrimination.

Contract template language includes:

- Equal Access to Services.
 - Contractor shall provide equal access to covered services for both males and females under 18 years of age, including access to appropriate facilities, services, and treatment, to achieve the policy in ORS 417.270.
- Nondiscrimination.
 - a. The Contractor must provide services to OHA clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation, or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language, and other special needs of clients.
- Training to new and existing OC&P staff is provided regarding contracts and solicitations. Information regarding Gender Specific Services provisions has been incorporated.

Limitations Regarding Data

Current mechanisms used do not always track data to capture specific percentages of funds allocated to and expended for males compared to females who are under the age of 18. Additionally, the absence of standard data collection methods around gender identity presents a barrier to OHA consistently reporting on programs and services for youth who do not identify with binary gender categories, including youth who are transgender, non-binary and Two Spirit.

The OHA Equity and Inclusion Division will continue to work with OHA programs serving populations referenced in the status to refine data collection and tracking to identify and report potential inequities in the allocation of services and funds.

Recommendations

It is recommended that ORS 417.270 be revised with a gender expansive framework, to ensure services and programs provided or funded by the State of Oregon promote equal access to all youth — including individuals who are transgender, non-binary, Two Spirit, and other identities that are outside of the gender binary.

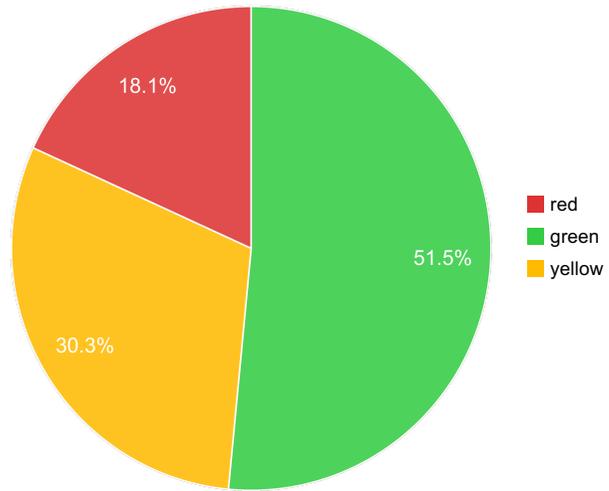
Oregon Health Authority

Annual Performance Progress Report

Reporting Year 2021

Published: 2/14/2022 5:21:29 PM

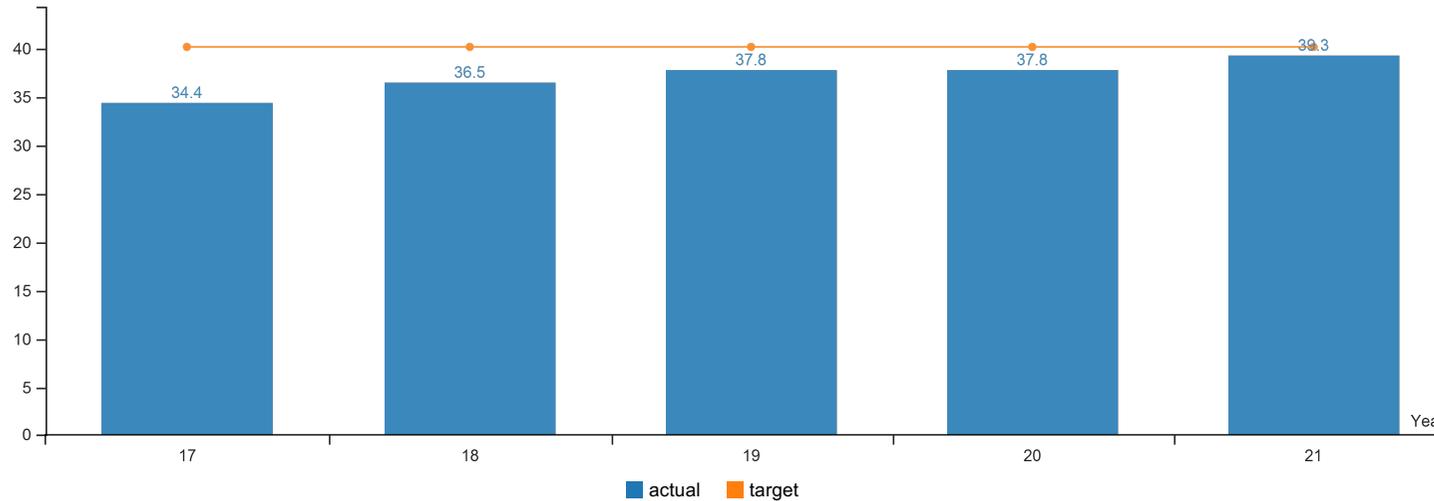
KPM #	Approved Key Performance Measures (KPMs)
1	INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.
2	ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.
3	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.
4	MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).
5	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (INITIATION) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
6	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (CONTINUATION AND MAINTENANCE) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
8	30 DAY ALCOHOL USE AMONG 6TH GRADERS - Percentage of 6th graders who have used alcohol in the past 30 days.
9	30 DAY ILLICIT DRUG USE AMONG 8TH GRADERS - Percentage of 8th graders who have used illicit drugs in the past 30 days.
10	30 DAY ALCOHOL USE AMONG 8TH GRADERS - Percentage of 8th graders who have used alcohol in the past 30 days.
11	30 DAY ILLICIT DRUG USE AMONG 11TH GRADERS - Percentage of 11th graders who have used illicit drugs in the past 30 days.
12	30 DAY ALCOHOL USE AMONG 11TH GRADERS - Percentage of 11th graders who have used alcohol in the past 30 days.
13	PRENATAL CARE (POPULATION) - Percentage of women who initiated prenatal care in the first 3 months of pregnancy.
14	PRENATAL CARE (MEDICAID) - Percentage of women who initiated prenatal care within 42 days of enrollment.
15	PATIENT CENTERED PRIMARY CARE HOME (PCPCH) ENROLLMENT - Number of members enrolled in patient-centered primary care homes by tier.
16	PQI 01: Diabetes Short-Term Complication Admission Rate -
17	PQI 05: COPD or Asthma in Older Adults Admission Rate -
18	PQI 08: Congestive Heart Failure Admission Rate -
19	PQI 15: Asthma in Younger Adults Admission Rate -
20	ACCESS TO CARE - Percentage of members who responded "always" or "usually" to getting care quickly.
21	MEMBER SATISFACTION OF CARE - Composite measurement: how well doctors communicate; health plan information and customer service (Medicaid population).
22	MEMBER HEALTH STATUS - Percentage of CAHPS survey respondents with a positive self-reported rating of overall health (excellent, very good, or good).
23	RATE OF TOBACCO USE (POPULATION) - Rate of tobacco use among adults.
24	RATE OF TOBACCO USE (MEDICAID) - Percentage of CCO enrollees who currently smoke cigarettes or use tobacco every day or some days.
25	RATE OF OBESITY (POPULATION) - Percentage of adults who are obese among Oregonians.
26	EFFECTIVE CONTRACEPTIVE USE (POPULATION) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.
27	EFFECTIVE CONTRACEPTIVE USE (MEDICAID) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.
28	FLU SHOTS (POPULATION) - Percentage of adults ages 50-64 who receive a flu vaccine.
29	CHILD IMMUNIZATION RATES (POPULATION) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
30	CHILD IMMUNIZATION RATES (MEDICAID) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
31	PLAN ALL CAUSE READMISSIONS - Percentage of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission for members 18 years and older.
32	ELIGIBILITY PROCESSING TIME - Median number of days processing time from date of request to eligibility determination.
33	OHP MEMBERS IN CCOs - Percent of Oregon Health Plan members enrolled in Coordinated Care Organizations.
34	CUSTOMER SERVICE - Percentage of OHA customers rating their satisfaction with the agency's customer service as "good" or "excellent" overall, timeliness, accuracy, helpfulness, expertise, availability of information.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	51.52%	30.30%	18.18%

KPM #1	INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Initiation of alcohol and other drug dependence treatment					
Actual	34.40%	36.50%	37.80%	37.80%	39.30%
Target	40.20%	40.20%	40.20%	40.20%	40.20%

How Are We Doing

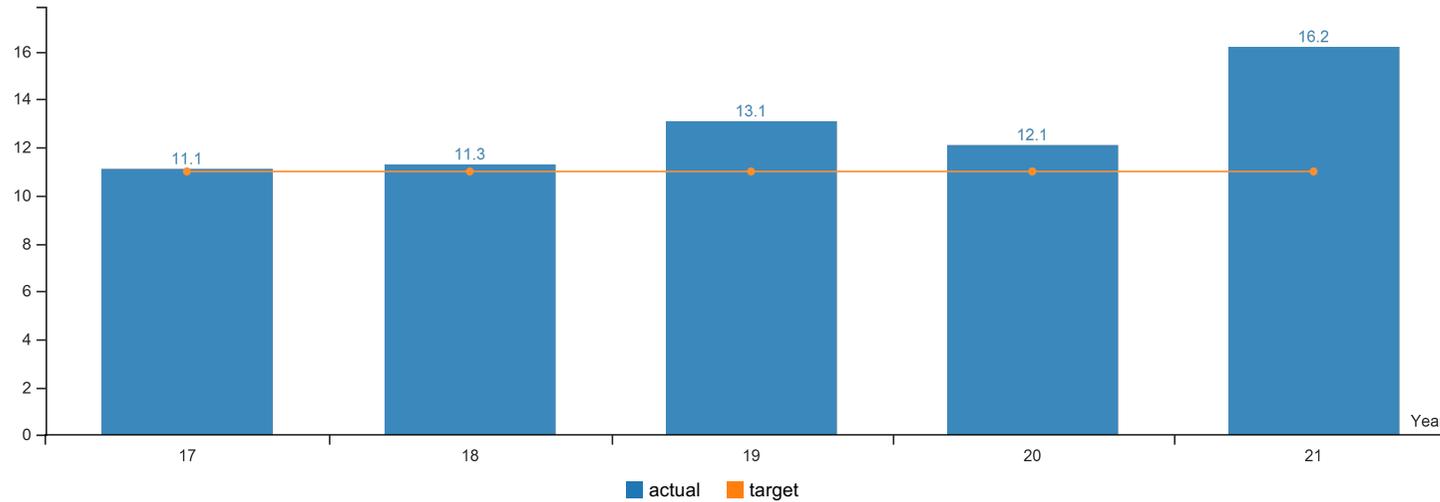
The percentage of members ages 13 and older newly diagnosed with alcohol or other drug dependencies who initiated treatment within 14 days was 39.3% in 2020. 2020 data are not directly comparable to previous years due to a methodology change.

Factors Affecting Results

It is possible that the increased statewide emphasis on alcohol and drug use screening (SBIRT) due to the CCO incentive measure resulted in an increase in initiation of alcohol and drug treatment, as more individuals with risky or problematic substance use are identified and referred to treatment services. However, SBIRT screenings decreased from 2019 – 2020, so this relationship is unclear. In addition, this specific measure was selected to be an incentive measure beginning in 2020, which possibly brought increased focus on this measure.

KPM #2	ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Engagement of alcohol and other drug dependence treatment					
Actual	11.10%	11.30%	13.10%	12.10%	16.20%
Target	11%	11%	11%	11%	11%

How Are We Doing

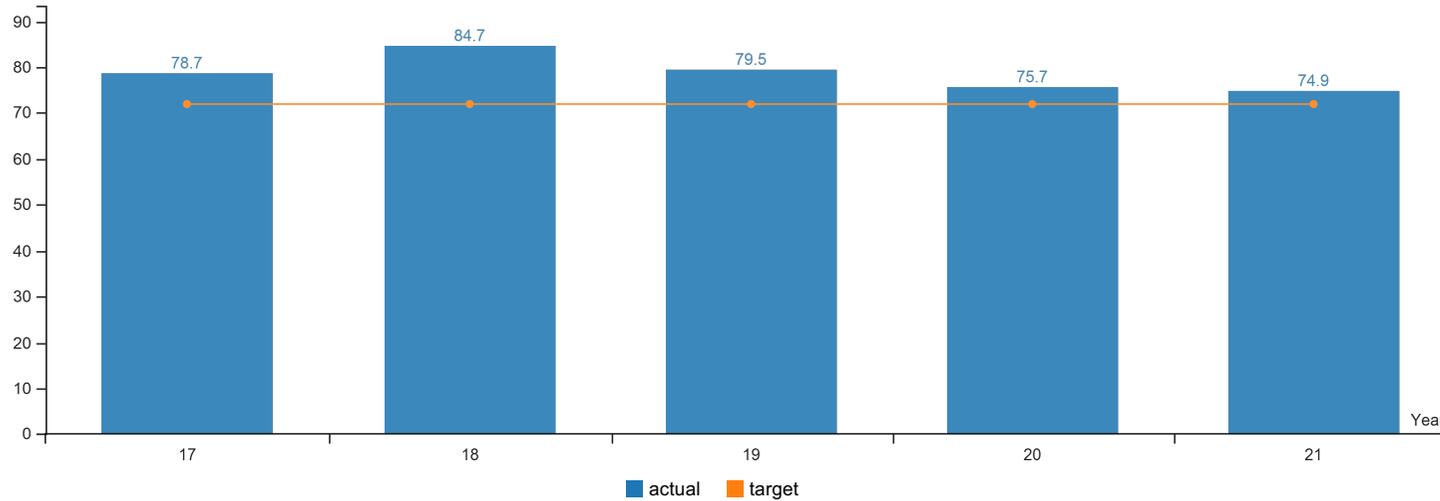
The percentage of members who continued their treatment was 16.2% in 2020. 2020 data are not directly comparable to previous years due to a methodology change.

Factors Affecting Results

This was selected to be an incentive measure beginning in 2020, which possibly brought increased focus on this measure.

KPM #3	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Follow-up after hospitalization for mental illness					
Actual	78.70%	84.70%	79.50%	75.70%	74.90%
Target	72%	72%	72%	72%	72%

How Are We Doing

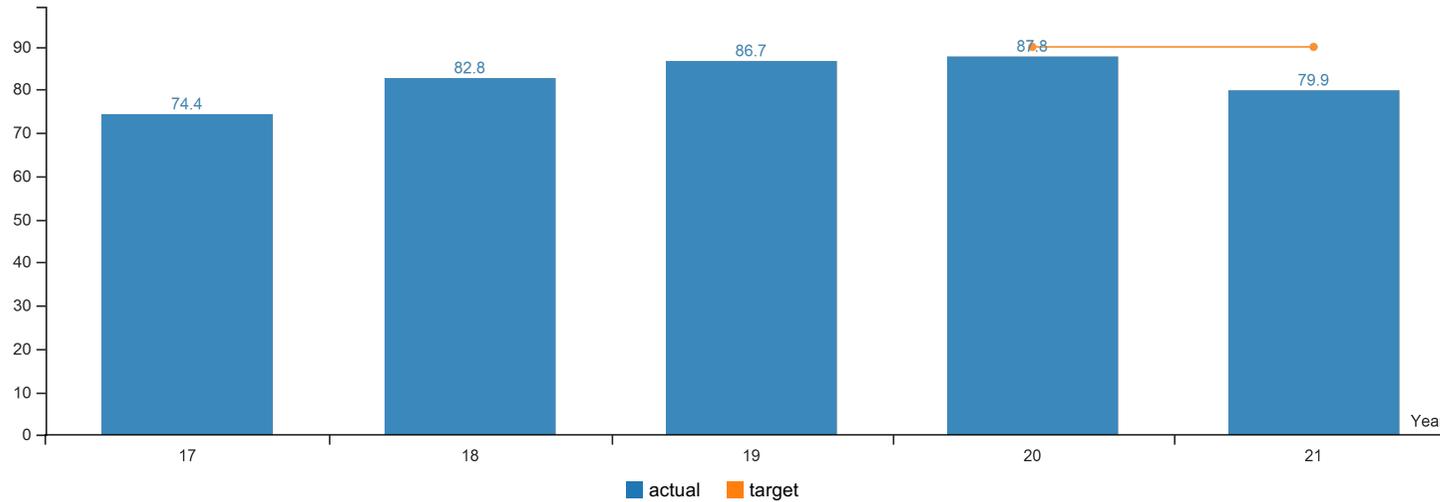
Performance on this measure continued to decline from 2019 to 2020. This is the third year in which performance has declined. Data have been corrected for reporting year 2020 (for performance in 2019) to correct a typo. Even with this correction the performance declines continue.

Factors Affecting Results

After rising steadily while included in the CCO Quality Incentive Program, performance on this measure has continued to decline since it was retired from the program. Retirement from the incentive program may have led to decreased focus on this area.

KPM #4	MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY					
Actual	74.40%	82.80%	86.70%	87.80%	79.90%
Target				90%	90%

How Are We Doing

The percentage of children in foster care who received mental, physical, and dental health assessments decreased for the first time since 2014, from 87.8% in 2019 to 79.9% in 2020.

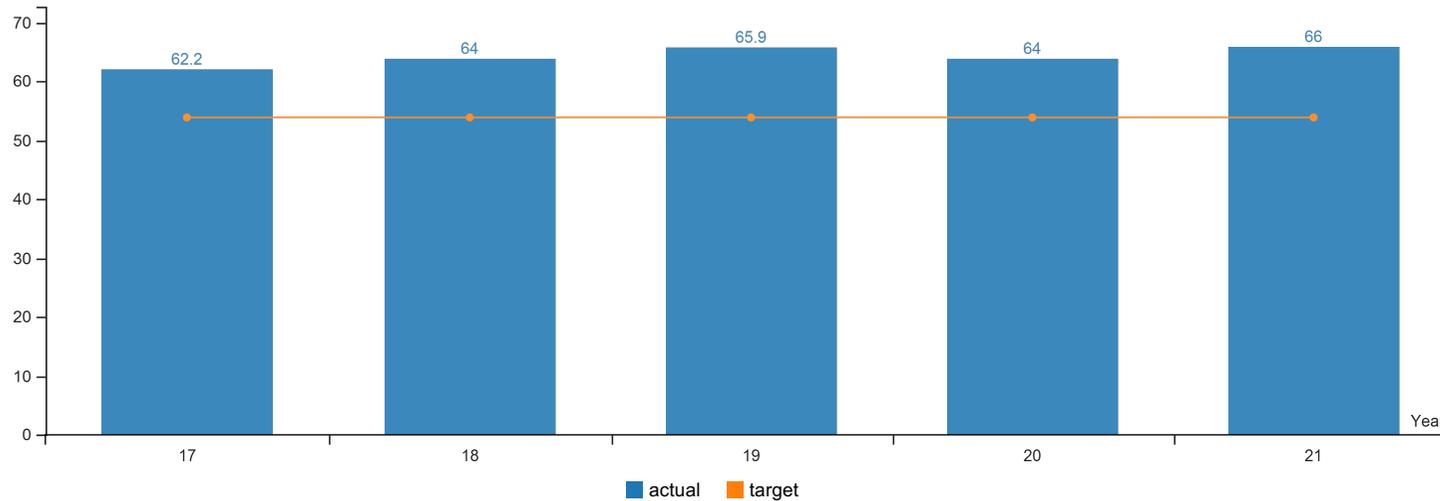
Factors Affecting Results

The COVID-19 pandemic negatively impacted this measure.

NOTE: 2013 not comparable to later years due to methodology change. In addition, dental assessments added in 2014.

KPM #5	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (INITIATION) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Follow-up care for children prescribed with ADHD medication (initiation)					
Actual	62.20%	64%	65.90%	64%	66%
Target	54%	54%	54%	54%	54%

How Are We Doing

In 2011, 52.3% of children ages 6-12 had at least one follow up visit with a health care provider during the 30 days after receiving a new prescription for Attention Deficit Hyperactivity Disorder (ADHD) medication. In 2013, the rate had increased just slightly to 53.3%, above the KPM target, and above the 90th percentile nationally. The rate continued to improve through 2018 (65.9%), declined in 2019 (64.0%), and improved to slightly above the 2018 rate in 2020 (66.0%).

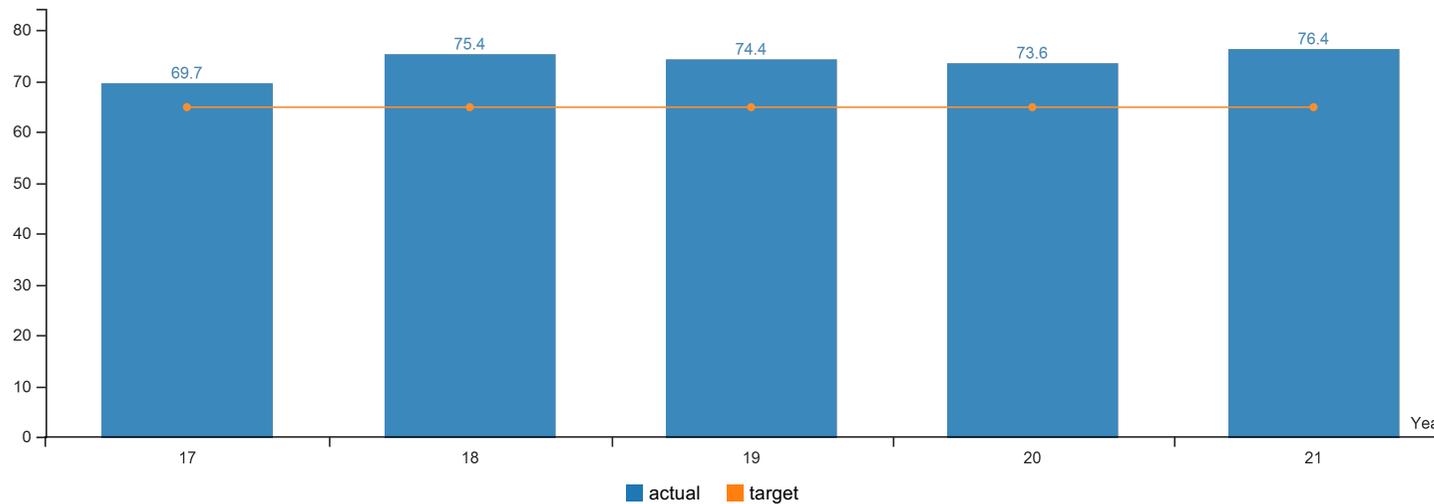
NOTE: This measure was included in the CCO Quality Incentive Program, for which CCOs can earn incentive payments based upon performance improvements, in 2013 and 2014.

Factors Affecting Results

We have heard from providers that limiting the follow up visit to within the first 30 days is not well aligned with some of the current ADHD medications, which may require a 45 day initial prescription. Children with these longer initial prescriptions would fall outside of the 30 day window for this measure.

KPM #6	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (CONTINUATION AND MAINTENANCE) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Follow-up care for children prescribed with ADHD medication (continuation and maintenance)					
Actual	69.70%	75.40%	74.40%	73.60%	76.40%
Target	65%	65%	65%	65%	65%

How Are We Doing

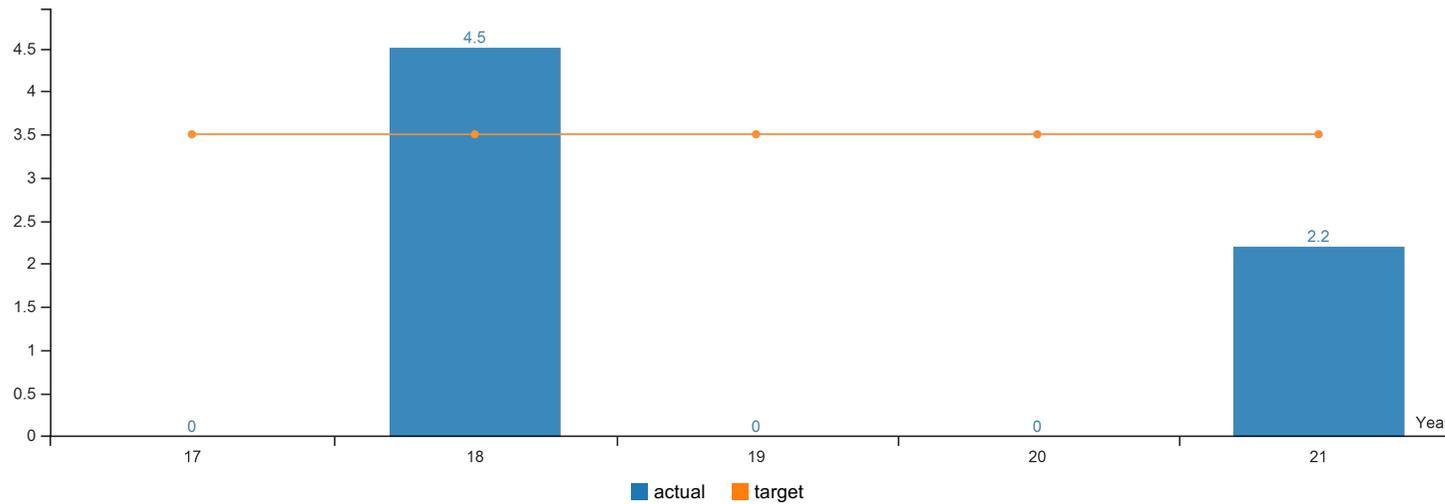
Calendar year 2011 is the baseline for this measure. In 2011, 61.0% of children who remained on ADHD medication for 210 days after receiving a new prescription also had at least two follow up visits with a provider. This rate remained fairly steady in CY's 2013 and 2014, and increased notably in CY2015, with 68.9% of children receiving continued follow-up with a provider. The rate declined from CY2018 (74.4%) to CY2019 (73.6%). In CY2020 the rate increased to 76.4%

Factors Affecting Results

A number of CCO incentive measures as well as initiatives including the patient-centered primary care home model put greater emphasis on preventive care and well child visits. These efforts may result in children being more likely to engage with their primary care providers, leading to greater follow-up care for children prescribed medications for their ADHD. This measure is also notable for small denominators across the CCOs (with some having fewer than 30 children that meet these criteria); data shifts are more likely given these small numbers.

KPM #8	30 DAY ALCOHOL USE AMONG 6TH GRADERS - Percentage of 6th graders who have used alcohol in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
30 day alcohol use among 6th graders					
Actual		4.50%			2.20%
Target	3.50%	3.50%	3.50%	3.50%	3.50%

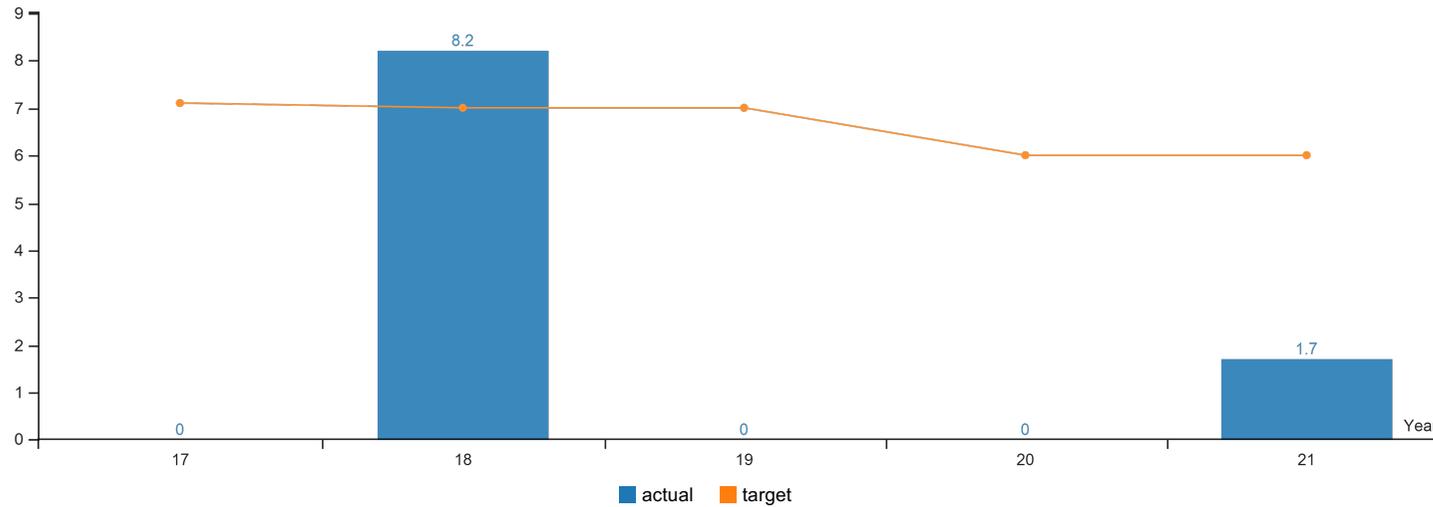
How Are We Doing

Beginning in 2020, the Oregon Health Authority Public Health Division launched the Student Health Survey, which replaced the previous Oregon Healthy Teens and Student Wellness Surveys. SHS data are **not strictly comparable** to prior Student Wellness Survey results reported in 2018 due to differences in data collection methods, learning environment, and data collection period. Due to the COVID-19 pandemic, the SHS data shows alcohol and illicit drug use results are low among youth.

Factors Affecting Results

KPM #9	30 DAY ILLICIT DRUG USE AMONG 8TH GRADERS - Percentage of 8th graders who have used illicit drugs in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
30 day illicit drug use among 8th graders					
Actual		8.20%			1.70%
Target	7.10%	7%	7%	6%	6%

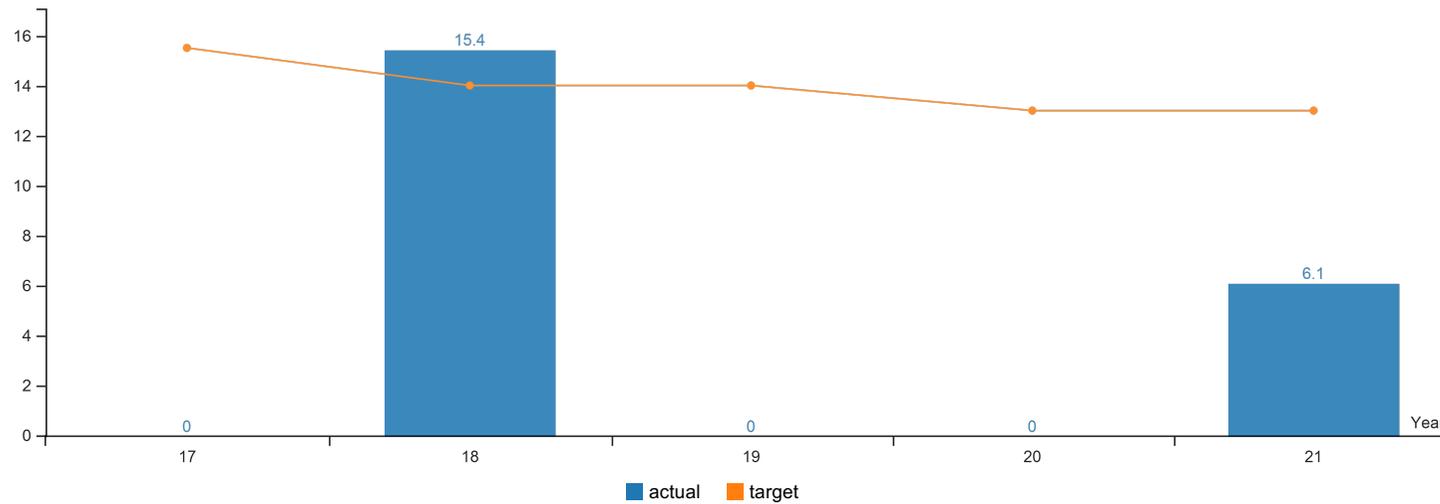
How Are We Doing

Beginning in 2020, the Oregon Health Authority Public Health Division launched the Student Health Survey, which replaced the previous Oregon Healthy Teens and Student Wellness Surveys. SHS data are **not strictly comparable** to prior Student Wellness Survey results reported in 2018 due to differences in data collection methods, learning environment, and data collection period. Due to the COVID-19 pandemic, the SHS data shows alcohol and illicit drug use results are low among youth. Starting in 2021, this KPM for illicit drug use won't include marijuana use.

Factors Affecting Results

KPM #10	30 DAY ALCOHOL USE AMONG 8TH GRADERS - Percentage of 8th graders who have used alcohol in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
30 day alcohol use among 8th graders					
Actual		15.40%			6.10%
Target	15.50%	14%	14%	13%	13%

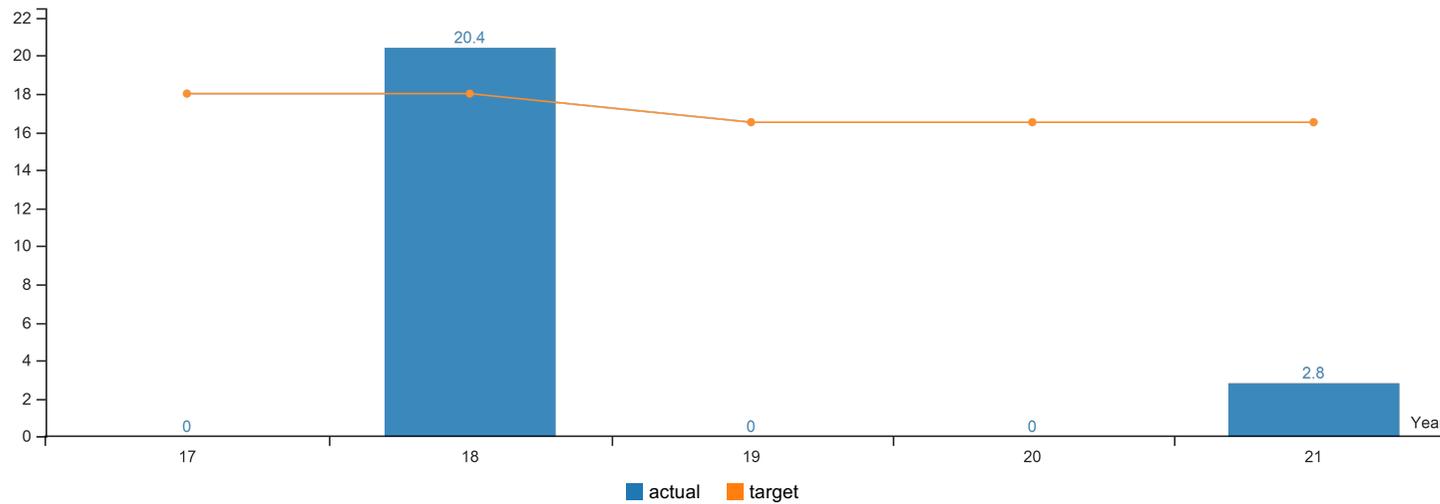
How Are We Doing

Beginning in 2020, the Oregon Health Authority Public Health Division launched the Student Health Survey, which replaced the previous Oregon Healthy Teens and Student Wellness Surveys. SHS data are **not strictly comparable** to prior Student Wellness Survey results reported in 2018 due to differences in data collection methods, learning environment, and data collection period. Due to the COVID-19 pandemic, the SHS data shows alcohol and illicit drug use results are low among youth.

Factors Affecting Results

KPM #11	30 DAY ILLICIT DRUG USE AMONG 11TH GRADERS - Percentage of 11th graders who have used illicit drugs in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
30 day illicit drug use among 11th graders					
Actual		20.40%			2.80%
Target	18%	18%	16.50%	16.50%	16.50%

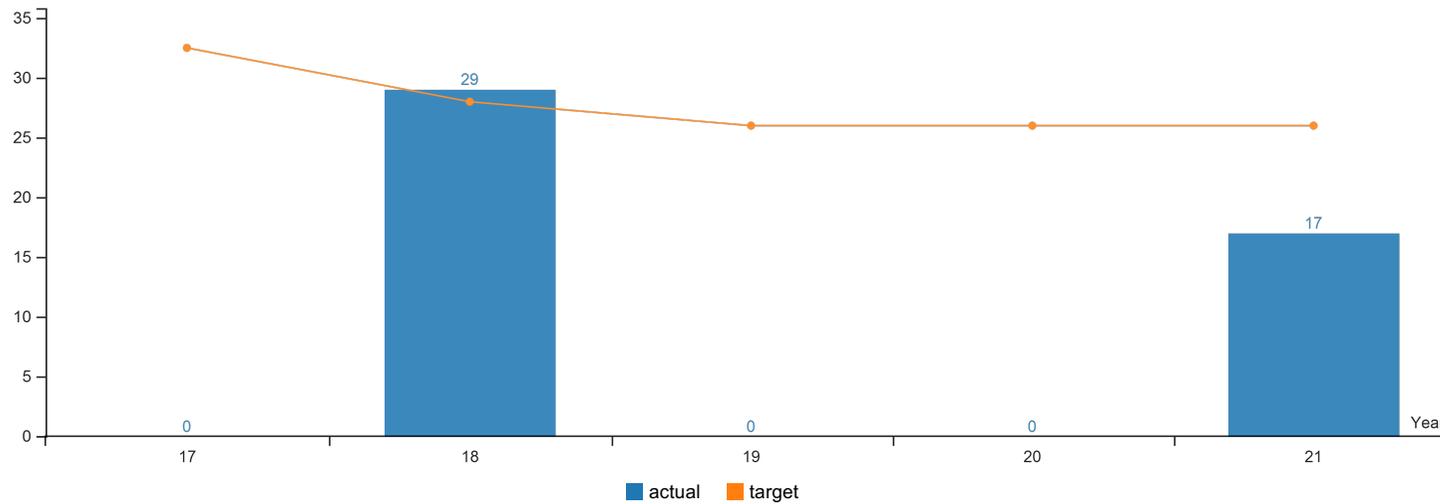
How Are We Doing

Beginning 2020, the Oregon Health Authority Public Health Division launched the Student Health Survey, which replaced the previous Oregon Healthy Teens and Student Wellness Surveys. SHS data are **not strictly comparable** to prior Student Wellness Survey results reported in 2018 due to differences in data collection methods, learning environment, and data collection period. Due to the COVID-19 pandemic, the SHS data shows alcohol and illicit drug use results are low among youth. Starting in 2021, this KPM for illicit drug use won't include marijuana use.

Factors Affecting Results

KPM #12	30 DAY ALCOHOL USE AMONG 11TH GRADERS - Percentage of 11th graders who have used alcohol in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
30 day alcohol use among 11th graders					
Actual		29%			17%
Target	32.50%	28%	26%	26%	26%

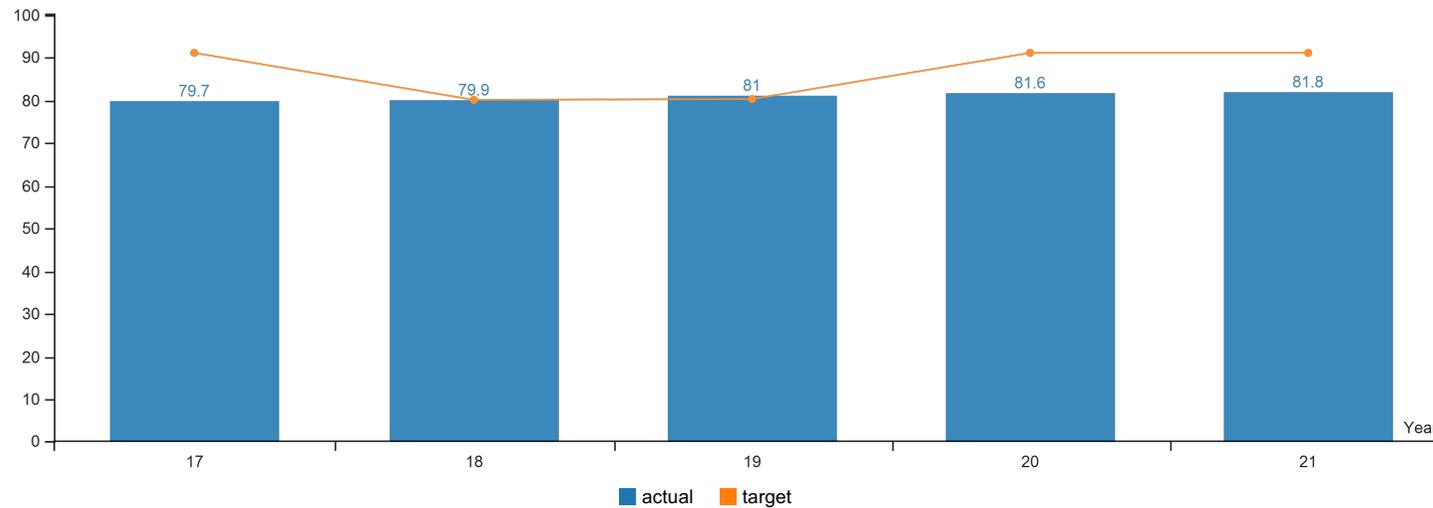
How Are We Doing

Beginning in 2020, the Oregon Health Authority Public Health Division launched the Student Health Survey, which replaced the previous Oregon Healthy Teens and Student Wellness Surveys. SHS data are **not strictly comparable** to prior Student Wellness Survey results reported in 2018 due to differences in data collection methods, learning environment, and data collection period. Due to the COVID-19 pandemic, the SHS data shows alcohol and illicit drug use results are low among youth.

Factors Affecting Results

KPM #13	PRENATAL CARE (POPULATION) - Percentage of women who initiated prenatal care in the first 3 months of pregnancy.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Prenatal care - population					
Actual	79.70%	79.90%	81%	81.60%	81.80%
Target	91%	80%	80.20%	91%	91%

How Are We Doing

The percentage of women initiating prenatal care during the first trimester is a marker for access to maternal health care services. This percentage has been slowly but steadily increasing in Oregon from 2015 to 2020. Early prenatal care is important to identify and treat babies or mothers at risk for health conditions that can affect the pregnancy, such as hypertension and diabetes. It is also important because health care providers can educate and assist mothers with health issues related to pregnancy including nutrition, alcohol use, smoking, exercise, and preparing for childbirth and infant care. Prenatal care is an important screening point for behavioral and social risks such as perinatal depression, intimate partner violence, and food insecurity. Babies born to women who receive prenatal care early and throughout the pregnancy are less likely to have low birth weight or to be born prematurely. Psychosocial, financial, logistical, health care provider, and many other issues can create barriers for women in obtaining early prenatal care. This indicator is used by states and at the national level, as the data is from vital statistics (birth certificates), therefore making it widely available and representative of the population. While this indicator has been traditionally used, and is widely understood, it is also valuable to examine the Adequacy of Prenatal Care Utilization Index (https://www.mchlibrary.org/databases/HSNRCPDFs/Overview_APCUIndex.pdf), which examines the number of prenatal care visits a woman has received throughout pregnancy in addition to the timing of initiation. This allows for a more thorough examination of woman's access to care. It is worth noting that the data for prenatal care used in both indicators is only available for live births, and therefore does not include information on the prenatal care of women who had a miscarriage or a still birth. The data on first trimester initiation of prenatal care is publicly released by the Oregon Center for Health Statistics in their Annual Vital Statistic Report.

These reports can be found at <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Pages/index.aspx>. Data entered is final for 2020.

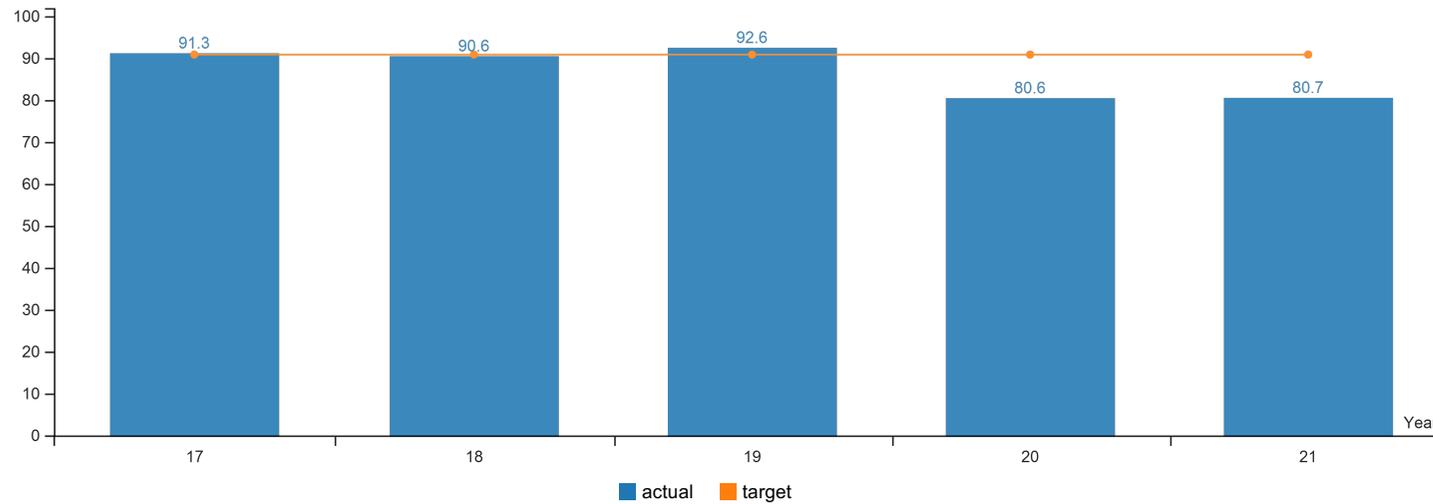
Factors Affecting Results

Women give a variety of reasons for not accessing early prenatal care. Women may not feel that early care is important, may not know they are pregnant, or may be experiencing barriers such as lack

of insurance coverage, inability to get an appointment or unreliable transportation.

KPM #14	PRENATAL CARE (MEDICAID) - Percentage of women who initiated prenatal care within 42 days of enrollment.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Prenatal care - Medicaid					
Actual	91.30%	90.60%	92.60%	80.60%	80.70%
Target	91%	91%	91%	91%	91%

How Are We Doing

Performance on timeliness of prenatal care slightly increased from 80.6% in 2019 to 80.7% in 2020.

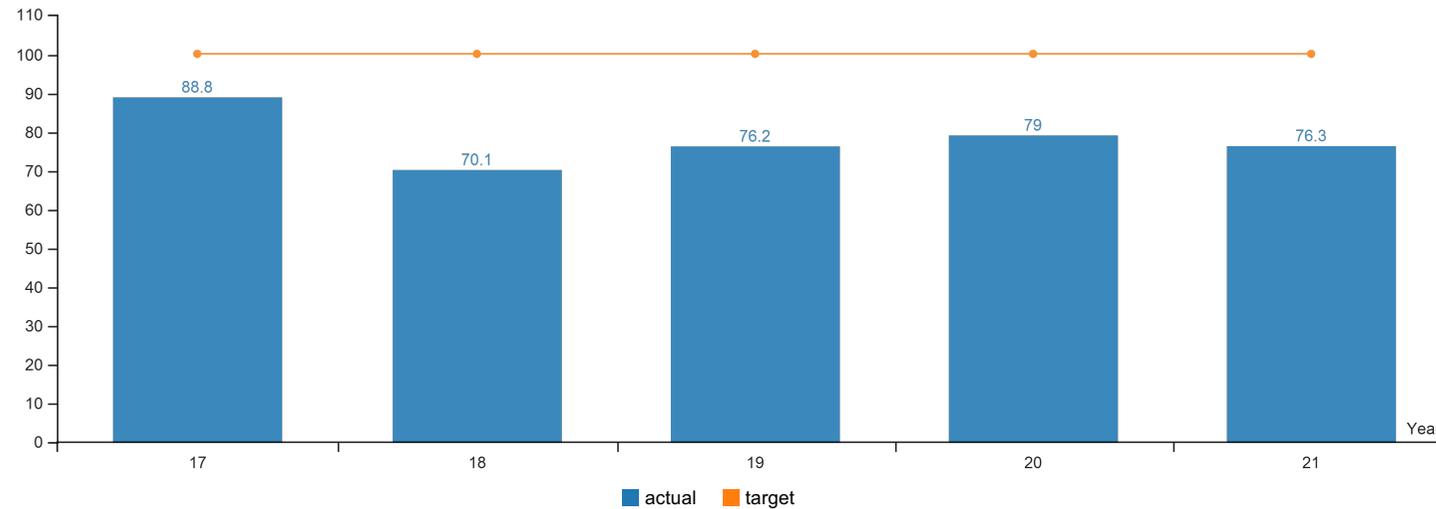
Factors Affecting Results

This measure was an incentive measure through CY2018, but not incentivized for CY2019 and 2020. However, it is a state quality measure which OHA will continue to monitor and report.

NOTE: Results prior to 2014 are not directly comparable to later years due to change in methodology.

KPM #15	PATIENT CENTERED PRIMARY CARE HOME (PCPCH) ENROLLMENT - Number of members enrolled in patient-centered primary care homes by tier.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Patient centered primary care home (PCPCH) enrollment					
Actual	88.80%	70.10%	76.20%	79%	76.30%
Target	100%	100%	100%	100%	100%

How Are We Doing

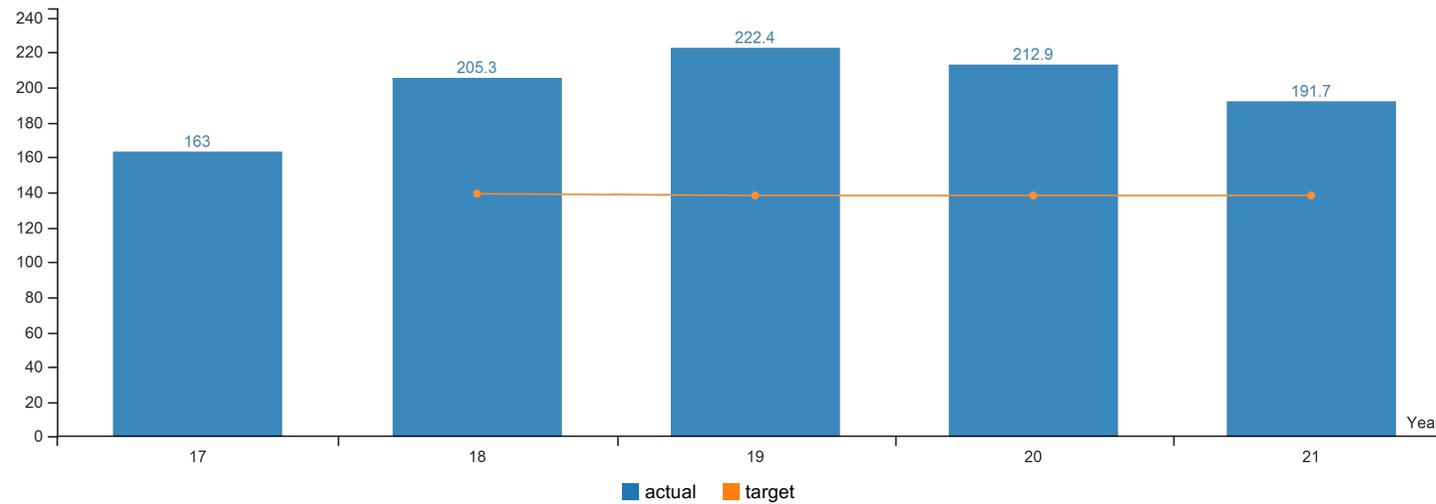
2020 is the first year that the PCPCH measure was removed from the incentive program. This measure uses a weighted methodology to ensure members are not just enrolled in a Patient-Centered Primary Care Home (PCPCH), but are enrolled in the higher PCPCH tiers. Statewide in 2019, 96 percent of CCO members were enrolled in a PCPCH, resulting in a weighted score of 79. This weighted score dropped in 2020 to 76.3, with 92 percent of CCO members enrolled in a PCPCH. Beginning in 2017, the PCPCH program launched 5 STAR recognition. This new level of recognition was incorporated into the weighting formula for PCPCH score. Thus, scores are not comparable to previous years.

Factors Affecting Results

Coordinated care organizations are driving improvement on this measure through two main efforts: (1) working with contracted providers to go through the PCPCH recognition process, and (2) preferentially assigning members to certified PCPCHs.

KPM #16	PQI 01: Diabetes Short-Term Complication Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
PQI 01: Diabetes Short-Term Complication Admission Rate					
Actual	163	205.30	222.40	212.90	191.70
Target		139	138	138	138

How Are We Doing

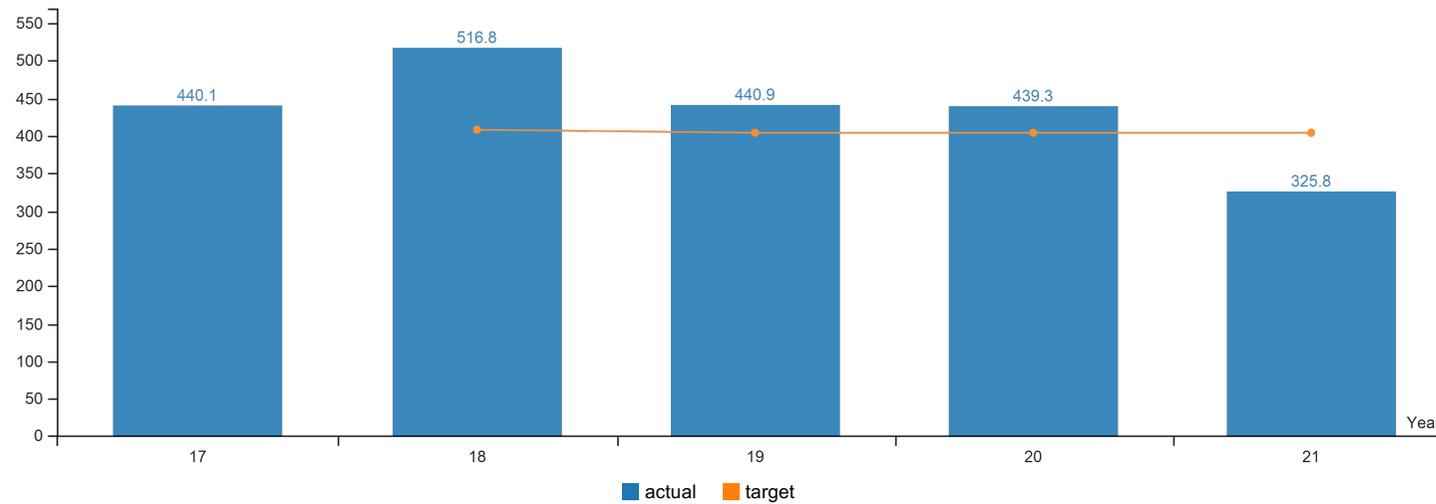
The rate of adult members with diabetes who had a hospital stay because of a short-term problem from their disease declined from 212.9 in 2019 to 191.7 in 2020. Lower is better on this measure.

Factors Affecting Results

This measure is calculated using proprietary software from AHRQ, which was updated in 2018. Because of the changes that AHRQ made to the way this measure is calculated, data prior to 2018 are not directly comparable to later years.

KPM #17	PQI 05: COPD or Asthma in Older Adults Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
PQI 05: COPD or Asthma in Older Adults Admission Rate					
Actual	440.10	516.80	440.90	439.30	325.80
Target		408	404	404	404

How Are We Doing

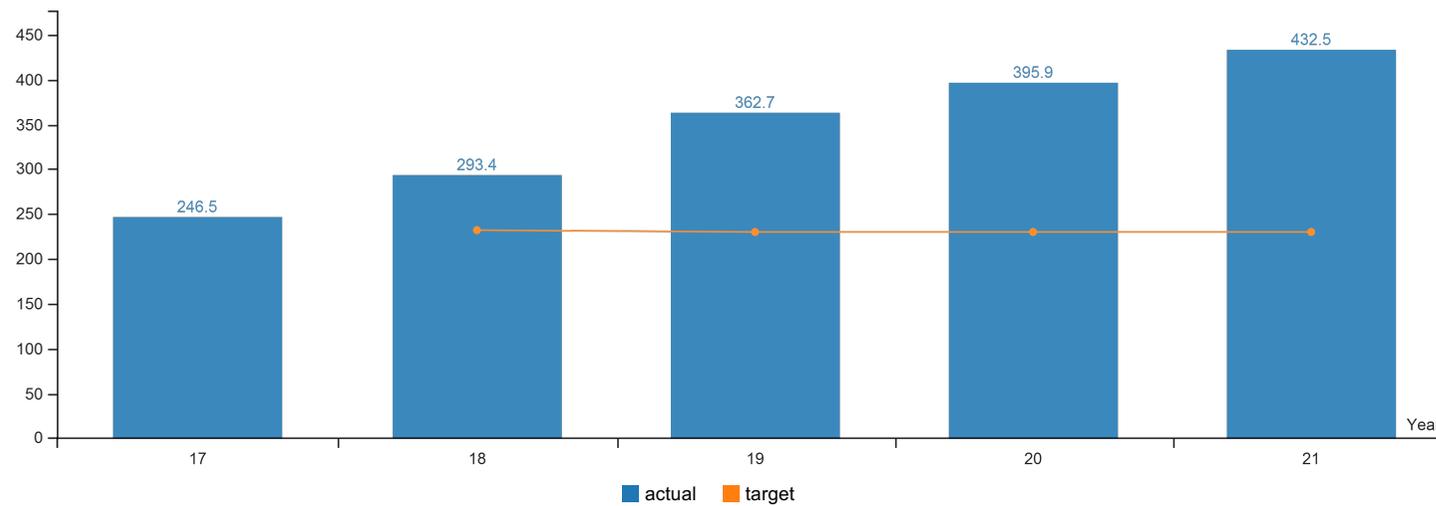
The rate of adult members (ages 40 and older) who had a hospital stay because of chronic obstructive respiratory disease or asthma decreased from 439.3 in 2019 to 325.8 in 2020.

Factors Affecting Results

This measure is calculated using proprietary software from AHRQ, which was updated in 2018. Because of the changes that AHRQ made to the way this measure is calculated, data prior to 2018 are not directly comparable to later years.

KPM #18	PQI 08: Congestive Heart Failure Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
PQI 08: Congestive Heart Failure Admission Rate					
Actual	246.50	293.40	362.70	395.90	432.50
Target		232	230	230	230

How Are We Doing

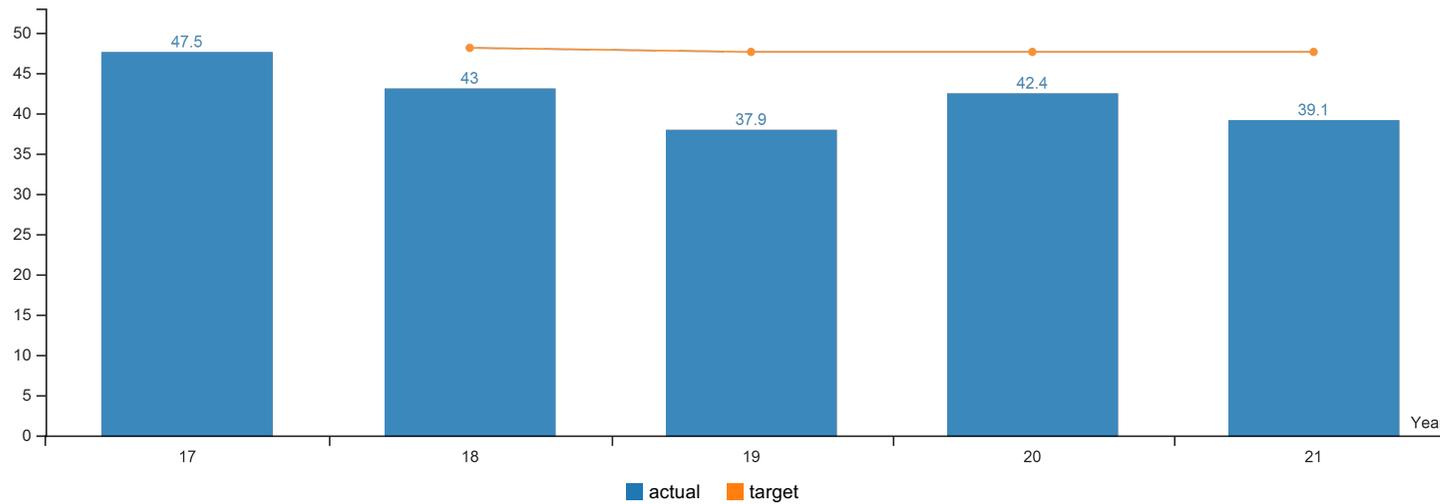
The rate of adult members who had a hospital stay because of congestive heart failure increased from 395.9 in 2019 to 432.5 in 2020. Lower is better on this measure.

Factors Affecting Results

This measure is calculated using proprietary software from AHRQ, which was updated in 2018. Because of the changes that AHRQ made to the way this measure is calculated, data prior to 2018 are not directly comparable to later years.

KPM #19	PQI 15: Asthma in Younger Adults Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
PQI 15: Asthma in Younger Adults Admission Rate					
Actual	47.50	43	37.90	42.40	39.10
Target		48	47.50	47.50	47.50

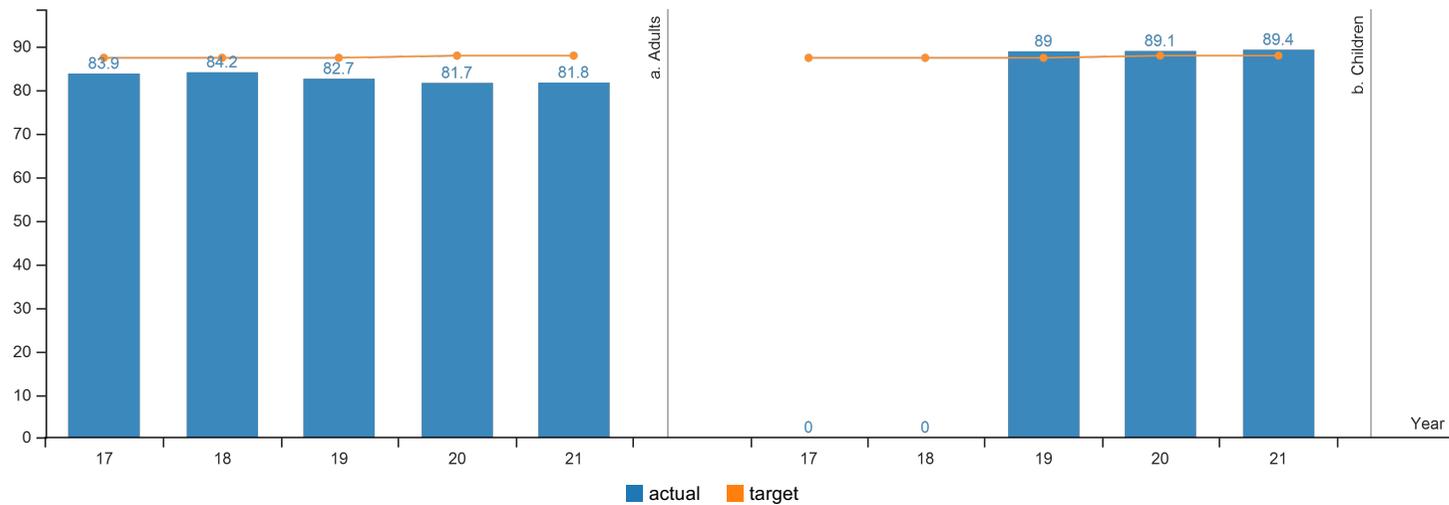
How Are We Doing

The rate of younger adult members (ages 18-39) who had a hospital stay because of asthma decreased from 42.4 in 2019 to 39.1 in 2020. Lower is better on this measure.

Factors Affecting Results

This measure is calculated using proprietary software from AHRQ, which was updated in 2018. Because of the changes that AHRQ made to the way this measure is calculated, data prior to 2018 are not directly comparable to later years.

KPM #20	ACCESS TO CARE - Percentage of members who responded "always" or "usually" to getting care quickly.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2017	2018	2019	2020	2021
a. Adults					
Actual	83.90%	84.20%	82.70%	81.70%	81.80%
Target	87.50%	87.50%	87.50%	88%	88%
b. Children					
Actual			89%	89.10%	89.40%
Target	87.50%	87.50%	87.50%	88%	88%

How Are We Doing

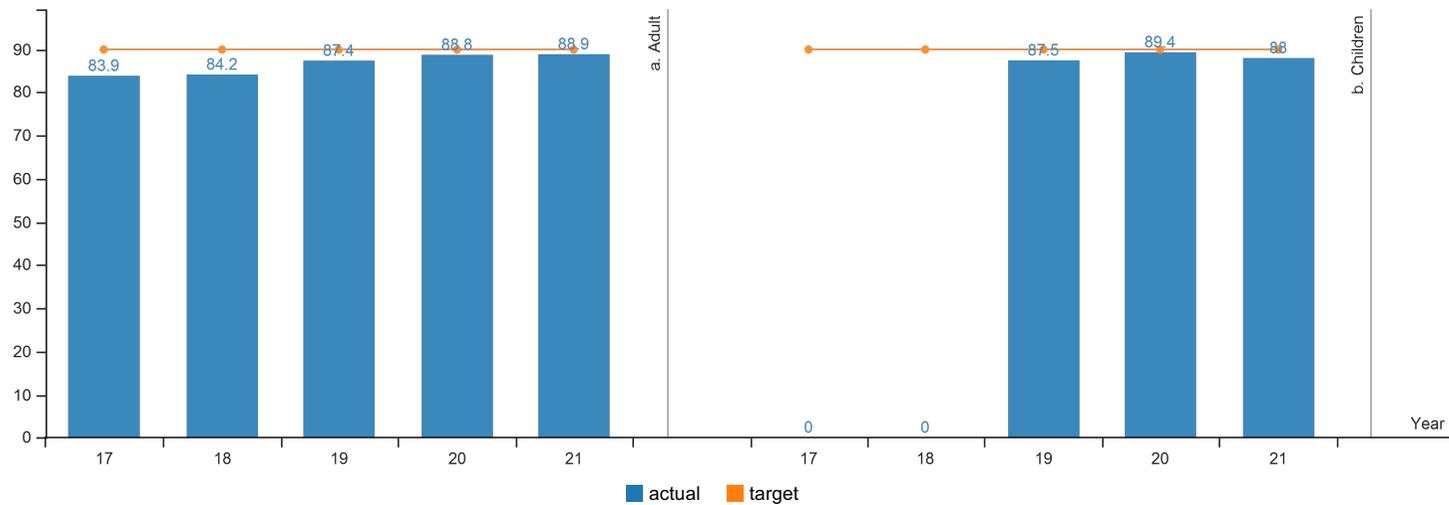
Adults: The percentage of adult members who thought they received appointments and care when needed slightly increased from 81.7% in 2019 to 81.8% in 2020. Prior to 2018, this measure was a weighted score across children and adults. From 2018 on, however, these data are now disaggregated and reported separately for children and adults. This ensures that performance across the different age groups can be monitored appropriately and is based upon a decision from the Metrics and Scoring Committee. KPM data from prior years should not be compared to that from 2018 on.

Children: The percentage of child members who received appointments and care when needed slightly increased from 89.1% in 2019 to 89.4% in 2020. Prior to 2018, this measure was a weighted score across children and adults. From 2018 on, however, these data are now disaggregated and reported separately for children and adults. This ensures that performance across the different age groups can be monitored appropriately and is based upon a decision from the Metrics and Scoring Committee. KPM data from prior years should not be compared to that from 2018 forward

Factors Affecting Results

The number of Oregonians enrolled in Medicaid increased by more than 60 percent in 2014, predictably increasing demand for care. Access also declined slightly at the national level from 2013 to 2014 (the 75-percentile declined from 88.0% in 2013 to 87.2%). This measure is included in the state's Medicaid demonstration agreement with CMS.

KPM #21	MEMBER SATISFACTION OF CARE - Composite measurement: how well doctors communicate; health plan information and customer service (Medicaid population).
	Data Collection Period: Jan 01 - Dec 31



Report Year	2017	2018	2019	2020	2021
a. Adult					
Actual	83.90%	84.20%	87.40%	88.80%	88.90%
Target	90%	90%	90%	90%	90%
b. Children					
Actual			87.50%	89.40%	88%
Target	90%	90%	90%	90%	90%

How Are We Doing

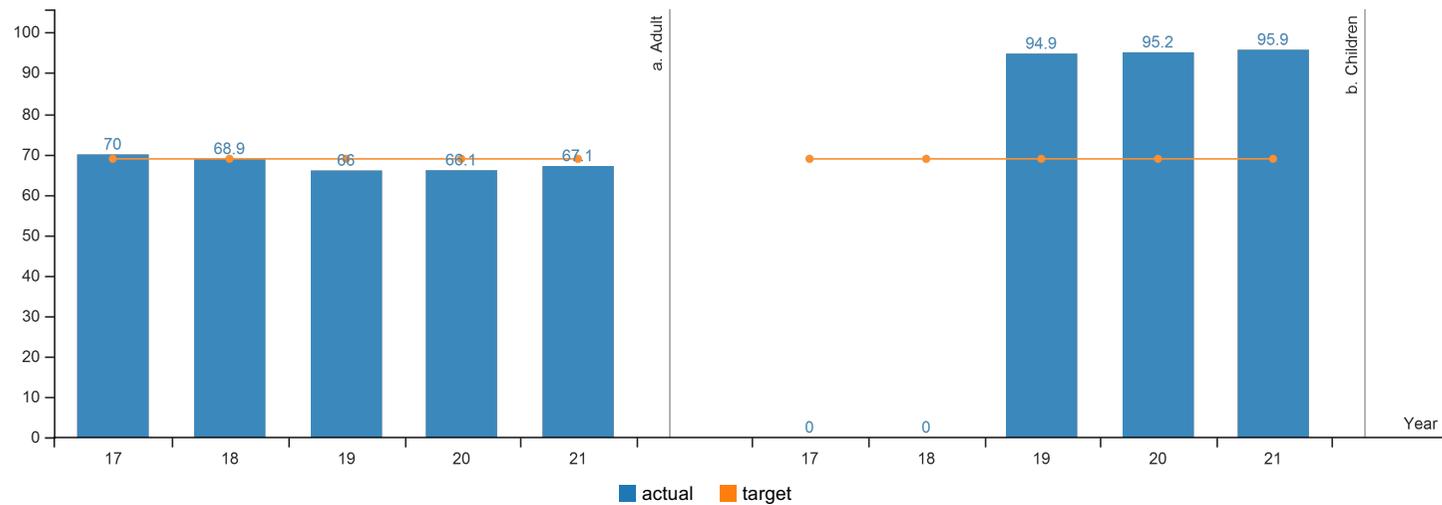
Adults: The rate of adults who were satisfied with their experience of care slightly increased from 88.8% in 2019 to 88.9% in 2020. Prior to 2018, this measure was a weighted score across children and adults. From 2018 on, however, these data are now disaggregated and reported separately for children and adults. This ensures that performance across the different age groups can be monitored appropriately and is based upon a decision from the Metrics and Scoring Committee. KPM data from prior years should not be compared to that from 2018 forward.

Children: The percentage of adults who were satisfied with their child's experience of care decreased from 89.4% in 2019 to 88.0% in 2020. Prior to 2018, this measure was a weighted score across children and adults. From 2018 on, however, these data are now disaggregated and reported separately for children and adults. This ensures that performance across the different age groups can be monitored appropriately and is based upon a decision from the Metrics and Scoring Committee. KPM data from prior years should not be compared to that from 2018 forward.

Factors Affecting Results

NOTE: This was retired from the incentive measure set in 2017.

KPM #22	MEMBER HEALTH STATUS - Percentage of CAHPS survey respondents with a positive self-reported rating of overall health (excellent, very good, or good).
	Data Collection Period: Jan 01 - Dec 31



Report Year	2017	2018	2019	2020	2021
a. Adult					
Actual	70%	68.90%	66%	66.10%	67.10%
Target	68.90%	68.90%	68.90%	68.90%	68.90%
b. Children					
Actual			94.90%	95.20%	95.90%
Target	68.90%	68.90%	68.90%	68.90%	68.90%

How Are We Doing

Adults: The percentage of adult members who rated their overall health as good, very good, or excellent increased from 66.1% in 2019 to 67.1% in 2020. Prior to 2018, this measure was a weighted score across children and adults. From 2018 on, however, these data are now disaggregated and reported separately for children and adults. This ensures that performance across the different age groups can be monitored appropriately and is based upon a decision from the Metrics and Scoring Committee. KPM data from prior years should not be compared to that from 2018.

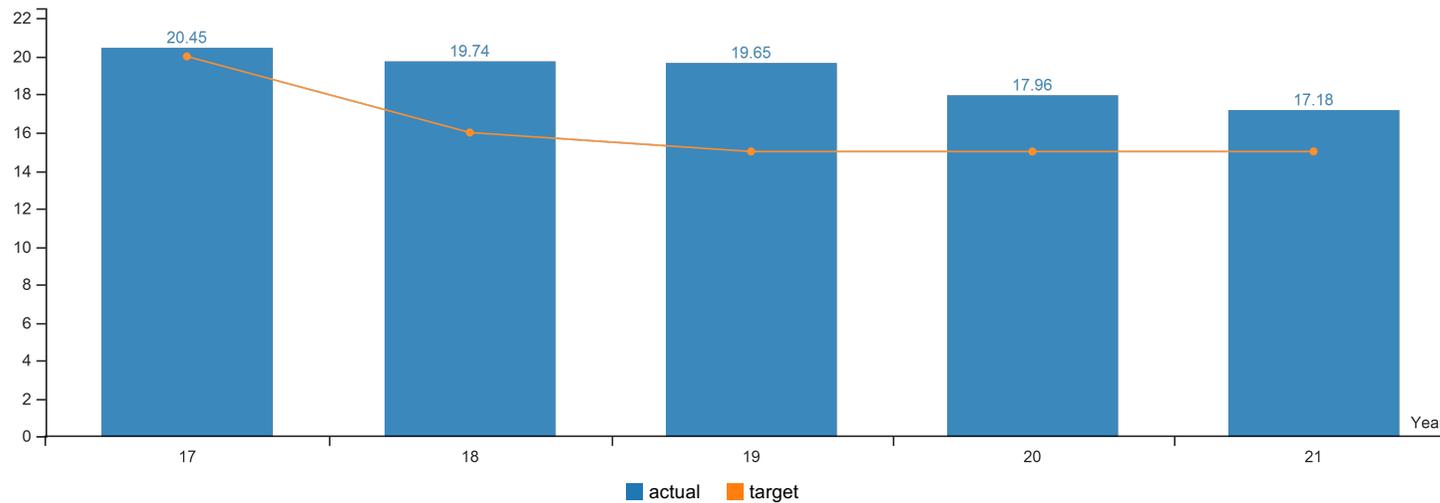
Children: The percentage of children whose parents rated their overall health as good, very good, or excellent slightly increased from 95.2% in 2019 to 95.9% in 2020. Prior to 2018, this measure was a weighted score across children and adults. From 2018 on, however, these data are now disaggregated and reported separately for children and adults. This ensures that performance across the different age groups can be monitored appropriately and is based upon a decision from the Metrics and Scoring Committee. KPM data from prior years should not be compared to that from 2018 forward.

Factors Affecting Results

Prior to 2014, a higher percentage of adult members were eligible for Medicaid due to disability. With the influx of new, previously ineligible members in 2014, the proportion of members who feel healthier may have increased. However, there has been a decrease among adults since 2016.

KPM #23	RATE OF TOBACCO USE (POPULATION) - Rate of tobacco use among adults.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
Rate of tobacco use - adult population					
Actual	20.45%	19.74%	19.65%	17.96%	17.18%
Target	20%	16%	15%	15%	15%

How Are We Doing

Tobacco use (cigarette smoking or chewing tobacco) among adults has slowly declined from CY2015 to CY2020. In CY2015, the percent of adults who used tobacco was 20.6% and in CY2020 tobacco use was 17.18%. The decline in use of these products, however, is offset somewhat by the increased use of alternative tobacco products such as inhalant delivery systems (IDS) (e.g. e-cigarettes), hookah and other tobacco products. Beginning in CY2015 the Public Health Division started reporting rates which reflect population tobacco use and includes cigarettes, little cigars, large cigars, hookah, IDS and smokeless tobacco use.

This data is collected yearly and can be found published in the Chronic Disease Data Portal at:

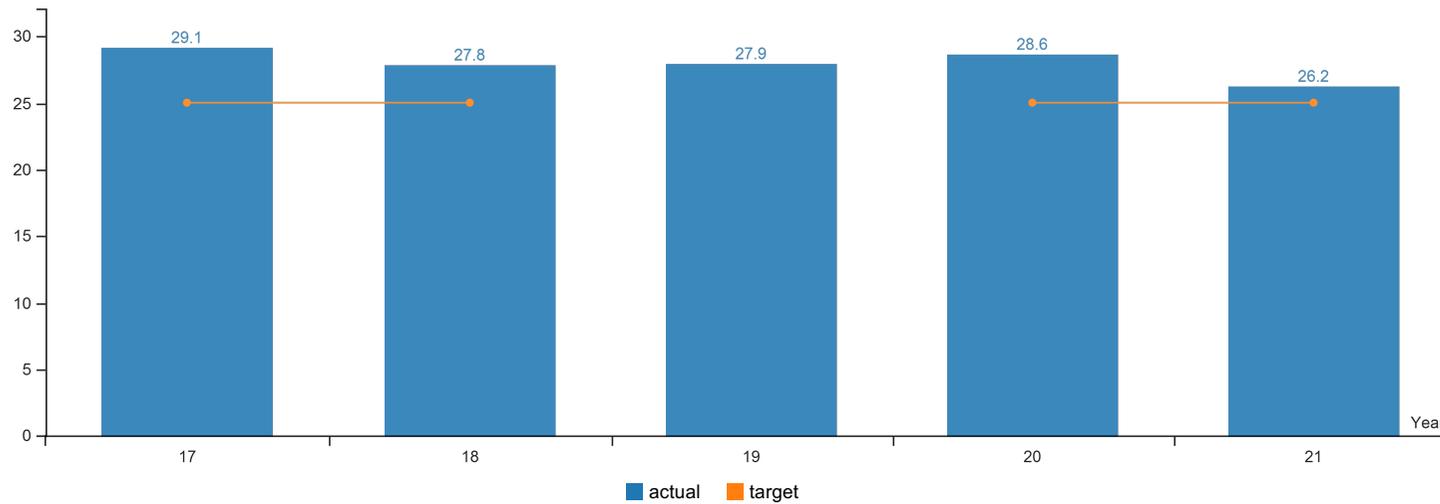
<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Chronic-Conditions-Data-Portal.aspx>

Factors Affecting Results

A limitation of these data is that they include only cigarette smoking and chewing tobacco. IDS and other tobacco products are not included.

KPM #24	RATE OF TOBACCO USE (MEDICAID) - Percentage of CCO enrollees who currently smoke cigarettes or use tobacco every day or some days.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
Rate of tobacco use - Medicaid population					
Actual	29.10%	27.80%	27.90%	28.60%	26.20%
Target	25%	25%		25%	25%

How Are We Doing

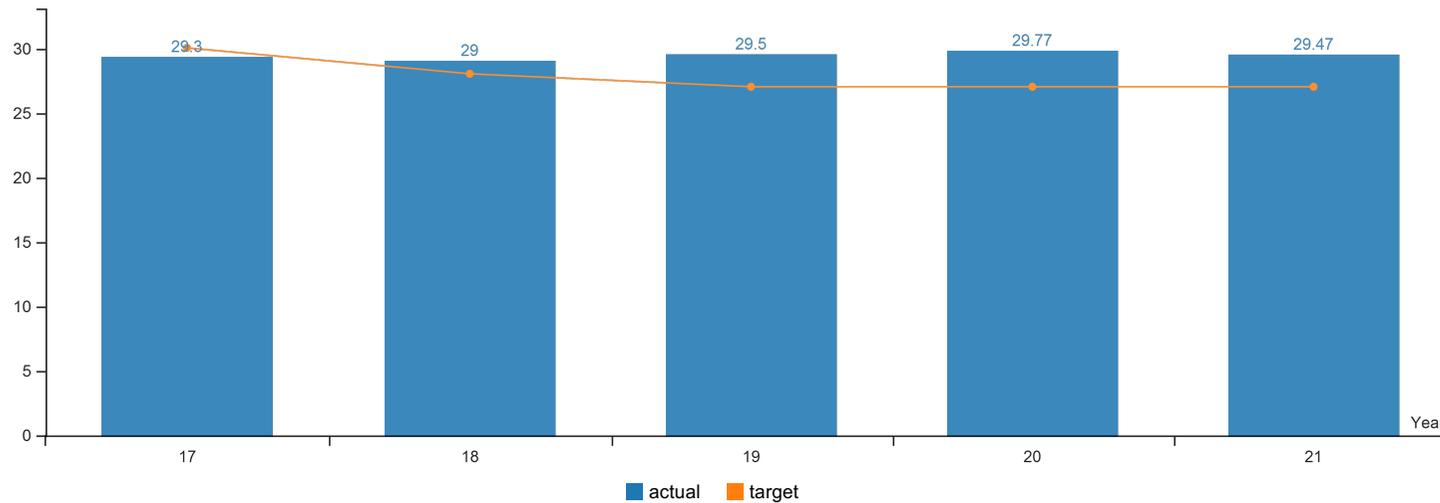
The percentage of members who self-reported smoking cigarettes or using tobacco every day or some days decreased from 28.6% in 2019 to 26.2% in 2020. Lower is better on this measure.

Factors Affecting Results

This self-reported, survey-based measure was included in our previous CMS waiver, but was not included as a metric in the current 2017-2022 waiver; instead, the current Medicaid waiver includes a different measure focused specifically on cigarette smoking prevalence and sourced from electronic health records.

KPM #25	RATE OF OBESITY (POPULATION) - Percentage of adults who are obese among Oregonians.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
Rate of obesity - adult population					
Actual	29.30%	29%	29.50%	29.77%	29.47%
Target	30%	28%	27%	27%	27%

How Are We Doing

Obesity among adults has remained relatively unchanged in recent years. In CY2015, the percent of adults who had obesity was 29.2% and in CY2020 obesity was 29.47%. The Public Health Division does not have funding dedicated to a comprehensive obesity prevention program. There are currently no state or federal dollars directed to obesity prevention in Oregon. However, the Public Health Division leverages existing federal funds to address nutrition and physical activity, the primary drivers of obesity and related chronic diseases.

This data is collected yearly and can be found published in the Chronic Disease Data Portal at:

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Chronic-Conditions-Data-Portal.aspx>

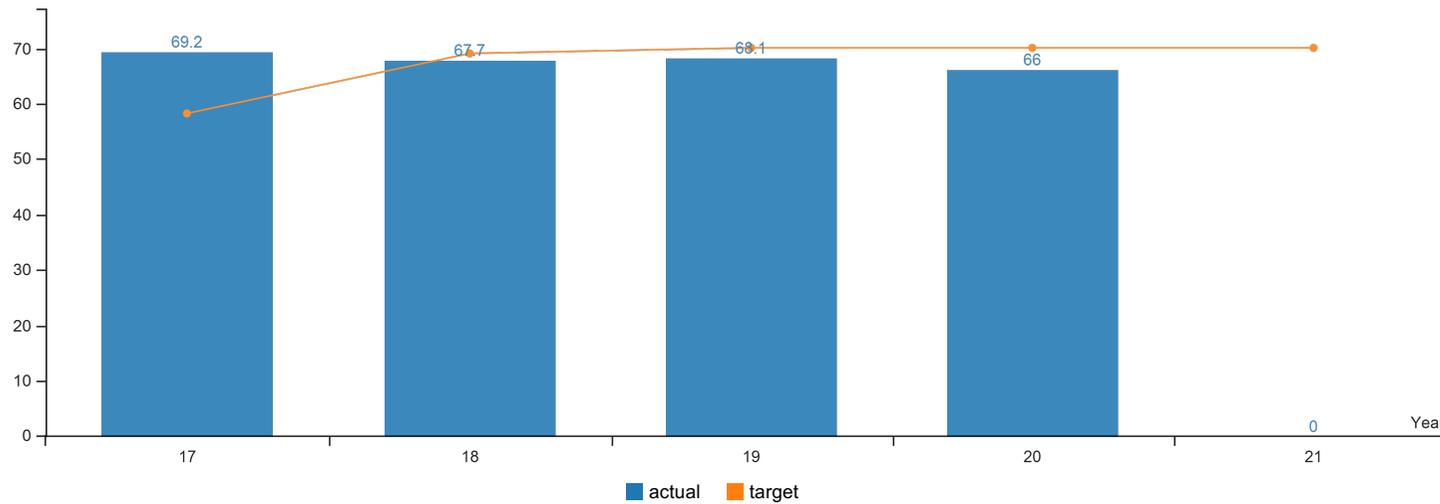
Factors Affecting Results

Obesity is measured using self-reported height and weight from survey data.

KPM #26 EFFECTIVE CONTRACEPTIVE USE (POPULATION) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.

Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Effective contraceptive use - population					
Actual	69.20%	67.70%	68.10%	66%	
Target	58.20%	69%	70%	70%	70%

How Are We Doing

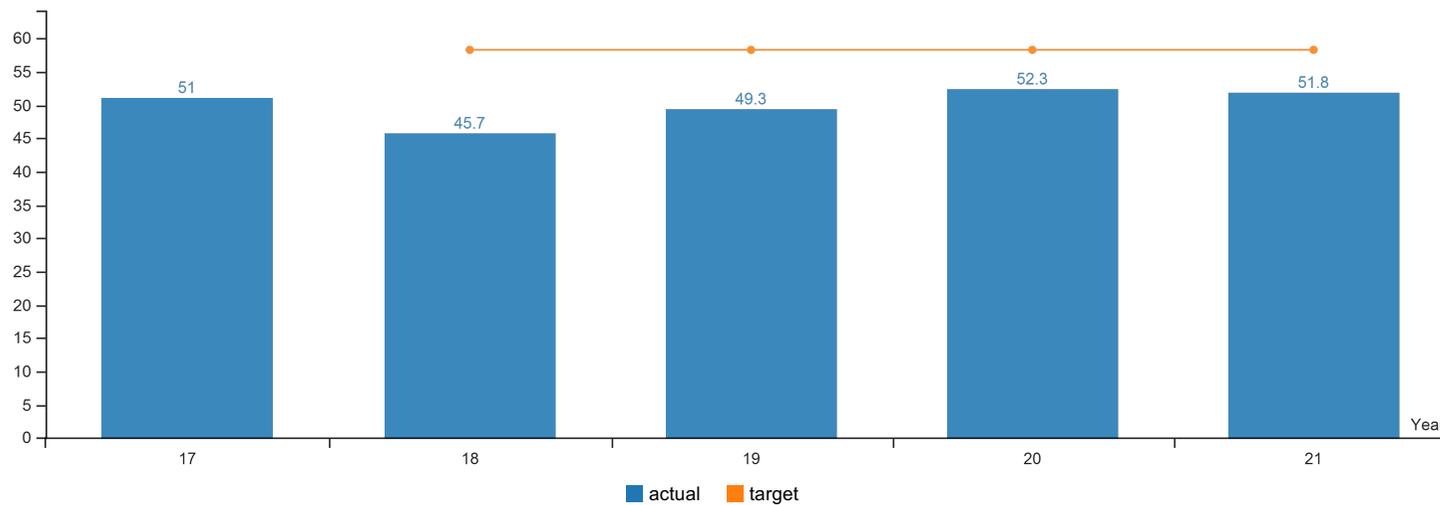
Due to COVID-19, the Behavioral Risk Factors Surveillance System dataset will be available at the end of October 2021 and results available in early November of 2021.

Factors Affecting Results

KPM #27 EFFECTIVE CONTRACEPTIVE USE (MEDICAID) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.

Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Effective contraceptive use - Medicaid population					
Actual	51%	45.70%	49.30%	52.30%	51.80%
Target		58.20%	58.20%	58.20%	58.20%

How Are We Doing

Because of changes to the specifications for this measure, data prior to 2018 are not comparable to later years. However, the rate of effective contraceptive use has increased since this measure was included in the CCO Quality Incentive Program from 2015-2019; this means CCOs could earn incentive payments for improving performance during this time period. The measure was retired from the program in 2020. The rate decreased slightly from 52.3% in 2019 to 51.8%.

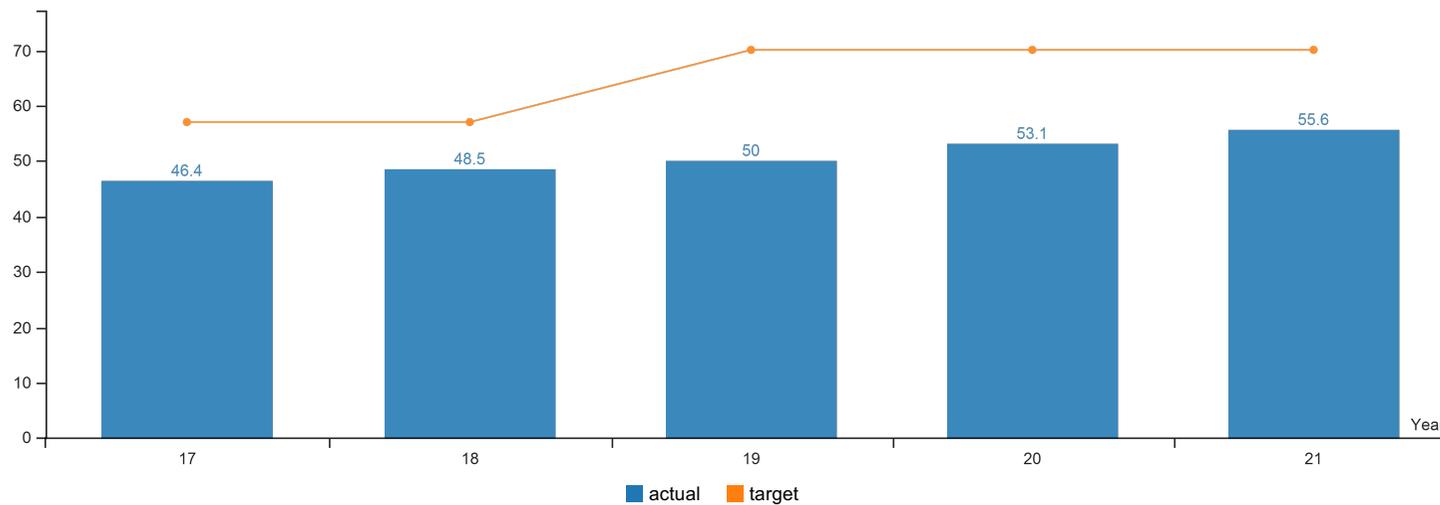
NOTE: data represents women ages 18-50.

Factors Affecting Results

This was a CCO incentive measure from 2015 - 2019 (the incentive measure also included young women ages 15-17 in 2018 & 2019). The Metrics & Scoring Committee retired this measure from the incentive program in 2020. Additionally, the COVID-19 pandemic may have negatively impacted this measure.

KPM #28	FLU SHOTS (POPULATION) - Percentage of adults ages 50-64 who receive a flu vaccine.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Flu shots - population					
Actual	46.40%	48.50%	50%	53.10%	55.60%
Target	57%	57%	70%	70%	70%

How Are We Doing

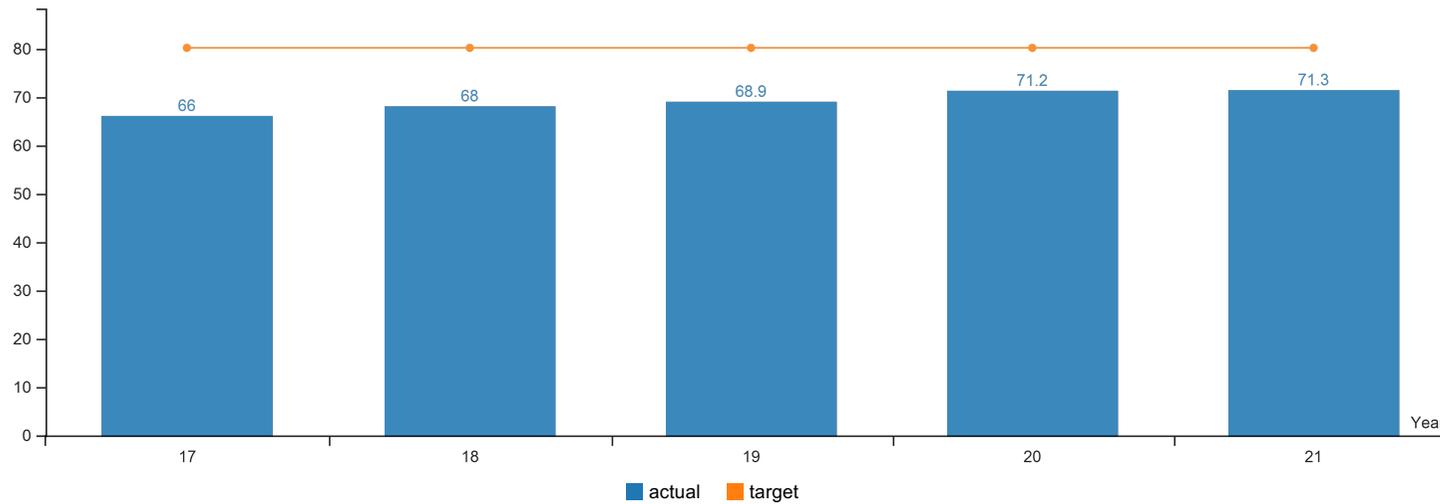
Seasonal influenza immunizations are trending upwards among Oregon adults, but still fall short of needed levels to protect against influenza disease. The source of this data is Oregon's ALERT Immunization Information System.

Factors Affecting Results

Oregon regions have marked differences in seasonal influenza immunization rates each season. In general, Southern Oregon counties and rural communities have lower adult influenza immunization rates than the Portland area, communities in the Willamette Valley, and Deschutes County. Among adults, non-senior women have higher influenza immunization rates than do non-senior men. Disparities in influenza immunization also exist based on race and ethnicity, with Latino adults having substantially lower immunization rates than other groups.

KPM #29	CHILD IMMUNIZATION RATES (POPULATION) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Child immunization rates - population					
Actual	66%	68%	68.90%	71.20%	71.30%
Target	80%	80%	80%	80%	80%

How Are We Doing

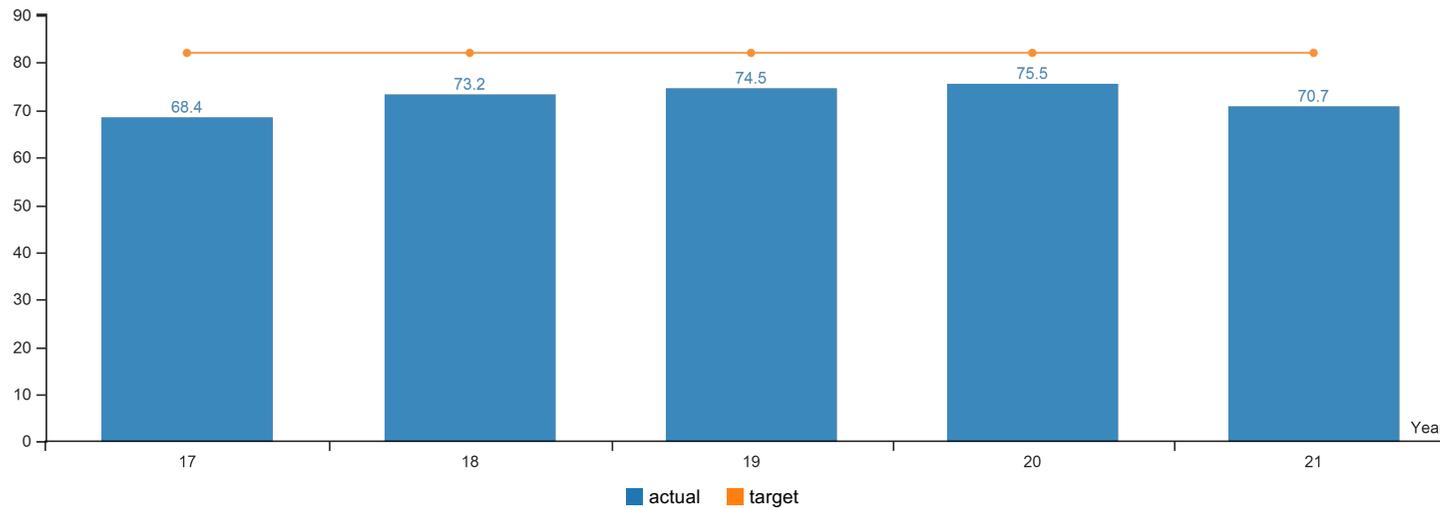
Immunization rates among two year old's in Oregon were increasing in 2019, prior to the COVID pandemic. For 2020, immunization rates among two year olds were largely unchanged from 2019.

Factors Affecting Results

Prior year increases in early immunizations were in part driven by CCO incentive measures. Beginning in 2020, the delivery of routine immunizations to children slowed due to the COVID pandemic. This slowing of routine immunizations is likely to limit immunization series completion by age two for the next several years.

KPM #30	CHILD IMMUNIZATION RATES (MEDICAID) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
Child immunization rates - Medicaid population					
Actual	68.40%	73.20%	74.50%	75.50%	70.70%
Target	82%	82%	82%	82%	82%

How Are We Doing

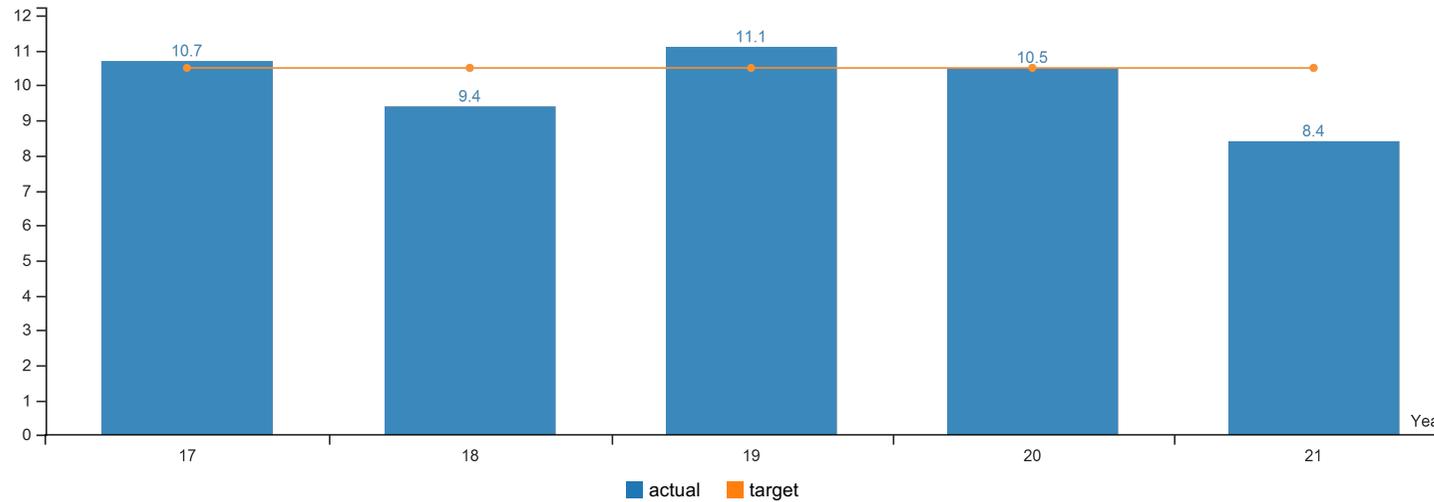
In CY2015, 68.2% of CCO members received recommended vaccines before their second birthday. This increased to 73.2% in CY2017 and continued to increase to 74.5% in CY2018 and 75.5% in CY2019. In CY2020 this measure decreased to 70.7%.

Factors Affecting Results

The COVID-19 pandemic negatively impacted this measure. Beginning 2016, childhood immunization status was added to the Quality Incentive Program, which means CCOs could earn incentives for improving performance, and which likely drove improved outreach and workflows. This measure is limited to children who turn two during the measurement year and who have been continuously enrolled in an Oregon Health Plan CCO for at least the 12 months preceding their second birthday and may not be comparable to immunization rates for the general population.

KPM #31	PLAN ALL CAUSE READMISSIONS - Percentage of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission for members 18 years and older.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
Plan all cause readmissions					
Actual	10.70%	9.40%	11.10%	10.50%	8.40%
Target	10.50%	10.50%	10.50%	10.50%	10.50%

How Are We Doing

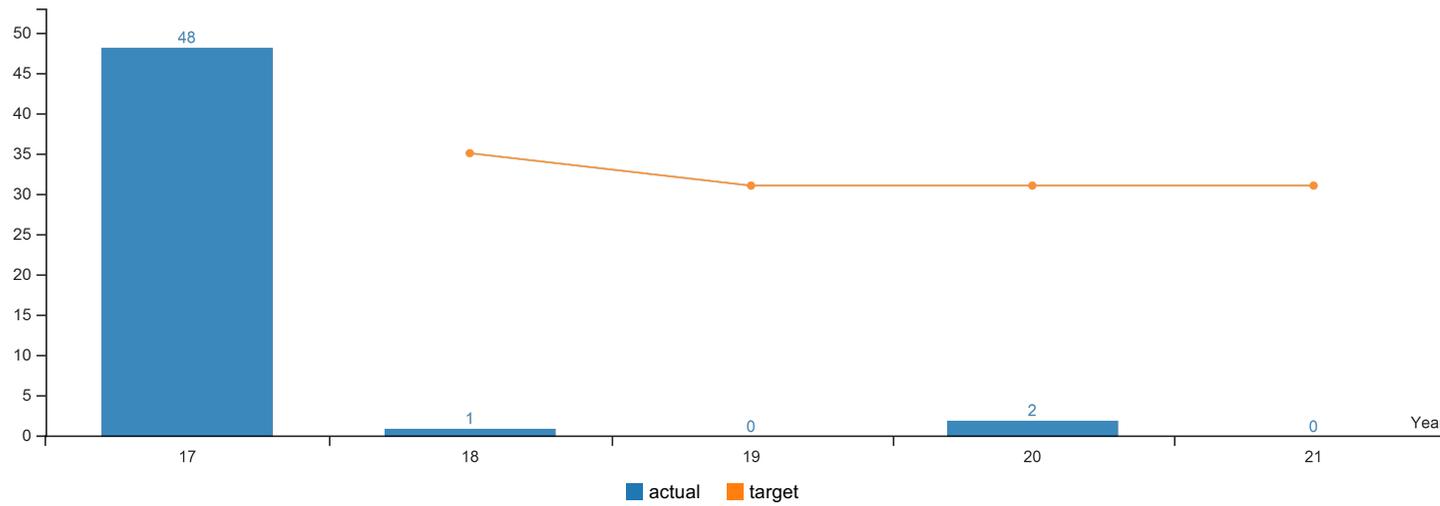
Hospital readmissions continue to decline in Oregon (lower is better), decreasing from 10.5% in 2019. In 2020 this was 8.4%. 2020 data for this measure are not directly comparable to previous years due to a methodology change.

Factors Affecting Results

As CCOs continue to focus on ensuring their members receive the appropriate care at the appropriate time in the appropriate place, many performance indicators are affected. As providers continue to emphasize the importance of coordinated, preventive care, post-discharge care is likely to be more appropriately addressed, resulting in a reduction in this readmission rate.

KPM #32	ELIGIBILITY PROCESSING TIME - Median number of days processing time from date of request to eligibility determination.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
ELIGIBILITY PROCESSING TIME					
Actual	48	1	0	2	0
Target		35	31	31	31

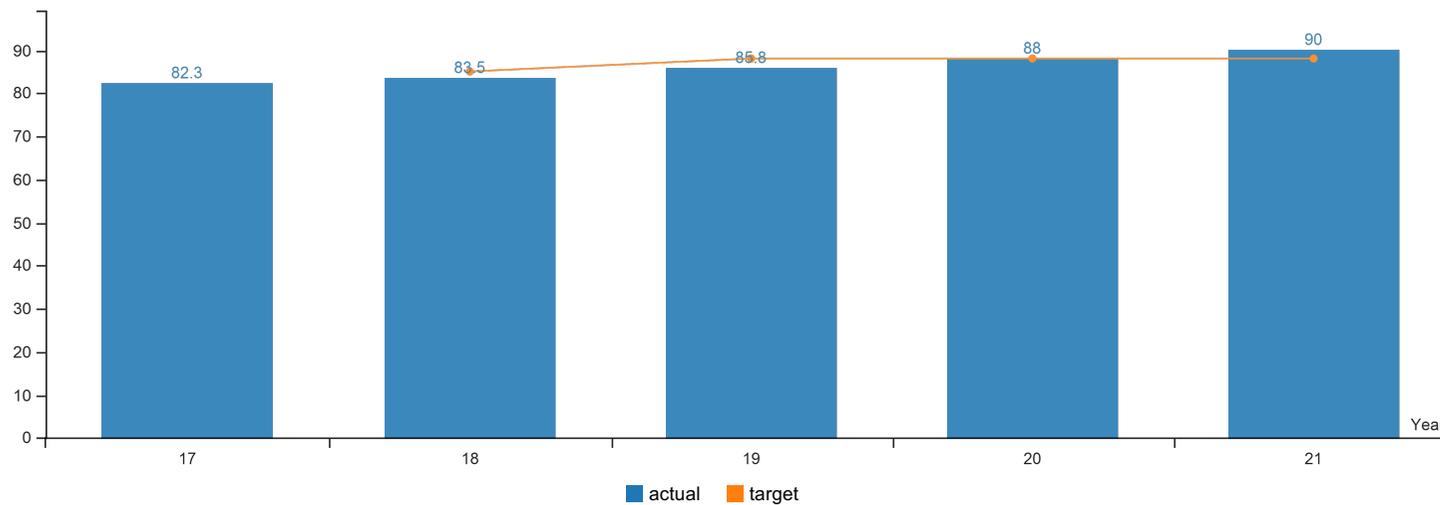
How Are We Doing

The processing time is low because Oregon uses an automated eligibility process.

Factors Affecting Results

KPM #33	OHP MEMBERS IN CCOs - Percent of Oregon Health Plan members enrolled in Coordinated Care Organizations.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
OHP MEMBERS IN CCOs					
Actual	82.30%	83.50%	85.80%	88%	90%
Target		85%	88%	88%	88%

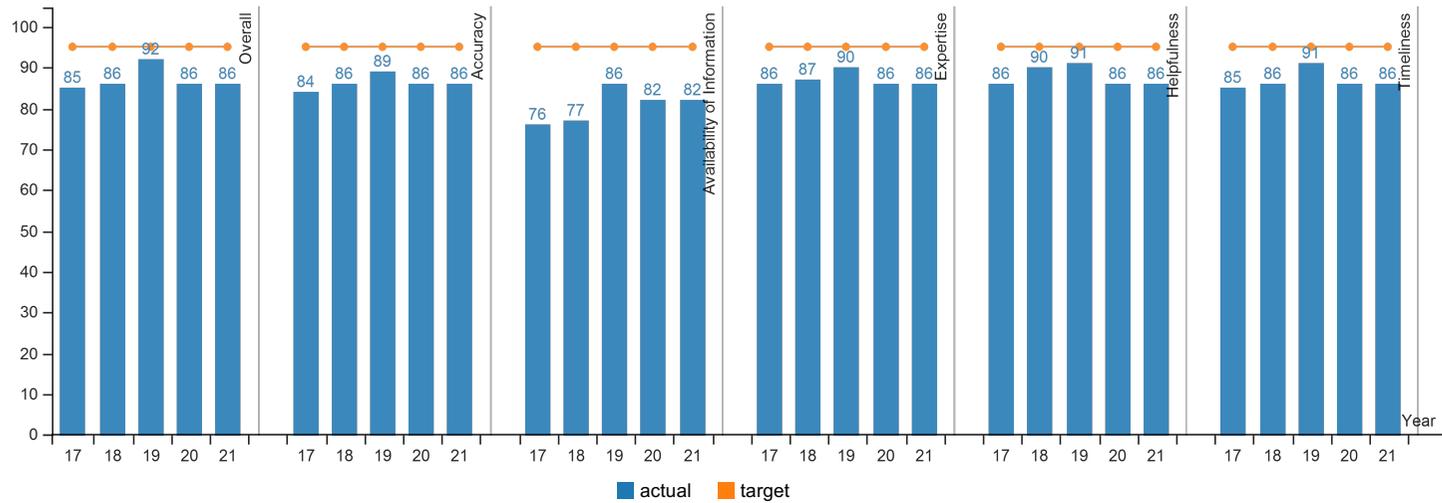
How Are We Doing

Very good. The percent of OHP members enrolled in a CCO has steadily increase since 2017. In 2021 the actual rate exceeded the target.

Factors Affecting Results

In 2020, new CCO's were introduced in some parts of the state. In addition to re-enrolling members into their current CCO, OHA implemented a program to help members who needed to enroll in one of the new CCOs. A tool was created to direct members to the CCO with their primary care provider. OHA also continued the automatic enrollment of dual eligible members into CCOs for their physical health care. These processes made enrollment in CCOs easier and quicker. As a result, 2020 has the highest rate of CCO enrollment ever.

KPM #34 CUSTOMER SERVICE - Percentage of OHA customers rating their satisfaction with the agency's customer service as "good" or "excellent" overall, timeliness, accuracy, helpfulness, expertise, availability of information.
 Data Collection Period: Jan 01 - Dec 31



Report Year	2017	2018	2019	2020	2021
Overall					
Actual	85%	86%	92%	86%	86%
Target	95%	95%	95%	95%	95%
Accuracy					
Actual	84%	86%	89%	86%	86%
Target	95%	95%	95%	95%	95%
Availability of Information					
Actual	76%	77%	86%	82%	82%
Target	95%	95%	95%	95%	95%
Expertise					
Actual	86%	87%	90%	86%	86%
Target	95%	95%	95%	95%	95%
Helpfulness					
Actual	86%	90%	91%	86%	86%
Target	95%	95%	95%	95%	95%
Timeliness					
Actual	85%	86%	91%	86%	86%
Target	95%	95%	95%	95%	95%

How Are We Doing

Overall: 43% Good + 43% Excellent: for most of the year, staff provided services from remote work locations. New work processes and equipment certainly impacted service results in all categories.

Accuracy: 41% Good + 45% Excellent: Results holding steady even with the challenges of 2020 and remote work

Availability: 41% Good + 41% Excellent: Staff tried to keep up with information requests related to updated rules, business processes, COVID resources. The need for resources was greater in 2020 than ever.

Expertise: 41% Good + 46% Excellent: Results holding steady even as policies, rules and work processes were ever evolving.

Helpfulness: 40% Good + 46% Excellent: Staff continue to receive high marks on helpfulness.

Timeliness: 44% Good + 42% Excellent

Factors Affecting Results

Remote work, new processes, ever-changing regulations in response to federal and state guidelines – all impacted staff work. They were surprisingly nimble and resilient throughout though.