

**Oregon Health Authority 2023-2025 Agency Request Budget  
Policy Option Packages impacting families with young children (0-5)**

<https://www.oregon.gov/oha/Budget/2023-25-OHA-Agency-Request-Budget.pdf>

**Direct impact:**

Pop #	Title	Summary	\$ GF
201	Medicaid Waiver Placeholder	Supports proposed waiver initiatives including maximizing continuous and equitable access to coverage and streamlining transitions between systems through defined benefit packages for Health Related Social Needs. <i>Placeholder pending final CMS Approval 9/30/22.</i>	\$397,000,000
414	EPSDT	Build an EPSDT program that will meet federal regulations, ensuring children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services that EPSDT entitles them to and are necessary to meet health equity goals.	\$1,054,648
418	Integrated Care Modeling – Project Nurture expansion	Expand Project Nurture statewide. The program combines maternity care, substance use disorder treatment, peer and doula support, and case management in a single setting, resulting in improved maternal and child outcomes (prenatal visits; Substance use disorder treatment; reduction in child maltreatment and foster care placement). Funds 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.	\$10,385,839
425	Universally offered Home Visiting	Scale up next phase of universally offered home visiting in Oregon with early adopters and next cohort, focusing on ensuring 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.	\$5,924,191
426	Children and Family Behavioral Health Continuum of Care	Addresses gaps identified by youth and families to strategically expand the continuum of services available to children youth and families, using low barrier procurement to center on communities of color and people with lived experience in developing investments. Elements of this policy package create expansion of three existing programs: Behavior Rehabilitation Services (BRS); increase and retain the number of Child Psychiatrists and Developmental Pediatrician fellows (CP/DP) trained in Oregon; Transition Age Youth (TAY) Hubs.	\$ 11,503,382
442	Children’s Health Team	Establishes a systems policy and data focused Children’s health team charged with identifying and addressing health inequities in childhood and adolescence. 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	\$ 1,502,946

446	Youth and Adult Suicide Intervention and Prevention Plans	Supports initiatives to prevent youth suicide (ages 5-24) and adult suicide including community initiatives and provider training.	\$ 22,115,940
431	System of Care Advisory Council	Staffs the SOC Advisory Council to fulfill a vision of a future where all children are healthy, safe, learning and thriving at home and in their communities.	\$ 452,866
437	Newborn Bloodspot Screening Program Fee Ratification	Allows for increased fees to fully fund the Newborn Bloodspot Screening Program, to keep up with changing federal requirements and testing landscape	\$0
447	Life Span Respite	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. 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.	\$3,894,051

**Examples of POP's with indirect impact (not targeted to families but will likely include families):**

Pop #	Title	Summary	\$ GF
202	Redeterminations and Basic Health Program	It is estimated that between 90,000 and 300,000 Oregonians, children and families, stand to lose OHP coverage when the Public Health Emergency ends. This POP funds the remaining critical elements needed to implement a redetermination process, including extensive investment in engagement with community partners to ensure OHA meets the needs of diverse Oregon communities.	\$268,269,931
401	Eliminating Health Inequities	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. Supports functions including Health Equity and Health Emergency Response, Diversity, Inclusion, Training, Civil Rights, and Universal Accessibility; Health equity Workforce development and the Strategic Action Team, among others.	\$20,469,154
403	REALD & SOGI Implementation: Getting to Data Equity	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. 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.	\$ 16,846,041
404	988 & Behavioral Health Crisis System: 988 call	Enhances 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	\$268,839,588

	center & crisis stabilization centers	centers (CSCs) within each county, and developing a seamless continuity of care through follow-up service referral and tracking.	
406	Public Health Modernization	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	\$ 285,999,330
421	FFS Transformation	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 including robust care coordination, innovative payment, increased accountability and person-centered planning.	\$ 2,996,295