



# Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Office of the Director

500 Summer St. NE, E-15

Salem, OR 97301

503-947-5110

Fax: 503-378-2897

TTY: 503-947-5080

Department of Human Services

30% 2009-11 Essential Budget Level – Reduction Options

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Following is the prioritized list of reductions to the DHS 2009-11 Essential Budget Level to achieve a 30% General Fund reduction. All options have been priced at the latest program caseload forecasts for 2009-11 and at the enhanced Federal Medical Average Percentage (FMAP) rates for 2009-11.

DHS anticipates significant additional administrative reductions associated with statewide cost reductions that will be identified separately for the State. Because these are statewide, they do not appear on the DHS reduction options list.

As instructed, the DHS list is in 5% increments up to 30% of the 2009-11 Essential Budget Level. Included in the first 5% increment are cost reduction actions that have already been implemented in 2007-09 that will continue into 2009-11. The Administrative reductions including continuation of a targeted hiring freeze and service and supply reductions implemented in 2007-09. Also included are any programmatic reductions that were part of the DHS December 2008 rebalance and the SB5552 disappropriation bill.

The department was careful to include reduction options to program budgets that would least risk loss of enhanced Medicaid Federal Medical Average Percentage (FMAP) rate included in the Federal Stimulus from the American Recovery and Reinvestment Act (ARRA). Reduction options affect program services and/or payments to providers. Any reduction options affecting eligibility would be effective after the ARRA expires (after December 2010) to avoid jeopardizing the FMAP increase. While the department attempted to minimize risk of lost stimulus dollars, there remains some risk in that official policy and guidelines are still in development. And, in addition to this risk, each Medicaid matched state dollar reduced now brings with it a even larger federal fund reduction.

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In the Children, Adults, and Families division it must be noted that \$120.3 million of increased costs for non-mandated programs such as Temporary Assistance to Needy Families are not included in the Essential Budget Level. This is up from \$78.6 million in the Governor's Recommended Budget (GRB) due to historically high increases in the TANF program under the current economic conditions. These costs must either be funded or addressed with program reductions in addition to any other general fund reduction targets. In GRB, POP 184 included \$54.5 million in General Funds to partially cover this need. In addition, \$24.1 of reductions were included to cove fully cover the \$78.6 million need.

The CAF reduction list also includes items that will likely reduce the ability to draw down stimulus funds available through the ARRA. At this time the federal government has yet to provide any guidance regarding TANF or CCDF stimulus fund criteria. It is likely that some CCDF monies will be available to provide Day Care. For TANF, reductions that impact basic assistance payments at and below EBL levels will likely eliminate any TANF stimulus dollars in 2009-11.

Finally, if a 30% General Fund reduction is taken in Self Sufficiency Programs the ability for Oregon to meet its TANF block grant maintenance of effort will significantly at risk. Penalties can include reduction of the TANF grant.

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Detail of 30% Reductions to 2009-11 Essential Budget Level

				5	6	7	8	9	10	11	12	13	14	15
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div													
			NOTE: Additional administrative budget reductions for DHS are anticipated from budget cuts associated with statewide cost reductions that will be identified separately for the State.											
1	1	DHS	AMH	Reduce DHS Personal Services budget by 4% - a reduction across all DHS division administrative Personal Services budgets excluding Institution budgets and direct service staff positions. Also excludes ASD which has provided specific reduction options										
				(613,130)	(34,790)	(15,920)		(236,096)		(899,936)				
2	1	DHS	CAF	Substitute Care: Reverse Behavioral Rehabilitation Services (BRS) backfill in package 050. Center for Medicare & Medicaid Services (CMS) proposed a rule that would amend the definition of Medicaid rehabilitation services. This proposed rule change was anticipated to put the Medicaid funded portion of the BRS program in jeopardy of disallowance for future funding. In anticipation of the passing of this rule change, DHS held aside funds equivalent to the Medicaid funded portion of the BRS program. The proposed rule change is currently in a moratorium and is not expected to pass. Thus, DHS can reverse this backfill. Effective July 2009.										
				(18,508,830)				18,508,830						The impact of allocating the dollars that have been set aside to the budget shortfall will have no impact on BRS if the proposed rule change does not occur. All indications seem to be that the rule change will not occur.
3	1	DHS	DMAP	NEW: Additional Drug Rebate Other Funds in DMAP (Roll-up of Dec 2008 Rebalance).										
				(6,335,646)		6,335,646								
4	1	DHS	PHD	Reduce DHS Personal Services budget by 4% - a reduction across all DHS division administrative Personal Services budgets excluding Institution budgets and direct service staff positions. Also excludes ASD which has provided specific reduction options										
				(504,604)		(1,415,944)		(1,962,090)		(3,882,638)				
5	1	DHS	SPD	Reduce DHS Personal Services budget by 4% - a reduction across all DHS division administrative Personal Services budgets (Salaries and Benefits) excluding Institutions budgets (Eastern Oregon Training Center and State Operated Community Program group homes) and direct service staff positions- includes a six month hiring freeze.										
				(2,460,786)		(194,364)		(2,924,242)		(5,579,392)				4 % reduction to Salary and Benefits in SPD Personal Services including six month hiring freeze, exempts critical care and direct services staff positions in Eastern Oregon Training Center and State Operated Community Program (group homes).
6	2	DHS	AMH	Reduce DHS S&S Administrative Budgets by 2% - a reduction across all DHS division administrative Service and Supply budget except ASD which has provided specific reduction options.										
				(1,270,408)	(40,586)	(45,564)		(349,352)		(1,705,910)				
7	2	DHS	ASD	ADMIN: Reduce State Data Center Budget by 8%: Target for reducing use and storage fees through improved efficiencies and increased scrutiny of the use of services.										
				(1,000,000)		(44,444)		(1,177,777)		(2,222,221)				
8	2	DHS	CAF	Admin (090 pkg): Reduce DHS Personal Services budget by 4%. This is a reduction across all DHS division administrative Personal Services budgets excluding Institution budgets and direct service staff positions. Also excludes ASD which has provided specific reduction options. Effective July 2009.										
				(1,293,096)		(35,100)		(2,001,546)		(3,329,742)				

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Dept	Prgm/ Div															
9	2	DHS	DMAP	The component of managed care organizations' capitation rates related to hospitals with 50 plus beds (known as Diagnostic-Related Group hospitals) will not implement the budgeted increase from its current 80% of cost to 100% cost. Effective January 2010.	(48,648,522)		(3,923,769)	(118,868,917)		(171,441,208)			Diagnostic Related Group (DRG) hospitals and managed care organizations (MCOs) would continue to receive less reimbursement than their cost of services. The most likely impact is a continued pressure on MCOs from hospitals to pay more than the MCOs are paid by DMAP for those services. If MCOs pay more, this means less reimbursement (less than cost) for other providers, such as physicians, with resultant impact on the ability of MCOs to provide optimal access for clients.			
10	2	DHS	PHD	Reduce DHS S&S Administrative Budgets by 2% - a reduction across all DHS division administrative Service and Supply budgets.	(147,556)		(470,118)	(1,438,740)		(2,056,414)						
11	2	DHS	SPD	DHS S&S Administrative Budgets by 2% - a reduction across all DHS division administrative Service and Supply budget.	(315,882)		(49,246)	(295,384)		(660,512)			2% reduction to Services and Supplies budget in SPD			
12	3	DHS	AMH	Eliminate COLA increases within DHS control - COLA increases for program service provider contracts would be eliminated.	(10,403,625)		(432,352)	(6,820,968)		(17,656,945)			Inflation increases for Mental Health and Addiction Services provider contracts would be eliminated .			
13	3	DHS	ASD	ADMIN: Reduce funding in EBL for S & S: Removes the exception EBL package "roll-up" S&S costs associated with Policy Packages implemented in 2007-09.	(607,825)		(9,730)	(677,415)		(1,294,970)						
14	3	DHS	CAF	Admin (090 pkg): Reduce DHS Services &Supplies Administrative Budgets by 2%. This is a reduction across all DHS division administrative Service and Supply budget except ASD which has provided specific reduction options. Effective July 2009.	(672,768)		(9,518)	(1,155,372)		(1,837,658)						
15	3	DHS	DMAP	Reduce the Diagnostic-Related Group hospital component of the capitation rates from 80% to 72% of cost. (The rate is currently 80%). Effective January 2010.	(19,459,409)		(1,569,508)	(47,547,567)		(68,576,484)			Diagnostic Related Group (DRG) hospitals and managed care organizations (MCOs) would continue to receive less reimbursement than their cost of services. The most likely impact is a continued pressure on MCOs from hospitals to pay more than the MCOs are paid by DMAP for those services. If MCOs pay more, this means less reimbursement (less than cost) for other providers, such as physicians, with resultant impact on the ability of MCOs to provide optimal access for clients.			
16	3	DHS	PHD	Eliminated COLA increases within DHS control - COLA increases for program service provider contracts (Special Payments) would be eliminated.	(1,099,505)			(4,864,492)		(5,963,997)						
17	3	DHS	SPD	Institution- State Operated Community Program (group homes) - Admin. Staff Hiring Freeze- Hiring freeze for six months for State Operated Community Program group homes (SOCP) admin. Staff, except for critical need and direct care positions.	(61,923)			(144,833)		(206,756)			State Operated Community Program admin. staff six month hiring freeze			
18	4	DHS	AMH	Cut remaining SDSRTF Facilities These are 16 bed secure facilities that are staffed by state employees and serve people discharged from OSH under the PSRB whose risk is not easily managed by the local government or nonprofit programs.	(15,741,958)				(6,057,925)		(21,799,883)			As a result of this reduction the state will not lease facilities and develop programs for 80 people with severe persistent mental illness in 5 facilities of 16 beds each. Without these specialized secure treatment services, these individuals will remain at OSH.		
19	4	DHS	ASD	ADMIN: Reduce budgeted fuel costs. Removes an exception EBL package for additional inflation to address fuel cost increases.	(250,000)					(250,000)						

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20	4	DHS	CAF	<p><b>Self-Sufficiency (090 pkg) - Reduce TANF program costs by implementing a TANF JOB quit penalty.</b> This action establishes a new requirement for TANF single-parent households (similar to the one already in effect for two-parent households), which would make the family ineligible for TANF if the adult is unemployed from his/her most recent job without good cause (based on the same criteria used in determining unemployment benefit eligibility). This would only apply to employment within the 12 months prior to the application for assistance. This proposal would not impact the families eligibility for other programs such as medical, ERDC or Food Stamps. It is estimated that approximately 322 new cases each month would be denied. This reduction will also impact the state's ability to meet its MOE obligations. Effective July 2009. This program was also reduced in 07-09 as part of SB 5552.</p>	(2,601,603)		(364,180)		(4,151,291)		(7,117,074)	(4)	(5.96)	This proposal would not impact the families eligibility for other programs such as medical, ERDC or Food Stamps. It is estimated that approximately 322 new cases each month would be denied.									
21	4	DHS	PHD	<p><b>Consolidate Health Systems Planning.</b> Move all budgeted OF &amp; FF to Office Health Policy Research. HSP improves public health access, reduce disparities in health services, improves health status, improves patient-centered care, and patient safety.</p>	(300,469)		33,881				(266,588)	(3)	(3.00)	Positions transferring to Office of Public Health Research will utilize other funding sources so basic tasks should continue to function but without direct input from the Public Health Division. Utilization of health care data will be more difficult to obtain by PHD. Patient safety coordination and some access functions will remain in PHD.									
22	4	DHS	SPD	<p><b>Reduce Juvenile Psychiatric Services Review Board (PSRB) impacts:</b> Reduced capacity due to slower program implementation than originally legislatively approved. In addition, some clients in the program are currently being served by mental health division due to their special needs and circumstances. This item recognizes the implementation savings in 2007-09 and carries the savings into the 2009-11 biennium.</p>	(1,781,801)				(2,188,432)		(3,970,233)			Reduces growth of the PSRB children's residential sites. Two sites are developed and current capacity is not fully used at this time.									
23	5	DHS	AMH	<p><b>Cut Supported Employment - Cut Supported Employment Services to 280 people per year.</b> Supported employment services is the contract label for services such as case management, skills training, out reach to employers, and other supports that allow an individual with mental illness to find, do and keep a job.</p>	(1,000,000)						(1,000,000)			Cut Supported Employment Services to 280 people per year. Loss of these services means that people with mental illness won't be able to find jobs, learn the skills needed to get and keep jobs, or have the supports for successful employment. Without the benefits of work some individuals will have trouble managing their illness and may require more intensive levels of care including state hospital services. This cut jeopardizes the Mental Health Block Grant maintenance of effort (MOE) requirements.									
24	5	DHS	ASD	<p><b>ADMIN: Eliminate additional funding received in EBL for Mandated Caseload:</b> Removes the ASD related cost increase anticipated to support the added workload from increases in mandated DHS caseloads.</p>	(1,531,407)				(1,373,086)		(2,904,493)												
25	5	DHS	CAF	<p><b>Self-Sufficiency (090 pkg): Eliminate Employment Related Day Care (ERDC) eligibility for self-employed clients.</b> This policy change limits access for those families where the adult has declared they are self-employed. The ERDC Program helps working parents with an income below 185% of the Federal Poverty Level to access quality child care. About 146 self-employed families/month that would lose access to subsidized child care. Effective July 2009. This program was also reduced in 07-09 as part of SB 5552.</p>	(1,977,924)		(5,880)		(47,971)		(2,031,775)	0	(0.87)	Currently there are approximately 146 self-employed families who would lose access to subsidized child care if this action is implemented.									

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Dept	Prgm/ Div																						
26	5	DHS	PHD	<b>OCHHP - Cut GF from PHD - Health Systems Planning.</b> Removes GF support for Access & Effectiveness Health Care Delivery Grant Program February 2008 Legislative Session.	(500,000)	-	-	-	-	-	(500,000)	-	-	Pilot program will cease. Contracts set to expire 12/31/2011 will not be renewed. Reports and data received from the projects will be considered judged for continuing the program if economic or other factors improve.									
27	5	DHS	SPD	<b>SPD Transfer AAA Aged and Physically Disabled (APD) Field Structure-</b> Transfer AAAs participation in a six month hiring freeze for the 2009/2011 biennium except for critical need positions. This is a one-time savings for 6 month savings starting 7/1/09.	(312,500)				(312,500)		(625,000)			Transfer AAAs provides services to SPD APD clients and represent 53% of the field structure. This represents a six month hiring freeze, exempts critical care positions.									
28	6	DHS	ASD	<b>ADMIN: Reduce Attorney General use by 10%:</b> Target reduction to reduce the use of AG services during the 2009-11 biennium. Includes stricter control over initiating consultation services.	(205,641)		(15,742)		(192,814)		(414,197)												
29	6	DHS	CAF	<b>Self-Sufficiency (090 pkg): Eliminate the "reduced" co-pay in the first month of ERDC eligibility.</b> Current policy adjusts the calculated co-pay to no more than \$25 for the first month of ERDC. This action would return the first month co-pay to the full amount. When a low income family first begins a job, it is often difficult for newly employed clients to meet the co-payment requirements of ERDC as the client has yet to receive a paycheck. This action will place more families at risk of losing childcare arrangement and or their employment during the initial month following placement. This action would reduce the caseload by 253 cases/month, and affect the benefits of another 502 cases/month. Effective July 2009. This program was also reduced in 07-09 as part of SB 5552.	(4,166,581)		54,440		657,847		(3,454,294)	0	(0.46)	Eliminating the reduced co-pay for the first month of ERDC would mean that approximately 44 families per month over the remainder of the biennium could not accept employment that could potentially lead the family toward self sufficiency.									
30	6	DHS	PHD	<b>ODPE- Remove funding for Juvenile Diabetes Database.</b> The Database is a newly established data system developed to track diabetes in Oregon's children under the age of 18. It is a project within the Health Promotion & Chronic Disease Prevention (HPCDP) Section of ODPE. HPCDP collects and publishes data about chronic diseases and related health behaviors; works with partners to develop collaborative statewide plans; works with a variety of partners to implement evidence-based interventions in communities and through health care systems; provides training and technical assistance on best practices for county health departments, community-based organizations and health care systems; develops and implements public policies that promote health and decrease disease burden and associated economic costs.	(216,000)						(216,000)	(2)	(1.00)	There are approximately 2100 children with diabetes in Oregon; this reduction eliminates the system by which health care providers and schools report cases of diabetes in children under the age of 18 to PHD in order for us to track actual numbers of cases; eliminates ability to determine prevalence of diabetes in Oregon's children and to provide accurate information to researchers and policy makers; eliminates ability to provide resources for children and families of children with diabetes.									
31	21	DHS	PHD	Further reduces <b>central administration</b> across all PHD offices. Presently each PHD Office administration is only supported by the Administrator and one support staff person. Staffing was streamlined during the GF reductions in 01-03, and have remained at that level since.	(300,000)						(300,000)			To effectively manage a further reduction in the administrative support to PHD, each office would require that program staff be assigned duties that have otherwise been centralized in an attempt to gain efficiencies and standardization. This may indirectly affect service levels to programs across all offices where duties and functions don't have a direct benefit.									
32	6	DHS	SPD	<b>Diversion/Transition of Nursing Facility (NF) Clients-</b> Impose mandatory review and approval for all NF entry for current Medicaid clients and implement more aggressive Diversion-Transition program, rule, policy and practice of spend-down of assets for Medicaid clients in Nursing Facilities.	(2,256,708)		(874,368)		(7,323,268)		(10,454,344)			Diverts or transitions another 142 clients from nursing facilities to other community based care settings, an average increase of 6 per month. Clarifies rule, policy and practice of spend-down of assets for Medicaid clients in NF.									

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33	7	DHS	ASD	ADMIN: Reduce IT Expendable Property by 10%.	(515,647)		(303,070)			(982,056)					(1,800,773)										A loss of resources would result in delays in computer replacement schedule and may delay response to systems issues.
34	7	DHS	CAF	Admin (090 pkg): Reduce State Family Pre-SSI staffing. This reduction adjusts the staffing standard for Pre-SSI cases from 130/1 to 85/1. This action aligns actual workload and projected program caseload for this new program, and should not adversely affect clients. Effective July 2009.	(200,503)					(198,957)					(399,460)	(3)	(3.00)								This action should not adversely affect clients.
35	7	DHS	SPD	Eliminate Inflation- Removes all inflation (COLA) added for Aged and Physically Disabled and Developmentally Disabled programs and providers including general inflation of 2.8% and medical inflation of 4.4%.	(29,383,844)					(844,781)					(49,745,817)										Removes all inflation (COLA) added for Aged and Physically Disabled and Developmentally Disabled programs and providers including general inflation of 2.8% and medical inflation of 4.4%.
36	8	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 10% for the Office for Health Policy and Research/ Oregon Health Fund Board.	(424,188)					(269,321)					(26,840)						(2)	(1.25)			This reduction is available through improved efficiencies and reduction of 2 positions and 1.25 policy staff FTE. Will impact the Office's ability to provide policy analysis and design and timely response to legislators and Governor's office. Returns General Funds earmarked for the Oregon Prescription Drug Program (OPDP).
37	8	DHS	SPD	Eliminates Homecare Union Benefits Board (HUBB) reserve of health insurance payment for premiums paid to HUBB for Home Care Workers (HCW) health insurance premium- This eliminates excess monthly payment to HUBB for health care coverage that averages \$125,000 per month. This practice has created a large reserve fund in HUBB.	(1,108,500)						(1,891,500)					(3,000,000)									Discontinues excess payment for health insurance coverage and excess payment into the current HUBB reserve.
38	9	DHS	ASD	ADMIN: Reduce Staffing and Services & Supplies by 10% for Budget, Planning, and Analysis (BPA).	(1,012,431)					(304,531)					(1,173,042)						-	(2.25)			This reduction is available through the improved efficiencies and productivity resulting from the DHS-FINANCE LEAN management effort initiated during the 2007-09 biennium. Improved cycle time, less work, improved automation, and more stable and experienced workforce in BPA will allow this reduction to be made in 2009-11. Reduction in 3 positions and Services and Supplies
39	9	DHS	SPD	Reduce Home Care Worker training budget for Home Care Worker training by 50%- reduces training fund for Home Care Worker program.	(1,350,000)										(1,350,000)										This reduces the current \$2.7 GF HCW training budget by 50%.
40	10	DHS	SPD	RSVP- Eliminate Retired Senior Volunteer Program (RSVP) - eliminates the state contribution to federal program funding for RSVP July 2009. (full program reduction).	(275,000)										(275,000)										RSVP- Eliminate Retired Senior Volunteer Program (RSVP) - eliminates the state contribution to federal program funding for RSVP July 2009 (full program reduction).
41	10	DHS	ASD	ADMIN: Reduce Staffing and Services & Supplies by 10% for Office of Financial Services (OFS).	(1,076,849)					(47,859)					(1,268,289)										This reduction would affect the ability to provide basic financial functions on a timely basis. We would see a direct decrease in quality of service (i.e. increased audit findings, delayed federal reporting, delayed receipting and payables). This would risk delays in making payments and in posting actual financial information needed to manage programs and budgets.

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42	11	DHS	SPD	Eliminate Home Care Worker Health Insurance Coverage and Vacation accrual for less than 120 hours per month) - Currently Home Care Workers receive full medical coverage if they work a total combined 80 hours/month in two consecutive months (20 hours a week minimum). Other state workers have to work a minimum of 20 hours per week to be allowed to have health insurance if they work less than full time and are required to pay a pro-rated amount for their health insurance amount if they work less than full-time. This reduction eliminates health insurance and vacation accrual coverage for less than 120 hours per month for all Home Care Workers. This also eliminates vacation, respite and vacation payout benefit for all Home Care Workers.	(20,117,617)				(47,053,057)	(67,170,674)			Eliminate Home Care Worker Health Insurance Coverage and Vacation accrual for less than 120 hours per month) - Currently Home Care Workers receive full medical coverage if they work a total combined 80 hours/month in two consecutive months (20 hours a week minimum). Other state workers have to work a minimum of 20 hours per week to be allowed to have health insurance if they work less than full time and are required to pay a pro-rated amount for their health insurance amount if they work less than full-time. This reduction eliminates health insurance and vacation accrual coverage for less than 120 hours per month for all Home Care Workers. This also eliminates vacation, respite and vacation payout benefit for all Home Care Workers.		
43	30	DHS	SPD	HUBB Reserve - Eliminate the \$ 7 million HUBB reverse requesting refund of excess overpayment for services. Return federal portion and retain GF as In-home care program backfill.	(2,800,000)		7,000,000	(4,200,000)					Eliminate the \$ 7 million HUBB reverse requesting refund of excess overpayment for services. Return federal portion and retain GF as In-home care program backfill.		
44	5	DHS	DMAP	Reduce DHS Personal Services budget by 4% - a reduction across all DHS division administrative Personal Services budgets excluding Institution budgets and direct service staff positions. Also excludes ASD which has provided specific reduction options. Effective July 2009.	(371,282)		(42,310)	(448,852)		(862,444)			The division would have to managed its Personal Services budget by not filling vacant positions and keeping overtime to a minimum. The division would not be able to timely and effectively meets all of its responsibilities.		
45	6	DHS	AMH	Cut Adult Outpatient MH Services for non-Medicaid clients. These services include case management, counseling, purchasing of medications, skills training and other supports provided to adults with major mental illnesses that have been hospitalized or are at risk of hospitalization in a state hospital because of a history of being a danger to themselves or others.	(14,200,000)					(14,200,000)			This reduction cuts about 45% the General Fund for outpatient mental health services such as case management, medication management, and therapy and skills training in managing one's illness for about 2,925 adults per year who are not eligible for Medicaid. However, it is estimated that at least some of these clients may be eligible for Medicaid with the OHP Standard expansion, and would be able to access mental health services via the OHP. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. This reduction jeopardizes the success of the new state recovery and treatment facilities that replace OSH. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.		
46	6	DHS	DMAP	Reduce DHS S&S Administrative Budgets by 2% - a reduction across all DHS division administrative Service and Supply budget except ASD, which has provided specific reduction options. Effective July 2009.	(306,424)		(86,754)	(733,174)		(1,126,352)			The division would have to managed its Service and Supply budget by reducing costs in such areas as training, travel, office supplies, and contracted professional services. The division would not be able to timely and effectively meets all of its responsibilities.		
47	7	DHS	AMH	Acute Care -This reduction cuts about 50% of the funding for acute inpatient psychiatric care for adults. These services are provided by private nonprofit hospitals in specialty units in local hospitals. Note: First of two reductions - remainder of budget cut in line #	(18,100,000)					(18,100,000)			This reduction cuts about 57% of the funding for acute inpatient psychiatric care for an estimated 3,400 adults. Some of these clients may have access to these services via the OHP Standard expansion, however. There is a risk of the loss of acute inpatient psychiatric treatment capacity and pressure on the state to provide this service directly in state hospitals. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.		

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48	7	DHS	PHD	<b>OCHHP - Eliminate Database Coordinator.</b> Eliminate Position Research Analyst 3 - Data Coordinator.	(197,662)						(197,662)	(1)	(1.00)	Work towards an ambulance database isn't adequately funded so this support cost is a very appropriate reduction of a function the program isn't allowed to pursue. Without a database manager this information wouldn't be obtainable. Services for the citizens of Oregon won't be improved. Data needs will be assessed and hired by contract if fee revenue is available. This reduction comprises 10% of the EMS/TS Section's GF appropriation.
49	8	DHS	CAF	<b>All programs (090 pkg): Eliminate cost of living adjustments (COLA) increases within CAF control.</b> COLA increases for Self-Sufficiency, Child Welfare, and Vocational Rehabilitation program service provider contracts would be eliminated. Effective July 2009.	(7,555,870)		(716,706)		(13,629,437)		(21,902,013)			
50	8	DHS	PHD	<b>OFH- Reduce Family Planning Expansion Program (FPEP)</b> The Women and Reproductive Health Section administers the Family Planning Expansion Program Wavier. This program has a 9:1 Federal/State Match. This program has a 9:1 Federal/State Match.	(2,200,222)				(19,802,000)		(22,002,222)			Cuts birth control for low income women, including teens, resulting in unplanned pregnancies, which will drive cost increase in variety of health and social services. Reduces resources available to local providers, mainly count health departments.
51	9	DHS	CAF	<b>Self-Sufficiency (090 pkg): Reduce Pre-TANF payments for basic living expenses.</b> The Pre-TANF program provides short-term support and assessment services to clients in their efforts to achieve self-sufficiency and family stability, decreasing the need for longer term TANF services. Pre-TANF financial assistance for basic living expenses would be limited to maximum of 100% of the TANF payment standard. (As an example, for a household of three, the financial assistance would be reduced from a maximum of \$970 to \$485 per month.) This reduction would affect approximately 142 cases/month. Effective July 2009. This program was also reduced in 07-09 as part of SB 5552.	(393,946)		(76,226)		(289,385)		(759,557)			This reduction will reduce the amount of grant available to all Pre-TANF clients. It will affect approximately 142 households per month.
52	9	DHS	DMAP	<b>Allow for the PDL to be enforceable.</b> The most effective way to produce prescription drug cost savings is to allow DMAP to enforce its Prescription Drug List (PDL) through the use of prior authorization (PA). A PA enforced PDL with appropriate safeguards in place increases prescription drug savings in two ways. First, it increases the utilization of the preferred drugs that have been found to be the most cost-effective while also judged to be efficacious based on a review of the clinical evidence available. Second, it provides additional incentives to drug manufacturers to provide more aggressive supplemental rebates since an enforced PDL is more effective than a voluntary PDL at increasing market share for the drugs included on the PDL. <i>Effective July 2009.</i>	(3,021,656)		1,050,461		(4,639,874)		(6,611,069)			This option would create an enforceable Prescription Drug List (PDL) for fee-for-service (FFS) clients of the Oregon Health Plan. Currently, prescriber adherence to the PDL is voluntary but maintains a corresponding 70 percent compliance rate among DMAP prescribers. Despite the relatively high rate of compliance to the PDL, drug costs have not been contained. The PDL serves as a primary tool to inform health care practitioners about the latest peer-reviewed research and cost effectiveness of prescription drugs. DMAP is reconstituting its supplemental rebate program in order to receive discounts for drugs that are in excess of the Centers for Medicare and Medicaid Services (CMS) federal rebate which will increase rebate revenue.

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Dept	Prgm/ Div													
53	15	DHS	DMAP	(104,484)					(244,354)		(348,838)			This reduction would allow a sole source contractor to provide specific complex rehabilitative power wheelchairs and accessories and related services to eligible OHP clients at lower payment rates than the current fee schedule for these same items. The intent is to improve the effectiveness of DMAP's payment methodology for establishing pricing of complex rehabilitative power wheelchairs, while ensuring clients have timely access to quality equipment and service for maintenance, modifications and repairs. DMAP will pay the sole source contractor a percentage of the current payment amount for each identified complex rehabilitation code.
54	9	DHS	PHD	(800,000)							(800,000)	(2)	(2.00)	This includes inspecting water systems, investigating and responding to drinking water disease outbreaks and contamination, investigating and correcting non-complying water systems, training and certifying water system operators, reviewing construction plans, managing and reporting drinking water quality data, responding to and planning for emergencies, assessing and protecting drinking water sources, and preventing backflow. This program also includes \$13M annually available to Oregon communities for safe drinking water construction projects (State Revolving Loan Fund at OECD).
55	10	DHS	CAF	(5,662,950)							(5,662,950)			This reduction will reduce grant amount to all clients in the Post-TANF program. It may reduce the number of families choosing to apply for Post TANF after leaving Pre-TANF and TANF due to employment. (Reduction of \$50 effective 7/1/09, additional reduction of \$50 effective 7/1/10.) Will affect approximately 3,119 people per month.
56	10	DHS	DMAP	(8,704,629)	-	908,895			(18,407,938)		(26,203,672)			Mental health drugs are carved out of Managed Care Plans and thus make up more than sixty percent of costs for the Oregon Health Plan's fee-for-service prescription budget. This reduction would add mental health drugs to the Prescription Drug List (PDL). Copays would be eliminated for preferred mental health drugs, and access to these prescription drugs would not be limited. The State would save money through incentives to use preferred high quality and low cost products while gaining access to increased supplemental rebate revenue.

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Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description		GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes							
Dept	Prgm/ Div																				
57	11	DHS	CAF	Self-Sufficiency (090 pkg): Reduce program costs by establishing a household income standard for TANF Non-Parent Caretaker Households of 185% of the Federal Poverty Level (FPL). Currently, caretaker relative's income is disregarded in determining eligibility for the TANF program and determining benefit level. This action would establish a household income standard for relative households in determining TANF eligibility and benefits for children under their care and supervision. The income standard would be set at 185% of the FPL. (As an example, 185% of FPL for a family of three is \$2,714 per month.) This reduction would eliminate assistance to about 1,676 households/ month. Effective July 2009. This program was also reduced in 07-09 as part of SB 5552.	(14,265,698)		(198,932)		(2,022,727)		(16,487,357)	(29)	(31.03)	Will affect approximately 1,676 households per month.							
58	11	DHS	DMAP	Eliminate OHP Plus adult dental, except pregnant women. Effective January 2010.	(20,161,112)				(45,190,952)		(65,352,064)			This reduction would eliminate dental services for non-pregnant adults (ages 21 and older). Elimination of adult dental coverage would have negative effects on clients' overall physical health, especially for those who are seniors or have disabilities. This would lead to higher emergency room visits, shifting the costs onto the Fully Capitated Health Plans and hospitals. As the number of uninsured grows, so does the cost of uncompensated care delivered by hospitals. Ultimately, this would lead to raising rates for insured patients and higher premiums for insurers to policyholders to offset the costs hospitals encounter.							
59	12	DHS	CAF	Self-Sufficiency (090 pkg): Eliminate TANF (UN) program, starting July 2010. This reduction would eliminate two-parent, unemployed parent families from the TANF program. The reduction will eliminate 1,371 households/month from receiving benefits. However, about 60% of those households, or about 823 households, would likely end up back on TANF as a single-parent household. The calculations have considered this offset. Effective July 2010.	(8,362,102)		(29,694)		(394,361)		(8,786,157)	(4)	(6.22)	This reduction would eliminate all UN clients from the caseload. It will impact low income two-parent families who will no longer have TANF income. It will also affect family stability goals as about 60 percent of those families will likely revert to a single-parent household or a two parent household with deprivation based on incapacity. This reduction will also affect the state's ability to meet its MOE obligation. It will affect approximately 1,371 households per month.							
60	12	DHS	DMAP	Limit OHP Plus adult vision services. This reduction option would eliminate routine vision coverage for all OHP Plus non-pregnant adults, age 21 and older. Effective January 2010.	(4,624,503)				(10,365,783)		(14,990,286)			This reduction would eliminate routine vision coverage for all OHP Plus non-pregnant adults (ages 21 and older). Only a very limited number of clients in this group would qualify for vision coverage due to medically necessary diagnoses to restore vision due to surgical removal or congenital absence of the natural lens. The reimbursements for this limited number of clients eligible for exams and vision products would be very small. This reduction would leave this group of clients without the necessary vision exams and products to obtain good vision. Due to the lack of resources, they may be required to live without vision correction.							



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Dept	Prgm/ Div																						
66	15	DHS	SPD	<b>Eliminate Senior Health Insurance Benefits Assistance program</b> - pass through funding to Department of Consumer & Business Services (DCBS). This program provides free counseling to people with Medicare and those who assist them. The reduction will eliminate the state contribution to the SHIBA program (full program reduction).	(825,346)						(825,346)												This is elimination of the state contribution to the Senior Health Insurance Benefits Assistance- SHIBA program.
67	16	DHS	DMAP	<b>Reduce capitation rates</b> paid to Managed Care Organizations by about 3 percent. <i>Effective October 2009.</i>	(21,918,769)		(1,901,842)		(53,959,171)		(77,779,781)												Managed care plans would have less money to pay for medical, dental, and mental health services for OHP enrollees. This may make it difficult for plans to secure adequate provider participation within the funds available and may put some strain on access to care for clients.
68	13	DHS	PHD	<b>OFH - Eliminates GF support to the WIC Seniors and Regular Farmer's Market.</b> The Oregon WIC program currently administers the WIC and Seniors Farm Direct Nutrition Program (FDNP) which allows low-income seniors and current WIC participants to purchase fresh fruits and vegetables. These dollars are used by the program to provide \$20 in coupons for eligible WIC families and \$30 in coupons for low-income seniors to spend at local farmers' markets and farm stands from June to October of each year.	(264,000)						(264,000)												Eliminates 100% of the state funded support the WIC and Seniors Farm Direct Nutrition Program (FDNP) which allows and current WIC participants and low-income seniors to purchase fresh fruits and vegetables. For the 07-09 Biennium, these state funds provided \$211,000 in fresh fruits and vegetables for 6,891 clients. The Oregon's FDNP has been in operation for twelve years and is successful in encouraging the consumption of fresh fruits and vegetables for children to learn healthy eating habits and seniors to maintain their health. Also eliminates the same amount of \$211,000 in income for local farmers that provide fresh fruits and vegetables at local farmers' markets and farm stands. These general funds are also used to meet the match requirements from United States Department of Agriculture (USDA) for states receiving the WIC Farmer's Market Grant. USDA requires that states provide matching administrative support in order to receive the grant that is currently administered by the Oregon WIC Program. If the required state match is not met, then Oregon is not eligible to receive the USDA WIC Farmer's Market grant.
69	16	DHS	SPD	<b>Reduce DD Employment &amp; Community Inclusion Program</b> - This is a reduction to the DD Employment & Community Inclusion program that is for clients living in DD Residential services.	(2,083,260)				(4,872,532)		(6,955,792)												This is a reduction to the DD Employment & Community Inclusion program that is for clients living in DD Residential services.
70	17	DHS	SPD	<b>Reduction of DD Housing Funds</b> - Reduces General Fund support of DD Housing fund used for group home maintenance and modifications.	(2,500,000)						(2,500,000)												Reduces General Fund support of DD Housing fund used for group home maintenance and modifications.
71	19	DHS	AMH	<b>Cut A &amp; D Prevention</b> - A&D Prevention funds local prevention coordinators and an array of services proven to promote healthy choices and reduce risk factors associated with alcohol and drug abuse.	(2,982,634)	-	-				(2,982,634)												This cut is 23% of the funding for A&D Prevention and is a complete removal of state General Fund for this service. As a result of this reduction, the strengthening families 10-14 will be eliminated, funding for tribal prevention services will be eliminated. As a result of these cuts, local prevention programs will be weakened and the 25 counties and 2 tribes will lose the strengthening families program. More than 1500 families per biennium will not improve family relationships in a way that decreases the early use of alcohol and other drugs by their children.

DEPARTMENT OF HUMAN SERVICES

Agency Number: 10000

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Dept	Prgm/ Div													
72	18	DHS	SPD		(4,944,622)			(11,564,968)		(16,509,591)				Reduction of DD Brokerage Support Services in Mandated Caseload growth assumptions - Staley agreement provides support services within 90 days to eligible individuals. Mandated caseload assumed a growth of 1,400 DD Support Services cases. This eliminates 700 out of 1,400 in 09-11 and removes both the support services and the local administration paid to DD Brokerages for 700 clients.
73	19	DHS	SPD		(444,769)					(444,769)				DD Specialized Services in Nursing Facilities for DD clients - Reduces the number of DD clients in Nursing Facilities who receive Nursing Facilities Specialized Services. Limits program to 15 clients.
74	20	DHS	SPD		(1,227,200)			(772,800)		(2,000,000)				Reduces DD Special Projects - This is a 48.72% reduction in the community training budget of DD Special Projects, a program that provides training to DD community providers.
75	21	DHS	SPD		(4,676,706)			(10,938,339)		(15,615,045)				Reduction of DD Comprehensive services (group homes) mandated caseload growth assumption- Mandated caseload assumed a growth of 130 clients entering DD Comprehensive services. This eliminates 130 in 09-11 and removes both the comprehensive services and the local administration paid to CDDP county providers. Clients will enter via "Crisis Diversion" services. Eliminates client access to DD Comprehensive services (group homes) when the client is not in "crisis".
76	7	DHS	DMAP		(40,000)			(40,000)		(80,000)				Transformation Initiative - Expanded Electronic Communication with providers - will result in reductions in printing and mailing costs.
77	8	DHS	AMH		(15,100,000)					(15,100,000)				Reduce GF from the Alcohol & Drug continuum of care (SE 60 & 66). These two service elements are the contracting label for services to people who are not eligible for Medicaid who are addicted to alcohol and other drugs or are at risk due to familial problems with alcohol and other drugs.
78	8	DHS	DMAP		(11,178,000)			(18,822,000)		(30,000,000)				Transformation Initiative (Third Party Liability): Improvements in Third Party Recovery through a systematic ability to identify other payers (currently based on client- and provider-supplied information); and an enhanced billing/receipting recovery system. Effective January 2011.
79	9	DHS	AMH		(4,868,119)		(2,758,961)	2,345,320		(5,281,754)	0	(109.36)		Closure of Blue Mountain Recovery Center (BMRC) on 1-1-10. BMRC is a 60 bed state hospital in Pendleton that serves eastern and western Oregon.

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80	10	DHS	AMH	<p><b>Reduce Adult A&amp;D Residential Services SE 61</b> This service area includes the contracts for 24/7 staffed alcohol and drug treatment services in residential settings.</p>			(9,792,166)					(9,792,166)			<p>This removes funding for A&amp;D Residential Treatment for an estimated 1,200 adults per year without Medicaid coverage. However, many of the clients accessing these services may have access through the OHP Standard expansion. This reduction will result in the loss of treatment services that are essential for people that cannot obtain sobriety without the structure and support of a residential setting. Without these services they will continue to abuse alcohol and other drugs, commit crimes, and abuse their children. The results of untreated addictions will be felt in the criminal justice and child welfare system.</p>	
81	10	DHS	PHD	<p><b>OCHHP - The trauma registry</b> is a database which collects information about the care provided to trauma patients by the hospitals in the Oregon trauma system and is used extensively for quality improvement efforts. By using trauma registry data, a functioning trauma care system can significantly reduce the morbidity and mortality resulting from trauma. There are two <b>mobile training units</b> in Oregon, which are SUVs staffed by paramedic trainers that carry training equipment to rural and frontier areas to provide continuing education and skill enhancement. This permits emergency medical services agencies to maintain their skills and meet state license and certification requirements. <b>The Emergency Medical Services for Children</b> program address the problem of providing quality and effective care to sick and injured children. Since Children represent a fairly small percentage of the patients seen by EMS providers, many services are not always equipped and experienced to handle the special needs of a sick or injured child.</p>			(1,700,000)		80,000		80,000		(1,540,000)	6	(6.70)	<p>Eliminates remainder of GF support to the EMS Program. Eliminate 4.00 FTE Trauma System positions and S&amp;S \$1,000,000. Eliminate 2.00 FTE Mobile Training Unit and S&amp;S \$280,000; Eliminate EMS-Children program and fund shift the 10% of GF on it's position to half OF/FF \$210,000, and two administration positions fund shift their GF portion to 50/50 OF/FF \$210,000. The Emergency Medical Services for Children program would not be able to provide the annual conferences, the extensive continuing education and training which effectively improved the skills and equipment ambulances and in emergency rooms have to care for injured and sick children. Recently it has collaborated with the OHSU Medical School and the Office of Rural Health to provide training using simulation manikins which permits an effective test of the emergency medical care provided by ambulance and first responder personnel and emergency room nurses and physicians. The FF which match the state dollars would be lost as would these efforts would be lost and in very challenging economic times.</p>
82	11	DHS	ASD	<p><b>ADMIN: Reduce Staffing &amp; Services &amp; Supplies by 10% for Office of Director &amp; Policy (Office of Investigations and Training, Governor's Advocacy Office, Audits, Federal Financial Policy, Director's Office, and the Office of Multi-Cultural Health)</b></p>			(1,032,264)		(45,878)		(1,215,778)		(2,293,920)	(1)	0.75	<p>This reduction will reduce the Transformation Project Office budget by 5%, reduce Services &amp; Supplies by 8% and reduce FTE on positions supporting Federal Financial Policy, Office of Investigations and Training, Governor's Advocacy Office and Internal Audits. Will eliminate 1 position from Internal Audits.</p>
83	11	DHS	PHD	<p><b>ODPE - Reduces GF support in the HIV/STD/TB Program.</b> The HIV/STD/TB Program analyzes and reports epidemiologic data on HIV, STD and TB infections; with a variety of partners (e.g. local health departments, community-based organizations, other state agencies) develops, implements and evaluates evidence-driven population-based prevention programs; educates Oregonians about the impact of HIV, STD and TB infections; assists in the development of local and national public policy related to the prevention and care of these infections; coordinates with and informs other agencies of the services available to persons affected by these diseases; and assists people living with HIV/AIDS in accessing HIV medical care and treatment.</p>			(1,300,000)						(1,300,000)			<p>Reduces state support for TB investigation, case management and medications; failed treatment of TB, development of antibiotic resistance and additional transmission of TB would be likely consequence; reduces state purchase and distribution of medications to treat STDs in Oregon and in client follow-up and contact tracing services for STDs; reduction in HIV testing at counseling and testing centers statewide; fewer people would be tested for HIV and diagnosis would be delayed for an unknown number of people with HIV infection; reduction in distribution to counties for HIV case management and support services; some HIV-infected clients would be denied case management and may forego or delay care, leading to disease progression and and additional unnecessary transmission of HIV to others; reductions in all of these program areas would likely contribute to job losses at the local level.</p>

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84	13	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 10% for Office of Health Policy and Research/ Office of the Health Fund Board (total of 20%)			(424,188)	(619,207)	(163,987)		(1,207,382)	(2)	(1.25)	This reduction will affect the ability to transition Health Reform activities. S & S reductions will reduce ability to survey long term care facilities or provide analysis of healthcare utilization in outpatient settings. Sunset of the Oregon Health Fund Board and eliminates the Office Manager position.
85	13	DHS	CAF	Self-Sufficiency: Eliminate TANF (UN) program, starting July 2009. This reduction would eliminate two-parent, unemployed parent families from the TANF program. This is similar to a reduction above in Package 090, but the start date is 12 months earlier. Effective July 2009.			(7,278,615)	(29,762)	(293,245)		(7,601,622)			This reduction would eliminate every UN client from the caseload. It will impact low income two-parent families who will no longer have TANF income. It will also affect family stability goals as about 60 percent of those families will likely revert to a single-parent household or a two parent household with deprivation based on incapacity. This reduction will also affect the state's ability to meet its MOE obligation.
86	14	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 10% for BPA (total of 20%)			(699,659)	(31,096)	(824,042)		(1,554,797)	-	(1.25)	This reduction will affect the ability to provide timely services to BPA customers including budget development activities, response to budget/financial related inquiries such as Legislative bill fiscal analysis, budget tracking and analysis, and rebalance activities. Elimination of Professional Services Actuarial Contracts, a reduction of all S&S categories and reduction of 1.25 FTE.
87	14	DHS	CAF	Self-Sufficiency (090 pkg): Limit Employment Related Day Care Program to families leaving TANF. Currently, all families earning less than 185% of FPL are eligible for ERDC. This change would only allow working families that have left TANF (because they are now employed) to access the ERDC program. This may limit the families' ability to find and keep stable, quality child care and instability in child care arrangement often makes it more difficult for low-income families to remain employed, which may increase TANF program caseloads. Existing ERDC clients will continue to be eligible until there is a break in benefits. Approximately 3,592 fewer families per month would be in the pool of potential clients to access benefits. Effective July 2009.			(41,016,972)	(612,269)	10,265,589		(31,363,652)	(4)	(6.90)	This reduction changes the program from one that supports employment of all low-income Oregonians to one that helps only TANF families transition to employment. The reduction may limit the TANF families' ability to find and keep stable, quality child care. Instability in child care arrangement often makes it more difficult for low-income families to remain employed. (Approximately 3,592 fewer families would be in the pool of potential clients to access benefits.)
88	15	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 10% for OFS (total of 20%)			(1,076,849)	(47,859)	(1,268,289)		(2,392,997)	0	(6.00)	Close PSOB Accounting Office effective 01/2010. Reduce 8 FTE and related S&S. This has a direct customer service impact to PHD. Production functions A/P, A/R, Contracts, Grant Reporting, Structure would be consolidated and prioritized with department-wide work. Only function remaining on-site would be the Cash Receiving Office.
89	16	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 10% for Office of Director & Policy (Office of Investigations and Training, Governor's Advocacy Office, Audits, Federal Financial Policy, Director's Office, and the Office of Multi-Cultural Health) (total of 20%)			(1,032,263)	(45,878)	(1,215,776)		(2,293,917)	(3)	(2.25)	This reduction will reduce the Transformation Project Office budget by 12%, reduce Services & Supplies by 20% and reduce FTE on positions supporting Federal Financial Policy, Office of Investigations and Training, Governor's Advocacy Office and Internal Audits. Will eliminate 2 positions from Internal Audits and the Administrative Rule Coordinator.

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Dept	Prgm/ Div													
90	17	DHS	DMAP	Fee-for-Service Cost of Living Adjustment: Eliminate discretionary Cost of Living Adjustments for 2009-11. Effective January 2010.	(1,877,753)		(137,664)		(4,551,693)		(6,567,110)			Cost-of-living adjustments (COLAs) for certain fee-for-service providers would be eliminated. These adjustments would otherwise be effective January 1, 2010, and January 1, 2011. The current reimbursement level for providers would remain the same. Affected providers last received a 3.5% COLA January 1, 2009. Prior to 2007/2009, practitioners had not received an increase since 2000. Some providers will be less likely to serve our clients, causing a potential cost shift to emergency department care.
91	18	DHS	DMAP	(DMAP) Eliminate Graduate Medical Education budget- The reduction eliminates the GME payments to hospitals for all of 09-11. Effective July 2009.	(11,040,000)				(25,821,436)		(36,861,436)			Note: There are no impacts on clients by this action. It would remove some Medicaid funding to hospitals that assists with the costs hospitals experience from having graduate medical education programs. For example, residents may order more tests than experienced physicians. Over 75% of the money goes to OHSU and they would still have access to a much larger pot of money through a leveraged GME program.
92	19	DHS	DMAP	Eliminate the Breast and Cervical Cancer Program. This budget reduction option would eliminate BCCP which is part of the Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. Effective January 2011.	(1,705,707)				(4,829,570)		(6,535,277)			Effective January 1, 2011, this program would close. Currently, approximately 380 women are in the program. They are eligible because they have been screened for breast or cervical cancer and, as a result of the screening, been determined to need treatment for breast or cervical cancer or pre-cancerous conditions. They receive the OHP Plus benefit package. Closure would compromise women securing earlier and better treatment options, and better health outcomes.
93	20	DHS	DMAP	Additional 5% MCO Rate Reduction: Reduce capitation rates paid to Managed Care Organizations by an additional 5 percent. Effective October 2009.	(36,531,280)		(3,169,737)		(89,931,952)		(129,632,969)			In addition to the 3% managed care capitation rate reduction taken above, managed care plans would have less money to pay for medical, dental, and mental health services for OHP enrollees. This may make it difficult for plans to secure adequate provider participation within the funds available and may put some strain on access to care for clients.
94	21	DHS	DMAP	Reduce Fee-for-Service rates by 5%: Effective October 2009	(17,717,067)				(39,712,647)		(57,429,714)			This reduction would lower Oregon Health Plan payments to providers who serve clients on a fee-for-service basis. Services that would have reductions imposed include, but are not limited to: inpatient hospital services; outpatient hospital services; physician services; prescription drugs; durable medical equipment; and mental health services. Lower rates to providers of these services will cause access problems for clients on the Oregon Health Plan. Some clients may not be able to get the care they need to manage their health conditions.
95	23	DHS	DMAP	Provider Tax revenue: Standard population ends on January 1, 2011 fund balance can be used to offset general funds for the plus population (available balance calculation include adjustment of costs at enhanced FMAP rate) . Effective January 2011.	(63,281,980)		63,281,980							This reduction would end the OHP Standard program effective January 1, 2011. The remaining provider tax revenue would be used to offset General Fund dollars. Those on OHP Standard would lose coverage. Providers who serve uninsured clients would experience an increase in the clients they serve.

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Dept	Prgm/ Div																						
96	22	DHS	SPD	Restructure and reduce Family Support GF program in DD -35.17% reduction of In-home Services and Family Support Program. Family Support is a GF funded program for families that are above income and need services for a DD family member.	(6,000,000)						(6,000,000)												Reduces by 35% the Family Support program.
97	44	DHS	SPD	DD Housing Trust Fund - restricted funds to be used for minor home modifications for DD adults and children living at home.	(11,500,000)		11,500,000				-												Eliminate balance in the DD Housing Trust Fund, proceeds from sale of Fairview. Interest on the fund is used for supports that allow modifications for DD adults and children living at home.
98	18	DHS	AMH	Community Mental Health Housing Fund - use fund balance of the restricted 95% Permanent Fund Principal in lieu of GF.	(11,453,171)		-				(11,453,171)												Eliminate restricted fund balance in the Community Mental Health Housing Fund created by the sale of the Dammasch State Hospital facility. This will require suspension of provisions under ORS 426.506 which set forth specific uses for these funds.
99	32	DHS	SPD	Reduce Oregon Supplemental Income Program (OSIP) Special Needs Services - reduces funding for Oregon Supplemental Income Program special needs program.	(2,500,000)						(2,500,000)												Reduces funding for Oregon Supplemental Income Program special needs program. If OPI program is eliminated the OSIP program must maintain a minimum \$7 million level for maintenance of effort requirements in OSIP and the Older Americans Act (OAA) program.
100	20	DHS	AMH	Cut Personal Care 20 - this Medicaid service is being eliminated from the state plan. AMH related reduction in conjunction with SPD elimination of Personal Care Program.	(1,694,788)					(3,963,937)	(5,658,725)												The people with mental health disorders will no longer be able to use this program to employ someone to provide supports that allow independence. These include help with managing money, cleaning, shopping and cooking.
101	23	DHS	SPD	Eliminate DD Family Support- Full program elimination of DD Family Support program. Savings are offset by the potential move of 230 children in Designated Family Support who might move into DD Children's Foster and Proctor Care with Medicaid eligibility (full program reduction).	(2,461,612)					8,120,196	5,658,584												Full program elimination of DD Family Support program. Reduction offset requires move of 230 DD children into foster care with Medicaid eligibility at FMAP at avg rate of \$2800 per month. Fund swaps from GF program to a federally matched Medicaid program.
102	24	DHS	SPD	Reduction of DD Brokerage Support Services in mandated caseload growth assumptions - Staley agreement provides support services within 90 days to eligible individuals. Mandated caseload assumed a growth of 1,400 DD Support Services cases. This eliminates the second 700 out of 1,400 in 09-11 and removes both the support services and the local administration paid to DD Brokerages for the second 700 clients for a total reduction of 1,400 clients.	(4,944,622)					(11,564,968)	(16,509,591)												Reduction of DD Brokerage Support Services in mandated caseload growth assumptions - Staley agreement provides support services within 90 days to eligible individuals. Mandated caseload assumed a growth of 1,400 DD Support Services cases. This eliminates the second 700 out of 1,400 in 09-11 and removes both the support services and the local administration paid to DD Brokerages for the second 700 clients for a total reduction of 1,400 clients.
103	31	DHS	SPD	Eliminate OPI Dedicated Fund Balance as of end of 07/09 - The OPI fund source (Senior and Disabled Property Tax Deferral Fund) has been depleted. No more funding is planned on being applied to account during 2009-13. Without a different fund source the OPI program will end. The account balance as of 7/31/09 will be approximately \$3.5 million GF. Apply the OF from the dedicated OPI account balance.	(3,500,000)		3,500,000				-												Eliminate OPI Dedicated Fund Balance as of end of 07/09 - The OPI fund source (Senior and Disabled Property Tax Deferral Fund) has been depleted. No more funding is planned on being applied to account during 2009-13. Without a different fund source the OPI program will end. The account balance as of 7/31/09 will be approximately \$3.5 million GF. Apply the OF from the dedicated OPI account balance.
104	25	DHS	SPD	Eliminate Personal Care Program- Eliminates services to 998 clients who receive up to 20 hours per month of Personal Care support (personal care attendant, assistance services). Impacts AMH too (full program reduction).	(1,832,917)					(4,287,007)	(6,119,924)												Eliminates services to 988 clients (APD and DD children) who receive 20 hours of Personal Care per month under Medicaid program at an average cost per case of \$258

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Dept	Prgm/ Div													
105	26	DHS	SPD	Close Eastern Oregon Training Center (EOTC) sooner than planned in the base budget. Close the facility within 4 months into 09-11.	(3,789,944)				(8,864,292)		(12,654,236)	(65)	(30.50)	Closes Eastern Oregon Training Center sooner, within 4 months of 09-11. Transfers remaining 20 clients to community based care settings.
106	27	DHS	SPD	Reduce Boards/Commission support	(274,249)						(274,249)			Reduce Boards and Commissions support and funding for boards except Home Care Commission and the Oregon Council on Developmental Disabilities.
107	31	DHS	CAF	Child Safety: Eliminate Family Sex Abuse Treatment (FSAT) program. FSAT is a service provided therapeutic counseling services to victims and non-offending parents in familial sexual abuse cases. These services are provided through contracts with community providers in counties across Oregon. This reduction would eliminate the program. Effective July 2009.	(29,900)		(34,171)		(2,071,633)		(2,135,704)			About 400 clients per month on average are served in the FSAT program. About half of those are children. It is possible that other programs (mental health and victim's services) could backfill this need if funding for those programs remains intact.
108	28	DHS	SPD	Eliminate APD Adult Day Services- day care for seniors and people with disability that includes respite for providers and activities for clients (full program reduction).	(941,945)				(2,203,115)		(3,145,060)			Eliminates services to 196 clients with a monthly average of \$686 cost per case.
109	29	DHS	SPD	Eliminate Assisted Living Facilities (ALF) rate for level 4 and 5 - Reduces reimbursement level from 5 tier to 3 tier system.	(13,508,799)				(31,595,705)		(45,104,504)			Eliminate Assisted Living Facilities (ALF) rate for level 4 and 5 - Reduces reimbursement level from 5 tier to 3 tier system.
110	28	DHS	CAF	Self-Sufficiency: Eliminate post-TANF programs starting 7/1/2009. This reduction will reduce income available for newly employed TANF families. The transition from TANF to employment is critical for families trying to maintain stability in a time of change. It will further impact the state's ability to meet federal participation requirements as currently most of the participation is achieved through Post TANF.	(6,409,325)		(56,930)		(754,586)		(7,220,841)			The reduction of services will have a negative effect on Oregon's ability to maintain a federal partnership in the TANF program. Recent gains in participation may erode, which will result in the state's TANF block grant being reduced by up to 5 percent or approximately \$8.3 million per year.
111	11	DHS	AMH	Eliminate Problem Gambling Treatment & Prevention Program - services to prevent or treat problem and pathological gambling behaviors.		(10,824,774)	-				(10,824,774)			Eliminate Statewide Problem Gambling Prevention & Treatment Program - SE 80, 81 & 83; affecting an estimated 3,700 clients per year. Collaboration with the Department of Education, Public Health Adolescent Health and Tobacco Prevention and the State Fire Marshal's Office would be eliminated. There would be a loss of critical mental health planning data since the mental health index portion of the Healthy Teens Survey would be eliminated. DHS's compliance with the statutory requirement to support problem gambling prevention would be jeopardized; suspension of the statute, pursuant to ORS 461.549 and 409.435, directing 1% of Lottery proceeds to these services will be required. There are social costs linked to the higher risks for divorce, depression and suicide related to untreated problem gambling.
112	14	DHS	AMH	Cut Problem Gambling Program Support The staff that are responsible for the policy, development, management and monitoring of the problem gambling prevention and treatment program in Oregon will be eliminated.		(2,812,134)					(2,812,134)	(6)	(5.95)	This cut dismantles a program that has been studied by other states and countries. The loss of seasoned professional staff that understand the disorder, its treatment and prevention will be a severe blow to the state. It will be difficult to re-establish a program when the economy improves.

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Dept	Prgm/ Div																										
113	12	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by 5% for nine Administrative Services Offices Reduction of Personal Services resulting in layoffs; and reduction to services and supplies creating reduced levels of quality and quantity of administrative activities.	(6,737,193)		(299,431)			(7,934,916)					(14,971,539)	(30)	(26.25)	These reductions will affect the ability to provide timely services to DHS customers in administrative activities including facilities, publications print and design, web support, information services and tools, recruitment and retention, purchase of services, information security, and recovery of funds.									
114	12	DHS	PHD	OPHL - Reduces GF support for Communicable Disease Testing at PHL. Most of the OSPHL communicable disease samples come from local health departments, to be tested for sexually transmissible infections (Chlamydia, gonorrhea, syphilis), tuberculosis, HIV, viral hepatitis, norovirus, Salmonella and many other disease-causing microbes. We also perform specialized tests for rabies, botulism, influenza, anthrax, tularemia, and several other unique or uncommon diseases. Medical laboratories in hospitals and clinics also send us certain bacterial cultures they have grown from patients, for confirmation and typing, as legally required for disease surveillance purposes. They also submit samples for reference testing; i.e., specialized tests that are not performed in their own laboratory. We also provide 24/7/365 laboratory support anytime there is a disease outbreak investigation or an emergency response by state or local agencies. Many communicable disease tests are performed free of charge for LHDs as a part of disease prevention and control.	(500,000)		400,000								(100,000)			Eliminate parasitology, syphilis and other testing at the Public Health Laboratory. This is a reduction in direct support for local health departments. In 2007, 460 cases of giardiasis, 165 cases of cryptosporidiosis, and 26 cases of syphilis were reported in Oregon. This reduction represents about a 13.5% reduction in the Public Health Laboratory GF appropriation. Implementation would probably occur by October 1, 2009, giving us enough time to notify submitters that certain tests would no longer be available and they would need to find another source for their testing. Tests currently offered to local health departments by the OSPHL free of charge will no longer be available without a fee. LHDs would have to pay for tests at private labs or in some cases OSPHL would be able to perform the tests for a fee. Specific tests will be determined in consultation with ODPE Acute and Communicable Disease Program and other epidemiology programs. Some LHD clients may not be tested and treated for CDs. Epidemiology would lose information used to identify and track disease outbreaks.									
115	14	DHS	PHD	OFH - Eliminates the GF Support of the Babies First! Program in PHD. Babies First! Program operates at the local level with state funded support to identify infants and children up to age 5 who have medical and social risk factors for chronic health conditions and developmental delays. Public Health nurses (PHN) work with families to conduct assessments and screening in homes that include monitoring growth, physical and emotional health, oral health status, immunization status, standardized screening for vision and hearing, developmental status, maternal-infant interaction, and family assessment.	(1,300,000)					(150,000)					(1,450,000)	(1)	-1	Eliminates 100% of the state funding to local county health departments under Program Element 42 of the LPHA to operate the Babies First! Program. Over 11,000 clients were provided services in 07-08 for an average of 4-6 nurse visits. Also eliminates the counties use of general funds for a 60/40% match for Public Health Nurse (PHN) salaries. Potential to effect to over 140 FTEs at the county level as counties are able to use state funding for a 60/40 match for PHN salaries for home visiting nurses. Eliminates state funded PHN 2 position #1153 and related Services and Supplies dollars that support the Babies First! Program. Also eliminates the state leverage for a 25/75% match with Title XIX for state level nurse consultation for the Babies First! Program.									
116	15	DHS	CAF	Self-Sufficiency (090 pkg): Increase the co-pay by an average of 6 percent for families on the Employment Related Day Care Program. Currently the co-pay for families is based on sliding fee scale based on family income. The average co pay for a family is \$125. This change in co-pay would mean an increase of an average of \$5-\$10 for a family. Oregon's co-pay levels are higher than many states although the 2007 legislative session made dramatic improvements. This action would erode those gains and increase these families' chances of not being able to afford child care, putting their job at risk. This may also limit the families' ability to find and keep stable, quality child care. This would affect an average of 11,616 cases/month. Effective July 2009.	(1,343,219)										(1,343,219)			This change in co-pay would mean an increase of an average of \$5-\$10 for a family. Oregon's co-pay levels are higher than many states although the 2007 legislative session made dramatic improvements. This action would erode those gains and increase these families' chances of not being able to afford child care, putting their job at risk. This may also limit the families' ability to find and keep stable, quality child care. This would affect an average of 11,616 cases/month. Effective July 2009.									

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Dept	Prgm/ Div													
117	16	DHS	CAF	Substitute Care (090 pkg): Eliminate Crisis Case Management program. This action eliminates crisis intervention services and/or shelter care placements for youth in the Portland area. Contractors provide these services for children who need immediate care after normal working hours.			(14,570)	(16,331)	(229,929)		(260,830)			
118	36	DHS	CAF	Substitute Care: End IV-E Waiver Flexible Funding. Flexible funding allows DHS to pilot and evaluate innovative approaches to child welfare practice with the goal of reducing foster care improving Child and Family Service Review (CFSR) outcomes. Effective July 2009.			(1,614,739)	(117,476)	(3,210,922)		(4,943,137)			These services are specifically designed to prevent foster care entry or improve the state's ability to safely return a child home sooner.
119	17	DHS	CAF	Self-Sufficiency (090 pkg): Reduce the maximum payment threshold for ERDC to the 65th percentile of the 2006 Market Rate Study. The maximum payment rate for Licensed and Registered child care providers would be decreased from the 75th percentile to the 65th percentile of the 2006 Market Rate study. The license-exempt providers, who are paid at a lower rate than the licensed group, would be paid at 88% of the maximum Oregon subsidy rate for child care. This reduction will limit low-income families' ability to find stable quality child care, which may put their ability to maintain employment at risk. Effective July 2009.			(3,936,676)				(3,936,676)			This reduction will limit low-income families' ability to find stable quality child care which may put their employment stability at risk. This will also impact the state's collective bargaining with represented providers receiving subsidies.
120	18	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 10% for the Office of Health Policy and Research/ Office of the Health Fund Board (total of 30%)			(424,188)	(386,049)	(269,735)		(1,079,972)	(3)	(3.25)	This reduction reduces the Office's ability to maintain the Prioritized List of Health Services and produce evidence-based drug and medical technology reviews for the Medicaid program and the public. Eliminates 3 positions. Sunset of Health Policy Commission significantly reduces the states ability to develop strategic health planning for Oregon in an open and transparent public process.
121	18	DHS	CAF	Child Safety (090 pkg): Eliminate Supportive Remedial Day Care. This service is a part of the Child Safety program for children who enter the system due to child abuse or neglect. SRDC is day care available to parents or foster care providers of these children and is intended to help prevent the placement of the child into substitute care, facilitate the child's return to a parent, assist the parent or caregiver in meeting a child's special needs, allow the parent to participate in case plan activities, maintain a child's placement that may be in jeopardy due to caregiver illness, or assist in stabilizing a placement. There were a total of 1,580 children from 786 cases who received SRDC services in FFY 2007. This program was also reduced in 07-09 as part of SB 5552.			(3,644,822)	(74,977)	(662,557)		(4,382,356)			This reduction will likely shift costs to other, limited, flexible funding in child welfare, such as System of Care flexible funds. Some SRDC clients use Relief Nursery Services so this reduction may also impact Relief Nursery funding.

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Dept	Prgm/ Div													
122	19	DHS	ASD	<b>ADMIN: Reduce Staffing &amp; Services &amp; Supplies by additional 10% for BPA (total of 30%)</b>										
				(856,044)		(38,046)		(1,008,230)		(1,902,320)	(3)	(3.00)	This reduction will significantly affect or enable the ability to provide services to BPA customers including budget development activities, response to budget/financial related inquiries such as Legislative bill fiscal analysis, budget tracking and analysis and rebalance activities. This will increase the risk of budget errors and overspending due to inadequate and delayed information. It will increase risk in decision making due to inadequate information. Elimination of 2 Management level positions, additional represented staff layoffs, elimination of all training and travel budgets.	
123	19	DHS	CAF	<b>Substitute Care (090 pkg): Reduce Other Medical Program by 50%.</b> This program provides for medical-related payments for services such as psychological evaluation, urinary analysis, and other lab tests ) for children in DHS' care and custody or for his/her parent who are not eligible for Medicaid and there are no other resources available.										
				(3,004,199)	0	(12,649)				(3,016,848)			A large portion of this program is used for court-ordered urine analyses and would therefore require collaboration with the courts in order to successfully implement this reduction. This reduction will likely shift costs to other limited flexible funding in child welfare, such as System of Care flexible funds.	
124	20	DHS	CAF	<b>Self-Sufficiency (090 pkg): Disregard 0% of SSI benefits when figuring TANF benefits.</b> Currently parents' SSI benefits are fully excluded from income consideration for TANF eligibility and benefit amount calculations. The current SSI payment is \$637. This reduction would not exclude any SSI income, and would affect 1,415 cases/month. Some proportion of the 1,415 households might lose TANF benefits; others may get a reduced benefit amount. Effective July 2009.										
				(2,318,550)		(174,340)		(28,297,380)		(30,790,270)	(24)	(26.44)		
125	20	DHS	ASD	<b>ADMIN: Reduce Staffing &amp; Services &amp; Supplies by additional 10% for OFS (total of 30%)</b>										
				(1,076,849)		(47,859)		(1,268,289)		(2,392,997)			This reduction would inhibit the ability to provide basic financial functions on a timely and accurate basis. We would see a direct decrease in quality of service (i.e. increased audit findings, delayed federal reporting, delayed receipting and payables). This would further risk delays in making payments and in posting actual financial information needed to manage programs and budgets.	
126	16	DHS	PHD	<b>ODPE - Further Reduces GF support in the HIV/STD/TB Program areas.</b> The HIV/STD/TB Program analyzes and reports epidemiologic data on HIV, STD and TB infections; with a variety of partners (e.g. local health departments, community-based organizations, other state agencies) develops, implements and evaluates evidence-driven population-based prevention programs; educates Oregonians about the impact of HIV, STD and TB infections; assists in the development of local and national public policy related to the prevention and care of these infections; coordinates with and informs other agencies of the services available to persons affected by these diseases; and assists people living with HIV/AIDS in accessing HIV medical care and treatment.										
				(1,500,000)						(1,500,000)			In addition to description of the HST reduction of \$1.3 million above, this reduction would reduce state support for ADAP program by all except federal match requirement (\$1.7million), which could mean the establishment of a waiting list for what is a safety net program for persons with HIV and AIDS and an increase in co-pays for some HIV-infected persons; persons whose drug therapy is interrupted have a significant increased risk of developing viral strains that are resistant to existing therapies and would result in an increased progression of disease resulting in death; HIV infected persons who are not on drug therapy are more likely to cause new infections in the community because HIV is not suppressed by prescription drug therapy or individuals have the ability to pass drug resistant strains as new infections.	

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127	21	DHS	CAF	<b>Self-Sufficiency (090 pkg): Eliminate Cooperation Incentive Payment (COI) as a supplement to TANF grants; effective 7/1/2010.</b> The COI is a monthly payment added to the TANF cash grant. The COI amount varies based on family size. Currently, a TANF grant for a family of three is \$485 per month. With the COI, the family may receive \$528 if they are participating in self-sufficiency activities. This reduction would have the grant amount revert back to the base TANF payment. This reduction would affect 24,196 clients/month. Effective July 2010.					(8,854,908)		(8,854,908)												
128	22	DHS	CAF	<b>Adoptions: Eliminate Post Adoption Services program.</b> Post adoption services are provided through contracts with to families who have a finalized adoption with DHS. DHS currently has contracts with Northwest Resources Associates to fund the Oregon Post-Adoptive Resource Center (ORPARC). ORPARC provides support for guardianship and post-adoptive families that prevent children from returning to foster care and dissolution of adoptions. Services include information, referral to services, in-depth consultation, advocacy, parent education and trainings, parent support groups, and individualized services to meet the needs of each family. Effective July 2009.	(274,489)				(800,360)		(1,074,845)												In the fourth quarter of 2008 alone, ORPARC worked with 88 adoptive, adoptive-designated, and guardianship families. ORPARC also responded to 12 families in crisis and facing disruption or dissolution. If the program is eliminated, these services would no longer be available. This could discourage individuals from making themselves available as adoptive resources to children in foster care and mean more children will languish in foster care.
129	23	DHS	CAF	<b>Adoptions: Curtail Special Rates for Subsidized Guardianship.</b> This reduction would phase out the use of Personal Care in subsidized guardianship cases in order to be consistent with adoption subsidy program. This could result in families asking courts to place children back into the foster care system. This reduction will affect 113 kids by the end of the biennium.	(169,728)		0		(284,208)		(453,936)												If special rates are curtailed for children placed in subsidized guardianships, it would be more difficult to successfully arrange for guardianships for some children with greater special needs. Consequently, they may remain in foster care for longer periods of time. In addition, an increase in number of these placements may disrupt without benefit of an increased monthly payment to address children's needs.
130	24	DHS	CAF	<b>Self-Sufficiency: Remove all GF and TANF from ERDC except what is needed to meet 1 year MOE.</b> This reduction will cause a 1st quarter MOE flip in 11-13, assuming that DHS can cover FFY 09 in 07-09). This reduction will also impact the state's ability to meet its MOE obligations.	(1,728,674)						(1,728,674)												
131	25	DHS	CAF	<b>Self-Sufficiency: Eliminate enhanced grant for Pre-SSI/SSDI clients.</b> Elimination of the enhanced grant reduces the motivation for families to volunteer for this program and results in less money available for families who chose to participate. This reduction would require a change to statute. Effective July 2009.	(2,068,116)			(160,644)			(2,228,760)												Assuming that the program will still have GF funding, the state will be reimbursed when SSI/SSDI is approved for that portion of the grant paid with state funds. This will be less than the current reimbursement rate. This reduction will also reduce the GF claimed as MOE.

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Dept	Prgm/ Div																						
132	26	DHS	CAF	<p><b>Self-Sufficiency: Reduce JOBS services by \$10 million.</b> The JOBS program is already operating at a reduced level as the December 2008 action diverted resources by limiting JOBS activities critical in helping families become self-sufficient through employment and restricted access. The GRB assumes these initial reductions will continue. Further reductions will eliminate or limit activities which support job retention, crisis intervention and other "barrier removal" services. The reduction will also impact the state's ability to meet its MOE obligations. Effective July 2009.</p>	(10,000,000)											(10,000,000)							This will further impact the program's ability to help clients address barriers to employment and will mean clients will remain on TANF for longer periods of time.
133	40	DHS	SPD	<p><b>5% Reduction in all Nursing Facilities rates</b> - 5% Reduction in all Nursing Facilities rates- after cost containment reduction listed above. Reduces reimbursement rate to Nursing Facilities from rate of \$197.87 per day to \$187.93.</p>	(11,055,372)					(25,857,390)						(36,912,762)							5% Reduction in all Nursing Facilities rates - 5% Reduction in all Nursing Facilities rates- after cost containment reduction listed above. Reduces reimbursement rate to Nursing Facilities from rate of \$197.87 per day to \$187.93.
134	36	DHS	SPD	<p><b>5% Reduction in all DD Comprehensive rates</b></p>	(4,941,750)					(11,558,250)						(16,500,000)							5% Reduction in all DD Comprehensive rates
135	38	DHS	SPD	<p><b>5% Reduction in all APD CBC rates</b></p>	(7,131,883)					(16,680,747)						(23,812,630)							5% Reduction in all APD CBC rates
136	33	DHS	SPD	<p><b>Eliminate DD Employment &amp; Community Inclusion Program</b> - This is an elimination of the DD Employment &amp; Community Inclusion program that is for clients living in DD Residential services (full program elimination).</p>	(36,454,730)					(85,263,900)						(121,718,630)							Eliminates services to 3,815 DD clients who participate in employment and community inclusion activities at an average cost per case of \$1,139
137	34	DHS	SPD	<p><b>Eliminate DD Non-Medical Transportation</b> (full program reduction). Eliminates services to 2,548 clients with monthly cost per case of \$263. Includes loss of local match ability by local providers to access matching federal funds.</p>	(4,700,426)			(2,572,672)		(11,239,358)						(18,512,456)							Eliminates services to 2,548 clients with a monthly average of \$263 cost per case, includes reduction of OF local match ability by local providers to access matching federal funds.
138	41	DHS	SPD	<p><b>Second 5% Reduction in all Nursing Facility rates</b> - 5% Reduction in all NF rates- after NF Cost Containment, takes NF rate from 187.93 to \$178.08 for total of 10% rate reduction.</p>	(11,055,372)					(25,857,390)						(36,912,762)							Second 5% Reduction in all Nursing Facility rates - 5% Reduction in all NF rates- after NF Cost Containment, takes NF rate from 187.93 to \$178.08 for total of 10% rate reduction.
139	37	DHS	SPD	<p><b>Second 5% Reduction in all Developmentally Disabled Comprehensive services and rates for total of 10% rate reduction.</b></p>	(4,941,750)					(11,558,250)						(16,500,000)							Second 5% Reduction in all Developmentally Disabled Comprehensive services and rates for total of 10% rate reduction.
140	12	DHS	AMH	<p><b>Eliminate Adult Outpatient MH Services for non-Medicaid clients. Second cut eliminates</b> these services include case management, counseling, purchasing of medications, skills training and other supports provided to adults with major mental illnesses that have been hospitalized or are at risk of hospitalization in a state hospital because of a history of being a danger to themselves or others.</p>	(14,200,000)											(14,200,000)							This reduction cuts an additional 45% the General Fund for outpatient mental health services such as case management, medication management, and therapy and skills training in managing one's illness for about 2,925 adults per year who are not eligible for Medicaid. However, it is estimated that at least some of these clients may be eligible for Medicaid with the OHP Standard expansion, and would be able to access mental health services via the OHP. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. This reduction jeopardizes the success of the new state recovery and treatment facilities that replace OSH. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.
141	39	DHS	SPD	<p><b>Second 5% Reduction in all Aged and Physically Disabled, community based care rates</b></p>	(7,131,883)					(16,680,747)						(23,812,630)							5% Reduction in all APD CBC rates

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Dept	Prgm/ Div													
142	12	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 5% (total of 10%) for nine Administrative Services Offices Reduction of Personal Services resulting in layoffs; and reduction to services and supplies creating reduced levels of quality and quantity of administrative activities.	(6,737,193)		(299,431)		(7,934,916)		(14,971,539)	(30)	(26.25)	These reductions will affect the ability to provide timely services to DHS customers in administrative activities including facilities, publications print and design, web support, information services and tools, recruitment and retention, payment of claims, processing of OHP and foodstamp applications, purchase of services, information security, and recovery of funds.
143	42	DHS	SPD	Eliminate 50% of all Protective Services staff in APD, DD and county Transfer AAA as of October 2010 for 21 months- to reduce program to 50% of current level. APS is 100% General funded. Eliminate 50% of all Quality Assurance staff in APD, DD and county Transfer AAA, except Survey & Certification federally required to reduce program to 50% of current level.	(10,146,751)				(1,624,219)		(11,770,970)	(32)	(32.00)	Eliminate 50% of Protective Services and Quality Assurance staff. Eliminates 53 ADP APS workers which are in SPD offices and Transfer AAA offices, also 17 support staff and 6 supervisors for a total of 76 APD-APS staff (32) in SPD offices, (44) in Transfer AAA offices. APS handles 25,000 allegations in community and facilities care settings and screens 12,000 calls per year. Eliminates 11 DD APS staff in CDDPs that handle 1,200 allegations per year. Eliminates General Fund support in Quality Assurance compliance. Eliminates 4 QA positions in APD and 21 in DD- CDDPs
144	13	DHS	AMH	Cut Older/Disabled Adult SE 35 This SE contracts for services designed to meet the needs of elderly Oregonians with mental health disorders. The services will be eliminated by this cut.	(1,104,352)	-	-				(1,104,352)			Older Oregonians are one of the fastest growing segments of the population and suffer from depression and other mental health disorders that may be early signals of dementia. This cut will eliminate services for about 500 older adults. These services have been carefully designed to meet the unique needs of older adults who are unlikely to access traditional mental health services. This population is at risk of depression and when it is untreated are susceptible to suicide. Uniquely skilled and trained professionals will be lost from the system. Some older adults may end up in higher levels of care without access to these services.
145	15	DHS	AMH	Cut Acute Care SE 24 - This reduction cuts the remaining funding for acute inpatient psychiatric care for adults. These services are provided by private nonprofit hospitals in specialty units in local hospitals.	(13,850,527)						(13,850,527)			This reduction cuts the remaining 43% of the funding for acute inpatient psychiatric care for an estimated 2,550 adults. Some of these clients may have access to these services via the OHP Standard expansion, however. There is a risk of the loss of acute inpatient psychiatric treatment capacity and pressure on the state to provide this service directly in state hospitals. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.
146	15	DHS	PHD	OPHD - Reduces operational support for Division and Department-wide initiatives such as Employee Training, Core Values, Diversity, Volunteer tracking. Many of these tasks were centralized as a means of gaining further efficiencies, maintaining DHS policies and standards, and avoiding duplication of efforts.	(200,000)						(200,000)	(1)	(1.00)	To effectively manage to a further reduction in the operational support across the Division, each office would have to identify program staff to be re-assigned operational duties that have otherwise been centralized (e.g. administrative rules, core values, employee trainings, web content, information technology development, risk management). This may indirectly affect service levels to programs across all offices where duties and functions don't have a one-to-one benefit.

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Dept	Prgm/ Div													
147	17	DHS	PHD		(2,300,000)				(20,700,000)		(23,000,000)			Cuts birth control for low income women, including teens, resulting in unplanned pregnancies, which will drive cost increase in variety of health and social services. Reduces resources available to local providers, mainly county health departments. Reduces FPEP Program dollars by 60% from base funding - a total loss of \$40.5 million in federal Title XIX matchable dollars. This additional reduction puts the FPEP program at risk in that it is unattainable to reach such a reduced number in client services. FPEP expenditures are caseload driven and the program area does not have control
148	18	DHS	PHD		(1,200,000)				(1,200,000)		(2,400,000)			Eliminate special payments under LPHA to meet Program Element 43 requirements. Reductions will result in layoffs of county staff, close immunization clinics, and force counties to revert responsibility for the School Immunization Law maintenance to the state. These state funded dollars leverage a match with Title XIX at a rate of 50/50%.
149	21	DHS	ASD		(1,032,264)		(45,878)		(1,215,778)		(2,293,920)	(4)	(3.00)	This reduction will eliminate the Transformation Project Office, reduce Services & Supplies by 20%. Will reduce FTE on positions supporting Federal Financial Policy, Office of Investigations and Training, Governor's Advocacy Office and Internal Audits. Will eliminate 1 position from Internal Audits, 2 positions from the Governor's Advocacy Office and the Administrative Rule Coordinator.
150	24	DHS	DMAP		(43,837,536)		(3,803,684)		(107,918,342)		(155,559,562)			In addition to the 3% and 5% managed care capitation rate reductions taken above, managed care plans would have less money to pay for medical, dental, and mental health services for OHP enrollees. This may make it difficult for plans to secure adequate provider participation within the funds available and may put some strain on access to care for clients.
151	25	DHS	DMAP		(21,260,480)				(47,655,177)		(68,915,657)			This reduction would lower Oregon Health Plan payments to providers who serve clients on a fee-for-service basis. Services that would have reductions imposed include, but are not limited to: inpatient hospital services; outpatient hospital services; physician services; prescription drugs; durable medical equipment; and mental health services. Lower rates to providers of these services will cause access problems for clients on the Oregon Health Plan. Some clients may not be able to get the care they need to manage their health conditions.
152	27	DHS	CAF		(1,015,825)				(3,341,203)		(4,357,028)			Families who currently benefit from this program may not be able to maintain stability, resulting in additional children coming into foster care.

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Dept	Prgm/ Div																								
153	29	DHS	CAF	<b>Child Safety: Eliminate System of Care (SOC).</b> System of Care funds provide services crafted to meet the individual needs of children and families. These services are flexible and responsive to meet family needs in the least restrictive method possible. Effective July 2009.	(2,662,323)		(318,280)			(3,705,081)								(6,685,684)							Given the individualized application of SOC services, they provide for special consideration for a family's cultural preferences. Because of previous reductions, elimination of this funding will mean more children coming into care, longer stay in care, decreased ability to return children home to their parents, and decreased ability to meet the child's needs.
154	30	DHS	CAF	<b>Substitute Care: Eliminate Foster Family Group Home.</b> Foster Family Group Homes is a fixed contracted amount of beds for children requiring a higher level of care than standard family care. The elimination of this resource will result in children remaining in Special Rates Foster Care longer. Effective July 2009.	(224,065)		(42,289)			(262,720)								(529,074)							Foster Family Group Homes are contracts for specific number of beds for foster children who require a higher level of care than standard foster family care. These are contracts with individual foster parent providers and could be eliminated with 30 day notice. The children (approximately 23) would still require a foster care placement in some type of setting, one that is less likely to meet the individual child's needs and is more likely to mean children having less stable placements.
155	32	DHS	CAF	<b>Substitute Care: Reduce Foster Care One Time Payments by 50%.</b> This program pays for special and/or extraordinary needs used to benefit children in DHS' custody in foster care, shelter care or residential group care. One-time payments provide things such as transportation for child visits with parents, or school, clothing, and prevention of foster care placements. The payment is independent of the substitute care maintenance payment. Effective July 2009.	(3,353,818)													(3,353,818)							Reducing the amount of one-time payments has significant impacts in delivering services that are necessary or otherwise Court ordered. In addition it further widens the gap in the already outdated model of funding and support for foster parents even greater. This impacts nearly all the children in out-of-home care. Because of other proposed reductions, demand for foster care is likely to be higher at the same time this reduction will challenge the state's foster care capacity.
156	33	DHS	CAF	<b>Child Safety: Eliminate Family Support Teams program.</b> Sixty to seventy percent of all child welfare cases involve parents with addiction issues. FST allows caseworkers to access A&D trained staff to assist clients in eliminating barriers to treatment, tracking clients whose attendance at treatment falters, and assisting clients with return home plans by supporting parents in early recovery with these transitions. They also transport clients, thus reducing the burden of referral, tracking and case management from the child welfare caseworker by attending court dates, and making home visits that support home safety plans. This reduction would eliminate the program. Effective July 2009.	(1,881,099)		(277,999)			(3,467,585)								(5,626,683)							The lack of these services will likely mean more and longer foster care placements, higher re-abuse rates, a decline in clients entering treatment quickly and an increase in clients who struggle with treatment being supported toward sustaining their recovery. It also adds workload back onto caseworkers of A&D referral, transport, tracking and case management. The ability of these workers to relate to and support parents as they navigate a complex court and child welfare system, as well as, their ability to recognize behaviors consistent with relapse are critical to sustaining recovery.
157	34	DHS	CAF	<b>Substitute Care: Reduce Behavioral Rehabilitation Services (BRS) rate from State Fiscal Year 2009 level by 10 percent.</b> In 2007-09, the Legislature provided funding for an increase to BRS providers following a study using Oregon Wage Information that established a significant discrepancy between the rate demanded by the market and the rate previously paid to providers by DHS. The Legislature further directed that DHS and Oregon Youth Authority reach parity of rates for BRS services. The Treatment Services and Licensing Unit currently has approximately 61 BRS contracts with licensed child care agencies. There are 460 contracted beds in BRS Programs across the state to serve this high need population in CAF.	(1,826,154)		(194,522)			(3,270,574)								(5,291,250)							The loss of revenue to providers, especially smaller BRS Programs, may jeopardize their ability to sustain. Program contract terminations and/or program closures may occur and a resultant loss of appropriate care and placement for CAF children may be an outcome. Residential programs have invested in the infrastructure of their programs to accommodate the terms of the new contracts generated through the BRS redesign. Programs have budgeted based on the existing rates and operate on a small enough margin that they will have significant difficult absorbing these cuts. Fewer residential programs may result in children being served further from their home communities and limit access to appropriate care. This reduction would mean child welfare reimburses at a different rate for the same service as does Oregon Youth Authority which has Medicaid impacts.

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Dept	Prgm/ Div																					
158	35	DHS	CAF	Substitute Care: Reduce Target Problem Child Residential Care by 20%. The Target Planning and Consultation Committee approves funding for children with multiple handicapping conditions who have been denied placement in all of Oregon's programs. The funding is primarily used to purchase extra treatment beds in residential programs and the additional support services the provider needs to maintain the child. There are currently 64 Target designated children and 100% of these children have multiple mental health issues, a history of physically aggressive behavior, and have exhausted all of the State's placement options. Effective July 2009.			(380,332)	(41,180)	(793,503)		(1,215,015)			The reduction would mean that annually, approximately 15 of the state's most difficult to serve children that have been found to be ineligible or inappropriate for foster care, residential care, psychiatric hospitalization, DD Services, and termination of wardship are not eligible for an enhanced rate, jeopardizing the state's ability to purchase treatment and placement for them. If Target was unable to serve these youth, most of whom are a danger to themselves or others, they would likely bounce between shelters until they decompensated enough to qualify for hospitalization or one of the Oregon Youth Authority's training schools.								
159	37	DHS	CAF	Self-Sufficiency: Further reduce JOBS services by \$20 million. As indicated in the \$10 million cut to JOBS services above, an additional \$20M reduction in JOBS will mean further elimination of basic employment activities which are federally required. This reduction will eliminate Work Experience, Sheltered Work, JOBS Plus, Alcohol and Drug screenings and educational activities. The JOBS program will be limited to basic Job Search activities. This Job Search activity will have a limited capacity given anticipated continuation of caseload growth. This reduction will also impact the state's ability to meet its MOE obligations.			(20,000,000)				(20,000,000)			Job Search as a stand-alone activity risks compliance with Federal requirements. The Oregon TANF State Plan must provide a program designed to serve all political subdivisions in the State (not necessarily in a uniform manner); that provides assistance to needy families with (or expecting) children; and provides parents with job preparation, work, and support services to enable them to leave the program and become self-sufficient. This reduction will also cause the state to fail to meet federal participation rates which will result in the state's TANF block grant being reduced by up to 5 percent or approximately \$8.3 million per year. A Job Search strategy cannot address the needs of families who have significant barriers to employment. This budget reduction will also impact the state's ability to meet its MOE obligation. At a minimum, failure to meet MOE obligation results in 2% of the TANF grant, or \$3.3 million per year. This will have a negative effect on Oregon's ability to maintain a federal partnership in the TANF program.								
160	16	DHS	AMH	Cut Community Crisis SE 25 This service area funds the 24/7 community ability to respond with a trained individual to someone in psychiatric crisis. It also funds the civil commitment examiners.			(25,183,388)				(25,183,388)			As a result of this cut, all psychiatric crises in communities will be handled by families, police or emergency rooms. Approximately 15,200 people will not have access to trained crisis response staff. The community-based crisis and civil commitment system will be dismantled. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.								
161	17	DHS	AMH	Reduce Enhanced Care SE 31 These services are the mental health component of a jointly funded and managed service with SPD. This reduces about 40% of the services.			(4,000,000)		(5,678,495)		(9,678,495)			Without the treatment expertise and trained professionals providing the mental health supports, the individuals will not be successful in the SPD treatment facilities. Approximately 250 people per year will lose services.								
162	20	DHS	PHD	ODPE - Reduces the Communicable Disease Response Capacity within ACDP. ACDP works with local health departments, other states and the CDC to prevent and control the spread of acute infectious diseases by conducting disease surveillance; collecting and analyzing surveillance data and publishing reports with public health recommendations; developing disease prevention, preparedness and response guidelines and training public health staff in their use; and investigating and controlling disease outbreaks.			(400,000)				(400,000)	(1)	(2.40)	This reduction would eliminate the PH Veterinarian position and the ability to track and control zoonotic diseases such as West Nile Virus, rabies; eliminates public health's link to Oregon's veterinary community in order to track animal diseases that also affect humans. Also reduces state funding for 1.4 FTE administrative support for the Communicable Disease Program Manager and the Hepatitis PH Physician, including elimination of Oregon Epidemiology Conference coordination.								

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Dept	Prgm/ Div													
164	23	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 12.5% for the Office of Health Policy and Research/ Office of the Health Fund Board (total of 42.5%)	(530,238)		(445,110)			(29,233)	(1,004,581)	(3)	(3.00)	This reduction severely cripples OHPR's ability to function and fulfill its statutory obligations and reduces efficiency in producing the work required for the Medicaid program and monitoring patient safety through the healthcare acquired infection program. Eliminates 3 positions.
169	24	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 12.5% for BPA (total of 42.5%)	(1,070,056)		(47,558)			(1,260,288)	(2,377,902)	(3)	(3.00)	This reduction will significantly affect or enable the ability to provide services to BPA customers including budget development activities, response to budget/financial related inquiries such as Legislative bill fiscal analysis, budget tracking and analysis and rebalance activities. This will increase the risk of budget errors and overspending due to inadequate and delayed information. It will increase risk in decision making due to inadequate information. Additional supervision and management responsibilities will be added to the Assistant Director of Finance in regard to BPA functions. Elimination of 3 additional Management level positions (including the BPA Budget Director), additional represented staff layoffs
170	25	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 12.5% for OFS (total of 42.5%)	(1,346,061)		(59,824)			(1,585,361)	(2,991,246)	TBD	TBD	This reduction would remove any ability of providing even basic financial functions on a timely and accurate basis. We would see a direct decrease in quality of service (i.e. increased audit findings, delayed federal reporting, delayed receipting and payables). This would severely delay payments and providing actual financial information needed to manage programs and budgets.
171	26	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 12.5% for Office of Director & Policy (Office of Investigations and Training, Governor's Advocacy Office, Audits, Federal Financial Policy, Director's Office, and the Office of Multi-Cultural Health) (total of 42.5%)	(1,290,329)		(57,347)			(1,519,721)	(2,867,397)	(5)		This reduction will eliminate the Transformation Project Office, reduce Services & Supplies by 20%. Will reduce FTE on positions supporting Federal Financial Policy, Office of Investigations and Training, Governor's Advocacy Office and Internal Audits. Will eliminate 2 positions from Internal Audits, 2 positions from the Governor's Advocacy Office and the Administrative Rule Coordinator.
172	27	DHS	ASD	ADMIN: Reduce Staffing & Services & Supplies by additional 15% for nine Administrative Services Offices (total of 25%) Reduction of Personal Services resulting in layoffs and reduction to services and supplies creating reduced levels of quality and quantity of administrative activities. The position and FTE count listed for this option are estimated at this time.	(20,547,956)		(913,242)			(24,200,925)	(45,662,123)	(90)	(78.75)	These reductions will affect the ability to provide timely services to DHS customers in administrative activities including facilities, publications print and design, web support, information services and tools, recruitment and retention, provider criminal background screening, payment of claims, processing of OHP and foodstamp applications, purchase of services, information security, and recovery of funds. Additionally, these reductions will require the closure of an indeterminate amount of local branch offices.

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Dept	Prgm/ Div													
173	29	DHS	DMAP	(30,000,000)					(67,244,733)		(97,244,733)			This reduction would create savings in the prescription drug budget for all OHP Plus non-pregnant adults (ages 21 and older) through a number of strategies to lower drug utilization and expenditures, such as limiting the number of prescription drugs. With decreased access to drugs, there could be an increase in emergency department utilization and hospitalizations as health conditions worsen for those who don't get the drugs they need to manage their care. Other areas of the department could find it more difficult in helping families become self-sufficient or being able to reunite parents with children in protective custody.
174	38	DHS	CAF	(7,000,000)			0	0			(7,000,000)			This reduction would create a significant impact to the working relationship with foster parents. It will also increase the already significant challenges to recruiting and retaining foster parents. Because of other proposed reductions, demand for foster care is likely to increase. At the same time, this reduction will challenge the state's foster care capacity to serve some of DHS' most vulnerable children. Capacity issues create safety and placement stability issues for children in foster care.
175	39	DHS	CAF	(26,343,776)			(283,198)		(2,684,446)		(29,311,420)	(42)	(43.33)	This reduction will impact families immediately with the elimination of primary income. For all families, it restricts their ability to achieve stability, gain work skills, address barriers and seek and obtain employment.
176	40	DHS	CAF	(1,416,337)			(19,140)		(1,837,176)		(3,272,653)			This reduction will require CAF to revise its Field Operations, potentially closing smaller facilities to reduce fixed Service & Supplies costs.
177	41	DHS	CAF	(2,350,852)					(1,465,466)		(3,816,318)			The loss of these reviews would increase the number of no reasonable efforts findings made by the courts (placing IV-E federal funds at risk), lengthen time to permanency for children (meaning longer stays in foster care), and reduce case worker availability to families which could have safety as well as other consequences.
178	42	DHS	CAF	(7,576,954)					(7,528,759)		(15,105,713)	(129)	(124.91)	Not hiring additional Food Stamp staff will delay benefits to needy families and result in payment errors and will continue the erosion of the staff to workload ratio.
179	43	DHS	CAF	(298,364)					(1,102,406)		(1,400,770)			Reduces the program's ability to remove clients from the waitlist.

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Dept	Prgm/ Div																								
180	44	DHS	CAF	Vocational Rehabilitation: Reduce client service dollars by an additional 5%. Effective July 2009.	(298,364)			(1,102,406)		(1,400,770)															Reduces the program's ability to remove clients from the waitlist.
181	45	DHS	SPD	100% of SSI Eligibility Criteria - Changes eligibility for services to 100% of SSI and implement January 2011 for six months. A total of 14,772 monthly caseload of APD clients will lose all access to services, including staffing reduction of approximately 78 staff per six months of implementation. A total of 964 DD clients will lose all access to services, including case management by Brokerages. All clients losing services will be above the income threshold, and therefore not eligible for services.	(112,183,798)			(183,281,908)		(295,465,706)	(40)	(38.50)													SPD would move to 100% of SSI as eligibility criteria. Of the 26,763 clients served, 14,772 would be over income and lose services- all services and staff are priced at 09-11 Avg. FMAP 62.74% (the FMAP for the last two quarters of 2011). Includes program savings of \$95 million GF and staff savings of \$8 million GF. Staffing impact of 78 positions in both SPD offices 46.5% of staff and Transfer AAA offices 53.5%. Includes reduction of Transfer AAA staffing of 40 POS.
182	28	DHS	DMAP	DMAP impact of SPD SSI reduction: 100% of SSI Eligibility Criteria - Replacement for previous reduction of moving to an "I" state plan to 100% of SSI. Changes eligibility for services to 100% of SSI and implement January 2011 for six months. A total of 14,772 monthly caseload of APD clients will lose all access to SPD services. A total of 964 DD clients will lose all access to services, including case management by Brokerages. DMAP would lose the 964 DD clients and 10,518 of the 14,772 due to clients being above 100% FPL. The remaining clients, those under 100% FPL, would transfer to other DMAP programs. Effective January 2011.	(15,243,208)			(25,667,173)		(40,910,381)															The reduction would limit OHP Plus eligibility for people who are aged, blind and disabled to 100 percent of the SSI level. Approximately 15,000 individuals would lose medical coverage for physical health, mental health and dental services provided under the OHP Plus benefit package.
183	43	DHS	SPD	Eliminate remaining 50% of all Protective Services staff in APD, DD and county Transfer AAA as of October 2010 for 21 months- for full program elimination. APS is 100% General funded. Eliminate remaining 50% of all Quality Assurance staff in APD, DD and county Transfer AAA, except Survey & Certification federally required for full program elimination.	(10,146,751)			(1,624,219)		(11,770,970)	(32)	(32.00)													Eliminate second 50% of all Protective Services and Quality Assurance staff. Eliminates 53 ADP APS workers which are in SPD offices and Transfer AAA offices, also 17 support staff and 6 supervisors for a total of 76 APD-APS staff (32) in SPD offices, (44) in Transfer AAA offices. APS handles 25,000 allegations in community and facilities care settings and screens 12,000 calls per year. Eliminates 11 DD APS staff in CDDPs that handle 1,200 allegations per year. Eliminates General Fund support in Quality Assurance compliance. Eliminates 4 QA positions in APD and 21 in DD- CDDPs
184	46	DHS	SPD	SPD 5% Staff Reduction Across the Board 2009-11- a 5% staffing reduction in all SPD offices including SPD local field offices.	(4,338,059)	-	(413,786)		(4,338,059)	-															SPD 5% reduction to SPD staff and SPD offices
185	47	DHS	SPD	SPD 5% Staff Support Reduction to AAAs - a 5% reduction of funding for equivalent positions	(1,819,878)			(1,819,878)		(3,639,755)															SPD 5% Staff Support Reduction to AAAs
186	48	DHS	SPD	SPD 5% Staff Support Reduction to CDDPs	(1,101,999)			(1,101,999)		(2,203,997)															SPD 5% Staff Support Reduction to CDDPs
187	49	DHS	SPD	SPD 5% Staff Support Reduction to Brokerages	(940,024)			(940,024)		(1,880,049)															SPD 5% Staff Support Reduction to Brokerages
<b>TOTAL DHS</b>				<b>(1,256,053,371)</b>	<b>(13,712,284)</b>	<b>60,960,145</b>	<b>0</b>	<b>(1,642,204,642)</b>	<b>0</b>	<b>(2,851,010,152)</b>	<b>(598)</b>	<b>(675.5)</b>													
DHS EBL GF				4,232,552,182																					
% Reduction (GF + LF)				-30.0%																					