

Human Services

Program Area

2011 - 2013 Biennium	Agency Number:	00585
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Agency Number: 00585

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)	
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[illegible]

Target
Difference

Commission on Children and Families														
2011 - 2013 Biennium												Agency Number:		
Detail of 3.5% Reduction to 2011-13 Legislatively Adopted Budget Level (3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	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													
	01	CD	CYF	Children, Youth and Families	(57,886)						\$ (57,886)			<p>Children, Youth and Families (CYF) and Great Start (GS) are the flexible grants invested by local commissions in local programs and services for children and families to either fill gaps and/or provide catalytic growth in new or existing programs. Of the 31 LCCFs responding, 68% are anticipating to expend 54% of their biennial allocation in 2011-12. 43% report that leveraged resources will be negatively impacted and 25% responded that programs will close or be defunded at this level of reduction. The level to which programs will be effected is not determined at this time. OCCF will continue to work with LCCFs and programs to determine more quantified community impact. LCCFs, however, report that as programs and services to children and families in other arenas are reduced or eliminated, the importance of these small but flexible investments in services to children and families is magnified. These resources, along with the LCCF staffing and statewide programs, provide support in local communities to help improve success rates for children and families. Decreases in these funds may see a corresponding increase in more costly state services.</p> <p>14 CASA programs responded to OCCF's request for information. Of those, 79% anticipate expending 56% of their biennial allocation in 2011-12. About half of the programs do not anticipate a noticeable impact on program services at this level. The remaining 50% anticipate some staff reductions and minimal reductions in numbers of children served. However, most programs commented that the need for CASAs continues to grow and programs are unable to meet the demand now and waiting lists continue to grow.</p> <p>No impact.</p> <p>Of the 14 Healthy Start programs responding, 85% report staff reductions and reductions to numbers of children and families served at this level. These programs report staff reductions from 2.6% to .80% FTE. 9 programs anticipate serving more than 100 fewer children and families at this level. Loss of Healthy Start services compounds the impact of other program reductions and puts families at risk of child abuse and neglect, poor parent-child bonding, poor health and less prepared to enter kindergarten ready to learn. There may be minimal reductions to state staff at this level.</p>
	02	CD	GS	Great Start	(57,282)						\$ (57,282)			
	05	CD	CASA	Court Appointed Special Advocates	(76,910)						\$ (76,910)			
	10	CD	NI	New Initiatives-Community Schools	0						\$ -			
	11	CD	HS	Healthy Start	(487,273)						\$ (487,273)			

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
12	CD	BC	Basic Capacity	(349,740)						\$ (349,740)			31 local commissions responded to this request. 68% are anticipating to expend 54% of their biennial allocation in 2011-12. 16 of the respondents indicated that local commission (county) staff will be reduced. Some commissions report that Basic Capacity (BC) is used to match federal grants. A reduction of any level may put these additional federal grants in jeopardy particularly in smaller counties. The capacity for local commission staff to assist the community in locating and applying for other grant resources is compromised. Programs in communities, particularly in small counties, may depend upon the local commission to mobilize the community locating both funding and people resources to support local programs. Staff reductions compromise the LCCF staff ability to provide this service. At this first 3.5% reduction level, these impacts are felt, but in most cases are minimal.
14	CD	YI	Youth Investment	0						\$ -			No GF in this program.
15	CD	FPS (FS)	Family Support	0						\$ -			No GF in this program.
20	CD	SS/TA	State Staff/Technical Assistance	(33,087)						\$ (33,087)			OCCF does not anticipate lay-offs or reductions in staffing in SSTA at this level.
23	CD	CN (RN)	Relief (Crisis) Nurseries	(143,630)						\$ (143,630)			75% of Relief Nurseries anticipate expending 54% of their biennial allocation in 2011-12. At this level 160 fewer families and children will be served by Relief Nurseries. Reduction in staffing will most likely occur in smaller programs that are less able to absorb any reduction. Many of the Relief Nurseries say this initial reduction will increase the strain on their program at a time when other programs are also strained or stressed. Referral partners need Relief Nurseries as an outlet for those families at the highest risk of abuse and neglect.
25	CD	JCP	Juvenile Crime Prevention	(211,603)						\$ (211,603)			Impact to Juvenile Crime Prevention programs was primarily responded to in the context of "local commission" and details related specifically to JCP are difficult to assess. OCCF will continue to work with the JCP programs to gain a better understanding of reduction impacts. However, reductions in JCP funding correlate to reductions in service. JCP programs serve youth at the highest risk of entering or re-entering the juvenile crime (delinquency) system, thus increasing costs to both state and local governments. Many JCP programs work with and within schools to decrease truancy and decrease youth failure rates in school. Reductions in JCP will eventually impact the prevention services delivered in schools. State JCP staff will not be reduced at this level.
01	P&S	P&S	Policy and Support Service	(52,032)						\$ (52,032)	0-1	0.50	Impacts OCCF staff ability to produce timely payment requests and impacts database tech support.
				(1,469,443)	-	-	-	-	-	\$ (1,469,443)	0	0.50	

Target
Difference

\$ (1,469,443)
\$ -

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
Detail of 7.0% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)													
01	CD	CYF	Children, Youth and Families	(115,772)						\$ (115,772)			Children, Youth and Families (CYF) and Great Start (GS) are the flexible grants invested by local commissions in local programs and services for children and families to either fill gaps and/or provide catalytic growth in new or existing programs. Of the 31 LCCFs responding, 68% are anticipating to expend 54% of their biennial allocation in 2011-12. 43% report that leveraged resources will be negatively impacted and 25% responded that programs will close or be defunded at this level of reduction. The level to which programs will be effected is not determined at this time. OCCF will continue to work with LCCFs and programs to determine more quantified community impact. LCCFs, however, report that as programs and services to children and families in other arenas are reduced or eliminated, the importance of these small but flexible investments in services to children and families is magnified. These resources, along with the LCCF staffing and statewide programs, provide support in local communities to help improve success rates for children and families. Decreases in these funds may see a corresponding increase in more costly state services.
02	CD	GS	Great Start	(114,564)						\$ (114,564)			
05	CD	CASA	Court Appointed Special Advocates	(153,820)						\$ (153,820)			
10	CD	NI	New Initiatives-Community Schools	0						\$ -			No impact.

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
11	CD	HS	Healthy Start	(974,546)						\$ (974,546)		0.50	All 14 programs responding reported staff decreases from .20 FTE to 2.0 FTE. Staff decreases result in fewer Healthy Start services. 7 of the 14 programs anticipate serving at least 130 fewer children and families. Healthy Start is a child abuse and prevention program serving high-risk families with first born children 0 to 5 and it has been proven that children served in Healthy Start are 2.5 times less likely to suffer from abuse and neglect than the those children in high risk families who are not served. Fewer Healthy Start services may mean an increase in child abuse and neglect and increased state costs for more expensive, intrusive interventions. At this level, 9% of the respondents indicated that programs will close or be defunded as opposed to 0% at 3.5% level. State staff may be reduced .50 FTE at this level.
12	CD	BC	Basic Capacity	(699,480)						\$ (699,480)			31 local commissions responded to this request. Reductions at this level will see many layoffs among LCCF staff. The potential of losing match for federal grants, particularly in smaller counties, is high. The capacity for local commission staff to assist the community in locating and applying for other grant resources is restricted, community mobilization efforts will be scaled back which impacts local programs that depend on the resources developed from these efforts. Deeper staff reductions will mean less local commission activity in communities and staff will be more focused on administrative responsibilities of the LCCF. As the ability for local staff to develop resources for programs diminishes, a broad array of services to children and families will be impacted. At the 7.0% level, it is not anticipated that any local commissions would completely close or "go away."
14	CD	YI	Youth Investment	0						\$ -			No GF in this program.
15	CD	FPS (FS)	Family Support	0						\$ -			No GF in this program.
20	CD	SS/TA	State Staff/Technical Assistance	(66,174)						\$ (66,174)			OCCF does not anticipate lay-offs or reductions in staffing in SSTA at this level. However, it may be necessary to reduce .25 FTE for services and supplies costs.
23	CD	CN (RN)	Relief (Crisis) Nurseries	(287,260)						\$ (287,260)			All Relief Nurseries will lose program staff at this level of reduction and the impact to the community would be significant. As other programs and agencies that families rely on close their doors, families turn to Relief Nurseries. Every Relief Nursery would reduce services. The 14 existing nurseries anticipate serving 220 fewer children and families system-wide. Fewer children receiving RN services equates to more children entering kindergarten who are disruptive, not ready to learn and detract from the learning of other children. Portions of the program would be defunded at this level. Some would lose therapeutic classrooms, anticipated expansion would halt and respite services and parent education programs would be reduced.

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
25	CD	JCP	Juvenile Crime Prevention	(423,206)						\$ (423,206)		0.25	Impact to Juvenile Crime Prevention programs were primarily responded to in the context of "local commission" and details related specifically to JCP are difficult to assess. OCCF will continue to work with the JCP programs to gain a better understanding of reduction impacts. However, reductions in JCP funding correlate to reductions in service. JCP programs serve youth at the highest risk of entering or re-entering the juvenile crime (delinquency) system, thus increasing costs to both state and local governments. Many JCP programs work with and within schools to decrease truancy and decrease youth failure rates in school. Reductions in JCP will eventually impact the prevention services delivered in schools. State JCP staff may be reduced .25 FTE at this level.
01	P&S	P&S	Policy and Support Service	(104,064)						\$ (104,064)	1	1.00	Impacts OCCF staff ability to produce timely payment requests, impacts database tech support and increases response time to information requests from the Governor's Office and the Legislative Branch.
				(2,938,886)	-	-	-	-	-	\$ (2,938,886)	1	1.75	

Target

Difference

\$ (2,938,886)

\$ -

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
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Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)													
	01	CD	CYF	Children, Youth and Families	(173,658)					\$ (173,658)			Children, Youth and Families (CYF) and Great Start (GS) are the flexible grants invested by local commissions in local programs and services for children and families to either fill gaps and/or provide catalytic growth in new or existing programs. Of the 31 LCCFs responding, 68% are anticipating to expend 54% of their biennial allocation in 2011-12. 43% report that leveraged resources will be negatively impacted and 25% responded that programs will close or be defunded at this level of reduction. The level to which programs will be effected is not determined at this time. OCCF will continue to work with LCCFs and programs to determine more quantified community impact. LCCFs, however, report that as programs and services to children and families in other arenas are reduced or eliminated, the importance of these small but flexible investments in services to children and families is magnified. These resources, along with the LCCF staffing and statewide programs, provide support in local communities to help improve success rates for children and families. Decreases in these funds may see a corresponding increase in more costly state services.
	02	CD	GS	Great Start	(171,846)					\$ (171,846)			
	05	CD	CASA	Court Appointed Special Advocates	(230,730)					\$ (230,730)			
	10	CD	NI	New Initiatives-Community Schools	0					\$ -			No impact.

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
11	CD	HS	Healthy Start	(1,461,819)						\$ (1,461,819)		0.50	It appears that at this level, fewer additional staffing reductions would be made. However, at this level of reduction, 30% of respondents indicated that programs will close or be defunded. At this level, 7 programs responded that at least 265 fewer children and families will receive Healthy Start services. Respondents indicated that it may not be possible for programs to meet the program outcome of screening 75% of first birth families. Service areas will be reduced to the larger population centers in counties. This will limit access to more rural families in need of services. Child abuse and neglect among high-risk families may increase with the loss of Healthy Start services in some communities. This impact may have an increased cost impact to the state for investigating child and abuse neglect cases and for increases in foster care placements. State Healthy Start staff will be reduced at least .50 at this level.
12	CD	BC	Basic Capacity	(1,049,220)						\$ (1,049,220)			31 local commissions responded to this request. Some local commissions responded that at this level, the county could not sustain a CCF office. The LCCF may be eliminated or absorbed into other county programs and responsibilities greatly reduced. Reductions at this level will see many more layoffs among LCCF staff. The potential of losing match for federal grants, particularly in smaller counties, is very high. The capacity for local commission staff to assist the community in locating and applying for other grant resources is seriously restricted and some counties report that this function would not be performed at all. Community mobilization efforts will be scaled back or disappear in some counties which impacts local programs that depend on the resources developed from these efforts. Deeper staff reductions will mean less local commission activity in communities and staff focus turned to administrative responsibilities of the LCCF. As the ability for local staff to develop resources for programs diminishes, a broad array of services to children and families will be impacted. At the 10.5% level, some local commissions may be completely eliminated and many will be absorbed into other county departments. This is particularly true in many of the smaller counties and some medium counties. In either case, the service that LCCFs provided in these communities will be all but non-existent as remaining staff focus entirely on program monitoring and outcome reporting.
14	CD	YI	Youth Investment	0						\$ -			No GF in this program.
15	CD	FPS (FS)	Family Support	0						\$ -			No GF in this program.
20	CD	SS/TA	State Staff/Technical Assistance	(99,261)						\$ (99,261)	0	0.50	OCCF anticipates lay-offs or reductions in staffing equal to .50 FTE in SSTA at this level. Reductions at this level will seriously impair OCCF's ability to monitor individual county expenditures, local program monitoring, results and outcomes.

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
	23	CD	CN (RN)	Relief (Crisis) Nurseries	(430,890)						\$ (430,890)			At this level many Relief Nurseries will close therapeutic classrooms and report serving 350 fewer children and families. Many RN families lack transportation. Reductions at this level may force RNs to consolidate services for those who are easier to reach, leaving rural families in particular with decreased access. Programs anticipate a potential loss of \$750,000 in leveraged funds that will further impact services. Without preventive services, child maltreatment numbers will grow and may result in increased foster care placements. At this level, portions of programs would close, but not entire programs. Some nurseries are considering shorter work weeks (less than 5 days) and not offering services in the summer months.
	25	CD	JCP	Juvenile Crime Prevention	(634,809)						\$ (634,809)		0.50	Impact to Juvenile Crime Prevention programs was primarily responded to in the context of "local commission" and details related specifically to JCP are difficult to assess. OCCF will continue to work with the JCP programs to gain a better understanding of reduction impacts. However, reductions in JCP funding correlate to reductions in service. JCP programs serve youth at the highest risk of entering or re-entering the juvenile crime (delinquency) system., thus increasing costs to both state and local governments. Many JCP programs work with and within schools to decrease truancy and decrease youth failure rates in school. Reductions in JCP will eventually impact the prevention services delivered in schools. State JCP staff will be reduced at least .50 FTE at this level.
	01	P&S	P&S	Policy and Support Service	(156,096)						\$ (156,096)	1-2	1.50-1.75	Impacts OCCF staff ability to produce timely payment requests, impacts database tech support and limits OCCF's ability to produce timely responses to information requests from the Governor's Office and the Legislative Branch, and impairs OCCF's ability to effectively monitor contracts and grants.
					(4,408,329)	-	-	-	-	-	\$ (4,408,329)	0	1.50	

Target

Difference

\$ (4,408,329)

\$ -

Department of Human Services											
2011-13 Legislative Fiscal Office requested 10.5% Reduction Options based on 2011-13 Legislatively Adopted Budget Level											
3		4	5	6	8	10	12	13	14	15	01/16/00
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date
CAF	1	Program Support	SNAP - Program Access Bonus	(2,652,249)			(2,652,249)			Oregon was among eight states recognized for ensuring that people who are eligible for food benefits receive them. Historically these funds have been used to address one time needs in Oregon communities to support services dedicated to reducing hunger.	5/1/2012
CAF	2	Program Support	SNAP - Application Processing Bonus	(2,471,660)			(2,471,660)			Oregon was one of six states recognized for the timeliness of SNAP application processing. Historically these funds have been used to address one time needs in Oregon communities to support services dedicated to reducing hunger.	5/1/2012
CAF	3	SS	JOBS - 3.5% Set Aside	(389,656)			(389,656)			This is the portion of the budget that was set aside before LAB. It has not been scheduled to be spent in the current JOBS budget.	5/1/2012
CAF	4	Program Support	Delay DV Advocate co-location by 6 months	(1,058,266)			(1,058,266)			Having DV advocates out-stationed in child welfare and self-sufficiency offices has been shown to reduce the time a non-offending parent is involved with the child welfare system. Clients who have worked with advocates are less likely to have their children placed in foster care. In the TANF program clients working with advocates have improved access to safety planning and resources. Thus helping them to more quickly and safely participate in activities that would lead to self-sufficiency and independence from the abuser. The delay in beginning this program would likely impact client safety along with the desired out comes of the policy package.	5/1/2012
CAF	5	SS	JOBS - Remove \$10M not added to contracts nor allocated statewide	(10,000,000)			(10,000,000)			Impact the TANF/JOBS program's already-reduced ability to help families find gainful employment and become self sufficient. The program has already eliminated services that address barriers to employment such as drug and alcohol, mental health, medical issues, learning disabilities and domestic violence issues. Job readiness and employment strengthening skills have also been eliminated. Further reductions will result in a greatly reduced capacity for work experience activities, the only type of employment and training service left. Contracted partner staffing may be further impacted. Support services to pay for child care and transportation are already subject to much tighter limitations and monthly family caps. Further reductions will mean fewer clients participating in the JOBS program, impacting the state's ability to meet federal work participation requirements. In the last year, the overall TANF caseload has grown 16% and two-parent families has increased 35%. Even more clients will remain unemployed and on TANF for longer periods of time.	5/1/2012
CAF	6	Program Support	Further manage Personal Service and S&S costs in Self Sufficiency service delivery and infrastructure.	(1,932,937)		(1,932,937)	(3,865,874)			This will bring staffing capacity for Self Sufficiency to 64.4% down from 71% budgeted at LAB. Will delay service in SSP offices and the medical on-boarding while further eroding benefits gained from the initiative to streamline the intake models. With SSP caseloads increased from October 2010 for SNAP by 8.7% and for TANF by 14.6% the additional reduction in eligibility staff will leave SS with fewer eligibility workers than at the height of the hiring freeze in 2009-11. To manage further general fund shortfalls DHS will need to further reduce staffing levels and administrative expenses that will impact both direct and indirect service delivery. While the goal is to avoid lay-offs and manage as much as possible through attrition and administrative restrictions this may not be possible at this level of reduction. DHS will approach any staffing impacts strategically with a primary focus on safety of Oregonians. For context, this reduction will reduce SS by an average of an additional 75 state staff over the last 12 months of the biennium.	5/1/2012

2011-13 Legislative Fiscal Office requested 10.5% Reduction Options based on 2011-13 Legislatively Adopted Budget Level											
3		4	5	6	8	10	12	13	14	15	01/16/00
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date
CAF	7	SS	TANF - Deny TANF to Families who Reached Time Limits Out of State	(382,888)			(382,888)			Families moving from another state who have met or exceeded their Federal 60-month time limit will not be eligible for TANF in Oregon. ORS 412.079(2)(f) & (3) would need to be modified to allow Oregon to deny TANF to families who have reached their time limits in another state whether or not they meet a state exemption. This will likely impact other community-based safety net services as these families would not be eligible for TANF cash assistance. This would add additional burden to the already stretched safety net for people in poverty. These families would still be eligible for Medical and SNAP benefits, if they meet the criteria for those programs. It is estimated this will impact approximately 15 families per month.	5/1/2012
CAF	8	SS	TANF - Eliminate Parents as Scholars (PAS)	(681,607)		(75,381)	(756,988)	(1)	(1.17)	This reduction will end the PAS program in TANF and remove the option of attending higher education as a JOBS activity. PAS currently serves 275 parents, and removing this activity would no longer allow them to participate in this option. This program was enacted to allow very low-income parents to complete their degree programs and improve their ability to become employed in a living wage job, thereby reducing the likelihood that they'd in the future return to the TANF program. No support services will be available to support post-secondary education.	5/1/2012
CAF	9	SS	Post TANF - End Program earlier than July 1, 2012	(239,650)			(239,650)			Currently needy caretaker relatives transitioning to employment from TANF may receive \$50 per month for up to one year to support their family's basic needs. While receiving these payments, the employment of these parents counts towards the federal work participation requirements. Eliminating Post TANF payments will result in a financial "cliff" as needy caretaker relatives begin new jobs. Eliminating this program will impact Oregon's federal work participation rates. There is a possibility that some of these families will return to TANF. To implement, ORS 412.124 would need to be amended or repealed. This action will affect approximately 2000 families.	5/1/2012
CAF	10	SS	ERDC - Increase Copayment by 10% Increase the copayment by an average of 10 percent (an average of \$5-\$10) for approximately 5,371 low-income parents each month who receive child care subsidies through the Employment Related Day Care Program. 2 of 5 (This is the second of five reductions. These actions are sequential	(2,056,775)			(2,056,775)			Currently the copayment for families is based on a sliding fee scale based on family income, with the average copayment for a family is \$152. This change in copayment would mean an average increase of \$5-\$10 per family. This action would erode gains made by the 2007 Legislature to bring Oregon's copayments more in line with other states. This reduction increases chances of families not being able to afford child care, putting jobs at risk and limiting the families ability to find and keep stable, quality child care. This reduction will impact the state's ability to meet its MOE obligations. The Child Care & Development Fund (CCDF) State Plan would need to be amended and receive federal approval. ERDC is mainly funded by CCDF federal dollars through an Interagency Agreement with DHS and The Oregon Employment Department (OED). OED has a stake in this reduction and has expressed their concern to DHS.	5/1/2012
CAF	11	SS	FS&C - Reduce Family Support and Connections Budget by Half	(2,251,013)			(2,251,013)			FS&C provides a safety net for TANF families currently at risk of family instability. Reduction to this program by one half would result in 1,379 families no longer receiving services. This reduction may also result in a significant risk to children in these high risk families. That risk may lead to children being placed in foster care. This program addresses the key performance measure KPM #7 developed by the Oregon Legislature to measure TANF Family Stability. This action may result in an inability to achieve the Maintenance of Effort requirement for the TANF block grant.	5/1/2012

2011-13 Legislative Fiscal Office requested 10.5% Reduction Options based on 2011-13 Legislatively Adopted Budget Level															
3			4	5		6	8	10	12		13	14	15		01/16/00
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes				Effective Date	
CAF	12	Program Support	Reduce DV Infrastructure grants to contract partners	(500,000)			(500,000)			These funds were budgeted to support DV programs. The funding would be used to provide needed repairs to shelter or other infrastructure supports. Without these funds programs may not be able to maintain their shelters, potentially resulting in some shelters being closed.				5/1/2012	
CAF	13	SS	TANF - Reduce TANF Grant amount by \$5. (This is the first of three reductions. These actions are sequential and do build on each other.)	(2,028,890)			(2,028,890)			This action reduces families' TANF grants by \$5. For a family of three, the TANF grant will reduce from \$506 to \$501. A reduced grant will mean that families may have to rely more heavily on local community resources, like food pantries and the faith community. Many community based services providers have limited capacity to help these clients due to the economic crisis. For families whose income is already approximately 33% of FPL, this decrease could mean losing their housing or not being able to pay for their utilities. This reduction has the potential to increase family instability and could result, for some families, in becoming homeless. Clients would still be eligible for Medical, and in some cases their SNAP benefit might increase.				5/1/2012	
CAF	14	SS	Refugee - Remove half the TANF funds from Refugee program (This is the first of two reductions. These actions are sequential and do build on each other.)	(450,000)			(450,000)			Refugees enter the U.S. as members of an extremely vulnerable population. This reduction would limit the specialized services that are currently available to newly arriving refugees in Multnomah, Clackamas, and Washington Counties. Because TANF is used in the tri-county area in a Public Private Partnership, the Refugee Program is able to coordinate TANF funds with refugee funds to purchase refugee specific services. Reducing TANF funding would force the Refugee Program to completely reorganize and reduce services available to refugees. This would be accomplished through limiting contracts to Volags for RCSP services. Time availability in the employment programs would be shortened. Support services would be greatly limited.				5/1/2012	
CAF	15	SS	ERDC - Lower caseload cap by 500 cases. (This is the first of five reductions. These actions are sequential and do build on each other.)	(3,810,940)			(3,810,940)			Reduce the cap from 9000 to 8,500. Further limits child care supports for parents with incomes under 185% of poverty, limiting supports to only TANF families transitioning to employment. Impacts the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. Significantly impacts family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase children left home without an appropriate provider. Affects 530 providers. Impact may be greater in some areas of state where economy is more depressed and providers have more children receiving subsidies in care. Some providers may go out of business and seek assistance from other state programs. Reduces state expenditures that count toward its MOE obligations. ERDC is mainly funded by CCDF federal funds through the OR Employment Dept (OED). OED has expressed concern over this reduction.				5/1/2012	
CAF	16	SS	TA-DVS - Only in intimate partner cases (this is the first of three reductions to this program)	(602,015)			(602,015)			The definition of domestic violence in ORS 411.117, includes abuse between family member, household members and intimate partners. Most definitions of domestic violence only include intimate partners. Changing the definition would reduce the number of people found eligible for TA-DVS thus potentially putting themselves and their children at greater risk of abuse or would prevent them from escaping abuse. It would also impact non-profit domestic violence programs. A change in statute would be required. This action will impact approximately 700 families per year.				5/1/2012	

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3		4	5	6	8	10	12	13	14	15	01/16/00	
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date	
CAF	17	Program Support	Reduce number of co-located DV Advocates	(2,153,393)			(2,153,393)			Having DV advocates out-stationed in child welfare and self-sufficiency offices has been shown to reduce the time a non-offending parent is involved with the child welfare system. Clients who have worked with advocates are less likely to have their children placed in foster care. In the TANF program, clients working with advocates have improved access to safety planning and resources, thus helping them to more quickly and safely participate in activities that would lead to self-sufficiency and independence from the abuser. Reducing the number of advocates in CW & SS office would result in fewer clients having access to domestic violence services, putting the victim and children at greater risk of escaping the abuse. Victims would likely experience more time in the child welfare system and more time on TANF.	5/1/2012	
SPD	18	Program Support	Program Support revenue projections for fees charged to adult foster homes, family caregivers, others, and private pay consumers for the Commissions training classes, STEPS services, and Registry.	(202,810)	202,810	0	\$ -			To generate revenue the Commission plans to promote its training classes to the public and charge fees to *non-homecare worker training participants. In addition, the Commission plans to promote its Registry and consumer/employer tools and resources to the public and charge fees for access to these services, tools and resources. At this time, Adult foster home workers, family caregivers, direct care workers, and private pay providers attend Commission training classes at no cost. Private pay consumer/employers and their families use the Registry and contact the Commission for tools and resources at no cost. The Commission recognizes that the need for long-term care supportive services will only increase as Oregonians age at home. This does not include personal support workers.	7/1/12	
SPD	19	Program Support	Further manage Personal Service and S&S costs in Aged and Physically Disabled program service delivery and infrastructure.	(2,585,442)		(2,585,442)	(5,170,884)			Reduce staffing capacity for APD to a biennial average of 64.3% for eligibility workers down from 71% budgeted at LAB. To manage further general fund shortfalls DHS will need to further reduce staffing levels and administrative expenses that will impact both direct and indirect service delivery. While the goal is to avoid lay-offs and manage as much as possible through attrition and administrative restrictions this may not be possible at this level of reduction. DHS will approach any staffing impacts strategically with a primary focus on safety of Oregonians. For context, this reduction will reduce APD capacity by an average of 57 state staff and an equivalent 63 AAA staff over the last 12 months of the biennium. This does not include any impact to APS or Diversion staffing levels. Includes \$1.1 million cost to bring AAA to 85% equity prior to this reduction.	7/1/12	
SPD	20	APD	Reduce OPI allocation to minimum amount to maintain MOE compliance.	(4,500,000)			\$ (4,500,000)			Approximately 24 AAA staff FTE are funded by OPI (this does not include contracted FTE). The viability of at least six Type A AAAs may come into question.	4/1/12	
SPD	21	APD	Eliminate nursing facility provider tax exemptions effective 7/1/12	(3,707,201)	3,707,201		\$ -			Currently, 15 nursing facilities (unassociated with a Continuing Care Retirement Community) are exempt from paying provider taxes on nursing facility services. This option would impose the provider tax upon those facilities. If the Department was directed to seek a "waiver of uniformity", provider taxes on continuing care retirement communities would be nominal. If the Department was not directed to seek such a waiver, the provider tax would be implemented on CCRCs, as well.	7/1/12	

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3		4	5	6	8	10	12	13	14	15	01/16/00	
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SPD	22	APD	License Fees, Penalties Revenue - Increase licensing fees for nursing facilities, residential care facilities and assisted living facilities.	(800,000)	800,000	0	\$ -			According to McKinsey & Company, a global management consulting firm, Oregon has one of the lower licensing fees in the nation for nursing, assisted living and residential care facilities. This initiative would implement a per-bed licensing fee on nursing, assisted living and residential care facilities to increase annual revenues by \$800K. Currently, there are 35,909 licensed beds in these settings. Assuming an equal licensing fee, the increase in licensing fees would be approximately \$22 per bed. The average nursing facility has 87 beds while the average ALF/RCF has 52 beds.	07/01/12	
SPD	23	APD	Eliminate adult day services	(240,585)		(404,415)	\$ (645,000)			There are nine Medicaid contracted Adult Day Services programs statewide. This program supplements services provided in an individual's home or in an Adult Foster Home. The elimination of this program will result in higher cost in-home plans or higher payments to Adult Foster Homes. Adult Day Services have been a cost effective way for individuals to remain at home. Otherwise, additional hours and wages would have to be paid to in-home providers, as these individuals are often unable to remain at home alone due to cognitive deficits or other physical limitations. Many of the Adult Day Services programs rely on Medicaid funding in order to provide services within their communities. Without such funding, these small businesses would close.	7/1/12	
SPD	24	APD	Eliminate Home Delivered Meals (original 25% Reduction option repriced)	(1,218,218)		(2,047,782)	\$ (3,266,000)			There are 39 Medicaid funded home delivered meal providers statewide (governmental agencies & private non-profits) . This service is for individuals who are unable to leave their homes. The cost of meal preparation and shopping would shift to homecare workers or in-home agencies to provide at a higher cost. This would also impact AAA Nutrition programs, leaving OAA funding & local funds to support the program, which impacts the viability of 6 Type A AAA's. AAAs will reduce the number of meal delivery days, initiate waiting lists, and use frozen versus hot meals. Without proper nutrition, it would be expected that an individual's physical abilities and health would decline, which would eventually lead to alternative placement within the community.	7/1/12	
SPD	25	APD	Eliminate all paid time off to Home Care Workers	(1,019,095)		(1,713,062)	\$ (2,732,157)			An action to eliminate paid time-off for hourly homecare workers and live-in homecare workers is a mandatory subject of bargaining. The deadline to submit economic proposals has expired, and the proposals already submitted did not include elimination of paid time-off.	7/1/12	
SPD	26	APD	Eliminate OPI effective 4/1/12	(1,437,500)			\$ (1,437,500)			OPI is the current maintenance of effort (MOE), state administration match and state required service match for the Older Americans Act (OAA). We need approximately \$5 M in state funds to support the requirements of the OAA or risk losing OAA funds. Approximately 24 AAA staff FTE are funded by OPI (this does not include contracted FTE). The viability of at least six Type A AAAs may come into question.	4/1/12	
SPD	27	APD	Limit all nursing facility rates to the Basic rate effective 7/1/12	(6,139,087)	(1,039,922)	(12,067,664)	\$ (19,246,673)			Under the 11-13 Legislative funding levels, rates for nursing facilities are scheduled to decrease by 19%, effective 7/1/12. The "basic rate" will decrease from \$212.12 per day to \$171.82 per day. The complex medical rate will decrease from \$295.59 to \$239.43 per day. The pediatric rate will decrease from \$358.38 to \$290.29 per day. This reduction option would further decrease the "complex medical" and "pediatric" rates to \$171.82, a 42% and 52% respective reduction from current levels	7/1/12	

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SPD	28	DD	Reduce Brokerages to 85% Reimbursement Rates for TCM and Admin.	(657,294)	0	(1,060,581)	\$ (1,717,875)			This reduction would impact rates to both administrative and Targeted Case Management (TCM) funding for Support Service Brokerages. The administrative reimbursement will be reduced by 4% over current levels and the TCM rate will reduce by 8% over current levels. The Brokerage Case Management provides service planning, arranging, and monitoring for individuals enrolled in Brokerage Services. Currently, Brokerages serve about 7,000 adults with developmental disabilities. This reduction will create delayed access to support services and possibly increase access to crisis and more costly out of home services. The majority of Brokerages are nonprofit entities and may give up their service contracts as a result of the reductions. The reductions will require CMS approval through changes in both the Medicaid State Plan and the applicable Waiver. This reduction will also required administrative rule and contract changes.	04/01/12
SPD	29	DD	Reduce CDDP's to 85% Reimbursement Rates for TCM.	(1,297,686)	0	(1,999,749)	\$ (3,297,435)			This reduction would impact Targeted Case Management (TCM) funding for Community Developmental Disability Programs. The TCM rate will reduce by 8% over current levels. Community Developmental Disability Programs are responsible for services to about 13,000 children and adults with developmental disabilities. Case Managers are responsible for assessing needs, finding resources, developing service plans, monitoring services, providing crisis services and assisting in protective services. Some current CDDPs may decide to return the responsibility for these services back to the State which would cause an increase in state employees and costs if no alternative provider can be found. This reduction action will require CMS approval of a Medicaid State Plan amendment.	04/01/12
SPD	30	DD	Rate Reduction of 15% for Adult Staley Support Clients	(275,985)	0	(899,984)	\$ (1,175,969)			Includes costs for 3% or 219 clients with SE 44 Crisis Diversion for 90 days and SE 49 In-Home Supports. If SE 53 and SE 54 are not eliminated, there would be an additional cost of \$890,991 GF, \$1,450,971 FF, \$2,341,962 TF. Approximately 7,000 individuals in support service brokerages will have will have changes and reductions to their service plans. The average cost per service plan will be reduced from \$615 per month to \$523 per month. This budget reduction recommendation will require CMS approval of a Waiver amendment. This change will also require administrative rule and contract changes. It is anticipated and some individuals will require crisis services and more costly services as a result of this reduction. This reduction does not impact the funding for the Brokerages beyond the 85% reimbursement rate for TCM and Admin costs..	07/01/12
SPD	31	DD	Eliminate Remaining Fairview Trust Corpus Account	(6,000,000)	6,000,000	0	\$ -			This funding is spent in lieu of GF so is reflected as a positive OF for expenditure limitation. When the Fairview Training Center was closed, the property was sold per ORS 427.340 and the funds from the sale established the Fairview Housing Trust Fund. Interest on these funds have been used to assist individuals living at home with their families with housing modification such as bathroom remodels, ramps, etc. that have made it possible for the person with the disability to remain at home with their family with little or no other state funded supports. Approximately 50% of the Funds were removed from the Trust in the 2011 legislative session. This budget action will remove the remaining funds. This action will require a statute change.	07/01/12

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3		4	5	6	8	10	12	13	14	15	01/16/00	
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date	
SPD	32	DD	Eliminate DD Family Support Program	(1,000,000)	0	0	\$ (1,000,000)			This budget reduction will eliminate services to about 1140 families of children with developmental disabilities. The Family Support Program assists a family in managing the supports of their child and the stress of care taking. Funds are primarily used for family respite, equipment, and in-home care. This is a General Fund only program. This program was reduced in the 2011 Legislative Session.	07/01/12	
SPD	33	Program Support	Eliminate personnel and S&S associated with DD Family Support Program	(38,596)		(38,539)	\$ (77,135)		(0.50)	This budget reduction will eliminate services to about 1140 families of children with developmental disabilities. The Family Support Program assists a family in managing the supports of their child and the stress of care taking. Funds are primarily used for family respite, equipment, and in-home care. This is a General Fund only program. This program was reduced in the 2011 Legislative Session.	7/1/12	
SPD	34	DD	Eliminate DD Family-to-Family network Support Contract with ODDC.	(300,000)	0	0	\$ (300,000)			This budget reduction will eliminate the five (5) of family to family support networks for families with children with developmental disabilities started in FY 11-12.	07/01/12	
SPD	35	DD	New 1915.C In-Home Comp Waiver for DD Children.	(1,440,873)	0	1,440,873	\$ -			Oregon would request a new Medicaid waiver, deeming parental income, and would allow the receipt of matching federal funds for the Long Term Family Support Program for children with developmental disabilities. This program is currently a general fund only program. The new waiver will assume the maintenance of current service levels and consequently create a wait list for these services. Limiting the new Waiver services only to those individuals now in service may create a need to establish a wait list. Maintenance of a wait list creates a potential for litigation. CMS approval of the new waiver will be required.	07/01/12	
SPD	36	DD	DD Provider Tax - Implement service tax on providers of DD Support Service Brokerages, DD 24-Hour Residential services (adult and child), DD Vocational Providers and Supported Living Providers (adult and child), Foster Care providers are NOT included.	(4,500,000)	4,500,000	0	\$ -			During the 2011 Legislative Session, DHS staff performed considerable analysis of the feasibility of implementing a service tax on providers of Developmental Disability services. Legal opinion was obtained the state could include these providers under the Oregon lodging tax, imposing a 1% tax on these providers. This recommendation will require Legislative action. Note: Revenue collected is directly proportional to funding levels. Revenue presented assumes status quo funding levels, which is currently a 4% reduction scheduled for March 1, 2012.	07/01/12	
CAF	37	Sub Care	Revenue Offset Licensing proposal fees and civil penalties	(352,500)			(352,500)			Revenue calculation based on HB 2990 data.	5/1/2012	

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	38	Program Support	Further manage Personal Service and S&S costs in Child Wefare service delivery and infrastructure.	(875,130)		(875,130)	(1,750,260)			Reduce staffing capacity for CW to 63.5% down from 67.6% budgeted at LAB. Will result in; additional delays in certification, adoptions and permanency for children; a challenge to timely and thorough assessments of child abuse; and potential failure to meet court ordered visitation. The current staffing capacity is further impacted by the intensive training need for any new staff hired to become proficient. To manage further general fund shortfalls DHS will need to further reduce staffing levels and administrative expenses that will impact both direct and indirect service delivery. While the goal is to avoid lay-offs and manage as much as possible through attrition and administrative restrictions this may not be possible at this level of reduction. DHS will approach any staffing impacts strategically with a primary focus on safety of Oregonians. For context, this reduction will reduce CW capacity by an average of an additional 34 state staff over the last 12 months of the biennium.	07/01/12
CAF	39	Program Support	Do not hire 2-OPA3 Differential Response (SB 964) positions in 2011-13.	(146,830)		(227,638)	(374,468)			Eliminating two of these five positions compromises the Department's capacity to effectively lead the development and implementation of the community based, differential response model including Strengthening, Preserving and Reunifying Families programs. This will limit options available to children and families when abuse and/or neglect are founded. This will result in children who might have been served safely in their homes, entering foster care. This policy decision is contrary to the enabling legislation in SB 964 that calls for keeping families intact during intervention to preserve parent/child bonds, build on family strengths, respect cultural differences and improve long-term outcomes for children.	5/1/2012
			Sub Total	(72,396,771)	14,170,089	(24,487,431)	(82,714,113)	(1)	(1.67)		
CAF	40	OVRs	Reduce Client Service Dollars by3.5%	(555,781)		(2,053,517)	(2,609,298)			Any reduction in General Fund for the Vocational Rehabilitation Program will result in this program not having enough Match or MOE available to spend in Federal Fiscal Year 13 until the following biennium which would put the program at a significant risk for loss of federal dollars. VR needs \$9.3M for Match/MOE in Federal Fiscal Year 12 and \$10.2M in MOE with a Match of \$7.8 in Federal Fiscal Year 13. Reductions would result in \$11.4M MOE and \$9.0M Match for Federal Fiscal Year 13 being pushed forward to BI 13-15 and all the funds would have to be expended in the first three months, a spending rate far above what VR is capable of. Reductions elsewhere in the department will create shifts in costs from other programs for services such as childcare. These reductions could result in OVRs going into an Order of Selection.	5/1/2012

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CAF	41	SS	TANF - Period of Ineligibility Following Closure 3 mos. (This is the first of three reductions. These actions are sequential and do build on each other.)	(7,220,439)			(7,220,439)			Clients who leave TANF would not be eligible to return to the TANF program for 3 months. With no eligibility for cash during these months, a family with no other resources would have to rely on non-profits and community resources to help meet their needs. Due to the economic crisis many of these community providers are at capacity. This reduction could result in homelessness, inability to provide food/clothing/shelter for their children and family instability. Families could still be eligible for SNAP and medical benefits if eligible but not cash. It is anticipated some clients will stay on the caseload longer if they know they may not be able to return right away. This action will affect an average of 1,204 families.	5/1/2012
CAF	42	SS	TANF - Count 50% of SSI income for Children (This is the first of two reductions. These actions are sequential and do build on each other.)	(6,074,673)			(6,074,673)			To be eligible for federal SSI benefits, an individual must be 65 or older, blind or disabled. Currently the SSI income of an adult or child whose family receives TANF is excluded. The current SSI payment is \$674 per month. If 50 percent of the child's SSI was counted it would reduce the TANF grant by approximately \$337 dollars per month. In some cases this income alone or when added to other family income would result in a TANF case closing due to being over the income limit. When the TANF grant is reduced or ends, the SNAP benefits may increase. Loss of TANF income could result in these families becoming homeless and unable to meet their children's basic food/clothing/shelter needs. This impact will add a strain on non-profits and community-based organizations. In some situations, these vulnerable families may not be able to cope and their children may end up in foster care. This reduction may impact the state's ability to meet MOE obligations. This action will impact approximately 1,272 families.	5/1/2012
CAF	43	SS	TANF - Count all SSI income for Children (This is the second of two reductions. These actions are sequential and do build on each other.)	(1,481,977)		(155,523)	(1,637,500)	(4)	(1.99)	To be eligible for federal SSI benefits, an individual must be 65 or older, blind or disabled. Currently the SSI income of an adult or child whose family receives TANF is excluded. The current SSI payment is \$674 per month. If 100 percent of child's SSI was counted, in most cases the TANF grant would be over the income limit and close. When the TANF grant ends, the SNAP benefits would increase. The end of TANF income could result in these families becoming homeless and unable to meet their children's basic food/clothing/shelter needs. This impact will add a strain on non-profits and community-based organizations. In some situations, these vulnerable families may not be able to cope and their children may end up in foster care. This reduction may impact the state's ability to meet MOE obligations. This action will impact approximately 1,272 families.	5/1/2012

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CAF	44	SS	ERDC - Lower caseload cap by 500 cases. (This is the third of five reductions. These actions are sequential and do build on each other.)	(3,810,940)			(3,810,940)			Reduce the cap from 9000 to 8,000. Further limits child care supports for parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment. Impacts ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. Significantly impacts family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. Affects 1,060 providers. Impact may be greater in some areas of state where economy is more depressed and providers have more children receiving subsidies in care. Some providers may go out of business and seek assistance from other state programs. Will reduce state expenditures that count toward its MOE obligations. ERDC is mainly funded by CCDF federal funds through the OR Employment Dept (OED). OED has expressed concern over this reduction.	5/1/2012	
CAF	45	Program Support	Eliminate DV Infrastructure grants	(500,000)			(500,000)			These funds were budgeted to support DV programs. The funding would be used to provide needed repairs to shelter or other infrastructure supports. Without these funds programs may not be able to maintain their shelters, potentially resulting in some shelters being closed.	5/1/2012	
SPD	46	APD	Eliminate Home Care Worker health insurance	(14,547,000)		(24,453,000)	\$ (39,000,000)			An action to eliminate health insurance coverage for homecare workers is a mandatory subject of bargaining. Proposals already submitted in the current bargaining process did not include elimination of health insurance coverage.	7/1/12	
SPD	47	APD	Limit total in-home hours to 80	(17,410,646)		(29,266,689)	\$ (46,677,335)			Reducing In-Home services will be a short-term cost savings, ultimately higher costs will result due to placement in higher cost care settings that may have limited capacity. The elimination or reduction of in-home services would pose a risk to an individual's health, safety, and mortality. Ultimately, the overall health care system would be impacted due to increased emergency room visits, hospitalizations, and physician visits. With the expected increase in the senior population, long-term care costs would continue to rise. In addition, there would be a loss of federally matched dollars. The elimination or reduction of In-Home services would have a negative impact on the Oregon economy and unemployment due to the significant number of individual providers and businesses who will no longer provide services to Medicaid recipients. In addition, the loss of wages and medical coverage for homecare workers may result in higher costs to SNAP and OHP benefits because these individuals may require support.	7/1/12	
SPD	48	APD	Reduce Assisted Living Facility rates to a flat rate of \$1,450 per month.	(4,307,674)		(7,241,050)	\$ (11,548,724)			Under the 11-13 Legislative funding levels, rates for assisted living facilities are scheduled to decrease by 16% effective 7/1/12. The current weighted average of \$2,013 per month would decrease to approximately \$1,691 per month. The \$1,450 reduction option imposes an additional \$241 per month decrease of service rates paid to assisted living facilities (or a total 28% funding reduction from current levels). In some instances, Medicaid access to assisted living facilities will be eliminated. Other ALFs may withdraw gradually and some facilities would be able to manage the reduction with their existing payer mix. Finally, defaults on bonds financed by Oregon Housing and Community Services would likely occur for some facilities.	7/1/12	

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SPD	49	DD	Increase staffing ratios for CDDP's from 1:45 to 1:80.	(5,521,053)	0	(8,614,422)	\$ (14,135,475)			This reduction will increase case management funded ratios in Community Developmental Disability Programs (CDDPs) from 1:45 to 1:80. This increase in case management ratios will mean slower response time to needs such as crisis and protective service response, and service planning. There will be less time available for support to individuals in services, decreases in service monitoring, and a potential increase in use of the crisis system and or reliance on higher cost types of services. This action will require CMS approval of Medicaid State Plan amendment. Some current CDDPs may decide to return the responsibility for these services back to the State which would cause an increase in state employees and costs if no alternative provider can be found. This action must be taken after CDDP's Reimbursement Rates are reduced to 85% for TCM, the pricing for this reduction is assumes the aforementioned reduction has occurred.	04/01/12	
SPD	50	DD	Eliminate Alternatives to Employment (ATE) for DD Clients in Comprehensive Services receiving only ATE services. <i>This is the first of three levels of reductions. These actions are sequential and do build on each other.</i>	(5,420,866)	0	(8,925,019)	\$ (14,345,885)			Includes costs for 15% or 35 of the SE 49 In-Home Supports clients receiving ATE with SE Crisis Diversion for 90 days and SE 58 Non-Relative Foster Care. Will eliminate ATE Services to about 1320 currently receiving services. Some providers may no longer stay in business as a result of this program reduction. This action will require CMS approval of a Waiver amendment and OAR and contract changes. Group Home and Supported Living serving those losing ATE be have their monthly service rates increased by \$300 per month to address increased service needs as a result of this program reduction. Reduction includes transportation funding associated with the ATE services. It is anticipated that some people will not be able to be supported without a day program and will require crisis supports or higher cost services as a result of this action. There is risk of litigation based on Olmstead interpretation of segregated residential services as residents of certain programs will not have community-based day services to attend.	07/01/12	
CAF	51	Program Support	Eliminate the Adoption Certification training provided by PSU	(96,696)		(386,783)	(483,479)			PSU provides Adoption Worker certification and training to CW and Mental Health (MH) workers. This Eliminates the program which will reduce the number of clinicians competent in treating specific needs of foster/adoptive children and services that strengthen family systems. More adoptive children will return to foster or residential care. Current program increases accessible and affordable MH support for foster/adopted children/families with professionals competent in evidence-based strategies for emotional, behavioral, and MH issues for those with histories of abuse, trauma and neglect. MH professionals are trained to work with nontraditional families, such as blended, kinship and guardianship. Most adopted children have OHP so services are through local HMO/County MH providers who historically were not competent on the specific issues of foster and adopted children. Courses increase DHS CW staff competence in working with traumatized children. This program reduces adoptive, foster, kinship, guard. family dissolution.	5/1/2012	

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3			4	5		6	8	10	12		13	14	15		01/16/00
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes				Effective Date	
CAF	52	Adoption	Eliminate recruitment contract from Contracted Adoptions Services Program	(129,285)		(125,525)	(254,810)			Elimination adds to workload of caseworkers, certifiers, and adoption workers. Field offices become the point of entry for adoption inquiries. Current contractor takes calls, sends out information, and answers questions before family is referred for services. This will result in an increased workload for field staff and the pool of foster and adoptive families would likely decrease due to competing priorities for caseworker time. And elimination of the targeted and child specific recruitment would likely result in children with higher special needs and placement challenges remaining in foster care longer or permanently. The contractor provides adoption orientation courses and every quarter Foundations training which would fall to DHS branches to accommodate the volume. The contractor represents all out of state families being presented at committee. This workload would fall to branch adoption workers. Will increase waiting time for families who want to foster and adopt; and increase for some the length of stay in foster care.				5/1/2012	
CAF	53	Sub Care	Eliminate recruitment contract from Contracted Foster Care Program	(178,536)		(173,344)	(351,880)			Elimination adds to workload of caseworkers, certifiers, and adoption workers. Field offices become the point of entry for adoption inquiries. Current contractor takes calls, sends out information, and answers questions before family is referred for services. This will result in an increased workload for field staff and the pool of foster and adoptive families would likely decrease due to competing priorities for caseworker time. And elimination of the targeted and child specific recruitment would likely result in children with higher special needs and placement challenges remaining in foster care longer or permanently. The contractor provides adoption orientation courses and every quarter Foundations training which would fall to DHS branches to accommodate the volume. The contractor represents all out of state families being presented at committee. This workload would fall to branch adoption workers. Will increase waiting time for families who want to foster and adopt; and increase for some the length of stay in foster care.				5/1/2012	
CAF	54	Child Safety	Remove the General Fund from the Community Based Sexual Assault Victims Fund Program	(75,855)			(75,855)			This fund is distributed among the domestic violence shelters that also provide services and support to victims of sexual assault. These funds are a small portion of the financial resources provided to the shelter. This reduction would not likely create a risk of a shelter closure but might impact staffing or other operations.				5/1/2012	
CAF	55	Sub Care	Eliminate portion of Shelter Foster Care that exceeds base FC rate	(302,261)	(31,905)	(87,184)	(421,350)			Elimination of these payments would reduce maintenance payments by \$2.00 to \$10.00 per day. This may result in foster parents declining to provide care for children, and may additionally result in poor outcomes for children whose needs cannot be met. It may mean that the child will need to be placed in a higher level of care, resulting in higher costs. Likely will increase 'no reasonable efforts' or 'failure to meet active efforts for Indian children' findings in the court, if the least restrictive placements cannot be maintained, which would impact federal funding for the program. In the 2009 FC rate redesign DHS made consistent payment to foster parents the additional daily amounts for every child during the first 20 days of an episode in foster care and during the first 20 days of a return to foster care after placement in BRS, as these initial days in placement often require additional supervision and costs incurred for personal items, transportation costs for court hearings, school enrollment, medical, dental, and mental health appointments.				5/1/2012	

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3			4	5		6	8	10	12		13	14	15		01/16/00
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CAF	56	Sub Care	50% Redux to Transportation	(883,941)	(172,895)	(131,835)	(1,188,671)			Foster parents and relative caregivers provide transportation to children in care for health care appointments, visits with parents and siblings, transportation to and from school (outside of the transportation costs covered under the Title IV-E maintenance payment. A reduction of 50% would result in the high likelihood that foster parents will refuse to transport children without reimbursement and result in additional workload for caseworkers and supervisors and other Department staff, and increased used of state vehicles for transportation. In addition, it may result in poor outcomes for children should medical appointments not be kept, school attendance drop, or visits with parents reduced. It likely will also mean more 'no reasonable efforts' or 'failure to meet active efforts for Indian children' findings in the court, which would impact federal funding for the program.				5/1/2012	
CAF	57	Sub Care	5% Redux to Personal Care	(47,079)	(3,271)	(37,022)	(87,372)			Personal Care rates are based on special needs of an individual child identified through an assessment and incorporated into an individual plan of care. Fees, set forth in the Title XIX state plan were last updated September 1 2009. A five percent reduction will impact DHS's ability to adequately pay foster parents for their service to a child in performing activities of daily living. Will impact monthly payments between \$10 and \$31/mo (Level 1 from \$207 to \$197; Level 2 from \$413 to \$392; Level 3 from \$620 to \$589). This creates a risk to meeting these children's medical needs. It will also compromise the Department's ability to recruit skilled foster parents willing and able to provide care for children with exceptional, medical needs and might require a higher level of care from specialized homes contracted through treatment services. Such action will reduce the amount of reimbursement received by the Department from Title XIX and require a revision to the Title XIX state plan, and revision of Oregon Administrative rules.				5/1/2012	
CAF	58	Sub Care	5% Redux to Foster Care Enhanced Supervision	(178,861)	(23,963)	(73,263)	(276,087)			Enhanced Supervision rates are based on the 2008 Oregon Child Care Market Study and determined using the Child and Adolescent Needs and Strengths survey. Levels of enhanced supervision are based on the increased number of hours a foster parent would need to dedicate to directly supervise the special needs of the child above the amount included in the base foster care maintenance rate. The rates were determined as follows: Level 1 - \$212, Level 2 - \$414, Level 3 - \$620. At 50% - reduces monthly pmt between \$11 and \$43 dollars per month (Level 1 from \$212 to 201, Level 2 from \$414 to \$393, Level 3 from \$850 to \$808). Will compromise ability to recruit and retain foster parents to provide these levels of supervision, would result in the need for a higher level of care from specialized homes contracted through treatment services. Impacts DHS's rate redesign efforts that are aligned with recent court decisions. Will lose Title IV-E funds and require an update to the Title IV-E state plan, and revision of OAR's.				5/1/2012	

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CAF	59	Sub Care	Reduce by 20% services to Target residential care providers - Serves approximately 10-15 "Target" children in foster care who have multiple mental health issues and/or a history of physically/sexually aggressive behavior, and found to be ineligible or inappropriate for foster care, residential care, psychiatric hospitalization, DD Services, and termination of wardship.	(257,571)	(24,715)	(167,621)	(449,907)			The Target Planning and Consultation is a process for approving funds for children with multiple handicapping conditions who have been denied placement in many of Oregon's programs. There are currently 60 designated "Target" children in foster care. This funding is primarily used to purchase extra treatment beds in residential programs and additional support services a provider needs to support a child safely. While small in number, the failure to appropriately support these children could result shifting costs to other state agencies because these children would be directed to psychiatric hospitalization or training programs in the Oregon Youth Authority to get adequate care. This reduction will likely be taken by ending Target contracts upon a child’s 18th birthday and by closing ‘new admissions’ at the point when budget projections show the cost of children currently enrolled will expend all available budgeted resource. This pricing includes the offset cost of placing children displaced through this reduction into foster care with Enhanced Supervision.				5/1/2012	
CAF	60	In-Home Safety & Reunification Services	ISRS: Reduce Family Based Services by 15%, eliminating in-home supports for approximately 224 abused children each year.	(651,809)	(16,483)		(668,292)			The funds in the ICPC Budget are entirely devoted to covering the cost of travel for children in DHS custody who go to live with their parents, relatives or non-relative adoptive families in other states. Any reduction in the ICPC budget will limit the ability of DHS to reunify children with parents who live out-of-state, to place children with out-of-state family members and to place children with non-relative adoptive families when the chosen adoptive family lives outside of Oregon. Oregon places an average of 600 children out-of-state annually. Limiting the number of children who can be placed out of state will limit the DHS’s ability to reunify children with their parents and to place children with family members, thus jeopardizing the Department’s achievement of reasonable efforts in some cases. The Federal Title IV-E code requires states to seek out-of-state placement resources and to consider out-of-state placement as part of reasonable efforts with regard to a child in state custody.				5/1/2012	
CAF	61	Child Safety	Child Safety: Reduce by 15% flexible fund resources (System of Care (SOC) dollars) to meet the individual needs of foster children and their families.	(408,566)	(27,850)	(803,304)	(1,239,720)			SOC provides for flexible, individualized application of services to meet the unique needs of children including special consideration for a family's cultural preferences. This level of reduction will reduce the availability of these resources to approximately 963 children in foster care. Many services provided through System of Care assist in resolving safety issues to prevent entry into foster care and support family reunification. Services purchased through System of Care cannot be purchased with other child welfare fund sources. Therefore, reduction of this funding will likely result in more children coming into care longer stays in foster care, decreased ability to reunify families, and decreased ability to meet the individual needs of a child. This could decrease judicial findings of reasonable, or in the case of an Indian child active, efforts that are required for federal reimbursement (Title IV E), causing a strain on general				5/1/2012	

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3		4	5	6	8	10	12	13	14	15	01/16/00
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CAF	62	Sub Care	Reduce Other Medical by 50%	(876,224)	(3,689)		(879,913)			Other medical funds are used to purchase critical screening and assessment services necessary for case planning that cannot be accessed through the Oregon Health Plan (OHP). They are not available through OHP because a client is not eligible or the service is not a covered service under the plan. Examples include services like urinalysis, psycho-sexual evaluations, psychological evaluations, and sibling assessments. Reducing, by half, the department's ability to access these vital planning tools will compromise caseworkers' safety and permanency planning and create risk to timely Reasonable Efforts findings. Failure to obtain timely Reasonable Efforts findings would cause a loss of federal Title IV E funds, placing a greater burden on general funds.	5/1/2012
			Subtotal	(70,937,733)	(304,771)	(82,695,101)	(153,937,605)	(4)	(1.99)		
CAF	63	SS	TANF Basic - Cap Caseload (reduce by 500 Cases)	(2,942,100)			(2,942,100)			This reduction would cap the number of families who could receive TANF in any given month. Many clients would be denied TANF, which is often the safety net of last resort of families who are most needy. Families may become homeless, and there would be an increase in family instability. Some may go into crisis which could lead to child welfare involvement. Administratively, this would require a waiting- or reservation list. Families on the list would have to rely on community-based resources until TANF was again available. This would increase the strain on community-based resources, which are already at capacity because of the poor economy. This action will impact an average of 500 families from May 2012 to end of biennium.	5/1/2012
CAF	64	SS	TANF UN - Cap Caseload (reduce by 500 Cases)	(3,501,120)			(3,501,120)			This reduction would cap the number of two-parent families receiving TANF in any given month. Clients would be denied benefits. A waiting- or reservation list would need to be created. These families would then be dependent on services from community-based service providers. This would increase the strain on community based resources which are already at capacity because of the poor economy. This option also is contrary to one of the purposes of TANF, specifically the formation of two parent families. This action will impact an average of 500 families from May 2012 to end of biennium.	5/1/2012
CAF	65	SS	ERDC - Lower caseload cap by 500 cases. (This is the forth of five reductions. These actions are sequential and do build on each other.)	(3,810,940)			(3,810,940)			Reduce the cap from 9000 to 7,500. Further limits child care supports for parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment. Impacts the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. Significantly impact family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. This would affect 1,590 providers. Impact may be greater in some areas of state where economy is more depressed and providers have more children receiving subsidies in care. Some providers may go out of business and seek assistance from other state programs. Reduces expenditures that count toward MOE. ERDC is mainly funded by CCDF federal funds through the OR Employment Dept (OED). OED has expressed concern over this reduction.	5/1/2012

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3			4	5		6	8	10	12		13	14	15		01/16/00
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CAF	66	SS	TANF - Period of Ineligibility Following Closure 6 mos. (This is the second of three reductions. These actions are sequential and do build on each other.)	(3,913,652)			(3,913,652)			Clients who leave TANF would not be eligible to return to the TANF program for 6 of months. With no eligiblity for cash during these months, a family with no other resources would have to rely on non-profits and community resources to help meet their need. Due to the economic crisis many of these community providers are at capacity. This reduction could result in homelessness, inability to provide food/clothing/shelter for their children, family instability and for some families in crisis involvement with child welfare. Families could still be eligible for SNAP and medical benefits if eligible but not cash. It is anticipated some clients will stay on the caseload longer if they know they may not be able to return. This action will affect an average of 1,857 families.				5/1/2012	
CAF	67	SS	ERDC - Remove all remaining GF from the ERDC program. (This is the fifth of five reductions. These actions are sequential and do build on each other.)	(739,249)			(739,249)			Further reduce the cap from 9000 to 7,400. Further limits child care supports for parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment. Will impact the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. Significantly impact family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. Affects 1,620 providers. Impact may be greater in some areas of state where economy is more depressed and providers have more children receiving subsidies in care. Some providers may go out of business and seek assistance from other state programs. Reduces expenditures that count toward MOE. ERDC is mainly funded by CCDF federal funds through the OR Employment Dept (OED). OED has expressed concern over this reduction.				5/1/2012	
CAF	68	SS	TANF - Period of Ineligibility Following Closure 9 mos. (This is the third of three reductions. These actions are sequential and do build on each other.)	(3,904,915)			(3,904,915)			Clients who leave TANF would not be eligible to return to the TANF program for 9 of months. With no eligibility for cash during these months, a family with no other resources would have to rely on non-profits and community resources to help meet their need. This reduction could result in homelessness, inability to provide food/clothing/shelter for their children, family instability, crisis, potential welfare department and for some families the possibility of children being placed in foster care. Families could still be eligible for SNAP and medical benefits if eligible but not cash. It is anticipated some clients will stay on the caseload longer if they know they may not be able to return. This action will affect an average of 2,508 families.				5/1/2012	
CAF	69	SS	TA-DVS - Reduce Payment Standard (this is the second of three reductions to this program)	(746,900)			(746,900)			The option would require a change to ORS 411.117 which requires us to maintain the benefit level that was in place in 1997. A reduction in benefit level from \$1200 to \$1000 will mean clients will have reduced resources to escape a domestic violence situation and to keep their family safe. The current benefit level is already inadequate to meet many people's needs to find safe housing. This change will likely result in increased need to access community based domestic violence service providers who are already at capacity. It is anticipated 3,201 families will be impacted annually.				5/1/2012	

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3			4	5		6	8	10	12		13	14	15	01/16/00
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CAF	70	SS	TA-DVS - Reduce Program budget by 10% (this is the third of three reductions to this program)	(1,216,104)			(1,216,104)			This reduction could impact client safety and the ability of a client to escape domestic violence. In SFY 2011 TA-DVS access by families was up by about 9% over the previous fiscal year. A 10% reduction would impact about 700 families in a year. This reduction would also have a cross-agency impact on local non-profit domestic violence programs that are already at capacity. Waiting or reservation lists would be required once the program reached capacity.			5/1/2012	
CAF	71	SS	TANF - Count 50% of SSI income for Adults (This is the first of two reductions. These actions are sequential and do build on each other.)	(16,369,475)		(250,435)	(16,619,910)	(5)	(4.15)	To be eligible for federal SSI benefits, an individual must be 65 or older, blind or disabled. Currently the SSI income of an adult or child whose family receives TANF is excluded. The current SSI payment is \$674 per month. If 50 percent of the adult's SSI was counted it would reduce the TANF grant by approximately \$337 dollars per month. In some cases this income alone or when added to other family income would result in a TANF case closing due to over the income limit. When the TANF grant is reduced or ends, the SNAP benefits may increase. Loss of TANF income could result in these families becoming homeless and unable to meet their children's basic food/clothing/shelter needs. This impact will add a strain on non-profits and community-based organizations. The reduction may put families in crisis and in some cases it may result in children entering foster care. This reduction will impact the state's ability to meet MOE obligations. This action will impact 2,766 cases by either closing or reducing the grants.			5/1/2012	
CAF	72	SS	Refugee - Remove TANF funds from Refugee program. (This is the second of two reductions. These actions are sequential and do build on each other.)	(450,000)			(450,000)			Refugees enter the U.S. as members of an extremely vulnerable population. This reduction would severely limit the specialized services that are currently available to newly arriving refugees in Multnomah, Clackamas, and Washington Counties. Because TANF is used in the tri-county area in a Public Private Partnership, the Refugee Program is able to coordinate TANF funds with refugee funds to purchase refugee specific services. Removing TANF would force TANF eligible refugees to receive very limited services in mainstream DHS offices. Refugees who are currently receiving specialized services could be considered "not job ready" and thus remove much of the support they require in order to fully integrate into our society.			5/1/2012	
CAF		SS	TANF - Flat grant - Option 1 (Includes savings from \$5 TANF grant reduction) 2 of 3 (This is the second of three reductions. These actions are sequential and do build on each other.)	(16,183,300)			(16,183,300)			This option would cap the TANF grant progressively based on the number of people eligible with a maximum grant amount of \$600 for families with four or more. The no-adult standards would be modified to cap the maximum grant amount at \$500 for families with four or more eligible people. This action will reduce TANF cash assistance to most families on TANF. The flat grants would create an inequity in the percent of FPL at which families would be living. Families with more members will be living at an increasingly lower level of FPL. The percent of FPL would range from 33% for a one person grant and reach less than 10% FPL if more than 10 persons in the family. Families would lose their ability to meet their basic housing/clothing/utility needs. Families would have to rely more heavily on community-based safety net programs which are currently stretched due to the poor economy. This action will affect approximately 32,000 families.			5/1/2012	

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SPD	73	APD	Limit total in-home hours from 80 to 60	(4,671,149)		(7,852,038)	\$ (12,523,187)			Reducing In-Home services will be a short-term cost savings, ultimately higher costs will result due to placement in higher cost care settings that may have limited capacity. The elimination or reduction of in-home services would pose a risk to an individual's health, safety, and mortality. Ultimately, the overall health care system would be impacted due to increased emergency room visits, hospitalizations, and physician visits. With the expected increase in the senior population, long-term care costs would continue to rise. In addition, there would be a loss of federally matched dollars. The elimination or reduction of In-Home services would have a negative impact on the Oregon economy and unemployment due to the significant number of individual providers and businesses who will no longer provide services to Medicaid recipients. In addition, the loss of wages and medical coverage for homecare workers may result in higher costs to SNAP and OHP benefits because these individuals may require support.	7/1/12	
SPD	74	APD	Limit total in-home hours from 60 to 40	(5,945,099)		(9,993,504)	\$ (15,938,603)			Reducing In-Home services will be a short-term cost savings, ultimately higher costs will result due to placement in higher cost care settings that may have limited capacity. The elimination or reduction of in-home services would pose a risk to an individual's health, safety, and mortality. Ultimately, the overall health care system would be impacted due to increased emergency room visits, hospitalizations, and physician visits. With the expected increase in the senior population, long-term care costs would continue to rise. In addition, there would be a loss of federally matched dollars. The elimination or reduction of In-Home services would have a negative impact on the Oregon economy and unemployment due to the significant number of individual providers and businesses who will no longer provide services to Medicaid recipients. In addition, the loss of wages and medical coverage for homecare workers may result in higher costs to SNAP and OHP benefits because these individuals may require support.	7/1/12	
SPD	75	APD	Reduce all in home agency rates	(728,040)		(1,223,809)	\$ (1,951,849)			Services provided by In-Home agencies are paid at a significantly higher dollar amount than homecare workers. However, the State does not have to contribute to the cost of unemployment claims, medical and dental insurance, paid time off, or workers' compensation claims. A reduction in the rate of payment may result in multiple agencies terminating their current Medicaid contracts or limiting the number of individuals they serve on the Medicaid program. The decrease in funding may also impact the agency's ability to serve those paying privately within the community. The reduction in funding will impact the sustainability of an Oregon business, which would have a larger impact on employment and revenue.	7/1/12	

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SPD	76	DD	Eliminate Sheltered Employment and ATE Services for remainder of DD Clients in Comprehensive Services. This does not include individuals receiving Supported Employment Services. <i>This is the second of three levels of reductions. These actions are sequential and do build on each other.</i>	(8,870,185)	0	(14,554,019)	\$ (23,424,204)			Includes costs for 5% or 11 of the SE 49 In-Home Supports clients receiving mix of employment/community inclusion services (11 total) with SE Crisis Diversion for 90 days and SE 58 Non-Relative Foster Care. Will eliminate sheltered employment or a combination of sheltered employment and non-work services to 2,017. Some providers will no longer stay in business. Will require CMS approval, OAR and contract changes. Group Home and Supported Living serving those losing ATE will have their monthly service rates increased by \$300/mo to address increased service needs. Includes loss of transportation funding for sheltered employment services. Taken with elimination of the ATE only program. Eliminates services to 3427 individuals receiving sheltered employment, sheltered employment and non-work services, or ATE only services. Some not able to be supported without a day program and will require higher cost services as a result. Olmstead litigation risk as some will no longer have community-based day services.				07/01/12	
SPD	77	DD	Eliminate Supported Employment Services for all DD Clients in Comprehensive Services <i>This is the final of three levels of reductions. These actions are sequential and do build on each other.</i>	(3,675,935)	0	(6,026,058)	\$ (9,701,993)			Eliminates Supported Employment to 815. Some providers may no longer stay in business as a result of this program reduction. This action will require CMS approval of a Waiver amendment. Requires rule and contract changes. Group Home and Supported Living serving those losing ATE be have their monthly service rates increased by \$300 per month to address increased service needs as a result of this program reduction. The cost reductions include transportation funding associated with the Sheltered Employment services. This is to be taken in conjunction with the elimination of the Sheltered Employment and ATE services. These reductions is the elimination of services to approximately 4242 individuals. Some will not be able to be supported without a day program and will require crisis supports or higher cost services as a result of this action. Risk of litigation based on Olmstead interpretation of segregated residential services since residents of certain programs will no longer have community-based day services to attend.				07/01/12	
CAF	78	Sub Care	Eliminate Relative Foster Care for Non- IV-E eligible children (budget within Regular Foster Care base)	(9,552,425)			(9,552,425)			in 2007, the legislature approved reimbursement of relatives for care of children committed to Child Welfare. This reduction would eliminate the reimbursement for relatives who are caring for non-Title IVE children, creating a two tiered system for relative foster care. This will likely result in some children not being able to be cared for by their extended family and having to remain in non-related foster care. It will also have an impact on the number of relative adoptive placements which cannot be quantified at this time.				5/1/2012	

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CAF	79	Program suppot	Do not hire remaining 3 Differential Response (SB 964) positions in 2011-13.	(196,853)		(305,324)	(502,177)			Elimination of the remaining three of five positions further compromises the Department's capacity to effectively lead the development and implementation of the community based, differential response models including Strengthening, Preserving and Reunifying Families programs. This will limit options available to children and families when abuse and/or neglect occur. This policy decision is contrary to the enabling legislation in SB 964 that calls for keeping families intact during intervention to preserve parent/child bonds, build on family strengths, respect cultural differences and improve long-term outcomes for children. Additionally, this will damage the department's ability to safely and equitably reduce the number of children in foster care, and will add to the state's financial obligations for foster care and adoption assistance.	5/1/2012	
CAF	80	Admin	10% Reduction in Child Welfare Education Training portion of PSU contract	(41,122)		(123,367)	(164,489)			PSU provides regular training to CAF Child Welfare staff biennially, this will cut that training by 10%. The fund-spilt for this training is 25% GF 75% FF driven by the Title IV-E match allowed for training services. This reduction will mean there will be less training available for line workers, potentially compromising caseworkers' effectiveness with families.	5/1/2012	
CAF	81	Child Safety	Reduce Family Support Teams 50%	(863,314)	(81,083)	(2,165,810)	(3,110,207)			The ART program provides access to Alcohol & Drug (A&D) trained staff to assist parents in eliminating barriers to treatment, preventing placement of children, and helping parents with return home plans by supporting early recovery with these transitions. These staff assists CPS workers during CPS assessments. Reducing the program by 50% either would eliminate the entire ART program or services in some counties to counter reductions made in a different county and will mean more and longer foster care placements, higher re-abuse rates, a decline in parents entering treatment quickly, and an increase in the number of parents who struggle with sustaining their recovery. It will increase caseworker workloads and ability to meet state/federal mandates. Longer stays in foster care increase costs and result in poorer outcomes for children. At a minimum, a 50% reduction of this program would impact 7,446 individuals in the child welfare system. 50% reduction impacts 25 contracted outreach workers and 30 county CADC workers.	5/1/2012	
CAF	82	Adoption	Cap Adoption Assistance payments for new finalizations	(37,060)	(122)	(36,778)	(73,960)			Adoption Assistance payments are already lower than what a family receives in foster care payments. Average adoption assistance payments are \$500 per month. For children with high special needs, especially those who are eligible for DD foster care, it is already difficult for families to make the commitment to adopt because of the reduced benefits they receive in adoption assistance. Adoption assistance is currently capped to the foster care rate. Capping assistance to an even lower amount will reduce the incentive for families to adopt, will keep kids in foster care and on APPLA plans, and if they are adopted will reduce their financial support potentially impacting their ability to get needed services and supports.	5/1/2012	

2011-13 Legislative Fiscal Office requested 10.5% Reduction Options based on 2011-13 Legislatively Adopted Budget Level												
3		4	5	6	8	10	12	13	14	15	01/16/00	
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date	
CAF	83	Sub Care	Reduce Foster Care Personal Care by additional 45% for a total of 50%	(354,818)	(27,970)	(166,727)	(549,515)			Personal Care rates are based on special needs of individual children through an assessment performed by a Registered Nurse and incorporated into an individual plan of care. Fees were last updated September 1 2009. A fifty percent reduction to Personal Care Services will functionally eliminate the Department's ability to adequately pay a foster parent for their service to a child with activities of daily living. This reduction will reduce the monthly payments between \$103 and \$310 (Level 1 from \$207 to \$103; Level 2 from \$413 to \$206; Level 3 from \$620 to %310). This creates a risk to meeting children's medical needs and impairs the Department's ability to recruit skilled foster parents willing and able to provide care for children with exceptional, medical needs and might require a higher level of care from specialized homes contracted through treatment services. This will reduce the amount of federal reimbursement from Title XIX and require a revision to the Title XIX state plan, and OARs.	5/1/2012	
CAF	84	Sub Care	Reduce Foster Care Enhanced Supervision by additional 45% for a total of 50%	(1,576,958)	(204,886)	(776,377)	(2,558,221)			Enhanced Supervision rates are based on the 2008 Oregon Child Care Market Study and determined using the Child and Adolescent Needs and Strengths survey. Enhanced supervision need is based on the increased number of hours needed to directly supervise the special needs of the child above the base rate. A 50% reduction will reduce the monthly reimbursement between \$11 and \$43 dollars per month (Level 1 from \$212 to \$106, Level 2 from \$414 to \$207, Level 3 from \$850 to \$425). This would compromise DHS's ability to recruit and retain foster parents to provide these levels of supervision, which could result in the need for a higher level of care from specialized homes contracted through treatment services. This reduction is threat to the Department's rate redesign efforts that are aligned with recent decisions of the U.S. District Courts and will reduce the amount of reimbursement received by the Department from Title IV-E and require an update to the Title IV-E state plan, and revision of Oregon Administrative rules.	5/1/2012	
CAF	85	Sub Care	Reduce Residential Care Target Children Program by additional 30% for a total of 50%	(627,146)	(37,072)	(465,322)	(1,129,540)			Target Planning and Consultation is a process for approving funds for children with multiple handicapping conditions denied placement in many of Oregon's programs. There are currently 60 designated "Target" children in foster care. This funding is primarily used to purchase extra treatment beds in residential programs and additional support services a provider needs to support a child safely. While small in number, the failure to appropriately support these children could result shifting costs to other state agencies because these children would be directed to psychiatric hospitalization or training programs in the Oregon Youth Authority to get adequate care. This reduction will likely be taken by ending Target contracts upon a child's 18th birthday and by closing 'new admissions' at the point when budget projections show the cost of children currently enrolled will expend all available budgeted resource. Pricing includes offset cost of placing children displaced through this reduction into foster care with Enhanced Supervision	5/1/2012	

2011-13 Legislative Fiscal Office requested 10.5% Reduction Options based on 2011-13 Legislatively Adopted Budget Level												
3		4	5		6	8	10	12		13	14	15
Dept. Initials	Reference Number	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes		Effective Date
CAF	86	In-Home Safety & Reunification Services	ISRS: Reduce Family Based Services by another 15%, eliminating in-home supports for an additional 448 abused/neglected children and their families each year (second reduction to this program).	(651,809)	(16,483)		(668,292)			Reduction to contracted In-Home Safety and Reunification Services (ISRS) will impact child welfare's ability to: safely keep children at home; return children home timely; provide family supports and services to ensure children are not re-abused and do not re-enter the system. Estimated to impact 448 children/yr that will then require foster placement. This reduction will impact the department's ability to make reasonable and active efforts to prevent or eliminate the need for foster care placement that could cause a risk to federal Title IV E funding and a burden to general funds. Additionally, there are workload impacts associated with foster care and the requirement for periodic review of these cases that will affect caseworkers and others involved in the dependency system such as judges, Citizen Review Boards and attorneys. And because these are contracted services the provider agencies may be put in a position of reducing their workforce.		5/1/2012
CAF	87	Child Safety	Child Safety: Reduce by another 15% flexible fund resources (System of Care (SOC) dollars) to meet the individual needs of foster children and their families (second reduction to this program budget).	(408,566)	(27,850)	(803,304)	(1,239,720)			SOC provides for flexible, individualized application of services to meet the unique needs of children including special consideration for a family's cultural preferences. This level of reduction will reduce the availability of these resources to approximately 963 children in foster care. Many services provided through System of Care assist in resolving safety issues to prevent entry into foster care and support family reunification. Services purchased through System of Care cannot be purchased with other child welfare fund sources. Therefore, reduction of this funding will likely result in more children coming into care, longer stays in foster care, decreased ability to reunify families, and decreased ability to meet the individual needs of a child. This could decrease judicial findings of reasonable, or in the case of an Indian child active, efforts that are required for federal reimbursement (Title IV E), causing a strain on general funds.		5/1/2012
			Subtotal	(91,978,234)	(395,466)	(44,742,872)	(137,116,572)	(5)	(4.15)			
			TOTAL	(235,312,738)	13,469,852	(151,925,404)	(373,768,290)	(10)	(7.81)			
							NET TTLS					
3 Legislatively Adopted Budget + LAB 3.5% ending balance				\$ 2,110,385,717	Level Targets	Levels						
		-3.5%	3.5% target	\$ (73,863,500)	\$ (73,863,500)	1	\$ (72,396,771)					
		-7.0%	7% target	\$ (147,727,000)	\$ (73,863,500)	2	\$ (70,937,733)					
		-10.5%	10.5% target	\$ (221,590,500)	\$ (73,863,500)	3	\$ (91,978,234)					
						TOTAL	\$ (235,312,738)					

Office of the Long-Term Care Ombudsman

2011 - 2013 Biennium

Agency Number:

11400

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)

1	2	3	4	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													
LTCO				Projected savings from operations	23,759						\$ 23,759			Savings from vacant positions in Jul-Sep 2011.
LTCO				Reductions in Services & Supplies	39,118						\$ 39,118			10 - 15% reductions in travel, training, and office expenses will have a modest impact on operational flexibility and volunteer training and support.
				Subtotal first 3.5%	62,877						\$ 62,877			
LTCO				Reductions in Payroll & Benefits	60,643						\$ 60,643		0.94	Required reductions in staffing. Reductions will have a major negative impact on our ability to advocate for seniors in need in long term care facilities.
				Subtotal second 3.5%	60,643						\$ 60,643		0.94	
LTCO				Reductions in Payroll & Benefits	60,643						\$ 60,643		0.94	Required reductions in staffing. Reductions will have a major negative impact on our ability to advocate for seniors in need in long term care facilities.
				Subtotal third 3.5%	60,643						\$ 60,643		0.94	

Target	\$	184,163
Difference	\$	-

Oregon Health Authority															
2011 - 2013 Biennium										Agency Number:			44300		
2011-13 Legislatively Adopted Budget + LAB 3.5% ending balance (GF+LF)					1,795,187,174										
-3.5%					3.5% target					(62,831,551)					
-7.0%					7% target					(125,663,102)					
-10.5%					10.5% target					(188,494,653)					
Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description		GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes		Effective Date	
Dept	Prgm/ Div														
		All	All	The Oregon Health Authority will reduce its administration by approximately 10% of the General Fund budget	(1,890,450)	-	(160,723)	(2,308,904)	\$ (4,360,077)	(7)	(6.63)	This combination of reductions for Services & Supplies and positions will require layoffs of management service and represented staff.			
		AMH	CI	Defer the transfer of General Fund to a Other Fund maintenance account. One-time reduction.	(663,318)				\$ (663,318)			This action one-time deferral would delay funding of a maintenance account needed to prevent the growth of deferred maintenance projects. Failure to plan for future maintenance needs will simply delay these costs and create the need for a potentially large budget request in a future biennium.		7/1/11	
		HP	MAP Program	Remaining 2010 Children's Health Insurance Program Reauthorization Act (CHIPRA) Performance Bonus Award. The agency has an unspent 2010 CHIPRA bonus award balance that can be used to replace General Fund dollars. This offset would be a one-time savings.	(1,034,789)		-	1,034,789	-			No impact on services or outcomes.		5/1/12	
		HP	OPHP/ FHIAP	Terminate adult memberships in the Family Health Insurance Assistance Program (FHIAP) based on redetermination dates, starting in approximately December 2012. Staffing reduction. Reduction of \$0.14 million GF in FHIAP program and supporting staff.	(462,320)			(774,994)	(1,237,314)		(2.00)	Implements an "Exit Only" scenario for non-OMIP/FMIP (excluded since they are most vulnerable due to chronic conditions) Adult members on individual plans who are at or below the 100% Federal Poverty Level (FPL). Members meeting these criteria are dropped from the FHIAP program on their redetermination date in this action, starting in approximately December 2012, reducing the amount of GF-supported subsidy payments and corresponding federal match via an estimated average reduction in caseload of 81 lives per month. Due to their income status at or below 100% FPL, these members would be eligible for coverage under the Oregon Health Plan. For those who choose to enroll in OHP Standard, coverage would be restricted to a smaller panel of providers under OHP compared to the commercial coverage; in addition, out-of-pocket costs would be considerably less under OHP than the commercial market and there are likely to be benefit differences, although whether the OHP benefits are better or worse would depend upon the specific commercial coverage from which the individuals move. Also reduced are two FHIAP program positions/FTE and a proportional reduction in program and shared services S&S (rent and office supplies).		12/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
		AMH	BMRC	<p>Early closure of Blue Mountain Recovery Center (BMRC). BMRC's closure was originally scheduled for 2015. The patients at BMRC are primarily from western Oregon and are ready to be transitioned to existing community placements. An estimated 10 individuals will be transferred to OSH; the remaining 38 will be transitioned to community-based care. There will be a cost for mothballing and transferring funds to OSH to cover the increased staffing costs for 10 additional patients.</p> <p>Early closure reduction also reflects \$0.93 million GF reduction in Administration associated with the closure of BMRC.</p>	(7,869,271)		(2,140,432)	(679,465)	(10,689,168)	(135)	(75.37)	<p>There will be a loss of 60 psychiatric hospital beds in the system. Of the 48 patients in residence as of 10-14-11, it is expected that 38 will transition into community-based care closer to their homes in western Oregon. Those individuals needing hospital level of care will be transferred to OSH. As a result of this reduction, the system will lose the capacity to serve approximately 265 individuals annually. It is anticipated that there will be a gradual increase in the wait list from 15 to 50 names due to the loss of this capacity. The longer patients wait for a bed, the more stress is put on acute care hospitals and the AMH budget for uncompensated care.</p> <p>The system cannot sustain these changes through the 2013-15 biennium. There must be an investment in community mental health programs in order to treat people in the appropriate level of care. In addition, it is critical that the Junction City hospital begin to open by February 2015.</p> <p>This action will result in the loss of 143 jobs (this includes the use of temporary appointments and student workers). 17 of those are administrative and include general office functions as well as patient record keeping and billing functions.</p>	5/1/12		
		AMH	OSH	<p>Consolidation of wards at OSH - Wards will be consolidated at the OSH Salem Campus and operate at or near total capacity on each ward. Four units with 94 beds will not be opened. This allows 184 positions to be unfilled and maintain a staff-to-patient ratio of 3:1. The hospital will be operating at 92% capacity in Salem and 93% in Portland.</p> <p>Consolidation also reflects \$1.4 million GF reduction in Administration associated with the merging of patients into fewer units.</p> <p>These are one-time savings; additional wards must be opened in 13-15 and the 184 positions must be filled in the new biennium.</p>	(19,642,000)				(19,642,000)		(107.00)	<p>The consolidation of patient units will require that patients who have been civilly committed will be treated in units that also treat patients who have been criminally committed. This is likely to increase security and safety risks. Maintaining 94 beds vacant and holding 184 staff positions vacant requires the hospital to operate at 92% of capacity; above the ideal 85% to manage patient acuity mix and flow within the hospital. These are short-term strategies that allow services to be delivered under less than ideal circumstances due to the economic situation. Operating the system without 94 beds in addition to the closure of BMRC will contribute to increases in the number of people waiting at the wrong level of care for a bed at the state hospital.</p> <p>As a result of the OSH reduction, fewer administrative staff associated with those units will be needed. This action cannot be taken without the four units remaining vacant and inactive. These positions are the support positions for clinical functions. They are responsible for the charting and record keeping of patient treatment, pharmacy and billing for services. If units are opened, these positions will be critical to proper patient treatment and safety.</p> <p>In the 2013-15 biennium Junction City hospital must be built and begin to serve patients. There must also be an investment in the community mental health system to assure that the types of clients formerly served at BMRC can be safely and appropriately served in the community.</p>	5/1/12		
		HP	MAP Program	<p>Reduce reimbursement rates for ambulance services provided to Oregon Health Plan clients. The agency's 2011-13 budget included 11% rate reductions for OHP providers. The Legislature, however, made specific investments to reduce rate cuts for certain services, including ambulance transportation. This action would eliminate the legislative investment that mitigated rate cuts for ambulance services. Specific ambulance codes would be reduced to bring ambulance reimbursement more consistent with Medicare. CMS APPROVAL REQUIRED</p>	(172,000)		-	(374,000)	(546,000)			<p>Reducing ambulance rates could threaten the fiscal viability for ambulance providers, especially those in rural areas. Instead of simply eliminating the ambulance buy back, move to create a consistent rate methodology (% of Medicare) to achieve same savings.</p>	6/1/12		

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
		HP	MAP Program	Reduce funding for outstationed outreach workers at Federally Qualified Health Centers (FQHCs). The agency would reduce funding for outstationed outreach workers at FQHCs through a two step process: 1) Starting June 1, 2012, the agency would reduce the maximum rate of reimbursement for outstationed outreach workers from \$3,383, the maximum monthly salary for a Human Services Specialist 2 classification, to \$3,086, the maximum monthly salary for a Human Services Specialist 1 classification. 2) Starting January 1, 2013, the agency would pay FQHC outstationed workers \$75 per medical assistance application, the same way the Healthy Kids program pays individuals to assistance with applications.	(134,875)		-	(134,875)	(269,750)			Reducing funding for outstationed outreach workers may cause some FQHCs to restructure their staffing to provide application assistance.	6/1/12		
		HP	MAP Program	Eliminate the Direct Medical Education (DME) component of the Graduate Medical Education (GME) program. The agency would eliminate Medicaid payments to teaching hospitals that help offset costs associated with their graduate medical education programs. GME includes costs associated with stipends or salaries for residents, payments to supervising physicians, and direct program administration costs. CMS APPROVAL REQUIRED.	(6,650,000)		(1,550,000)	(13,660,000)	(21,860,000)			This reduction would mean that hospitals would have less incentive to train new physicians. The impact on the provider workforce may limit access to quality health care for all Oregonians. National health care reform, however, did create a national health care workforce commission tasked with reviewing health care workforce and projected workforce needs. In addition, grant opportunities were created for states to complete comprehensive assessment and planning for health care workforce development.	7/1/12		
		HP	MAP Program / Pgm Spt	Pursue contracting with an entity to provide non-emergent medical transportation statewide for Oregon Health Plan clients based on a per-member per-month basis (PMPM). The agency would seek to contact with an entity to provide non-emergent medical transportation on a negotiated PMPM basis. Currently, the agency reimburses transportation brokerages based on cost. CMS APPROVAL REQUIRED. This action will also result in a MAP administrative reduction of 0.25 position and \$0.01 million GF after contracting with one entity to provide non-emergent medical transportation statewide.	(642,913)		-	(1,063,041)	(1,705,954)		(0.25)	Some local governments would be directly affected by this reduction. Currently, the agency contracts with eight local government entities to provide transportation brokerage services. The Oregon Department of Transportation and the local governments have made significant investments in their transportation brokerage infrastructure. Moving to a statewide contractor would divert revenue from their programs. For some, this revenue would be a significant portion of there business. Transportation services to clients could be affected. A statewide contractor, paid on a per-member-per month basis, would have the incentive to keep costs down and may do so by denying rides that current transportation brokerages provide. The agency would lose 0.25 FTE of an Operations & Policy Analyst 3 position and would have to continue to realign staff to continue to meet operational needs.	7/1/12		
		HP	MAP Program	Eliminate coverage for non-emergent visit to hospital emergency department after the third non-emergent visit. The agency would no longer pay for a non-emergent visit to the emergency department after the third consecutive non-emergent visit. The reduction is modeled after a policy implemented by Washington State's Medicaid program, but modified using more refined diagnosis criteria. CMS APPROVAL REQUIRED	(160,000)		(60,000)	(380,000)	(600,000)			This reduction would have a differential impact on communities that have more limited access to primary care since they may use the emergency department more frequently for non-emergent health care. Thus, this would likely increase health disparities as opposed to reducing them.	7/1/12		
		AMH	Gambling	Reduction to Lottery Program This is a one-time reduction.			(390,969)	(390,969)			Reduces funding to rural and frontier counties required for robust outreach efforts to make treatment available to people with problem gambling behaviors. Without outreach, these people will be unserved and continue to have family problems, legal problems and greater risk of suicide. Added reductions will be made in program infrastructure and service capacity. Reduces leverage to improve PG prevention efforts in low-performing counties, fewer youth receive problem gambling prevention education, increases risk of prevalence rising among youth. Reduces helpline capacity. Includes \$21,116 reduction in Lottery-funded PSKs, less frequent data reports will allow quality problems to go unaddressed longer and reduce treatment effectiveness. This is a one-time reduction.	5/1/12			

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
		AMH	A & D Treatment	Eliminate SE 60 Treatment enhancements. These enhancements provide assessment, referral, treatment and other specialized services across six service areas: Columbia, Mid-Columbia, Linn, Washington, Josephine and Multnomah. This reduction cuts nearly \$0.4 million of funding for alcohol and drug treatment services for Special Projects. The reduction in funding is considered one-time and would be repurposed in the 2013-15 biennium.	(361,378)				(361,378)			This reduction would decrease youth and family access to outreach, screening and assessment, treatment and support for recovery, services and supports to find and keep employment in collaboration with TANF JOBS program, risking further penetration into the criminal justice system, higher high school drop out rates and more parents losing custody of their children. Projects providing holistic approaches for Latino youth and their families who are already disproportionately under-served would be eliminated. This reduction will jeopardize the Maintenance of Effort (MOE) requirement of the SAPT Block Grant. In addition, this reduction may jeopardize the TANF MOE. This program enhancement would be eliminated. However, the reduction in funding is considered one-time and would be repurposed in the 2013-15 biennium.	5/1/12		
		AMH	A & D Treatment	Reduce SE 66 Continuum of Care. This reduction cuts over \$0.3 million of funding for alcohol and drug treatment services for 274 people who are not eligible for Medicaid. This is a one-time reduction.	(328,272)				(328,272)			This reduction would eliminate critical A&D services for 274 people per biennium. Without treatment for substance use disorders, these people will continue to abuse alcohol and drugs and be at increased risk for infectious diseases, committing crimes, endangering their children risk of losing custody to the state, lose their jobs, and endangering other people. This would increase health costs, child welfare caseloads and reduce the employability of TANF clients. This cut will result in the layoff of highly skilled counselors who may never return to serving these clients. This reduction jeopardizes the MOE requirements of the SAPT Block Grant. This is a one-time reduction.	5/1/12		
		AMH	CMH	Capacity Reduction. Reduce the number of beds in community residential treatment homes that have a combined service payment of more than \$10,000 per month. The closure of these facilities would be one time as AMH would use the dollars associated with these cuts for supportive housing in 2013-15.	(4,819,020)			(1,874,436)	(6,693,456)			This reduction will reduce the capacity of specialized residential treatment services by 19 beds serving 96 people per biennium. This reduction would result in people remaining in OSH after they are ready to transition to the community, reducing capacity developed over several biennia to serve persons with specialized mental health needs in the community. Because a portion of these services are Medicaid eligible, there is also a reduction in federal revenues associated with this action. The closure of these facilities would be one time as AMH would use the dollars associated with these cuts for supportive housing in 2013-2015. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible.	7/1/12		
		HP	MAP Program	Eliminate coverage for specific dental services for Oregon Health Plan (OHP) Plus adult clients. The agency would no longer cover the following dental services for adults (including pregnant adults) receiving the OHP Plus benefit package: root canals for permanent teeth and retreatment of root canals (i.e., endodontics); full and partial dentures; and crowns. Oregon Health Plan coverage is based on the Prioritized List of Health Services. The dental services eliminated for OHP Plus adults under this reduction are those found on lines 414, 436,468, 477, 480 and 494 of the prioritized list. CMS APPROVAL REQUIRED	(4,201,517)		-	(7,020,483)	(11,222,000)			Adults receiving the OHP Plus benefit package could end up requiring more teeth extracted if they cannot be restored. Loss of denture coverage would prevent these clients from getting dentures to replace missing teeth, which can result in difficulty eating and finding employment. With reduced dental benefits, clients may access the emergency department more often because of unmet dental needs.	7/1/12		
		HP	MAP Program	Eliminate the Indirect Medical Education (IME) component of the Graduate Medical Education (GME) program. The agency would eliminate Medicaid payments to teaching hospitals that help offset indirect costs associated with their GME programs. IME includes indirect costs that arise from the inexperience of residents such as extra medical tests and reduced productivity. CMS APPROVAL REQUIRED.	(2,590,000)		(600,000)	(5,310,000)	(8,500,000)			This reduction would mean that hospitals would have less incentive to train new physicians. The impact on the provider workforce may limit access to quality health care for all Oregonians. National health care reform, however, did create a national health care workforce commission tasked with reviewing health care workforce and projected workforce needs. In addition, grant opportunities were created for states to complete comprehensive assessment and planning for health care workforce development.	7/1/12		

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5		6	7	8	10	12	13	14.00	15		16
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description		GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes		Effective Date	
		HP	MAP Program	Eliminate non-emergent dental coverage for OHP Plus non-pregnant clients. OHP Plus non-pregnant adults would have the same dental coverage as provided by the OHP Standard benefit package, which limited to emergency dental services (e.g., acute infection or abscess, severe tooth pain, tooth re-implantation and extraction of symptomatic teeth). LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(2,642,486)		-	(4,413,774)	(7,056,260)			Non-pregnant adults who receive the OHP Plus benefit package would receive the same limited dental package as provided to OHP Standard clients. OHP Standard dental benefits are limited to services requiring immediate treatment and are not intended to restore teeth. Services provided include treatment for the following: acute infection; acute abscesses; severe tooth pain; tooth re-implantation when clinically appropriate; and extraction of teeth, limited to those teeth that are symptomatic.		9/1/12	
		PH	OFH	Office of Family Health (OFH) School Based Health Center (SBHC) Program. Currently 63 certified SBHC operate in 29 counties and provide primary care services to school aged youth. SBHCs are an access model reducing traditional barriers to care and are part of the safety net system. SBHCs focus on age and developmentally appropriate care including preventive care visits, diagnosing and treating acute and chronic illness or disease, providing screenings , health education and immunization services. The reduction is tiered into two \$600,000 GF reductions. The first proposed reduction of \$600,000 would be managed by eliminating the unobligated planning and expansion funds available in the special payments budget. This will fix the total number of certified centers at 63 at the current formula rate but will not allow funding of new centers or centers who did not fully complete certification last biennium. To accomplish a second reduction of \$600,000 requires the program to eliminate funding for between 10-15 centers (assumes second reduction cuts taken July 2012).	(1,200,000)				(1,200,000)			Reductions across all centers would weaken the formula payment (24 % reduction) such that the system would risk a larger number of centers closing because of funding instability. Criteria used to identify centers to be cut may include, "low performing" or sites not in full compicance of certification, sites currently not billing or adopting systems to increase revenue, and/or sites that serve small numbers or proportions of uninsured populations. Eliminating funding for 10-15 centers would result in a loss at the local level of up to approximately 3.5 jobs and total loss of health services to students in those schools. In addition, a policy requirement of third party billing if a site is to receive a future base grant award from the state and evidence the site has a plan to adopt EMR/PM tools will be implemented. Reductions beyond the \$1.2 million level erase recent legislative investments and marginalize the effectiveness of the entire system to the point that moving away entirely should be factored.		5/1/12	
		HP	MAP Program	Eliminate coverage for therapy services for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate physical therapy, occupational therapy, and speech therapy from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(291,344)		(8,269)	(500,635)	(800,248)			Non-pregnant adult Oregon Health Plan clients needing these services would experience prolonged health care issues affecting their ability to become self-sufficient. Hospital stays and the length of time for recovery from orthopedic surgery would increase. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available.		9/1/12	
		HP	MAP Program	Eliminate coverage for prosthetic devices, hearing aids, chiropractic services and podiatry services for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate coverage for prosthetic devices, hearing aids, chiropractic services, and podiatry services from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(502,633)		(865)	(841,315)	(1,344,813)			Health care needs for a significant number of non-pregnant adult Oregon Health Plan clients, especially seniors and people with disabilities would go unmet. For example, individuals would live without prosthetic devices for amputated limbs; individuals with hearing impairments would go without necessary aids; and, individuals with diabetic or neuropathic conditions would go without foot care treatment. In some instances, other agency programs would have to fund these services. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available.		9/1/12	
		HP	MAP Program / Pgm Spt	Eliminate dental coverage for Oregon Health Plan (OHP) Plus non-pregnant adults and OHP Standard clients. The agency would eliminate the remaining non-pregnant adult dental coverage for the OHP Plus and OHP Standard benefit packages. This reduction includes a MAP administrative reduction of \$0.07 million GF two positions after eliminating the optional Medicaid services above (e.g., therapies, prosthetic devices, dental). LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(3,453,989)		(1,276,101)	(7,883,464)	(12,613,554)		(0.38)	The lack of a dental benefit for non-pregnant adults on the Oregon Health Plan (OHP) would cause adverse effects on their physical health, such diabetes and cardiovascular disease. Emergency room visits would increase. The OHP dental care organization infrastructure would be threatened with the loss of the adult population. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available. The agency would lose an Operations & Policy Analyst 3 position and a Public Service Representative 4 position and would have to continue to realign staff to continue to meet operational needs.		9/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
		AMH	Gambling	Reduction to Lottery Program This is a one-time reduction.		(390,969)		(390,969)			Further reduces funding to rural and frontier counties required for robust outreach efforts to make treatment available to people with problem gambling behaviors. Without outreach, these people will be unserved and continue to have family problems, legal problems and be at greater risk of suicide. Added reductions will be made in program infrastructure and service capacity. Reduces leverage to improve prevention efforts in low-performing counties, so that fewer youth receive problem gambling prevention education, increasing the risk of increased prevalence among youth. High risk youth will not receive problem gambling education. Reduces helpline capacity. Includes \$21,116 reduction in Lottery-funded Personal Service Contracts (PSKs). Less frequent data reports mean that quality problems go unaddressed longer, reducing treatment effectiveness. Urgent data requests will not be readily available (for legislative sessions, etc.) This is a one-time reduction.	5/1/12			
		AMH	CMH	Reduction in Child Outpatient Mental Health This is a one-time reduction.	(2,337,038)			(2,337,038)			This reduction cuts 13% of the funding for essential community-based services such as in-home supports, case management, in-school supports, assistance accessing the appropriate level of care to meet the child and family's needs. Because these children are not Medicaid-eligible and lack insurance, the children risk removal from their classrooms, family problems, poor performance in school, and criminal justice involvement. Approximately 280 additional children per year will not receive services that are essential to remain at home, in school and out of trouble. Without these services, many of these children will require institutional level of care outside of their schools, homes and communities. This reduction is one-time. This reduction jeopardizes the Mental Health Block Grant MOE.	5/1/12			
			Subtotal Value of 1st 3.5%	(62,049,613)	(781,938)	(5,796,390)	(46,184,597)	(114,812,538)	(142)	(191.63)					
			FIRST 3.5% REDUCTION MET WITH ALL REDUCTIONS ABOVE THIS LINE												

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16	
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date		
	All	All	The Oregon Health Authority will further reduce its administration by approximately 10% of the total General Fund budget	(3,253,026)	-	(160,723)	(789,929)	\$ (4,203,678)	(31)	(34.29)	This combination of reductions for Services & Supplies and positions will require layoffs of management service and represented staff.			
	HP	MAP Program	Make the mental health preferred drug list (PDL) enforceable. Prescribers of mental health medications would be required to adhere to the PDL. Exceptions to the PDL would be administered by prior authorization. An enforceable PDL for mental health medications would increase usage of preferred drugs. There would be no limitation on access to prescriptions under this reduction. Before being placed on the PDL, drugs are subjected to rigorous evidence review. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(1,896,067)		(312,721)	(4,525,322)	(6,734,110)			Many mental health organizations, including the National Alliance on Mental Illness (NAMI), strongly oppose putting mental health drugs on an enforceable PDL stating that many drugs have little research or outcome data to be evaluated properly.	9/1/12		
	HP	MAP Program	Reduce reimbursement rates for Durable Medical Equipment (DME) services provided to Oregon Health Plan clients. This action would reduce DME rates further than those already accounted for in the OHA 2011-2013 budget. CMS APPROVAL REQUIRED	(325,000)		-	(543,000)	(868,000)			Reducing DME rates would increase the possibility that DME providers would not participate in the Medicaid program, which may create delayed access for clients needing DME services and supplies as alternative sources were identified.	6/1/12		
	AMH	CMH	Eliminate plans to develop additional residential treatment capacity needed to serve growth in numbers of individuals who are civilly or criminally committed and require this level of care to transition to more independent integrated living, including: - people with increased physical and mental health needs who aren't eligible for services through Seniors and Persons with Disabilities (SPD), - people with increased medical needs in addition to existing mental health needs, - young adults leaving the children's mental health system and entering the adult mental health system and - specialized services for people with increased behavioral needs in addition to existing mental health needs.	(7,647,539)			(1,892,761)	(9,540,300)			These reductions would result in the inability to add 44 beds to the current AMH licensed residential capacity for civilly and criminally committed persons in communities throughout the state. This action has the potential to: - increase length of stay in the Oregon State Hospital (OSH) due to unique, special needs. This increases the risk Oregon could be found in violation of the Olmstead decision. - decrease the ability to prevent admissions to OSH for young adults coming from child welfare and department of corrections supervision. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible.	7/1/12		

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16	
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date		
		AMH	CMH / AMH Pgm Spt	Reduction in Mental Health Crisis Services. This also represents \$0.64 million GF in Administrative reductions due to total program reductions. This is a one-time reduction.	(4,940,820)				(4,940,820)		(3.75)	This reduction would be an 18% cut in funding for crisis mental health services, affecting 2,345 individuals. Face-to-face crisis interventions would be reduced or eliminated. Community mental health crises would fall to law enforcement for response. More people would end up in jail or high-end acute psychiatric care services. There would be an increase in deaths related to mental health crises. Counties could not fully meet their statutory obligations to investigate civil commitments. This reduction jeopardizes the success of the new state recovery and treatment facilities that replace OSH. The cut jeopardizes the MOE requirements for the MH Block Grant. This is a one-time reduction. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible. This level of budget reduction eliminates program positions that serve essential functions in both the current residential system and the expected CCO business environment. This budget reduction would eliminate a critical unit within AMH that provides critical linkages for people leaving OSH and the community of their discharge as well as necessary linkages for community providers, local hospital emergency rooms/acute psychiatric care units for people needing admission to OSH. Without these functions, people with mental illness will remain at OSH longer. Others will linger in acute settings, unable to gain admittance to OSH and creating backlogs in the system. The ultimate result is that the persons with mental illness will remain at an inappropriate level of care for too long. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible.	5/1/12	
		HP	MAP Program	Cover 26 fewer lines on Prioritized List of Health Services. Oregon Health Plan (OHP) coverage is based on the Prioritized List of Health Services, which ranks treatment and condition pairs in order of effectiveness. Starting October 1, 2012, OHP would cover Lines 1 through 472. The agency would seek federal approval to no longer cover Lines 473 through 498 on the 2013 list for the OHP Plus and OHP Standard benefit packages. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(12,532,585)		-	(20,941,200)	(33,473,785)			This action would have a dramatic impact on health care services that are covered for all OHP clients, including pregnant women, children, and other groups. Coverage for treatments of conditions such as collapsed structure of a lung, hearing loss and neonatal eye infections would end. Conditions that may cause significant functional disability would no longer be covered, including urinary incontinence and osteoarthritis and uterine prolapse. Several mental health conditions would no longer be covered, including social phobias and obsessive compulsive disorders which would likely result in broader family and community impacts. In addition, coverage of many basic dental treatments, such as missing teeth, dental caries and dentures, would be eliminated for all eligibility groups. Elimination of coverage of this magnitude would make it very difficult for physical, dental, and mental health providers to deliver high quality, comprehensive care. This proposal would significantly increase administrative burden for providers and for the department.	10/1/12	
		HP	OPHP/ FHIAP & IEO	Terminate adult memberships in the Family Health Insurance Assistance Program (FHIAP) based on redetermination dates, starting in approximately May 2012. Reduction in FHIAP and program and supporting staff of \$0.46 million GF is also reflected in this reduction.	(1,519,051)			(2,284,236)	(3,803,287)		(4.00)	Continues the programmatic cuts and associated implementation methodology described above in the 3.5% target action, but drives the implementation date back to approximately May 2012. The impacts described in the 3.5% target action would be felt by affected clients earlier, giving them less time to adjust to accommodate the change in coverage. Also reduced are three FHIAP program positions/FTE, a position within Information, Education and Outreach (IEO), and a proportional reduction in program and shared services S&S (rent and office supplies).	5/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
		HP	MAP Program	Eliminate outpatient mental health benefits for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate outpatient mental health coverage from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(14,067,564)		(2,389,237)	(27,546,126)	(44,002,927)			This reduction would eliminate outpatient mental health services and community-based rehabilitative service provided to non-pregnant adults who receive the OHP Plus benefit package. While these services are optional, inpatient mental health services are not optional and not being eliminated. Mental health drugs would remain part of the benefit package for OHP Plus non-pregnant adults. This reduction would negatively impact the health of many OHP clients; hurt the community mental health delivery system; and, hurt the health system transformation efforts.	12/1/12		
		PH	OFH	Office of Family Health Contraceptive Care - Oregon Contraceptive Care (CCare) Program formerly known as Family Planning Expansion Program (FPEP). CCare provides contraceptive management to low income individuals. This reduction consists of a manageable \$700,000 reduction and an additional \$600,000 that would require not implementing an FPL increase, or implementing in stages at different rates than currently in place to meet this reduction. This is a one-time reduction.	(1,300,000)			(11,700,000)	(13,000,000)			Decrease in funding would restrict the current number of clients and client services that could be provided by family planning providers to low income individuals. The CCare Program has a combined budget of \$7.2 million in state funds. Current client enrollments would require approximately \$5.2 million for the 2011-13 Biennium. Projections of a proposed \$10 provider encounter rate and the requested increase in Federal Poverty Level (FPL) to 250% would add \$1.2 million for a total \$6.4 million in state funds. The \$600,000 reduction would require not implementing an FPL increase, or implementing in stages at different rates (e.g. 185-200, or 215% rather than 250%) to meet this reduction. Reductions to providers in the CCare Program would have a corresponding 9:1 loss in federal funding.	5/1/12		
		AMH	CMH	Reduction in Adult Outpatient Mental Health This is a one-time reduction.	(10,249,899)				(10,249,899)			This reduction would eliminate critical case management services that often provide the sole connection to community resources for persons with mental illness. Without these essential services, more persons with mental illness will become more ill, there will be an increase in homeless persons with mental illness, and there will be an increased cost to the state when the scope and complexity of services and supports are eventually identified. In other words, case management saves money by identifying and referring persons with mental illness to services sooner in a timely manner. This reduction is one-time. At this level and below, Civil Commitment statutes may need to be suspended. This reduction puts Oregon at risk of failing to serve people in the most integrated and independent setting possible.	5/1/12		
		HP	MAP Program	Reduce reimbursement rates for primary care services provided to Oregon Health Plan clients. The agency's 2011-13 budget included 11% rate reductions for OHP providers. The Legislature, however, made the specific investment to eliminate rate cuts for primary care services. This action would eliminate the rate reduction buy back for primary care. Primary care rates would be cut to the same level as rate for other physician services. Obstetrics rates which were not previously cut because of the buy back, would also be reduced. CMS APPROVAL REQUIRED.	(5,100,000)		-	(10,200,000)	(15,300,000)			Reducing primary care reimbursement rates would dramatically affect the Oregon Health Plan. The reduction could limit access to preventive care and obstetric services, add stress to an already stressed delivery system, and would be counter to the overall health transformation goals.	7/1/12		
				Subtotal Value of 2nd 3.5%	(62,831,551)	-	(2,862,681)	(80,422,574)	(146,116,806)	(31)	(42.04)				
				SECOND 3.5% REDUCTION MET WITH ALL REDUCTIONS ABOVE THIS LINE											
		All	All	The Oregon Health Authority will further reduce its administration by approximately 10% of the total General Fund budget	(4,996,705)	-	(160,723)	(700,996)	\$ (5,858,424)	(32)	(32.39)	This combination of reductions for Services & Supplies and positions will require layoffs of management service and represented staff.			

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16	
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date		
		AMH	Reduction in Gambling Program This is a one-time reduction. Gambling		(390,969)			(390,969)			Ends base funding for rural and frontier counties needed for robust outreach efforts to make treatment available to people impacted by problem gambling. Without outreach, these people will be unserved and continue to have family and legal problems and an increased risk of suicide. Added reductions in program infrastructure will reduce capacity. Eliminates funds to improve prevention efforts in low-performing counties so that fewer youth receive prevention education, risk increased prevalence among youth. Reduces helpline capacity, so that an additional 50 clients will not be served, resulting in increased social costs to the state. Includes \$21,116 reduction in Lottery-funded Personal Service Contracts. Less frequent data reports mean that quality problems are unaddressed longer there is less data by which to monitor contracts and ensure outcomes. Urgent data requests will not be readily available (for leg. sessions). Reduction in workforce development results in fewer trained and certified counselors due to the virtual elimination of program training. This is a one time reduction.	5/1/12		
		HP	Eliminate addiction services for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate addiction services from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED. MAP Program	(1,047,855)		(1,174,676)	(3,761,512)	(5,984,043)			This reduction would eliminate clinic and community-based assessment and treatment for substance use disorders for non-pregnant adults who receive the OHP Plus benefit package. These services are covered in the Medicaid State Plan under rehabilitative services and are optional. Hospital-based detoxification, screening and brief intervention by a physician would remain covered. Clients would have difficulty obtaining and maintaining employment. Some parents who have OHP coverage and children in the custody of Child Welfare would have increased difficulty being reunited with their children due to the inability to complete treatment requirements and maintaining safe living conditions for their children. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available.	12/1/12		
		PH	Oregon State Public Health Lab. Eliminate (1) parasitology testing; (2) syphilis testing (RPR and FTA); (3) virus isolation testing except for federally funded influenza testing; eliminated tests include poliovirus, adenovirus, parainfluenza and other respiratory agents; and (4) culture and identification of Salmonella, Listeria, E. coli and other enteric bacteria for statewide disease control by state and local public health agencies. This is a one-time reduction. OSPHL	(326,262)				(326,262)		(1.86)	Only selected cultures would be typed when supported by federal funds. Local and state disease control programs will be unable to diagnose and prevent these infections, which will spread in the community, resulting in greater morbidity and mortality. The OSPHL will be unable to fulfill its statutory requirement to provide testing to local health departments for reportable diseases (ORS 433.012). OSPHL will pursue potential for increased billing capacity. This billing option may not materialize during the 11-13 biennium due to systems that would need to be built to accomplish this.	5/1/12		

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
		PH	OFH	Office of Family Health (OFH) State Immunization Program. Eliminate state general funded Immunization awards to Local Health Departments. The State Immunization Program provides state funding awards to meet the Program Element 43 of the Local County Public Health Department Awards. This funding provides infrastructure, primarily funding for positions with local county partners. Funds are used to offer on-going immunization clinics in each county, report data to the Immunization Information System (IIS), provide case management services to Perinatal Hepatitis B cases, tracking and recall, WIC/Immunization integration, surveillance and outbreak control for vaccine preventable diseases, ensure reporting for adverse events following immunization, and maintaining School Immunization Law and meeting key performance measures. These state funded dollars leverage a match with Title XIX Medicaid at a rate of 2:1. This is a one-time reduction.	(600,000)			(600,000)	(1,200,000)			The reductions would result in the loss of up to approximately 12 jobs at the local level and potentially more if local immunization clinics are closed. Services performed at Local Health Departments required by state statue or rule, such as the School Immunization Law requirement to the state for maintenance would be reverted to the State in many counties. This elimination of state funding puts the State at risk of loss of \$8 million in federal funding from the Center for Disease Control under the Vaccine for Children Program Grant. Projected state projected savings would be offset by the increase in work load transferred from County Health Departments for the maintenance of any statutory, regulatory, or grant requirements. These state funds are matched with Title XIX Medicaid funding at a rate of 2:1.	5/1/12		
		AMH	A & D Treatment	This reduction cuts nearly \$1.8 million of the funding for alcohol and drug treatment services for 1,500 youth and adults. This is a one-time reduction.	(1,798,542)			(1,798,542)			This reduction would eliminate critical A&D services for 1,500 people per biennium. The system is already only able to meet about 25% of the need. Without treatment for substance use disorders, people will continue to abuse alcohol and drugs and be at increased risk for acquiring infectious diseases and other chronic health conditions, committing crimes, endangering their children and risking losing custody to the state, losing their jobs, and endangering other people. This reduction will increase the cost of untreated substance abuse in Oregon, already estimated to be \$5.9 billion per year, according to a report published by ECONorthwest in 2008, and jeopardizes the maintenance of effort requirement of the SAPT Block Grant. The reduction will result in the layoff of numerous experienced and skilled alcohol and drug counselors. This is a one-time reduction.	5/1/12			
		AMH	CMH / AMH Pgm Spt	This reduction would be a 25.5% funding decrease for psychiatric acute care services. This also represents \$0.63 million GF in Administrative reductions due to total program reductions. This is a one-time reduction.	(8,628,056)			(8,628,056)		(3.75)	As a result, 1,512 adults who are ineligible for Medicaid and who have no insurance will not receive psychiatric inpatient services. Without these services, individuals who are very ill may injure themselves or others. The state will be at risk for failing to provide services to people who are civilly committed. 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 MOE requirements for the MH Block Grant. This is a one-time reduction. This reduction puts Oregon at risk of failing to serve people in the most integrated and independent setting possible. This level of budget reduction eliminates three additional program positions that serve essential functions in both the current system and the expected CCO business environment. They include two program analysts whose functions include utilization management of the current residential system as well as new business analysis functions required by the CCOs. The other function eliminated by this reduction would be a program support staff position which is essential to office efficiencies and completed tasks. These reductions eliminate staff who perform critical functions in the current system and who must remain in place until the new system is completely established. In the new system, these staff resources would need to be available to perform critical facility monitoring, performance outcomes monitoring, and contract compliance functions when the CCOs are established.	5/1/12			

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16	
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes		Effective Date	
		HP	MAP Program / Pgm Spt	Eliminate coverage for prescription drugs for OHP Plus non-pregnant adults and OHP Standard clients. The agency would eliminate coverage for prescription drugs from the Oregon Health Plan for non-pregnant adults, age 21 and older, receiving the OHP Plus benefit package and for clients receiving the OHP Standard benefit package. MAP would also take an administrative reduction of (\$0.01 million GF) and one position after eliminating prescription drugs for OHP Plus non-pregnant adults and OHP Standard clients. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(12,362,387)		(680,319)	(22,121,280)	(35,163,986)		(0.17)	Client and provider impacts would be significant. Clients' health conditions would deteriorate, requiring higher levels of care. Practioners and managed care organizations would be severely hampered in providing adequate medical care to patients. Many providers would discontinue their participation in the program. Clients would have difficulty obtaining and maintaining employment. Without prescription drugs, health outcomes for people on the Oregon Health Plan would severely suffer. The savings calculation for this reduction includes offsetting health care costs. Because of those offsetting costs and impacts on the health care delivery system, moving up the effective date of this reduction would begin to reduce the net savings from this action. If this reduction were to continue into the next biennium, the offsetting costs would grow significantly and would likely eliminate all future savings. The agency would lose an Operations & Policy Analyst 1 position and would have to continue to realign staff to continue to meet operational needs.	3/1/13	
		AMH	Gambling	Reduction in Gambling Program This is a one-time reduction.			(502,676)		(502,676)			Eliminates ability to incentivize programs that exceed initial contract allotment and increase enrollments of clients. Eliminates Oregon Council on Problem Gambling's funding for Voices of Problem Gambling Recovery and jeopardizes existence of this consumer advocacy group. Jeopardizes ability for help line to provide Spanish language services. Reduction in FTE dedicated to prevention at County levels. Loss of treatment infrastructure and reduction in total number of clients served along with commensurate increase in social costs associated with problem gambling. An estimated 150 clients won't be serviced resulting in social costs of \$1.68 million to Oregon. This is a one-time reduction.	5/1/12	
		PH	OSPHD	Oregon State Public Health Director (OSPHD)- Reduces the State Support to Local Health Departments (per capita payments). This reduction would reduce the state general funds provided to Local County Public Health Departments (LPHD) to meet Program Element 1 requirements. Distributed on a per capita basis, this funding would reduce from \$1.12 per capita, to \$0.899. These state funds are to operate their Communicable Disease control program which includes: epidemiological investigations that report, monitor, and control Communicable Disease; diagnostic and consultative Communicable Disease service; early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases; appropriate immunization for human and animal target populations to control and reduce the incidence of Communicable Disease; and collection and analysis of Communicable Disease and other health hazard data for program planning and management. This is a one-time reduction.	(1,000,000)				(1,000,000)			These state funds are to operate their Communicable Disease control program which includes: epidemiological investigations that report, monitor, and control Communicable Disease; diagnostic and consultative Communicable Disease service; early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases; appropriate immunization for human and animal target populations to control and reduce the incidence of Communicable Disease; and collection and analysis of Communicable Disease and other health hazard data for program planning and management. Reducing these funds will impair LPHDs ability to investigate and report disease outbreaks. Approximately 10 jobs at local health departments would be lost. In addition, these state dollars are leveraged to provide the required match on several federal funding sources including the Public Health Preparedness Program, which may result in other decreased services, lost opportunities for the state to obtain federal grant dollars, and lost state and local positions.	5/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16	
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date		
	AMH	CMH	Additional CMH Reduction. As above, this reduction will require suspension of civil commitment statutes. This is a one-time reduction.	(26,450,458)				(26,450,458)			The additional \$26.5 million reduction to the adult community outpatient services will cripple Oregon's mental health system. The reductions taken cumulatively result in 36% of the total outpatient services budget of \$120.2 million. Before any reductions were taken, the outpatient mental health services were funded at less than 50% of the need for Oregonians with mental illnesses. Services will be provided on a crisis basis only and there will be an increased use of hospital emergency rooms in local and county corrections facilities as well as acute care psychiatric beds. The case management functions that provide the necessary linkages for mental health treatment services and supports will no longer exist in that capacity. This reduction jeopardizes the Mental Health Block Grant MOE. This is a one-time reduction. This reduction puts Oregon at risk of failing to serve people in the most integrated and independent setting possible.	5/1/12		
	HP	MAP Program	Cover approximately 9-12 fewer lines on Prioritized List of Health Services. Oregon Health Plan (OHP) coverage is based on the Prioritized List of Health Services, which ranks treatment and condition pairs in order of effectiveness. Starting October 1, 2012, OHP would cover the remaining lines. The agency would seek federal approval to no longer cover some lines on the 2013 list for the OHP Plus and OHP Standard benefit packages. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(4,727,641)		-	(7,899,605)	(12,627,246)			This action would have a dramatic impact on health care services that are covered for all OHP clients, including pregnant women, children, and other groups. Coverage for treatments of serious conditions such as cancer of the gall bladder and non-union of fractures would end. Conditions causing significant functional disability would no longer be covered, including urinary incontinence and several types of conditions that may cause hearing loss. Several of the most common mental health conditions would no longer be covered, which would likely result in broader family and community impacts. In addition, coverage of many common dental treatments, such as root canal therapy, crowns, and dentures, would be eliminated for all eligibility groups. Elimination of coverage of this magnitude would make it very difficult for physical, dental, and mental health providers to deliver high quality, comprehensive care. This proposal would significantly increase administrative burden for providers and for the department.	10/1/12		
			Subtotal Value of 3rd 3.5%	(61,937,906)	(893,645)	(2,015,718)	(35,083,393)	(99,930,662)	(32)	(38.17)				
			THIRD 3.5% REDUCTION MET WITH ALL REDUCTIONS ABOVE THIS LINE											
			Value of all reductions	(186,819,070)	(1,675,583)	(10,674,789)	(161,690,564)	(360,860,006)	(205)	(271.83)				

Oregon Health Authority														
2011 - 2013 Biennium										Agency Number:			44300	
Detail of Reduction to 2011-13 Programs funded by the Criminal Fines and Assessment Account (CFAA)														
1	2	3	4	5	6	8	10	12	13	14	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
		HP	MAP / LEMLA	LEMLA Reduction		\$ (48,768)		\$ (48,768)			LEMLA is over 90% funded by OF, primarily Criminal Fines Account and Revenue Dept. A 1% cut based on LAB expenditures is equal to <\$13,934>. [The revenue from the Criminal Fines Account has already been cut 20%, <\$126,000>, for 11-13] An issue with cutting this program is that currently all payments from this program are on hold. It is unknown what the backlog of claims totals, nor what a "normal" monthly payment rate would be. This makes it difficult to determine what the estimated biennial expenditures may really be.	5/1/12		
		HP	MAP / LEMLA	LEMLA Reduction		\$ (48,768)		\$ (48,768)			Unknown impact per above LEMLA statement.	5/1/12		
		HP	MAP / LEMLA	LEMLA Reduction		\$ (48,768)		\$ (48,768)			Unknown impact per above LEMLA statement.	5/1/12		
		AMH	A & D Treatment	Reduction in Criminal Fines and Assessment Account (CFAA) This is a one-time reduction.		\$ (152,806)		\$ (152,806)			At an average treatment cost of \$1,200, a reduction of 3.5% to the Intoxicated Driver Program Fund (IDPF) will result in 126 indigent individuals not being able to access alcohol and drug treatment. With the passage of HB 3075 and the increase in indigent DUII defendants accessing ignition interlock devices the availability of IDPF for treatment is further reduced. This is a one-time reduction.	5/1/12		
		AMH	A & D Treatment	Reduction in Criminal Fines and Assessment Account (CFAA) This is a one-time reduction.		\$ (152,806)		\$ (152,806)			At an average treatment cost of \$1,200, another reduction of 3.5% to the IDPF will result in an additional 126 indigent individuals (combined 7% and 252 indigent individuals) being unable to access alcohol and drug treatment. With the passage of HB 3075 and the increase in indigent DUII defendants requiring ignition interlock devices, the availability of IDPF funds for treatment is further reduced. This is a one-time reduction.	5/1/12		

	AMH	A & D Treatment	Reduction in Criminal Fines and Assessment Account (CFAA) This is a one-time reduction.		\$ (152,806)		\$ (152,806)			At an average treatment cost of \$1,200, a reduction of an additional 3.5% to the IDPF would result in another 126 indigent individuals (combined 10.5% and 378 indigent individuals) being unable to access alcohol and drug treatment. With the passage of HB 3075 and the increase in indigent DUII defendants requiring ignition interlock devices, the availability of IDPF funds for treatment is further reduced. This is a one-time reduction.	5/1/12
	PH	OCHHP	CFAA for EMS. The Emergency Medical Services and Trauma Systems Program develops and regulates systems that provide quality emergency care to victims of sudden illness or traumatic injury. This ensures that responders are fully trained, that emergency medical vehicles are properly equipped, and emergency medical systems are functioning efficiently and effectively.		\$ (35,000)		\$ (35,000)			One Time Reduction - The program would look to keep a position unfilled and absorb the reduction through vacancy savings in the 11-13 biennium. An Administrative Specialist 1 employee is vacating the position next month. If this reduction were instituted, the position would remain unfilled for 4.5 months. This position provides confidential administrative support to the EMS and Trauma Systems management in addition to coordinating and preparing ongoing operations of the program including all required quarterly meetings with mandated advisory committees.	5/1/12
				\$ -	\$ (639,722)	\$ -	\$ (639,722)	0	0.00		

Psychiatric Security Review Board														
2011 - 2013 Biennium												Agency Number: 39900		
Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	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													
			Vacancy savings for new R.A. (7/1/11-11/14/11)	21,000						\$ 21,000			N/A	
			Vacancy savings for other new employees (10/1/11-11/14/11)	10,000						\$ 10,000			N/A	
			Vacancy savings for existing OS II	9,500						\$ 9,500			N/A	
			Reduction in GRU hearings	12,000						\$ 12,000			G.R. hearings may be scheduled only ever other month	
			Reduction in JPSRB hearings	8,000						\$ 8,000			Juv. PSRB hearings will not be held on a monthly basis	
			Reduction in Services and Supplies	4,514						\$ 4,514				
										\$ -				
				65,014	-	-	-	-	-	\$ 65,014	0	0.00		

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)																	
1	2	3	4	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																
			Reduce 1.0 FTE to 0.5 FTE (AS II) for 24 months		54,586						\$ 54,586	AS II	0.50	Unable to hire new FTE as authorized by legislature and will impact hearing preparation for GEI cases.			
			Reduce 1.0 FTE to 0.5 FTE (Paralegal) for 12 months		18,459						\$ 18,459	Paralegal	0.50	Gun Relief Unit will only have use of a 0.5 FTE paralegal for preparation and conduct of hearings.			
			Reduction of service and supplies		639						\$ 639						
											\$ -						
											\$ -						
					73,684	-	-	-	-	-	\$ 73,684	0	1.00				

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)														
1	2	3	4	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													
			Reduce .05 FTE to 0.00 FTE (AS II) for 24 months	54,586						\$ 54,586	AS II	0.50	Total elimination of 1.0 FTE recently authorized by the legislature to deal with statutory changes to the PSRB program.	
			Reduce 1 FTE to 0.08 FTE (Exec. Sec) for 12 months	13,777						\$ 13,777	ESS	0.02	Less able to manage the workload associated with the ESS position including hearing notices, processing hearing outcomes and responding to stakeholders requests.	
			Reduction in services and supplies	5,321						\$ 5,321				
										\$ -				
										\$ -				
				73,684	-	-	-	-	-	\$ 73,684	0	0.52		