

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
AMH	Elec Behav Health Info Exchg (EBHIE)	This POP replaces 30-year-old outdated mainframe data systems with no capacity for system changes. As staff retire, it will be difficult to hire staff skilled in antiquated technology. Data meets minimal business needs but isn't useful to providers or for system management. If funded it will conform to state/federal efforts to establish EBHIE. Benefits: Transition of Oregon Behavioral Health providers to an EBHR tool for clinical care and administration of services between providers for purposes of care transitions and referrals. Data from EHR/OWITS will reside in EBHIE allowing access to real time data for evaluation and accountability for state and non-Medicaid AMH care dollars.	776,048			278,369		1,054,417	4	3.00
AMH	Peer Delivered Recovery Support Services	Individuals with behavioral disorders are at risk and often experience isolation especially as they return home from institutional settings. Without support during transitions, crises may occur. Individuals experiencing crisis are at risk for returning to expensive and restrictive settings such as prison, hospitals and residential services. This POP increases capacity and expands Peer Delivered Recovery Support services for children, families, young adults/adults with serious mental health and substance use disorders so they may return/remain home. Peer Services provided by people with similar life experiences are proven interventions that are cost effective.	5,373,000					5,373,000	2	1.87
AMH	Comprehensive Prevention Strategy	Preventing substance abuse decreases accidental death and injury, the leading cause of death among youth, reduces crime, infectious disease transmission and the need for higher cost treatment services. This package supports comprehensive substance abuse prevention – an investment in the physical, mental and social well being of Oregonians. It supports evidence-based strategies including community involvement, skill building for parents and youth, changes to underage drinking norms and drug free workplace initiatives. For every dollar spent, these strategies will return from \$2 to \$28 in savings.	8,485,458					8,485,458	4	3.00

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AMH	Addiction System of Care	This POP increases the capacity of outpatient treatment for 750 adults, adds 12 detoxification beds, and modernizes detoxification services to include medically monitored detoxification for 39 placements. This package includes a particular focus on transitioning veterans and inmates returning to Oregon communities. These services help addicted individuals in crisis and support ongoing case management and treatment for individuals with serious substance use conditions. This package supports a range of detoxification placements, outpatient, and recovery support services such as housing, child care and transportation.	6,486,760					6,486,760		
AMH	Child and Adult Mental Health Services	Expand the effective early intervention Early Assessment and Support Alliance "EASA" to bring this evidence-based treatment to the remaining 40% of Oregonians experiencing early signs of psychosis. EASA provides a very different long term trajectory for participants, by significantly reducing hospitalizations, homelessness, and incarceration, while increasing long term wellness, education and employment. This would also expand the successfully implemented evidence-based practice of IPS Supported Employment, which maintains rates of 39.8% employment vs. the standard 10% employment rate (for people with severe mental illness) to an additional 9 sites in Oregon.	4,286,283					4,286,283	2	1.13
AMH	OSH Staffing - Final Phase	This package completes the OSH staffing request for the replacement facility. The first phase of 540 positions was appropriated in the 09-11 LAB. This POP requests the final 449 positions in the staffing plan for the new hospital. The full staffing is required to provide 20 hours of active psychiatric treatment per patient per week, reduce overtime and contracted staff costs, provide 5.5 hours of nursing care per patient per day, and increase safety for patients and staff. These are critical success factors in the Continuous Improvement Plan (CIP). The treatment standards are considered acceptable by the US DOJ under CRIPA. This package funds staff to open the new facility in spring 2012.	71,682,054		(99,204)	1,158,612		72,741,462	455	414.48

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AMH	Statewide Wraparound Initiative	The 2009 Legislature recognized that families and youth with complex behavioral health needs require multi-agency integrated solutions. The law directs DHS to lead the Statewide Children's Wraparound Initiative. This uses national models and research to maximize efficiency and effectiveness of services and supports across child serving systems. Three sites (eight counties) started on 7/1/10. The sites focus on children in state custody and their families. DHS reinvested current financial and staff resources to maintain the implementation schedule. New resources are required to maintain the current sites, continue implementation, and expand project sites and populations as intended by law.	8,804,631			14,174,013		22,978,644	10	6.32
AMH	Integrated Demonstration Projects	This POP provides funding for the Integration Demonstration projects, created by a 2007 budget note, and their coordination of local planning and system change efforts. The demonstration projects will be self-sustaining in the future. However, the magnitude of the changes underway; consolidating funding streams, creating single points of accountability and moving toward outcome based contracting, will take more time than just one biennium. Local providers must change how they deliver services; health care systems must change how they organize and communicate and the state must change its requirements and procedures. The POP would help sustain these projects while they become self-sustaining.	530,000					530,000		
AMH	Juvenile Fitness to Proceed	This package ensures the health and safety of Oregon juveniles declared unfit to aid in court proceedings by providing them with restorative services. It provides restorative services when the courts have determined a youth is unable to assist in his own defense. Services are educational and delivered where the youths resides. This responds to a LC that requires OHA to provide restorative services and develop training standards for evaluators, guidelines for evaluations, and provide the court with a list of qualified evaluators. Without this package OHA would be unable to comply with the Fitness to Proceed statute. Services would not be available to protect the legal rights of the youth. This POP is necessary to support LC 443-29.	767,805					767,805	1	0.75
AMH	Criminal Justice Door to Mental Health System	This POP would provide the funding necessary to develop a certification process for psychologists and psychiatrists that perform evaluations for the courts in criminal justice proceedings. This POP is necessary to support LC 443-26.	310,551		12,500			323,051	1	0.75

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AMH	Physical Health & Life Expectancy Improvement	Increase the Physical Health and Life Expectancy of Persons with Mental Health and Substance Abuse Disorders Through Coordination of Physical and Behavioral Health Care. Research shows that individuals with mental health and/or substance abuse disorders often die many years sooner than those in the general population. This self-help wellness initiative stresses awareness, prevention, early intervention, and coordination of physical and mental health care, so people can take responsibility for their health and add productive years to their lives.	644,743					644,743		
AMH	Crisis Services	Crisis Services - increase funding to CMHPs to meet 50% of unmet need to aid in immediate mental health crisis assessment, triage and intervention services delivered to individuals experiencing the sudden onset of psychiatric symptoms or the serious deterioration of mental or emotional stability or functioning. Services are of limited duration and are intended to stabilize the individual and prevent further serious deterioration in the individual's mental status or mental health condition.	24,393,665					24,393,665		
AMH	Acute Care	Acute Care - increase regional care to meet 100% of unmet need in providing inpatient psychiatric services delivered to individuals who are suffering from an acute mental illness, or other mental or emotional disturbance posing a danger to the health and safety of the individual or others. Net of detox services referenced in separate POP component (2.11)	14,469,681					14,469,681		
AMH	Case Management	Case Management - Develop the equivalent of three additional Assertive Community Treatment Teams statewide to serve the growing case management needs of approximately an additional 300 adults with severe mental illness.	20,060,733					20,060,733		
AMH	Supported Employment	Supported Employment - provide additional services to meet 50% of the need which include services delivered to individuals with chronic mental illness to enable them to obtain and maintain employment. Supported employment services include supervision and job training, on-the-job visitation, consultation with the employer, job coaching, counseling, skills training, and transportation. Also includes transitional employment services.	36,049,392					36,049,392		
AMH	Forensic Intensive Care Services	Provide 50% of the estimated need of forensic intensive case management services to people being diverted from jail or upon release from jail as an alternative to Criminal Justice involvement for individual with mental illness.	8,470,721					8,470,721		

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AMH	Supportive Housing	Provide additional safe, affordable, supportive and permanent housing through monthly subsidies. Stable housing is an essential element for anyone living with mental illness. Nearly 5,270 people with mental illness live in supportive, structured or specialized residential settings. There are more than 12,861 additional people who are in immediate need of affordable housing, that over 2,500 need supportive or structured housing. This package would aid in meeting 50% of the need.	44,598,491					44,598,491		
AMH	Transition Aged Youth	Transition Aged Youth - establish 33 Qualified Mental Health Specialists to keep Oregon's young people healthy, safe and independent by connecting them to culturally and developmentally relevant mental health supports and services that allow them to be as independent as possible. The package helps resolve service disparities created when young people reach age 16 and up to 80 percent of the treatment delivery services are lost. This package will help reduce the use of hospital and crisis care, homelessness and incarceration.	4,805,644					4,805,644		
AMH	System Administration	Resources for the CMHPs to provide additional contractual and system oversight at the local level for the implementation of expanded community-based services for people with addiction or mental health disorders.	13,873,537			1,421,107		15,294,644		
AMH	Co-occurring Disorder Treatment for Youth	This package will help young people with co-occurring substance use and mental health disorders live healthier, independent and better lives by funding family focused, evidence-based treatment services. The services will increase young people's success in mental health and addictions recovery, school performance and employment while significantly decreasing the use of emergency rooms and psychiatric hospitalization.	3,535,533					3,535,533		
AMH	Co-occurring Disorder Treatment for Adults	This package helps ensure the health, safety, and self-sufficiency of Oregonians with co-occurring mental health and substance abuse disorders, with improved outcomes for their communities. This package supports adult co-occurring disorder screening and integrated treatment services in community settings as an alternative to hospitalization or incarceration. This serves Oregon's most vulnerable adult population, which is the most likely to use intensive, residential and psychiatric hospital services, come into contact with the criminal justice system, and die earlier than their peers	4,403,200					4,403,200		

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AMH	Treatment Access for Underserved Populations	Implement treatment components of the first phase of the Addictions Services Investment Strategy Report to strengthen community-based services for individuals and families who are at-risk or experiencing problems related to substance abuse and addiction. This package will help Oregon's underprivileged kids recover from alcohol and drug abuse problems while improving their health, safety and independence. Low income, racial and ethnic minority groups more often suffer from adverse health, behavioral, and social consequences related to alcohol and drug use. This package provides culturally relevant, evidence-based alcohol and drug outpatient treatment services for underserved youth and adults in economically stressed communities.	16,156,254					16,156,254		
AMH	Addiction Services for Workers and Veterans	Implement treatment components of the first phase of the Addictions Services Investment Strategy Report to ensure more Oregonian workers and returning veterans will be independent, healthy and safe, and be able to support themselves and their families. Early substance abuse intervention programs reduce the impact of addictions on the individual, family, business and community. They reduce health problems, use of hospital emergency services, traffic crashes and fatalities, poor school and job performance, domestic violence, suicide and crime. This package funds outreach, brief intervention services and outpatient addiction treatment for workers and returning veterans with substance use and/or co-occurring substance use and mental health disorders.	5,847,040					5,847,040		
AMH	Forensic Addiction Services	Implement treatment components of the first phase of the Addictions Services Investment Strategy Report to ensure Oregonians who are addicted to drugs and commit a crime the opportunity to start a new life and become productive members of society. Eighty percent of those in the criminal justice system have serious drug and/or alcohol problems, and this will assist those in treatment to avoid mind-altering substances including alcohol, live a crime-free lifestyle, find safe and stable housing, improve education, find meaningful employment, reunite with family, and make other healthy social connections that support recovery. It increases funding for evidence-based, outpatient chemical dependency treatment through drug treatment courts, jail diversion, jail-based services, and re-entry from prison/jail release. Offenders who don't receive alcohol and drug treatment during their criminal justice involvement are likely to re-offend and relapse.	12,033,993					12,033,993		

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AMH	Medically Monitored Detoxification Services	Implement treatment components of the first phase of the Addictions Services Investment Strategy Report to help reduce Oregon's health problems, hospital emergency room overcrowding, traffic crashes and fatalities, poor school/job performance, child and spousal abuse and crime, by ensuring access to detoxification services. It includes medically monitored detoxification and stabilization services and case management and recovery services for individuals with co-occurring disorders and other health problems.	10,287,837					10,287,837		
AMH	Children Intensive Service Care Coordinators	Ensure that Oregon's high needs children with mental illness and emotional problems "stay at home, in school, out of trouble, and with friends." The package funds 15 additional care coordinators to organize/facilitate child and family team meetings, oversee plan implementation, maintain family and service provider communications, and manage client transitions between levels of care. Coordinators will be assigned to mental health organizations based on regional caseloads. This package will provide training for the coordinators, supervisors and system partners.	596,697			1,016,871		1,613,568		
AMH	System of Care Implementation	Supports development of the local infrastructure to implement Statewide Children's Wraparound Initiative services, improving the ability to keep Oregon's children healthy and safe. It expands family and youth participation and leadership in services delivery. The package supports evidence-based Wraparound services for children in five communities to improve access to services and continuity of care. This will help create a coordinated system of care among all child-serving agencies offering services that are integrated, culturally competent, family-driven, youth-guided and evidence-based interventions.	2,688,000					2,688,000		
AMH	Training for Children & Families	Training for Children & Family Team Facilitation, Participation, & Coordination to help increase family satisfaction and decrease intensive and restrictive levels of children's mental health care – improving recovery outcomes and the quality of life for Oregon's children. The package ensures that children receive effective, culturally-competent treatment and supports that lead to recovery. It finances team-building training for families and service agency staff members to improve planning and problem solving in behalf of the children.	159,130					159,130		

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AMH	Teenscreen in School Based Health Clinics	Teenscreen in School-Based Health Clinics to help reduce the suicide rate of Oregon's youth, ranging in age from 10 to 24, which ranks 15 th among states and is higher than the national rate. It will expand the joint AMH/Public Health TeenScreen program in school-based health clinics. The evidence-based TeenScreen program is designed to identify teens who suffer from depression and other known risk factors for suicide. It is now used in just three of the certified health centers. Funding will be distributed through a competitive process to clinics and the communities that support them.	1,024,000					1,024,000		
AMH	Intensive Mental Health Services	Increase the Capacity of Communities to Provide Intensive Mental Health Services by keeping children with mental illness at home and in school instead of spending time being transported to and from distant treatment centers. It would increase by 50 percent the number of youth who receive school-based psychiatric day treatment services.	1,143,978			1,949,526		3,093,504		
AMH	Child Telepsychiatry with Primary Care MDs	Ensure that children in the public mental health system remain independent, healthy and safe by improving the quality of medical care they receive. It funds a full-time child psychiatrist to provide 30 hours of telephone consultation a week to primary care physicians on prescribing psychotropic medications and other issues, and two other positions to develop links between physical and mental health care for children and adolescents. The child psychiatrist would handle about 120 cases a month, which means that certain services could then be delivered by medical providers in the community and located nearer to the child.	1,946,880					1,946,880		
AMH	Flexible Funding Pool	Flexible Funding Pool to help keep rural and economically disadvantaged Oregon families safe and healthy by providing proactive and accommodating mental health (MH) support services. It provides flexible funding to help families at risk for, or experiencing MH problems meet basic necessities and pay for supports to improve family functioning. These children, youth, and families often have basic needs that cannot be met with traditional services. By identifying these needs proactively and intervening earlier, more costly problems can be avoided. The cost of not intervening earlier is increased penetration into child serving systems such as child welfare and juvenile justice.	2,279,424					2,279,424		

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AMH	Evidence Base Practices Workforce Development	Evidence Based Practice Workforce Development to help improve the health and safety of Oregonians with mental health and substance use disorders by ensuring that treatment programs use scientifically proven, evidence-based practices (EBP). It provides funds to train clinical supervisors in AMH-funded mental health, addictions and co-occurring prevention and treatment programs to work with their staff to implement and maintain EBP. Clients do better when EBP are used, and this training will improve clinician's skills in delivering these practices. Use of EBP should also help control caseload growth in social services and healthcare systems.	2,465,020					2,465,020		
AMH	Child Psychiatrists Training	Training additional child psychiatrists to improve children's health and safety by extending psychiatric services and keeping kids in their homes and schools rather than sending them to institutions to receive specialty services. There are too few child psychiatrists in Oregon, but in this package, consulting psychiatrists would be hired and trained to work with local physicians who often prescribe powerful medications to children, but lack specialty training in child and adolescent brain development and treatment. The children's public mental health system will be improved, including the prescribing of medications. These changes will upgrade the quality of treatment for children.	1,597,440					1,597,440		
AMH	Age-Appropriate Services	Provide Age-Appropriate Mental Health and Addictions Services to Older Oregonians to Prevent Increased Suicide Risk, Increased Risk of Excess Disability from Mental and Physical Illness, and Placements in Higher Levels of Care with Associated Excessive Costs.	2,124,800			1,203,200		3,328,000		
AMH	System Improvement for Children	Establish responsible staff in each region or county to develop and implement a collaborative training plan that links critical assessment and intervention skills to both child welfare and mental health service providers working with children who are at risk of the harm, to themselves or others.	157,161			935,737		1,092,898		
AMH	Intensive Alcohol and Drug Treatment Recovery Services	Increase Intensive Alcohol and Drug Treatment Recovery Services (ITRS) in Residential Settings to Promote Recovery and Family Reunification for families whose children are in state custody or at risk of removal due to parental substance abuse.	2,851,441			977,425		3,828,866		
AMH	Collaborative Problem Solving	Adopt and Implement the Evidence-based Practice of Collaborative Problem Solving through Statewide Training and Technical Assistance to Eliminate the Use of Seclusion and Restraint, Shorten Length of Stay and Reduce Multiple Placements of Children and Adolescents in Residential Settings.	6,511,965					6,511,965		

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AMH	Child Care Health Consultation Program	Expand the OFH Child Care Health Consultation (CCHC) program from four county-based sites to four service districts with 1,000 childcare providers in each district. This model provides access to local consultants for childcare providers to improve childcare quality and provide healthier, safer and more nurturing childcare. Expanding the program to include mental health promotes early identification and treatment of children with physical and social/emotional health and development concerns, and facilitates their inclusion and retention in community-based childcare. The Child Care Consultation Program segment focuses on the expansion of the program from four counties to four regions, while the Multi-Agency Child Care Health Consultation segment focuses on training and provision of early childhood mental health consultants for the program.	2,272,949					2,272,949		
AMH	Young Adult Care Coordinators	Provide secure residential mental health care services to youth between the ages of 16 and 24 with severe emotional and behavioral disorders who are at imminent risk of harm to themselves or others in a culturally relevant secured treatment environment.	5,756,575			1,300,975		7,057,549		
AMH	Adolescent Residential Rate Increase	Implement Adolescent Alcohol and Drug Residential Treatment Rate Increases to Preserve and Promote Treatment Stability in Adolescent Residential Settings. This will help Oregon youth with drug abuse disorders stay in school, and improves social functioning and family relationships. It ensures youth treatment providers are available and viable by increasing residential treatment rates. This covers the cost for addiction services for 71 adolescent treatment beds. Rates are not aligned with costs of providing treatment, as many of the adolescents have co-occurring issues and challenges related to education, family situation, physical health, delinquency risk factors, and social functioning.	1,681,816			2,866,089		4,547,905		

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AMH	Adult Residential Rate Increase	Implement Adult Alcohol and Drug Residential Treatment Rate Increases to Strengthen and Stabilize these Critical Programs. This will help parents in treatment for substance use maintain custody of their children, keeps families together and prevents children from entering the foster care system, which saves Oregonians money. Residential treatment services are an essential component of a recovery-oriented system of care that must be available to Oregonians who are addicted to alcohol and other drugs. It supports a rate increase that is a portion of what is needed to bring provider rates into alignment with the cost of doing business. Targeted rate increases will help stabilize the residential substance abuse treatment system and ensure quality care is available to Oregon clients with substance abuse.	4,847,641			2,947,498		7,795,139		
AMH	Treatment Access for Oregon Tribes	Implement culturally and linguistically competent addictions and mental health services to help overcome barriers that restrict Native American tribal members in Oregon from receiving treatment for mental health or substance abuse disorders. It supports the integration of traditional behavioral health into non-threatening settings where Native American adults, families and children naturally and regularly seek other services.	3,897,595					3,897,595		
AMH	Culturally Specific Services	Implement culturally and linguistically competent addictions and mental health services by improving access to treatment services for cultural, ethnic and linguistic minorities that are underserved in Oregon's mental health system. It would fund mental health workers or <i>promotores</i> to do culturally-specific outreach and intervention in ethnic communities, with the goal of improving access to mental health treatment and providing family-to-family supports. These programs would be tailored to six communities identified in collaboration with local ethnic groups and family members, and health workers would do the work.	3,009,746					3,009,746		
AMH	A&D Residential Treatment Services for the Deaf and Hearing Impaired	Implement culturally and linguistically competent addictions and mental health services by ensuring that state services are available to meet the cultural- and language-specific needs of all Oregonians. This package provides residential alcohol and drug treatment services for deaf or hard of hearing persons. AMH contracts for these services on a case-by-case basis for people who use sign language. Continuing this program allows Oregon to meet Americans With Disabilities Act standards.	523,264					523,264		

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AMH	Children's MentalHealth Services Cost Increase Reimbursement	Reimbursing any Cost Increase of Children's Mental Health Services In Response to the Oregon Alliance Rate Study and ensuring that there is a continuing, well-trained, professional workforce to deliver MH treatment that enhances the health, safety and independence of young Oregonians. There is high staff turnover and financial strain on nonprofit treatment providers. It increases reimbursement rates for children's treatment providers -- to be included in mental health organization capitation payments and in DMAP fee-for-service payments. Recent rates are not meeting provider costs, requiring them to pay non-competitive wages.	14,381,875			24,530,125		38,912,000		
AMH	Seclusion and Restraint Reduction	Reduction of Seclusion and Restraint in Acute Care Programs to Improve the Health and Safety of Adults Served in those Settings. This package reduces the need for seclusion and restraint of Oregonians receiving mental health care, which is safer, improves their chances of recovery and decreases the potential harm to patients and staff. This pays for a contractor to assist AMH and acute care providers in developing a plan to reduce and end the use of seclusion and restraints in acute mental health treatment facilities. This will focus on practices that promise direct and measurable improvement. There has never been a concerted statewide effort to reduce and eliminate use of seclusion and restraints, which are high-risk interventions that can cause injury or even death to patients.	179,200					179,200		
AMH	Afrocentric Mental Health Program	The Afrocentric Mental Health Program that started in 07-09 will require an additional investment in this biennium in order to be fully operational. This package ensures that quality, culturally competent mental health services will be provided to support the health, independence and safety of members of the African American community. It will provide funding to continue the Afrocentric Mental Health Program, operated under contract by Oregon Health & Science University. The program began in 2007-2009 to bring culturally specific mental health services to African Americans. With the additional funding, the program would be fully operational by the end of the biennium.	1,024,000					1,024,000		
AMH	Health and Safety Initiative	Increase Health and Safety through Improved Oversight and Technical Assistance for AMH Service Providers by ensuring the health and safety of Oregon adults and children with mental health or addictions disorders by speeding up responses to critical incidents and requests for technical assistance by community providers..	388,446					388,446		

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AMH	Resolution of Double Fills	Clearing Central Office double-fill positions. This package eliminates double-filled positions and establishes data analysis positions to keep better track of patient outcomes, state hospital discharges, caseload forecasting, and other methods to improve efficiency and cut program costs for Oregonians.	588,559			797,200		1,385,759		
DMAP	Culturally Competent Interpretation Services	This POP requests funds to pay explicitly for foreign language interpretive services for clients who do not speak English. It would increase funding for services with fee-for-service providers and add funding in the managed care capitation rates specifically for interpretation services. This program increases client access to culturally competent medical interpretive services. Implementation date is January 1, 2012. A 2004 Consumer Assessment of Health Plans and Systems (CAHPS) survey states that 4% of adults and 6% of children need interpretative services. ORS 409.615 to 625 requires OHA to provide material and staff support to the Oregon Council on Health Care Interpreters, which would develop a program for the certification of health care interpreters for persons with limited English proficiency. Current reimbursement to providers does not adequately cover the cost of interpretive services. This initiative would not result in a caseload increase.	1,632,502		107,146	3,409,456		5,149,104	3	2.50
DMAP	Increase FPL for Pregnant Woman.	Increase the number of women receiving prenatal care by raising income eligibility for pregnant women from the current 185 percent of the federal poverty level to 200 percent. National studies show savings of \$1.70 to \$3.38 for every \$1 invested on prenatal care as a result of improving birth outcomes. The federal government says lack of prenatal care triples the risk of low birth weight. Either Medicaid (Title XIX) or the Children's Health Insurance Program (CHIP, Title XXI) could provide coverage.	2,070,000			5,934,000		8,004,000		

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DMAP	Align TANF and Medical Eligibility requirements.	Modify the current TANF policy that requires that a child be deprived of parental care and support as a condition of eligibility. In two-parent households, deprivation based on un-/under-employment includes the requirement that the Primary Wage Earner (PWE) not be separated from their most recent job because of discharge or voluntary termination. If the PWE does not have good cause for the job separation reason, the entire household is ineligible for TANF, for up to one year. These policy limitations may not promote two-parent families and may be a barrier to maintaining a bond between a child and both of their parents. In addition, families may be unable to access services needed to address barriers to achieving and maintaining self-sufficiency. Aligning medical eligibility with the proposed TANF policy will ensure these families also have medical coverage.	601,000			1,015,000		1,616,000		
DMAP	Increase Dental/Vision Services for OHP Standard.	Restore the more robust OHP Plus benefit package for Vision, Dental and Hospital services to the OHP Standard population. The state's rising numbers of uninsured and the limits on current hospital services result in more charity care by providers, uncompensated care cost being passed on to the insured and poorer health outcomes for people who cannot afford preventive and early treatment.	32,175,000			54,925,000		87,100,000		
DMAP	Continuous Enrollment for OHP Standard.	Continue OHP Standard without using a reservation list, enrolling all eligible applicants who apply. At its peak, the OHP-Standard program served over 100,000 adults ages 19 through 64 with incomes below the Federal Poverty Level (FPL). When the department closed the program to new applicants in 2004 due to budget constraints, the program dropped to fewer than 18,000 people. In 2008, the department was able to increase the caseload back up to about 24,000. The 2009 legislature appropriated funding from a new hospital tax assessment to re-open OHP Standard and to build the caseload to approximately 60,000 people during the 2009-11 biennium.	472,226,000			806,134,000		1,278,360,000	4	3.52
DMAP	OHP Plus eligibility under Healthy Kids for undocumented children	Make undocumented children eligible for OHP Plus under Healthy Kids. Currently, children who would otherwise qualify for medical assistance but lack citizenship or legal residency documentation may receive limited services through the Citizen Alien Waived Emergent Medical (CAWEM) program. As a result, they may lack access to preventive care. The state's rising numbers of uninsured result in more charity care by providers, uncompensated care cost being passed on to the insured and poorer health outcomes for people who cannot afford preventive and early treatment.			334,000	570,000		904,000		

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DMAP	Fully value primary care in capitation rates.	Increase reimbursement for physical medicine primary care services provided in the managed care delivery system to levels that fully compensate providers for those services. Managed care capitation rates would reflect an increase to 150 percent of Medicare for select procedure codes corresponding to primary care services. This would increase access to primary care for OHP enrollees as more primary care providers choose to join managed care plans. It would also reduce emergency visits for conditions treatable in a primary care setting. The state may also realize savings as hospitalizations for some chronic conditions are effectively managed as outpatient treatments and the use of specialty care services as a substitute for primary care may also decrease. Without increased funding, the number of OHP managed care primary care providers could decline.	17,827,000			30,433,000		48,260,000		
DMAP	Increase reimbursement to certain providers.	Establish a fee-for-service reimbursement floor of 80 percent of 2010 Medicare rates for specific services covered by the Oregon Health Plan to improve client access to health care and improve fee-for-service providers' financial stability. Current reimbursement rates to these providers are at 66 - 73 percent of 2006 Medicare rates. The change would affect physicians' services, vision services, radiology, laboratories (except clinical labs), physical and occupational therapy, home infusion (which includes IVs and feeding tubes) and ambulance transportation. Providers who already earn more than 80 percent of 2010 Medicare rates would continue to do so. This package also includes an increase for fee-for-service reimbursement to dental providers.	2,346,000			4,004,000		6,350,000		
DMAP	Increase eligibility period from 6 to 12 months.	Increase the timeframe for eligibility determinations from 6 months to 12 months for all OHP clients. This change would affect three population groups, 1) Pregnant women with incomes up to 185 percent of the federal poverty level; 2) Adults in families with TANF-related medical benefits; and 3) Adults and couples with incomes up to 100 percent of the FPL. If determined eligible, clients would benefit by having health care coverage for an entire year. Good health is important to everyone and OHP helps many people who cannot afford medical care pay for some or all of their medical bills.	6,568,000			11,212,000		17,780,000		

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
DMAP	CAWEM expansion program	Spread the Citizen Alien Waived Emergent Medical (CAWEM) Prenatal expansion program statewide, using General Fund rather than county contributions, leveraging the higher Title XXI match rate for the entire benefit package. Currently, pregnant women who lack citizenship or legal residency documentation can only receive coverage for emergency care and delivery. The expansion program, currently a trial program in six counties, would also allow these women to receive pre-natal care. National studies show savings of \$1.70 to \$3.38 for every \$1 invested on prenatal care as a result of improving birth outcomes. The federal government says lack of prenatal care triples the risk of low birth weight.	29,455,000			84,445,000		113,900,000		
DMAP	Produce disaggregated race data. Impact on CAF & OIS.	Work with Children, Adults and Families to rework the Client Maintenance and other systems to accept more categories of data regarding race and ethnicity. In addition, the Division would need to design cooperative research protocols with CAF to periodically analyze the data. (An alternative option, albeit initially more expensive, would be to re-design the racial and ethnic tables in MMIS to align with the re-aligned fields in CMS. In this case, the Department could analyze data at this dis-aggregated level in real time.)								
DMAP	OHP Plus for SSI children above 300% FPL	Help working families in Oregon with incomes above the current Supplemental Security Income (SSI) eligibility level who have children with significant SSI-level disabilities and high medical needs. It will give them access to the critical supports provided by subsidies for their private insurance or OHP coverage without further financial strain. It will add to the Healthy Kids program children under the age of 19 who meet the definition of disability as defined in the Supplemental Security Income program or chronic illness criteria, and whose family's income is at or below 300 percent of the FPL. It will have provisions and conditions specific to this population within the Healthy Kids program. (HB 2445, 2009)	734,000		18,000	1,284,000		2,036,000	5	1.75
DMAP	Increase Standard benefit to same as Plus	Increase OHP Standard benefit package to same level as OHP Plus. Oregonians covered by the Oregon Health Plan's Standard benefit package receive lesser coverage than those enrolled in OHP-Plus, blocking positive health outcomes, requiring providers to administer two separate benefit packages and putting financial pressure on hospital emergency rooms and other providers of charity care. This package would restore Standard benefits, adding back benefits such as hearing aids; home health; and occupational, physical, speech and language therapy while also removing certain limits on dental and hospitalization, all of which OHP-Plus now covers.	39,600,000			67,600,000		107,200,000	5	2.67

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
DMAP	Implement "Navigator" program.	Implement a Client Navigator Program in DMAP to help clients who seek assistance to work through the Medical Assistance system and overcome barriers to quality care, timely treatment, treatment options and preventive care. The Navigators would be responsible for a variety of tasks, such as assisting clients to understand the Oregon Health Plan; find access to the providers they need; help ensure they get to appointments; help them line up supports (such as child care or transportation) necessary in order for them to make their appointments, etc Also, develop an "OHP 101" online training for clients..	396,000			394,000		790,000	6	4.25
DMAP	TCM for homeless families	Target homeless individuals and families, connecting them with services to provide stable housing and thus, enhancing or preserving their health as well as assisting them to benefit from other social services for which they may be eligible or that they may already be receiving. OHA estimates that this program would provide services to approximately 3,200 clients (individuals or families) on a statewide basis each year of the biennium.	799,000			1,361,000		2,160,000	13	9.75
DMAP	Reduce limitations on DME supplies	DMAP and Seniors and People with Disabilities have identified five types of durable medical equipment that DMAP does not currently cover but that, in the Divisions' judgment, would do the most to increase independence for the people who need them. This policy option package would extend coverage to these classes of equipment for OHP clients.	253,000			432,000		685,000		
DMAP	Expedited payments for FQHC/RHC.	Provide expedited supplementary payments for managed care clients to Federally Qualified Health Centers and Rural Health Clinics that receive 100% reimbursement on the cost of their services to OHP clients. Currently, some of these centers and clinics wait several months before receiving payment through a reconciliation process; this policy option package would retain the reconciliation process but would provide an interim payment quickly in anticipation of the reconciliation.	259,000			441,000		700,000	1	1.00
DMAP		Access to Breast & Cervical Cancer Program	1,584,000			4,535,000		6,119,000		
DMAP		Increase tobacco tax incrementally over the next 10 years.		174,050,000				174,050,000		

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
OPHP	Dental wraparound services for children	This policy option package would implement a program on January 1, 2012 to provide dental benefits for children that are enrolled in the Family Health Insurance Assistance Program or Healthy Kids Employer Sponsored Insurance (ESI). The Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that this benefit be made available to any enrollee that does not currently have dental coverage, or does not have dental coverage that meets the minimum benefit requirements of CHIPRA.			512,566	1,110,248		1,622,814		
OSH Repl	OSH Replacement Project	The Oregon Health Authority (OHA) is requesting authority to continue with the construction of a new state psychiatric hospital in Salem, and the planning and construction of a second hospital in Junction City. These facilities will accommodate psychiatric patients currently housed in the Oregon State Hospital (OSH) Salem, Portland and Pendleton, and meet the growing need for in-patient mental health services for Oregonians. The new facilities support the Department's mission by providing long-term care for those with severe and persistent mental illness through three service areas: Adult Treatment Services, Neuro-psychiatric Services and Forensic Services.			155,360,013			155,360,013		
PEBB	Provider Tax Limitation Incr & Chg Fund Type	HB2116 C-Engrossed Section 3(2) requires PEBB to pay a quarterly assessment of one percent of all medical claims and associated administrative costs on self-insured medical plans to DCBS from Oct. 1, 2009, through Sept. 30, 2013. The bill considered this assessment to be part of PEBB's administrative expenses. PEBB may charge an administrative fee up to two percent of premiums; the current fee is 0.6 percent in 2010 and 0.04 percent in 2011. This request is to increase limitation by \$1,904,501 beyond the standard budgeted inflation of 2.4 percent to pay for the premium tax on self-insured health plans and to move the funds from Limited to Non-Limited authority within PEBB's budget.			(11,425,499)		13,330,000	1,904,501		

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
PEBB	Benefit Mgmt System Feasibility Study & RFP	The Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) use online benefit management systems called pebb.benefits and MyOEBB, respectively, to manage employee benefits. Pebb.Benefits was developed in 2001 as a custom application to administer eligibility and enrollment for benefits provided to more than 128,000 state agency and university employees and dependents. MyOEBB was developed in 2008 using pebb.benefits as the foundation and modified based on unique specifications to administer benefits for over 230 Oregon educational entities with benefits for more than 158,000 employees and dependents. Both systems were built using Certificate of Participation funds. Since 2003, PEBB has received biennial funds for system maintenance and to respond to regulatory updates and audits. OEBB received essential funding to modify its system during a 2008 Emergency Board session for the same purposes.			250,000			250,000		
PHD	Prevent Tobacco Use by Increasing TTX by \$1	Companion POP to LC which proposes to increase tobacco excise taxes \$1 per pack of cigarettes beginning 01/01/12. Revenue to be used to fund Tobacco Prevention and Education Program at the level recommended by CDC; remainder would be used for tobacco-related healthcare costs in DMAP.		228,520,000				228,520,000	7	5.25
PHD	Dedicate Mstr Settlement Agrmnt for tobacco prev	Companion POP to LC which proposes to allocate \$40.0 million from the Oregon's Master Settlement Agreement fund to add to tobacco tax amounts already dedicated to the Tobacco Use Reduction Account (projected at \$14.5 million for 2011-2013) thereby bringing TPEP funding closer to CDC recommend amount.		40,000,000				40,000,000	7	5.25
PHD	Obesity Prevention Program	Companion POP to LC which proposes to create a comprehensive, statewide physical activity and nutrition program. Funding to come from a sugar-sweetened beverage tax proposed in LC.			20,000,000			20,000,000	10	7.50

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
PHD	Emergency Medical Services for the Future	Companion POP to LC which seeks to increase fees set in statute for emergency medical services providers. The fee increase is due to projected cash shortfalls given the old fee structure established in 1997. The LC also seeks to update the Oregon Statute to include the new national names and adjust the curriculum. Define patient as someone who requests assistance and receives care from a licensed EMS provider. Expand the definition of emergency medical service to include responders who do not work for organizations which provide patient transport. Establish the position of Emergency Medical Services medical director in statute. No fiscal impact is expected as the above proposals involve only revising the language in statute or rules, which is routine work for the division.			20,714			20,714		0.13
PHD	Restore Pkg 70 Fee Increases through SB333	Restores through SB333 fee increases established in 2009-11 and removed in pkg 70.			605,543			605,543	1	2.46
PHD	Oregon Healthy Teens Survey	Oregon Health Teens Survey is the state's primary source of data on the health status, risk behaviors, protective factors that influence the health and well-being of Oregon's children and adolescents. OHT data are used by a multitude of state and local agencies and organizations to assess youth needs, develop comprehensive plans and prevention programs, solicit funding, and measure outcomes, while minimizing the time demands placed on students and school administrators.	538,742		(95,282)			443,460	1	0.67
PHD	Community-based Injury Prevention	Violence and Suicide Prevention. Implement the state's Older Adult and Youth Suicide Prevention Plans, and also create an interagency task force to address community-based violence prevention; support Child Fatality Review. Fund local health department injury prevention activities. Implements community-based, evidence-based injury prevention activities related to traffic accidents (pedestrian, bike, motor vehicle, ATV); poisoning by medicine and drugs; and fall prevention in seniors. Activities will include policy work, guiding county implementation of community-based interventions, data collection and assessment and planning.	1,657,040					1,657,040	5	3.75
PHD	Modernize Communicable Disease Testing	Modernize Communicable Disease Testing. Support laboratory capacity needed for health departments to address important pathogens that spread easily in the community, such as human papilloma viruses, respiratory viruses, tuberculosis and others.	2,242,836					2,242,836	4	3.00

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
PHD	Access to Breast & Cervical Cancer Program	Expand number of women screened from 6,000 to 10,000. Oregon's Breast and Cervical Cancer Program (BCCP) is the only entry point into the state's BCCP (a part of Oregon Health Plan Plus Program for low income women in need of treatment. The program is federally funded to screen 6,000 clients per year. There are approximately 57,000 women in need of screening who are unable to access services due to program funding limitations. This request would increase the number of screening to 10,00 per year 2) Oregon would provide treatment services through presumptive eligibility into Medicaid using Tier 1 of the Breast and Cervical Cancer Prevention and Treatment Act of 2000, the most restrictive and least equitable option. Propose that Oregon shift to Tier 3, the least restrictive option, which will allow additional women lacking health care to qualify for treatment services.	7,205,245			4,770,221		11,975,466	1	0.88
PHD	Expansion of School Based Health Centers	Increase funding for existing Centers to ensure sustainability, and add 4-6 new ones. In the last 2 biennia, the number of certified School Based Health Centers (SBHC) in Oregon grew by 26% to 54 centers with 14 additional planning sites in progress (2009-2011). The 2010 SBHC Needs Assessment identified continued need and considerable interest in the expansion of SBHC System. However, the assessment also revealed Local Public Health Authorities' concerns about the sustainability of current certified centers due to resource and capacity limitation specifically around the ability to leverage local matching dollars to support SBHC Systems when there are competing demands. Recommend that the new funds be split between expansion and sustainability: \$500,000 in the base funding formula and \$500,000 for expansion of 4-6 new centers.	1,000,000					1,000,000		
PHD	Emergency Care Coordination for Children, Heart Attacks and Strokes	Proposal based on the possible recommendations from the Oregon Emergency Health Care Task Force. It seeks to: establish an integrated emergency health care system to address the needs of patients requiring specialized care including trauma, cardiac, pediatrics, mental health, emergency medical services and transport. Establish regions to coordinate care and designate medical facilities with the staff and equipment to handle the needs of specialized critical patients. Establish a statewide pre-hospital database to gather pertinent information on the number and type of emergency medical services patient encounters that occur. This data system would be used to conduct evaluation of patient care and enable quality improvement efforts.	785,963					785,963	5	3.00

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
PHD	Public Health Nurse Home Visiting	Enhance local health department ability to draw down federal match for public health nurse home visiting for high risk families. Public Health Nurse Home Visiting Public health nurses provide critical prenatal, maternal and infant health services to high-risk families. This package would be used to expand state and local capacity to match federal funds for the most effective evidenced based home visiting model (NFP) to at risk pregnant women and children. This package will build infrastructure and assure the availability of several counties to invest in the NFP model creating match for federal funds. NFP Programs have demonstrated impacts on improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increase interval between birth, increased maternal employments and improved school readiness.	6,345,614					6,345,614	4	3.08
PHD	Strengthen County Health Departments	Local Public Health System Improvement-Provides a significant increase in State Support for Public Health in local health departments to assure consistent, statewide capacity to carry out the five basic public health activities mandated in ORS 431.416.	26,132,314					26,132,314	7	6.16
PHD	Environmental Public Health Core Capacity	This POP will create and/or stabilize core capacity to respond to Environmental Public Health concerns at the state and local level. It will create capacity at the state and local level to address a wide variety of issues, including indoor air issues such as mold, radon, lead, pesticides environmental exposures, food safety, local emergency planning and response for climate change related events, water quality issues such as harmful algae blooms, private well monitoring, and biomonitoring.	5,894,922					5,894,922	26	24.50
SHARED		ENTERPRISE IT SERVICES - Implementation of the 2011-13 investments identified in the 2009-15 DHS/OHA Technology Plan. This POP builds on the investment made in the Core IT Services project this biennium. It will implement enterprise IT capabilities for content management, e-forms and workflow, collaboration, decision support systems, portals, data warehouses/data stores, and service oriented architecture.	636,717		25,469	611,249		1,273,435	4	4.00

OHA POPs Matrix

Lead Div	Title	Summary	GF	TTX	OF	FF	OFNL	TF	POS	FTE
SHARED		<p>DEPARTMENT WIDE TECHNICAL SUPPORT- Technology, agency staffing numbers and DHS business needs have increased technical support and desktop needs. Adds FTE, personal services and additional Services & Supplies funding to OIS in order to support agency staff during the agency business hours which currently extend beyond funded positions and support critical agency systems which require support beyond funded positions (such as 24x7 or extended hours of support). Please note: OIS Execs would like the divisions to consider incorporating this need into divisional POPs rather than through ASD given the direct service impact to the divisions. Adds additional funds for the following:</p> <ul style="list-style-type: none"> • Additional FTE or Personal Services Funds for 24x7 support • Adds additional PC Lifecycle replacement funds to account for increase mobile devices (such as replacing desktops with laptops and tablets); increased staffing numbers and additional or larger monitors for user productivity. • Adds additional funds for enterprise SW agreements to permit agency to regularly upgrade standard desktop productivity applications to keep current with industry standards and licenses for other mobile devices such as Netbooks. 	1,007,593		65,132	963,022		2,035,747	13	13.00
SHARED		<p>Video Conferencing or Unified Collaborative Communications: Given that DAS is no longer offering Video Conferencing services to the agencies, DHS will establish the Enterprise DHS V-CON service and develop the ongoing services to combine Unified Collaborative Communications (telephony, video conferencing, mobile devices, other conferencing technologies). Adds infrastructure and permanent FTE.</p>	456,030			454,057		910,087	4	4.00

OHA POPs Matrix

	GF	TTX	OF	FF	OFNL	TF	POS	FTE
AMH, Total, all POPs	394,395,840	0	(86,704)	55,556,747	0	449,865,882	479	431.3
DMAP Total, all POPs	608,525,502	174,050,000	459,146	1,078,128,456	0	1,861,163,104	37	25.44
OPHP Total, all POPs	0	0	512,566	1,110,248	0	1,622,814	0	0
OSH Repl, Total, all POPs	0	0	155,360,013	0	0	155,360,013	0	0
PEBB Total, all POPs	0	0	(11,175,499)	0	13,330,000	2,154,501	0	0
PHD Total, all POPs	51,802,676	268,520,000	20,530,975	4,770,221	0	345,623,872	78	65.63
SHARED Total	2,100,340		90,601	2,028,328		4,219,269	21	21.00
Grand Total, all POPs	1,056,824,358	442,570,000	165,691,098	1,141,594,000	13,330,000	2,820,009,455	615	522.37