

Oregon Department of Human Services  
 Federal Economic Recovery Implementation  
 Weekly Report: October 30, 2009

<b>Overall Financial Status to Date</b>
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Issue #	Program / Grant	Anticipated (millions)	Awarded (millions)	Expended (millions)
1	Supplemental Nutrition and Assistance Program (SNAP)	\$ 247.6	\$ 64.5	\$ 64.5
1	SNAP – SSI cash out (four county program)	\$ 7.8	\$ 3.9	\$ 3.9
1	SNAP Administration	\$ 5.7	\$ 2.8	\$ 2.8
2	Child Care Development Fund (CCDF)	\$ 19.7	\$ 19.7	\$ 19.6
3	VR Independent Living	\$ .2	\$ .2	\$
3	Vocational Rehabilitation (VR)	\$ 6.2	\$ 3.1	\$ 1.8
4	Temporary Assistance to Needy Families (TANF)	\$ 83.0		
8	Title XIX, Medical Assistance Programs	\$ 833.0	\$375.2	\$375.2
8A	Title IV-E - Adoption	\$ 7.2	\$ 3.0	\$ 3.0
8A	Title IV-E – Foster Care	\$ 4.1	\$ 1.7	\$ 1.7
14	DSH	\$ 3.3	\$ 1.1	\$ 1.1
16	Drinking Water State Revolving Loan Fund	\$ 28.5	\$ 28.5	\$ .1 DHS \$ OBDD
20	Aging Nutrition Services – Congregate Meals (C-1)	\$ .8	\$ .8	\$ .6
20	Aging Nutrition Services – Meals on wheels (C-2)	\$ .4	\$ .4	\$ .3
22 OHPR-44	Health Information Technology & Clinical Health Act	\$ 8.58		
23A	Community Service Employment for Older Americans	\$ .35	\$ .35	\$ .04
PH-12	NIH Challenge Grant	\$ 1.0		
PH-17	WIC EBT Planning Grant	\$ .2	\$ .16	
PH-19	Multi-drug Resistant Organisms	\$ .8	\$ .72	

PH-20	Healthcare Associated Infections	\$ 1.1	\$ .34	\$
PH-21	Vaccine Evaluation	\$ .9	\$ .48	\$
PH-22	Assessing Varicella Vaccine	\$ .2	\$ .14	\$
PH-25	WIC Technology – Misc Projects	\$ .2	\$	\$
PH-28	Public Health & Social Services Emergency Fund - Reaching More Children & Adults	\$ 3.1	\$ 1.2	\$ .002
PH-29	Immunization Info Systems Sentinel Sites	\$ .2	\$ .15	\$
PH-32	Ambulatory Surgical Centers	\$ .2	\$ .2	\$ .043
PH-33	Primary Care Office Coop Agreement	\$ .1	\$ .04	\$
PH-46	Communities Putting Prevention to Work	\$ 6.0	\$	\$
PH-47	Health Communities, Tobacco control, Diabetes Prevention & Control and BRFSS	\$ 2.3	\$	\$
	<b>TOTAL</b>	\$1,272.7	\$508.7	\$474.7

Notes: “Expended” amount as of 10/24/09.

<b>Direct Benefit or Pass-through Programs</b>
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Issue #	Program / Grant	Anticipated (millions)	Expenditures Reported	Direct Benefit or Pass-Through
5	Social Security Income (SSI)	\$ .2	N/A	Direct Benefit - to SSI recipients
17A	Community Health Centers	\$20.6		Direct Benefit
23B	Community Service Employment for Older Americans – Independent Living Centers	\$ 1.4		Direct Benefit – Easter Seals and Experience Works
24	Indian Health Services localized project grants for Oregon Tribes	\$ 2.5		Direct Benefit
	<b>TOTAL</b>	\$24.7		

Notes: Figures as of 10/24/09.

## Actions Taken, Issues, Updates, and Other Milestones

This section provides the highlights of significant actions, issues, updates or milestones achieved. For complete information on grant and program status, see attachment 1 (tracking matrix – match number to the left to the matrix issue number). **This week’s updates (changes) are in BOLD.**

Issue #	Program / Grant	Program Description / ARRA Impact	Amounts (millions)	Actions	Issues
1	Supplemental Nutrition and Assistance Program (SNAP) Formerly known as the “Food Stamp” program.	SNAP is a federally funded benefit program to help low-income families, single adults and childless couples buy the food they need to meet their nutritional needs. Benefits to clients are 100% federally funded.  The ARRA provides a 13.6% increase above the June 2008 value of the Thrifty Food Plan.	\$ 247.6 anticipated \$ 64.5 awarded \$ 64.5 expended	The 13.6 percent benefit increase began 4/1/09. Funds available for 2007-09 have been awarded.	
	SNAP – SSI Cash Out		\$ 7.8 anticipated \$ 3.9 awarded \$ 3.9 expended	The 13.6 percent benefit increase began 4/1/09. Funds available for 2007-09 have been awarded.	
	Administrative funds	Costs associated with administering the SNAP program are split between state and federal funds (50/50).  The ARRA provides a national increase of \$145 million in FFY 2009 and \$150 million in FFY 2010 for administrative costs.	\$ 5.7 anticipated \$ 2.8 awarded \$ 2.8 expended		

Issue #	Program / Grant	Program Description / ARRA Impact	Amounts (millions)	Actions	Issues
2	Child Care Development Fund (CCDF)	<p>CCDF is the primary federal funding source used to provide low-income families and parents receiving Temporary Assistance to Needy Families (TANF), with child care assistance for children from birth to age 13, or under age 19 if physically or mentally incapable of self care, or under court supervision.</p> <p>The ARRA increases the discretionary grant award, of which 12.76% must be used by states for quality and infant programs in the Oregon Employment Department's-Child Care Division (OED-CCD). DHS spending is for child care subsidies.</p> <p>These funds are awarded to the Oregon Employment Department, as they are the State's lead agency, not DHS.</p>	<p>\$ 19.7 anticipated</p> <p>\$ 19.7 awarded</p> <p>\$ 19.6 expended</p>	<p>Rebalance anticipates spending most, if not all, funds this biennium.</p>	
3	Vocational Rehabilitation (Independent Living)	<p>Increases funding for Independent Living (IL).</p>	<p>\$ .2 anticipated</p> <p>\$ .2 awarded</p> <p>\$ expended</p>		
3	Vocational Rehabilitation	<p>The Office of Vocational Rehabilitation Services (OVR) assesses, plans, develops and provides vocational rehabilitation services to individuals whose disabilities present impediments to employment.</p> <p>The ARRA increases the discretionary grant award for vocational rehabilitation services. The total dollar amount is based on current Oregon share of national Basic 110 grant.</p>	<p>\$ 6.2 anticipated</p> <p>\$ 3.1 awarded</p> <p>\$ 1.8 expended</p>	<p>April 1, 2009, the U.S. Department of Education awarded 50 percent of the Vocational Rehabilitative (VR) ARRA funds to state VR agencies.</p> <p>DHS will use ARRA funds for case services under the Order of Selection. The ARRA funding has allowed the Vocational Rehabilitation Program to take 300 names off the services waiting list and plans to take an additional 400 names off in July.</p> <p>DHS has received guidance on reporting and will proceed with completion and submission of the recordkeeping and reporting plan. Balance will be released</p>	<p>DHS's Administrator Office of Vocational Rehabilitative Services will continue to work with Tribes on their VR funding issues.</p>

	Issue #	Program / Grant	Program Description / ARRA Impact	Amounts (millions)	Actions	Issues
4	Temporary Assistance to Needy Families (TANF)	<p>TANF is a “capped” block grant that is the primary federal funding source used to assist low-income families with children to address basic needs and become self sufficient through cash assistance, employment, and training. It also provides support to children involved with Child Welfare, and housing and community services for clients with addiction and mental health needs.</p> <p>The ARRA increased the TANF grant award. The formula gives Oregon 80% of growth in basic assistance and a few other expenditures up to a maximum award of \$83 million. Works like a rebate program - 80% of state expenditures over the base year level is "rebated" to the State as additional TANF federal funds.</p>	<p>\$ 83.0 anticipated (\$20.0 for 07-09)</p> <p>\$ X.X awarded</p> <p>\$ X.X expended</p> <p>Note: The level of anticipated funding is highly dependant on the program's structure. Considering the forecasted caseload, we think it is possible we will ultimately use the full \$83 million.</p>	<p>CAF recently submitted a request to the Administration for Children and Families (ACF) for access to TANF ARRA funds for the first two quarters of FFY 2009. CAF anticipates confirmation from ACF within 14 days.</p>		
8	Title XIX, Medical Assistance Programs - Temporary increase of the Federal Medical Assistance Percentage (FMAP)	<p>The FMAP is the percentage the federal government pays for all Medicaid eligible expenditures.</p> <p>Medicaid (known in Oregon as the Oregon Health Plan or OHP) is the primary federal health insurance program for low-income individuals and families.</p> <p>The ARRA provides a temporary increase to the Federal Medical Assistance Percentage (FMAP), which includes an increase to the base rate with an additional amount available for States with increased unemployment.</p>	<p>\$833.0 anticipated</p> <p>\$375.2 awarded</p> <p>\$375.2 expended</p> <p>Note: Increased estimate to the max due to higher unemployment.</p>	<p>DMAP's analysis of provider payments and compliance with the prompt payment requirement is complete. We no longer have heightened concerns over meeting the prompt pay requirement.</p>		

Issue #	Program / Grant	Program Description / ARRA Impact	Amounts (millions)	Actions	Issues
8A	Title IV-E	<p>Title IV-E is federal funding used to offset the State's cost for eligible children in foster care, and adoption or guardianship assistance programs.</p> <p>The Federal Medical Assistance Percentage (FMAP) is used to determine the federal and state shares.</p> <p>The Title IV-E program will receive the increased base rate but does not qualify for the unemployment adjustment.</p>	<p>Adoption</p> <p>\$ 7.2 anticipated</p> <p>\$ 3.0 awarded</p> <p>\$ 3.0 expended</p> <p>Foster Care</p> <p>\$ 4.1 anticipated</p> <p>\$ 1.7 awarded</p> <p>\$ 1.7 expended</p>		
14	Title XIX, Medicaid Assistance Programs – Disproportionate Share Hospital (DSH)	<p>DSH is a payment adjustment made to qualifying hospitals that serve a high percentage of indigent clients.</p> <p>The ARRA provides a 2.5% increase in FFY 09, further 2.5% increase in FFY 10.</p>	<p>\$ 3.3 anticipated</p> <p>\$ 1.1 awarded</p> <p>\$ 1.1 expended</p>		
16	Drinking Water State Revolving Fund	<p>The State Revolving Fund (SRF) provides low interest loans and loan subsidies to Oregon community and non-transient community water systems to meet their infrastructure needs and the safe drinking water standards of the Environmental Protection Agency's – EPA 1996 Safe Drinking Water Act. Loans must be repaid, however, loan subsidies do not (the principal is forgiven).</p> <p>The ARRA increases federal appropriations to the Drinking Water State Revolving Fund. Oregon will use 97.5% to fund projects throughout the State and 2.5% to help fund an existing position and contractual agreements with our partner agency Oregon Business Development Department (OBDD).</p>	<p>\$ 28.5 anticipated</p> <p>\$ 28.5 awarded</p> <p>DHS</p> <p>\$ .1 expended</p> <p>OBDD</p> <p>\$ .0 expended</p>	<p>The Governor announced awards for the Drinking Water State Revolving Fund totaling \$27,800,231 in ARRA funds. Twenty one projects were funded for: Portland, Rockaway Beach, Bend, Fairview, Marshland, Arch Cape, Gresham, Falcon Cove Beach, Tri-City Water, The Dalles, Woodburn, Warrenton, Fern Valley, Elgin, Tigard, Aurora, Wickiup and Timber. The loan term may be up to 30 years and the interest rate for these projects may be as low as 1% based on disadvantaged community status determination as part of final financial review.</p>	

Issue #	Program / Grant	Program Description / ARRA Impact	Amounts (millions)	Actions	Issues
20	Aging Nutrition Services	<p>Increase in formula grant for congregate nutrition services (for settings such as community centers), home-delivered nutrition services (Meals on Wheels), and nutrition services for Native Americans.</p> <p>Some AAAs subcontract to actually have the meals prepared while others are self-providers. Typically the smaller AAAs are self-providers. Congregate meals are prepared in community centers and in-home clients go to the centers for the meals. The meals for Home Delivered Meals (HDM) are often prepared in community centers, but the meals are delivered by volunteers to the client at their home.</p>	<p>Congregate \$ .8 anticipated \$ .8 awarded \$ .5 expended HDM \$ .4 anticipated \$ .4 awarded \$ .3 expended</p>	<p>DHS has contracted with all 17 Area Agencies on Aging (AAA) based on need and performance measures to provide both congregate and home delivered meals.</p> <p>Information on the number of meals provided is being captured on a monthly basis. Data for July should be available by the first of September and will be provided.</p>	
22	Health Information Technology & Clinical Health Act	<p>Competitive grants for health care information technology projects (Electronic Health Records (EHR)). Grant funds may be used to expand electronic movement and use of health information among providers.</p> <p>Grants to States for FY 2011 have a 90/10 match, which decreases each additional year until in 2013 - 33% match.</p> <p>There are also incentive payments for Medicare reimbursement through an EHR.</p>	<p>\$ 8.58 anticipated \$ X.X awarded \$ X.X expended</p>	<p>DHS has at least three current projects dealing with electronic health records: 1) Behavioral Health Integration Project (BHIP) – part of the new state hospital project; 2) Electronic health record in DMAP; and 3) Various public health projects. DHS has assigned Rick Howard, Jeanene Smith to assist the Governor's office with the IT provisions of this act. Dawn Bonder was added by the Governor's office, as well.</p>	<p>The state submitted an \$8.58 million HIT planning grant application. This planning grant should lead to additional implementation grants money mid to late next year.</p>
23A	Community Service Employment for Older Americans	<p>This program provides job skills training for persons 55 years old or older who wish to return to the workforce but have poor employment prospects.</p> <p>The ARRA increases current funding by 23% for Oregon. This is an addition of \$348,538 for pass-through to the AAAs who administers this program.</p>	<p>\$ .35 anticipated \$ .35 awarded \$ .04 expended</p>	<p>DHS has contracted with six sub-grantees (Experience Works, Training &amp; Employment Consortium, Community Action Program East Center Oregon, SMS Services, Clackamas County and Mid-Columbia Employment &amp; Training) to provide services to: Baker, Clackamas, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Lake, Malheur, Morrow, Multnomah,</p>	



**ARRA Law Changes with No Stimulus Dollars Attached:**

Issue #	Program / Grant	Program Description	Actions	Issues
6	Title XIX, Medicaid Assistance Programs - Rescind all or part of three Medicaid regulations. Delay the enforcement of a fourth regulation.	<p>The impacted areas are listed:</p> <ol style="list-style-type: none"> <li>1. Outpatient Hospital and Clinic Services;</li> <li>2. School-Based Services;</li> <li>3. Case Management (TCM); and</li> <li>4. Health Care Related Tax (Provider Tax).</li> </ol>	<p>The Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that the administration has rescind all or part of three Medicaid regulations that were previously issued and delay the enforcement of a fourth regulation. Each of these rules, in whole or in part, had been subject to Congressional moratoria set to expire on July 1, 2009. Decisions were to rescind the School Based Services and Outpatient Services Definition final rules and to partially rescind the Case Management Services interim final rule, and to delay the enforcement of the Health Care Related Taxes (provider tax) rule until June 30, 2010.</p>	
7	Title XIX, Medicaid Assistance Programs - DHHS/CMS should not promulgate final rules on three regulations	<p>ARRA advises Department of Health and Human Services, through a "Sense of Congress" that DHHS/CMS should not promulgate final rules on three regulations. Applies to the following proposed regulations:</p> <ol style="list-style-type: none"> <li>1. Graduate Medical Education;</li> <li>2. Cost Limits to Public Providers; and</li> <li>3. Rehabilitation Services.</li> </ol>	<p>The Supplemental Appropriations Act required the Centers for Medicare and Medicaid Services (CMS) to contract with an independent organization to produce a report on four Medicaid regulations. They are:</p> <ol style="list-style-type: none"> <li>1. Graduate Medical Education;</li> <li>2. Cost Limits to Public Providers;</li> <li>3. Rehabilitation Services; and</li> <li>4. School Based Services (in issue #6)</li> </ol> <p>No additional action will be taken on these rules until CMS receives the final report, due 12/31/09.</p>	

Issue #	Program / Grant	Program Description	Actions	Issues
9	Title XIX, Medicaid Assistance Programs (Transitional Medical Assistance Benefit)	<p>Extends transitional medical assistance benefit program for 18 months. Oregon calls this the Extended Medical Program (EXT).</p> <p>Allows State two options:</p> <ol style="list-style-type: none"> <li>1. Increase initial eligibility from 6 to 12-months; and</li> <li>2. Make a family eligible even if it received less than three months of medical assistance during the previous six months.</li> </ol>	<p>Effective July 2009</p> <p>We received draft reporting guidance for this program from APHSA / HHS. This program is required to report on the average monthly enrollment, average monthly participation rate for adults and children, and of the number and percentage of children who become ineligible for medical assistance under this section, yet otherwise continued under another eligibility category or plan under title XXI.</p>	<p>Since this is reauthorization of an existing program, feeds are not likely to require separate accounting of funds.</p> <p>A separate reporting to CMS will be required for this part of the ARRA Act.</p>
10	Title XIX, Medicaid Assistance Programs - Extends the Qualifying Individual (QI) program for an additional year	<p>Extends the Qualifying Individual (QI) program for an additional year. Program provides 100% federal funding for states to pay Medicare Part B premiums for qualified Medicare beneficiaries. Program applies to families with income at least 120% of Federal Poverty Level but less than 135%.</p>	<p>Adopted</p>	
11	Title XIX, Medicaid Assistance Programs - Protections for Indians under Medicaid and Children's Health Insurance Program (CHIP)	<p>This program provides protections for Indians under Medicaid and Children's Health Insurance Program (CHIP). Prohibits premiums or cost sharing for items or services provided to American Indians/Alaska Natives (AI/AN) by Indian Health Programs or through referral. ARRA disregards certain property from assets for eligibility. Allows AI/AN to choose Indian health care provider as primary care provider under Managed Care Organizations (MCO). ARRA requires Managed Care Organization (MCO) to pay Indian health care provider.</p>		<p>Requires changes to managed care contracts and Oregon Administrative Rules. More clarification is needed regarding asset determination and requirement for MCO to pay Indian Healthcare provider.</p>
13	Medicare - Moratoria on Medicare Hospice Budget Neutrality Adjustments	<p>Delays phase out of Medicare Hospice budget neutrality adjustment factor, transfer of money from the Federal Hospital Insurance Trust Fund, and application of 25 percent patient threshold payment adjustment until October 1, 2009.</p>	<p>Adopted</p>	

<b>Direct Benefit or Pass-through Programs:</b>			
Issue #	Program / Grant	Program Description	Actions/Issues
3B	Vocational Rehabilitation – Centers for Independent Living (CILs)	ARRA provides an increase to the discretionary grant award for Centers for Independent Living.	Funds are pass-through dollars that are allocated directly to the Centers in accordance with the State Plan for Independent Living. DHS had a meeting with the Rehabilitative Services Administration (RSA) to discuss the State's plan for distributing ARRA funds to the Independent Living Centers. A sticking point has developed between DHS and RSA as a result of the differing views on how the money should be spent. DHS feels strongly that the money should be spent on bringing the existing centers up to standard. The RSA feels just as strongly that the money should be spent on creating a new center. Additional discussion on the topic is scheduled.
5	Social Security Income (SSI)	A one-time \$250 payment to qualified individuals receiving Social Security, Supplemental Security Income, Railroad Retirement Benefits, and Veterans Disability compensation or pension benefits.	Payments of \$250 went out beginning in early May and continued throughout the month of May.  Anyone who was receiving Social Security Disability Income benefits during the Nov. 1, 2008 through Jan. 31, 2009 time period will receive the one time payment.  Payments go directly to client accounts.
17 A	Community Health Centers	ARRA provides grant funding for Community Health Centers (CHCs) (also known as Federally Qualified Health Centers) to be used for new sites and service areas, to increase services and existing sites, and to provide supplemental payments for spikes in uninsured populations. CHCs are private non-profit organizations or are operated by counties.  Only CHCs are eligible for these funds and receive funds directly.	Two stimulus grant awards have been made - all were existing CHCs. The first was for projects already in the pipeline and the second was for nearly \$6 million to expand services at 25 of Oregon's community health centers.  The Public Health Division's Office of Health System Planning, in conjunction with OHSU's Office of Rural Health and the Oregon Primary Care Association, work with the centers to help identify gaps in health center services and gives technical assistance to create and improve local health services.
23B	Community Service Employment for Older Americans	This program provides job skills training for persons 55 years old or older who wish to return to the workforce but have poor employment prospects.  A total of \$1.4 million is being directly awarded by HHS to service providers Easter Seals and Experience Works.	

Issue #	Program / Grant	Program Description	Actions/Issues
24	Indian Health Service Recovery Act Projects	<p>The Federal Indian Health Services (IHS) direct grants to Tribes - Several project areas have been targeted by IHS for utilization of funding under the Recovery Act. These funds are granted directly to the Tribes. The funds shall be used to help construct health facilities, aid in maintenance and be used for improvements, help improve health information technology, construct sanitation facilities, and purchase health equipment that will improve health care in Indian Country.</p> <p>Oregon tribes have a total of 16 localized projects scheduled to be funded - worth a total of \$2.55 million.</p>	

## Upcoming Planned Actions, Major Projects, Deadlines, & Grant Opportunities:

Status of Competitive grant opportunities reported to date.

Grant Number	Division	Description	Award Amount	Comments
DHS-PH-12	PHD	<b>NIH Challenge Grants in Health &amp; Science Research-</b> In cooperation with state and local health officials and university partners to: Use climate model projections to forecast, analyze and track environmental conditions that may result in important threats to public health in the Pacific Northwest, including heat waves, floods, and wild-land fires; Assess the link of impacts to climate change projections; Provide a more precise and inclusive description of vulnerable and at-risk populations; Provide a more clear understanding of the public health risks associated with the environmental threat; Develop appropriate mitigation and adaptation plans; Develop appropriate education/communication messages.	\$1,000,000 \$ \$ anticipated awarded expended	This grant would come in two annual installments of \$500,000 per year. Applied 4/27/09 Start date - September 30, 2009 No Match
DHS-PH-17	PHD	<b>WIC Electronic Benefits Transfer (EBT) Planning Grant</b> - The purpose of the EBT Planning Grant is to determine whether EBT is feasible within the current Oregon WIC data system, to determine retailers technical capabilities to incorporate WIC EBT into their electronic cash register systems and conduct a cost comparison of paper checks versus EBT.  If determined feasible, Oregon WIC would apply to USDA for EBT Phase II funding for a project implementation grant. Completion of an EBT planning grant is a prerequisite to apply for any additional EBT funding.	\$ 150,000 \$ 168,850 \$ anticipated awarded expended	Applied 5/29/2009 Start Date – TBD No match
DHS-PH-19	PHD	<b>Multi-drug Resistant Organisms</b> - The purpose of this funding is to use the existing EIP network, capacities, and infrastructure to support targeted efforts to monitor and investigate the changing epidemiology of HAIs to increase the knowledge base in this area and facilitate improvements in HAI prevention efforts.	\$ 800,000 \$ 724,228 \$ anticipated awarded expended	Application Date 6/26/2009 Start Date – TBD No Match
DHS-PH-20	PHD	<b>Prevention of Healthcare Associated Infections</b> - The purpose of this funding is to use the existing ELC cooperative agreement to build and sustain state programs to prevent healthcare-associated infections.	\$1,100,000 \$ 341,258 \$ anticipated awarded expended	Application Date 6/26/2009 Start Date – TBD No Match

DHS-PH-21	PHD	<p><b>Vaccine Evaluation - Public Health (PH)</b> has applied for three components of a vaccine evaluation project through the existing Emerging Infections Program (EIP) cooperative agreement. This funding is to use the existing EIP network, capacities, and infrastructure to support evaluation of the effectiveness of three vaccines: the 13-valent Pneumococcal Conjugate Vaccine (PCV13), the Quadrivalent Meningococcal Conjugate Vaccine (MCV4), and the Human Papilloma Virus Vaccine (HPV). Total funds for the three components are up to \$850,000 for August 30, 2009 through December 29, 2011. PH plans to hire two, Research Analyst 2. No matching funds or maintenance of effort is required.</p>	<p>\$ 850,000    anticipated</p> <p>\$ 482,619    awarded</p> <p>\$                    expended</p>	<p>Application Date 6/26/2009</p> <p>Start Date – TBD</p> <p>No Match</p>
DHS-PH-22	PHD	<p><b>Assessing Varicella Vaccine</b> - The purpose of this funding is to strengthen state and local health department capacity to detect and investigate varicella outbreaks in schools and, in doing so, assess how effectively two doses of varicella vaccine (as currently recommended) prevent or control varicella outbreaks. The anticipated award date is August 30, 2009 with an ending date of December 29, 2011. PH plans to use funds to hire a limited duration Research analyst 2 and Administrative Specialist 2. Clackamas and Marion counties were selected because of their strong relationships with the local school district reporting system.</p>	<p>\$ 200,000    anticipated</p> <p>\$ 139,918    awarded</p> <p>\$                    expended</p>	<p>Application Date 6/26/2009</p> <p>Start Date – TBD</p> <p>No Match</p>
DHS-PH-25	PHD	<p><b>WIC Technology Grant - Miscellaneous Projects</b> - The purpose of the WIC technology grant is to complete a feasibility study that will determine the next phase for the WIC data system (TWIST) to move to a web-based, EBT ready system. USDA requires a feasibility study be completed to analyze and determine best option, whether adopting a transfer system from another state or up-grading a current system, before funding any major data system project.</p> <p>Upon completion of the feasibility study, Oregon WIC would apply to USDA for funding to complete an Advanced Planning Document (APD) for technology changes. An APD is required by USDA for any technology funding requests.</p>	<p>\$ 150,000    anticipated</p> <p>\$                    awarded</p> <p>\$                    expended</p>	<p>Application Date 6/29/2009</p> <p>Start Date – TBD</p> <p>No Match</p>
DHS-PH-28 (See #19 for more details)	PHD	<p><b>Supplemental Funding for Reaching More Children and Adults</b> - Section 317 grantees have been allocated ARRA funding to purchase priority vaccines; these ARRA funds will support the operations infrastructure needed to deliver and account for those vaccinated. Please note: \$1,857,552 is vaccine funding . It comes in the form of Direct Assistance. CDC sets up an account which Oregon draws against.</p>	<p>\$3,108,977    anticipated</p> <p>\$1,251,425    awarded</p> <p>\$ 2,000        expended</p>	<p>Application Date 7/2/2009</p> <p>Start Date – 9/1/2009</p> <p>No Match</p>

		<p>Approximately 75% of our award will be spent on vaccine purchases, as required by funder. Of remaining funds, 60% will be sent to Local Health Departments to support vaccine administration infrastructure enhancement. The new PAS3 limited duration position will assist state and local staff with development of social marketing campaign to help parents who question the value of immunizations and other ongoing communication efforts. The existing PHN2 will increase hours to work on adult immunizations. The AS2 positions will work on user acceptance testing for the new Immunization Information System. The new IS7 will work on integrating the new Immunization Information System with FamilyNet.</p>			
DHS-PH-29	PHD	<p><b>Assessment at Immunization Information Systems Sentinel Sites - To</b> enhance the data quality, functionality, scope of the IIS in the Sentinel surveillance area and further enhance the analytic capacity of the IIS in support of the Immunization Program for evaluation and epidemiologic activities.</p> <p>This grant supports effective and efficient collaboration with our internal and external partners, and will allow ALERT to provide better data to support the health of all Oregonians through timely and accurate immunization provision.</p>	<p>\$ 175,000 anticipated</p> <p>\$ 149,908 awarded</p> <p>\$ expended</p>	<p>Application Date 7/2/2009</p> <p>Start Date – 9/1/2009</p> <p>No Match</p>	
DHS-PH-32	PHD	<p><b>Ambulatory Surgical Center Healthcare- Associated Infection Prevention Initiative - To</b> improve quality assurance of ASCs during FFY 2009 and FFY 2010 by implementing a new survey process to promote better infection control practices. The increased funding is available to states that conduct health facility surveys.</p> <p>The increased funding will be used to implement a new three person survey process for ASCs that includes an enhanced oversight of infection control practices in the operating room. The ARRA allocation will provide funding to hire 2.5 FTE limited duration Client Care Surveyors to conduct the surveys.</p>	<p>\$ 205,400 anticipated</p> <p>\$ 205,400 awarded</p> <p>\$ 36,916 expended</p>	<p>Non-competitive addition to existing grant.</p>	
DHS-PH-33	PHD	<p><b>State Primary Care Office Cooperative Agreement - Supplemental funds</b> to existing ongoing Primary Care Cooperative Agreement. To improve recruitment and retention of clinicians within the National Health Service Corps Program.</p> <p>Funding is used to identify health professional shortage areas across the state,</p>	<p>\$ 102,030 anticipated</p> <p>\$ 36,010 awarded</p> <p>\$ expended</p>	<p>Non-competitive addition to existing grant.</p>	

		address migrant health issues, provide technical assistance to communities addressing access to healthcare needs, and provide support for NHCS clinicians across Oregon. The net impact of these activities improves access to care for low income populations and leverages millions of federal dollars to support community and rural health centers.		
DHS-OHPR-44	OOHPR	<p>The Office for Oregon Health Policy &amp; Research is preparing to apply for a grant from the Office of the National Coordinator for Health Information Technology, US Department of Health and Human Services. If awarded, the grant would provide \$1 - \$4 million annually for specific HIT purposes.</p> <p>Purpose of the grant: The State HIE Cooperative Agreement Program is intended to help fund state efforts to advance appropriate and secure health information exchange (HIE) across each state's health care system, while moving toward nationwide interoperability. This funding will provide vital support for Oregon's efforts in electronic health records adoption and the eventual development of a statewide system for electronic health information exchange, as envisioned by the legislature in HB 2009, and led by the Oregon Health Information Technology Oversight Council (HITOC).</p>	<p>\$ 8,580,000 anticipated</p> <p>\$ awarded</p> <p>\$ expended</p>	<p>Application Date 10/16/2009</p> <p>Start Date – 1/15/2010</p> <p>Match – first year no match requirement. Thereafter, slow increments of match can come from public and private sources.</p>
DHS-PH-46	PH	<p><b>Communities Putting Prevention to Work</b> - The Recovery Act includes \$650 million for evidence-based clinical and community-based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates. The legislation provides an important opportunity for states, cities, rural areas, and tribes to advance public health across the lifespan. With these funds the CDC will support intensive community approaches to chronic disease prevention and control in selected communities (urban and rural), to achieve increased levels of physical activity, improved nutrition, decreased overweight/obesity, decreased tobacco use by adults and youth, and decreased exposure to secondhand smoke. CDC will fund 30-40 applications nationwide through this FOA. The PHD is eligible to submit applications on behalf of two county health departments focused on physical activity, nutrition, obesity and on behalf of two county health departments focused on tobacco control. If both components were funded, available funds could range from \$6-16 million</p> <p><b>State Supplemental Funding for Health Communities, Tobacco Control, Diabetes Prevention &amp; Control and BRFS</b> - This FOA provides the opportunity for state and territorial health departments to apply for ARRA funds to reduce risk factors, prevent/delay chronic diseases, and promote</p>	<p>\$6 to 16 mil anticipated</p> <p>\$ awarded</p> <p>\$ expended</p>	<p>Application Date - 12/01/09</p> <p>Start Date – 2/26/10</p> <p>Match – none</p>
DHS-PH-47	PH	<p><b>State Supplemental Funding for Health Communities, Tobacco Control, Diabetes Prevention &amp; Control and BRFS</b> - This FOA provides the opportunity for state and territorial health departments to apply for ARRA funds to reduce risk factors, prevent/delay chronic diseases, and promote</p>	<p>\$2.3 to 4.3 mil anticipated</p> <p>\$ awarded</p>	<p>Application Date – 11/24/09</p> <p>Start Date –12/09 – 1/10</p>

		<p>wellness in both children and adults. The supplement expands activities in the existing Tobacco/Diabetes/BRFSS/Health Communities cooperative agreement to support program capacity to implement effective social, environmental, policy, and systems approaches to help reduce the social inequalities in health by creating healthier communities. The supplement has three components: I- statewide policy and environmental change, II - competitive special policy and environmental change initiatives, III - tobacco cessation through quitlines and media. Funds for Oregon for component I is \$679,006, for component III is \$661,049; available funds for the competitive component II is \$1-3 million.</p>	<p>\$</p> <p>expended</p>	<p>Match – none</p>
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**New Public Health Grant Applications:**

**Communities Putting Prevention to Work** - The Recovery Act includes \$650 million for evidence-based clinical and community-based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates. The legislation provides an important opportunity for states, cities, rural areas, and tribes to advance public health across the lifespan. With these funds the CDC will support intensive community approaches to chronic disease prevention and control in selected communities (urban and rural), to achieve increased levels of physical activity, improved nutrition, decreased overweight/obesity, decreased tobacco use by adults and youth, and decreased exposure to secondhand smoke. CDC will fund 30-40 applications nationwide through this FOA. The PHD is eligible to submit applications on behalf of two county health departments focused on physical activity, nutrition, obesity and on behalf of two county health departments focused on tobacco control. If both components were funded, available funds could range from \$6-16 million.

**State Supplemental Funding for Health Communities, Tobacco Control, Diabetes Prevention & Control and BRFSS** - This FOA provides the opportunity for state and territorial health departments to apply for ARRA funds to reduce risk factors, prevent/delay chronic diseases, and promote wellness in both children and adults. The supplement expands activities in the existing Tobacco/Diabetes/BRFSS/Health Communities cooperative agreement to support program capacity to implement effective social, environmental, policy, and systems approaches to help reduce the social inequalities in health by creating healthier communities. The supplement has three components: I- statewide policy and environmental change, II - competitive special policy and environmental change initiatives, III - tobacco cessation through quitlines and media. Funds for Oregon for component I is \$679,006, for component III is \$661,049; available funds for the competitive component II is \$1-3 million.