



helping people • changing lives

Human Services Commission

FY 2015-2017

Funding Priorities

July 1, 2014



July 1, 2014-June 30, 2017 (FY15- FY17)

Purpose:

This document presents the Human Services Commissions (HSC) priorities for the Human Services Fund for the three year funding cycle beginning in the FY 2015-17. These recommendations are to be approved by the HSC at their October 21, 2013 meeting. The recommendations were developed by Staff and reviewed through the HSC Strategic Planning Committee comprised of three (3) elected official members of the HSC, three (3) members of the Community Action Advisory Committee (CAAC), that represent various public and private citizen interests within the County, and three (3) members of the Human Service Network, representing the service providers.

The purpose of the Human Services Fund is to provide public support for public and private community-based human-service programs through an orderly process that is responsive to changing community needs.

Background:

Over the past 41 years, Lane County and the cities of Eugene and Springfield have consolidated local, state, and federal resources through the Human Service Fund (HSF) to support human services programs serving at-risk people and communities in every part of the county. These programs are managed by public, nonprofit and faith-based organizations. Through the HSF, the funds are allocated in accord with the funding requirements and local priorities set by the Human Services Commission through an open competitive selection process conducted by the county.

Throughout its history, the HSF has adjusted priorities to meet changing needs and to recognize the changing nature of community-based providers. As recipients of resources from the HSF have grown in sophistication, they have been asked to do more to measure outcomes, show clients' progress toward self-sufficiency, and collaborate with other providers to ensure that beneficiaries receive the many services they need.

Over the past year briefings were provided by various county staff and service providers presenting information to the CAAC and the HSC on topics such as the county's human services programs, collaboration of services, housing programs, and performance reports and status reports.

Since June 1, 2013 the HSC Strategic Planning Committee has held four meetings to evaluate information received and staff has been conducting research and explored potential changes for FY 15-17.

On September 16, 2013, a retreat was held by the HSC with representatives from CAAC and the nonprofit community to review the HSC funding priorities, program framework, and practices to ensure the program supports strategic human services outcomes and leverages community resources for maximum collective impact on communities and those individuals and families most at risk.

On October 17, 2013, a discussion of Draft Priorities was had at the CAAC meeting: Input provided at the public comment meeting on these Draft Priorities was considered in making the final recommendation to the HSC.

On October 21 2013, a public input session was held to engage the community and elicit stakeholder feedback on the on the proposed direction of the HSC program for the FY 2015-17 Human Service Fund. Representatives from community-based organizations in attendance discussed their ideas and responses to the proposed Funding Priorities and program changes.

Focus:

We all want to live in communities where all people can be successful and families can thrive. With this in mind, for the next three year funding cycle, we want to remove barriers to opportunity by first addressing the most critical basic needs of those County residents without homes or adequate nutrition, assist our neighbors many of who live at or below the poverty line to increase their economic and social stability, and, help families build upon their strengths so that they can succeed. With health care reform most of the folks we serve will be eligible for physical, mental health and substance abuse services which will shift our focus to improving the social determinates of health rather than funding health care. The economic environment is very challenging for the folks we serve and for the governments that fund us. Therefore, we will adjust service strategies to accomplish our goals to be most cost-effective with the funds available.

Priority Goals:

The Human Service Commission has identified five (5) priority goal areas for FY15 - FY 17 to strategically focus resources and update the work plan implemented between FY 11 – FY 14

- **Reduce homelessness** among the most vulnerable populations such as the disabled, veterans, youth, domestic violence victims and families and promote social inclusion. Emphasis is on those who are at-risk of homelessness, those who are chronically homeless, and those who are transitioning from shelters and crisis situations to permanent housing.
- **Promote and ensure nutrition and food security** among the elderly, the disabled, children, families and individuals. Emphasis is on adequate nutritious food availability, site based and home based geographic food access, and appropriate food use to provide for a nutritious diet.
- **Strengthen families** by support of at-risk parents to acquire the skills to provide a safe and stable environment for their children and address parents' health, behavioral, educational, financial, and employment issues for self-reliance. Emphasis is on positively impacting parents and their children birth to five years of age to ensure they are ready to learn when entering Kindergarten.
- **Increase self-sufficiency for families and individuals in need** to include: veterans and their families, persons with disabilities, and at-risk and homeless families and individuals; assisting them to receive basic needs services, disability, health care benefits, energy assistance, access to housing, education and employment and income supports. Emphasis is on access to income, health care and employment opportunities.
- **Improve service quality** to include an emphasis on: improving the consumer's experience, coordination of service assessments, service referrals, data integrity, resource management, and the evaluation of services.

These updated priority goals are consistent with the priority framework adopted by the HSC for the five HSC Funding general funding categories developed as a part of the FY 10 Human Service Plan and are further narrowly focused to take into consideration the new resource constraints we are operating under at all levels of government:

- **Meet Community Basic Needs,**
- **Increase Self-Sufficiency,**
- **Build a Safer Community, and,**
- **Increase Access to Services.**

The HSC's implementation of the plan also included the **principles** of given attention to strategies that promote:

- **Prevention,**
- **Collaboration,**
- **Innovation,**
- **Leverage of Funding, and;**
- **Elimination of barriers to accessing services.**

Major Assumptions & Changes from Current

- Assumes constrained funding environment during FY 15-17. Trends include the congressional budget stalemate and lack of grand bargain of entitlements reducing the funding available for non-defense federal discretionary funding. The continuation of the federal sequester requires a continued ramp down in federal appropriations to meet targets. Flat general funds from the State of Oregon given early state of economic recovery and education and health care priorities for increased revenues. Flat growth in fee based State of Oregon revenue for homeless housing and mediation programs. Local funding is to be flat or potentially reduced.
- Further bundles and consolidates services in four (4) geographically located Community Service Centers in Eugene, Springfield, South Lane and West Lane County as well as four (4) population specific access centers for at-risk and homeless youth, victims of domestic violence, homeless singles, and homeless families.
 - Low-Income Energy Assistance and Homeless Prevention Services are bundled into Community Service Centers for efficiency and effectiveness, where they were procured separately in the past.
 - Rapid Rehousing Services is bundled with the Access Centers. To rapidly transition more homeless folks sooner back to housing, where they were procured separately in the past.
 - Deep touch services must include access o referral to employment and access to substance abuse, mental health, health care and other supportive services.
- Further focuses early childhood efforts on supporting early risk assessment follow-up through in-home outreach and parent education for children with developmentally disabled parents and those that have risk factors for abuse. Positively impacting services to children birth to five years of age to ensure they are ready to learn when entering Kindergarten.
- Discontinues human service funding for health care given implementation of the federal Affordable Care Act health care reform and instead emphasizes linking individuals to health care benefits and services and integration of health services as part of screening, assessment and development of individualized service plan.
- Fully implements the Coordinated Entry for a clearly identified process for individuals to know where and how to access services including: Several agreed upon points to request services that eliminate the obstacle course of making numerous calls without knowing if or where they will find assistance and standardized assessment
- Implements a New Poverty and Homeless Commission consolidating the existing advisory committees to determine future recommendations for investing homeless funds and developing new strategies.

Human Service Policies

The human services contracting process involves identifying what services will be provided, who the program will serve, the portion of the budget that the HSC will be funding, the amount of service the program will provide (i.e. how many Lane County residents the program will serve, etc.), and what outcomes the program hopes to have as a result of the program.

1. HSC will request proposals for a specific set of services based on priority goals, funding source requirements, and strategic plan in order to meet contracted outcomes.
2. HSC will distribute funding county-wide to include four county regions, based on the density of the poverty population and then factor municipal contributions. Other considerations are geographic accessibility to services, and the ability to provide access and attend to the special needs of diverse populations. Contracts will be awarded for services delivered in one of the four regions and/or countywide.
3. HSC contractors must be collaborative and submit a plan that links clients with additional supportive services to achieve contracted outcomes.

4. County contracts are on fiscal cycles for up to three years, with annual reviews conducted by the Human Services Commission. Renewal of the contract for a second or third year, where applicable, is dependent on performance and available revenue.
5. During the contract period, agencies are required to use the Service Point HMIS system for client tracking and reporting and participate in the Coordinated Entry Program as appropriate. Through ServicePoint HSD staff monitors the amount of service provided and the demographics of clients served, including the age, gender, race, income level, outcomes and other information. Additionally, the program is required to submit annually a data sheet on the other funding used by the program. Programs are also monitored to ensure that the accounting and reporting requirements are being met. Site visits are conducted at least every two years.
6. ServicePoint data is compiled by the Human Services Division and used to determine the overall impact of the service being provided. The Human Services Commission (HSC) also uses the information to make future funding decisions if a contract renewal is sought by the agency in the subsequent contract period.
7. HSC funding cannot exceed 85% of the total program's budget. The 15% agency contribution must be documented; this may be cash, grant or in-kind. An exception will be for HUD ESG and Continuum of Care projects for which a 25% cash match is required.
8. HSC funds applied to administrative costs shall not exceed 15% of the total amount of HSC funds requested. An exception will be for HUD Continuum of Care projects where up to 12.5% of the 15% may be used for the required program match.

Socio-Economic Trends: The need for human services is acute as reflected by the data below:

- According to the US Census 2011 American Community Survey
 - 17.4% of Lane County residents (61,690) are below the poverty threshold set by the federal government compared with 14.8% in the State of Oregon.
 - Childhood Poverty (ages 0-17) rate was 23.5% (15,632 children).
 - Medium household income for Lane County to be \$42,621, while the medium income for the State of Oregon is \$49,850.
- According to Food For Lane County more than one in three residents in Lane County is eligible for food assistance.
- According to Children's First of Oregon
 - 1,703 children in the county have been in foster care at least once in the past year
 - 5,762 reports of child abuse/neglect were made in this area in 2011. 48.0% of these reports were assessed. 25.7% of assessed reports in the county were founded.
 - 53% of public school children were eligible to receive free/reduced-price lunches during the school year. On average, 13,725 children ate free/reduced-price lunches on a given day.
- According to Lane County Human Services Division
 - 2,140 people were homeless in Lane County during the 2011 One Night Homeless Count. 1,406 people were unsheltered either because they were turned away due to a lack of shelter availability or they were otherwise unable to access shelter.
 - 7,218 Individuals who were homeless sought social services through Lane County Human Services Commission funded programs July 2011- April 2012.
 - 926 unduplicated individuals in 2,882 shelter beds were served at the Egan Warming Center during 15 nights of extreme weather at 10 faith-based sites.
- According to the State of Oregon Department of Education
 - 53% of school age children in Lane County are eligible for free and reduced lunch.
 - 2,262 K-12 Students were homeless in 2011.

- According to the U.S. Bureau of Labor Statistics Lane County's unemployment rate in July 2013 is 8% which is the same as the State of Oregon unemployment rate.

Priority Areas to Address Human Service Gaps:

Based upon a review of service needs, trends and reports the following are the major gap areas that need further consideration to be addressed through future initiatives, grants and public policy advocacy.

- Early childhood and parenting programs for young at-risk and homeless children and their parents.
- Immediate emergency shelter access for homeless families, victims of domestic violence and homeless individuals particularly those with substance abuse issues.
- Transitional housing and services for domestic violence survivors, homeless youth transitioning to independence and persons in substance abuse recovery.
- Permanent supportive housing for persons with mental illness and physical disabilities
- Employment, education, and life skills training for low-income and homeless youth and adults.
- Homeless Prevention and Rapid Rehousing programs. (Transitional rental assistance and support services)
- Supportive housing facility development planning.

Human Services Fund Outcomes:

The following is the current list of high level outcomes for HSC supported programs. We collect information on additional outcomes, service counts and demographic, although these are the primary measures we use to communicate program performance:

- **Respond to emergency basic needs**
 - Number of Individuals provided emergency basic needs (day use center access, bus passes, laundry/shower vouchers, food boxes and meals, etc.)
 - Percentage of households that use less household energy as a result of receiving energy conservation education, incentives and financial education and/or home weatherization
- **Increase the percentage of clients who are physically, socially and economically stable**
 - Exits from Housing or Rental Assistance programs into Permanent (Stable) Housing Percentage of adults exiting with maintained or Increased Income
 - Percentage of adults exiting with non-cash benefits (Food Stamps, Medicaid, VA Medical, etc.)
- **Promote independence of Veterans, Elderly and Persons with Disabilities**
 - Percentage of Individuals living semi-independently or independently
 - Percentage of client applications for VA benefits that result in a positive decision
- **Prepare children, youth and families for success**
 - Percentage of child/abuse/neglect and domestic survivors who are protected and safe
 - Number of households successfully completing parenting and early childhood programs
- **Promoting Cultural & Linguistic Access**
 - Percentage of Latino/Hispanic individuals accessing services

Through a result oriented approach we are able to find out what works and make it work for more people, more quickly and more efficiently. It helps us spend limited funds better for greater results.

The federal Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) interim rule was published and went into effect on August 30, 2012. As a result, it requires that all communities receiving McKinney-Vento funding track performance community-wide, regardless of HUD funding. Related to the criteria outlined within the Act, taking into account the barriers faced by individuals experiencing homelessness.

- Length of time homeless
- Recidivism (subsequent return to homelessness)
- Access/coverage (thoroughness in reaching persons who are homeless)
- Overall reduction in number of persons who experience homelessness
- Job and income growth for persons who are homeless
- Reduction in first time homeless
- Other accomplishments related to reducing homelessness

New High Performance and Accountability Standards

The federal Office of Community Services is developing new criteria for a matrix of performance standards that will establish a threshold for minimally accepted achievement as well as advancing and excelling standards for which local Community Action Agencies must strive. The Community Action Partnership Baldrige-based Community Action Categories of Excellence provide an existing, tested framework on which to build, and will incorporate the core Results Oriented Management Accountability (ROMA) activities. Details and final recommendations for the designation process will be forthcoming. The effective date to implement performance criteria and processes is October 1, 2014.

ROMA is designed so that local agencies have the flexibility to adopt measures that are the most relevant to the goals and objectives established for their own communities. In this spirit, ROMA established the six broad goals for guidance in articulating program goals:

- Low-income people become more self-sufficient.
- The conditions in which low-income people live are improved.
- Low-income people own a stake in their community.
- Partnerships among supporters and providers of services to low-income people are achieved.
- Agencies increase their capacity to achieve results.
- Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems.

Each locality must engage in its own strategic planning process to address how it will contribute to the accomplishment of the national goals as well as to the specific objectives unique to the state resulting agreements arrived at between the state agency and the CAAs that identifies the specific outcome measures that are used to evaluate success. The results yielded by ROMA create a feedback loop that supports refocusing program efforts as needed to achieve strategic goals.

Further funders believe that, to the greatest extent possible, service should be provided using evidence informed and evidence-based service strategies.

SERVICE DELIVERY PLAN

Service Hubs (Resource and Service Bundling):

In developing a new work plan we believe that further bundling more services could have a significant and measurable positive impact on low-income families. This is supported by research conducted by the Annie E. Casey Foundation (AECF). In its report “An Integrated Approach to Fostering Family Economic Success,” the AECF found that a set of services in at least three focus areas yielded greater results for customers than the provision of a single service in a specific focus area. Therefore, we are proposing to further bundle services and consolidate services in four (4) geographically located Community Service Centers in Eugene, Springfield, South Lane and West Lane County, as well as four (4) population specific access centers for at-risk and homeless youth, victims of domestic violence, homeless singles, and homeless families.

The service hubs will employ a multi-level approach to meeting needs of program participants, using either a “light touch” or “deep touch” as appropriate to provide assistance. A distinction is made between the one time services provided to program participants – which we call “light touch” – versus a comprehensive set of bundled services – which we call “deep touch” – provided to assist families or individuals as they move toward self-sufficiency.

The hub service strategy must also meet criteria to broaden the resource base for activities aimed at poverty reduction. It should increase opportunity through access to needed resources, as “leveraging.” We will require that the service hubs improve their links to other health, housing and employment and training services. We have developed a much better understanding of the relationship of homelessness and poverty to a set of complex problems: mental health, domestic violence, drug and alcohol abuse, inadequate housing, and unemployment or underemployment. We will require service hubs to propose solutions that start with the problems as experienced by the individual and family and their articulated needs, and provide a coordinated response across a range of services that is greater rather than less than the sum of the parts we are purchasing.

Community Service Centers:

Services are designed for low-income residents to include:

- Food boxes (Light Touch)
- Energy assistance (Light Touch)
- Hotel/Motel Vouchers (Light Touch)
- Transportation Assistance (Light Touch)
- Clothing (Light Touch)
- Computer Access (Light Touch)
- Homeless Prevention Program (Deep Touch)
 - Rent Assistance
 - Case Management Services
 - Renter Education
 - Financial Literacy
 - Employment & Training
 - Public Benefit Counseling and Referral

To increase efficiency and effectiveness we will be including Low-Income Energy Assistance and Homeless Prevention Services in the bundle that were procured separately in the past.

Access Centers:

Services are designed for homeless to include:

- Meals (Light Touch)
- Showers (Light Touch)
- Laundry (Light Touch)
- Hygiene Kits (Light Touch)
- Computer Access (Light Touch)
- Mail Boxes (Light Touch)
- Transportation Assistance (Light Touch)
- Clothing (Light Touch)
- Computer Access (Light Touch)
- Emergency Shelter (Light Touch)
- Rapid Rehousing Services (Deep Touch)
 - Rent Assistance
 - Case Management Services
 - Renter Education
 - Financial Literacy
 - Employment & Training
 - Public Benefit Counseling

To rapidly transition more homeless folks back to housing; Rapid Rehousing Services will be bundled with the Access Centers.

Latino Access to Services

While all of the human services at the other eight (8) centers are available to non-English speaking persons, the Human Services Commission will fund one additional access point with services specifically for non-English speaking Latinos.

Food & Nutrition Programs

Food and nutrition programs will be supported primarily through the **Regional Food Bank** that supports a county-wide network of food pantries, meal sites and other non-profit social service programs that involve feeding people. Additionally, **Meals on Wheels** for Senior residents will be supported through the funding of an intergovernmental agreement with Lane Council of Governments. Food pantries located in Community Service Centers are supported as part of the bundled service package.

Parenting and In-home Services for at-risk families

- **In-Home Outreach and Parent Education** to families will be funded to enhance the capacity of programs that serve children who have been identified as having risk factors for child abuse or have developmentally delayed parents.
- **The Family Mediation Program (FMP)** is a State of Oregon and fee supported program that provides mediation services to parents seeking to establish or modify parenting time schedules and/or custody. Our clients must have either (1) a current court action in the Circuit Court for Lane County or (2) if no court action, at least one parent must reside in Lane County. FMP also provides Focus on Children, a parent education class that addresses the needs of children during and following parental separation and divorce.

Energy and Weatherization Programs

Human Services manages and coordinates a variety of energy assistance, energy education and weatherization programs in partnership with contracted private non-profit and public agencies to include:

- **Energy Assistance (Community Service Centers & Senior & Disabled Service Sites)**

These programs provide a payment directly onto an applicant's utility or energy account. The Lane County Human Services Commission administers six different energy assistance programs. The largest of these programs is LIHEAP. Low Income Home Energy Assistance Program (LIHEAP) provides financial assistance to low-income households for utility bills. The program is seasonal and winter services are available as early as funding allows. Home bound applicants can be assisted with completing their applications at home.

- **Energy Education (HSD Staffed)**

Energy Education programs teach households how to lower their household energy usage and manage their utility bills. The Human Services Commission administers five different energy education programs. The largest of these programs is EWEB Customer Care Plus. EWEB Customer Care Plus (ECCP) provides energy education and a kit of energy saving devices to income qualified EWEB customers. ECCP also includes bill assistance, financial management education and referrals to weatherization and other community resources.

- **Weatherization (Intergovernmental agreement with HACSA)**

The Lane County Human Services Commission partners with the Housing and Community Services Agency of Lane County (HACSA) to provide home weatherization services throughout Lane County. The Weatherization program assesses homes for weatherization needs and installs insulation and windows, and seals heating ducts.

Veterans Services (HSD Staffed)

The Veterans' Services Office works to ensure that Lane County Veterans and their families receive all state and federal benefits available to them by providing them effective and dedicated representation free of charge. Veteran Services are funded with HSC funds and funds received from the State of Oregon.

Human Services Management Information System: (HSD Staffed)

To further coordinate and to improve the quality of services, all HSC funded organizations and other private and public funded agencies that provide housing and services to at-risk and homeless people began participating in the Human Services Management Information System (HMIS). HMIS is a web-based system that providers use to collect data, coordinate care, manage operations, and better serve people. The HMIS is designed to collect data on the housing and services provided to clients. The system is secure and protects the privacy of individual clients. This statewide HMIS is administered by the City of Portland. The software product used in Lane County is ServicePoint by Bowman Systems. Lane County Human Services Division provides systems management, support and development for the Lane County area.

Centralizing data in one place allows us to look not only at client outcomes at the program level, but to also evaluate service-use patterns across the entire network of providers and ensure that funding for human service programs remains strong. It gives us a clearer picture of people who experience poverty and homelessness, their needs, and how that population changes over time. Data is particularly important for holding providers and programs accountable for results — and for finding far more efficient and cost-effective ways to deliver services.

Coordinated Entry:

The lack of a common coordinated entry system with a standardized assessment in Lane County had created inefficiencies for families and singles experiencing and at-risk of homelessness, housing and non-housing providers and the system itself. Households had to navigate an obstacle course calling multiple agencies, understanding varied agency vacancy protocols, and diverse intake criteria in order to get assistance. Locating resources was time consuming and did not always lead to the best fit for their needs. This was a stressful process for vulnerable households and especially for those with higher needs (who probably do not fare as well). In the current system, a homeless household may find shelter or housing in a few days, or it could take weeks or months, depending on who they call, how often they call, and so on. In addition, system-wide, we knew very little about the households that are being turned away or do not seek services. We also lacked the ability to target resources to program areas based on unduplicated need or demand for services.

For the past year we have developed a coordinated entry system with uniform screening and assessment tools for at-risk and homeless families. The Coordinated Entry System for family pilot began August 1, 2013 that includes:

- A clearly identified process for families to know where and how to access services.
- Several agreed upon points to request services. Through Coordinated Entry households will not need to navigate the obstacle course of making numerous calls without knowing if or where they will find assistance.
- A standardized assessment - the ability to match families into appropriate housing and services tailored to their needs. Through one process, families will have access to a variety of programs that may be suitable based on their housing and service needs.
- Coordinated referrals at a system-wide level that matches families with the most appropriate services and providers based on the standardized assessment of the family and the program eligibility.
- Unduplicated data on the number of homeless families and the needs/barriers of these families that can influence system modifications and enhancements. For example, information on how many families are seeking services, what are their service level needs, what is the wait time for families receiving services (system gaps).

The end result is a system for preventing and ending family homelessness that is less fragmented and is more efficient and effective for families.

Housing Services

The continuum of supportive housing services to be purchased is detailed as follows:

Housing First:

The HSC will continue to promote development of the best practice of Housing First that moves the homeless individual or household immediately from the streets or homeless shelters into their own apartments rather than waiting for them to be “housing ready” Housing First is based on the concept that a homeless household's first and primary need is to obtain stable housing, and that other issues that may affect the household can and should be addressed once housing is obtained. As a part of Housing First, “Rapid Re-housing” is intended to be able to house many more homeless households who are not chronically homeless and can use temporary assistance to resolve their immediate homelessness crisis.

We have learned from many communities – and now through the national experience of the Homelessness Prevention and Rapid Re-Housing Program – that rapid re-housing and linking to services often works better and at a significantly lower cost than other interventions like transitional housing. We have been shifting money from more costly interventions to rapid re-housing, where possible and appropriate.

Second, we have learned that a major issue in improving effectiveness is targeting, and one place to see this is in the effort to end chronic homelessness, however, there is an inadequate supply of beds/housing for chronically homeless people and chronically homeless are not consistently prioritized to go into permanent supportive housing units. Housing slots are often made available to people with lesser needs. If we are going to have the impact we need to target expensive interventions like permanent supportive housing to the most vulnerable people. Targeting is the key.

Various effective approaches are emerging from communities to reduce homelessness. The first is to focus on performance and the achievement of positive housing outcomes. The outcomes include: to reduce the number of people who become homeless; reducing the length of time people are homeless; and reducing recidivism back into homelessness. The second approach is the movement from programs to systems. We need to look at how all of the programs in the community function together to achieve these goals; not how they're achieved program by program. This is beyond just coordinating. It means that all programs work together to function as a whole system. A third approach is determining how and to what degree prevention, diversion and rapid rehousing can be used to keep people out of shelter.

In addition to **Homeless Prevention and Rapid Rehousing rental transitional rental assistance, motel vouchers and emergency shelter** provided through service hubs the following housing services will be purchased:

- **Metropolitan Warming Shelter** – emergency shelter during periods of freezing weather (immediate access daily night use)
- **Transitional Housing** – transitional for homeless families, victims of domestic violence, and disabled persons (90-days)
- **Supportive Housing Programs** - for homeless person with mental health, developmental disability and other needs leading to chronic homelessness. (four months to permanent)

The projects summarized below are included in the HUD Continuum of Care application. Matching funds and administrative support come from HSC funding sources. They provide critical services for homeless families and individuals to address the housing and services gap. The Lane County Continuum of Care projects include:

- **McKenzie Transitions (Transitional)**
McKenzie Transitions is a transitional supportive housing project which facilitates the movement of homeless individuals and families to permanent housing. Homeless individuals and families may participate in McKenzie Transition up to 24 months and receive supportive services that enable them to live more independently. *McKenzie Transitions serves 35 households with children and 9 households with adults only at any given point in time.*
- **Connections (Transitional)**
Connections provides transitional housing for homeless families with children. Housing is provided in SVDP owned and managed affordable housing complexes scattered throughout Eugene and Springfield. All complexes have on-site managers, and Resident Services Coordinators provide an additional array of youth activities, homework clubs and tenant education activities. The project is designed to help clients acquire the means move to self-sufficiency. *y 24 households with children will receive housing and/or support services annually.*
- **Emerald Options (Permanent Supportive)**
Emerald Options is a permanent housing project providing long-term, community based housing and supportive services to homeless persons with disabilities including developmentally disabled individuals and chronically homeless youth, ages 18-21. *Emerald Options serves 16 households with Adults only and 3 households with children at any given point in time.*

- **Safe Haven Shankle (Permanent Supportive)**

Safe Haven Shankle is a supportive housing project that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services. Safe Haven serves as a portal of entry providing basic needs (such as food, showers, clothing), as well as a safe and decent residential alternative for homeless people with severe mental illness who need time to adjust to life off the streets and to develop a willingness and trust to accept services. *Safe Haven offers 16-bed permanent residential units/11 participant day use slots/11 scattered permanent housing units at any given point in time.*

- **Cascades Rapid Re-Housing Project (Permanent Supportive)**

Cascades Rapid Re-housing Program assists single, homeless adults who have experienced a medical intervention in an acute care setting. Their plan requires post-hospital care in a specialized emergency shelter setting to insure that their medical condition does not deteriorate. Those leaving this emergency shelter or coming from locations not meant for human habitation would be eligible for the rapid rehousing program.

Eligible singles will receive case management services to stabilize their situation and to secure and maintain housing. These homeless individuals present lacking stable housing and have acute or post -acute medical needs. Instead of having them return to homelessness, case managers will assist them in acquiring housing, build an action plan to increase education and training, obtain employment, build positive relationships with landlords and neighbors, build savings, communication skills and increase their to access mainstream and community resources. A critical piece for this population is to connect participants with health care providers who will help them manage and resolve their health care needs and access medications. Rental assistance and support services will be offered to *9 households with adults only at any given point in time.*

- **LIFT (Living Independently Following Treatment) (Permanent Supportive)**

LIFT is an inter-agency collaborative project designed to fill an unmet need for services to promote self-sufficiency of chronically homeless individuals and families with co-occurring mental illness and addictions. Participants are provided permanent housing in St. Vincent de Paul-owned affordable housing complexes in the Eugene/Springfield area. Households receive housing, education, and intensive case management to help clients obtain the skills and income needed for self-sufficiency, self-determination and housing stability. *LIFT serves 6 households with adults only and 12 households with children at any given point in time.*

- **Vet LIFT (Permanent Housing)**

The Vet LIFT is a permanent housing project serving chronically homeless veterans with dual diagnoses of a mental disorder with substance abuse. The project addresses the need for permanent housing for homeless individuals with disabilities and their need of skills and resources to obtain and maintain self-sufficiency. Participants are housed in single bedroom apartments and receive an array of supportive services to address the multiple barriers to stability. *Vet LIFT serves 11 households with adults only and 11 households with children at any given point in time.]*

- **Vet LIFT 4** uses the same model as Vet LIFT and *serves 4 households with adults only at any given point in time.*

- **Vet LIFT 5** uses the same model as Vet LIFT and serves 3 households with adults only at any given point in time.

- **Shelter Plus Care (Permanent Supportive Housing)**

HACSA's Shelter Plus Care (S+C) is a tenant-based rental assistance program which provides housing to families and chronically homeless individuals with a mental illness. The majority of the participants have co-occurring substance abuse issues. The goal of the program is to promote clients' independence and help them acquire permanent housing. S+C offers 27 one bedroom units, 17 two bedroom units and 4 three bedroom units. Shelter Plus Care *serves 45 households with adults only and 3 households with children at any given point in time.*

- **LANE HMIS**

Lane County Human Services Division will be responsible for the overall administration of LANE Homeless Management Information System (LANE HMIS) project. Lane County Continuum of Care has participated in State of Oregon's HMIS since April 2005. The LANE HMIS uses ServicePoint HMIS data for budgetary decision-making, grant applications, program performance measurement, and to illustrate the conditions of poverty in Lane County. Lane County Human Services Division staff provides agency-level HMIS reports to participating HMIS agencies for similar uses.

- **Lane County Planning Project**

The Continuum of Care (CoC) is responsible for developing a plan that coordinates the implementation of housing and service system that meets the needs of homeless individuals and families within its geographic area. The plan must be developed using a comprehensive community-based or region-based approach to ending homelessness. The CoC's plan must address the specific needs of all homeless subpopulations, including, but not limited to persons with substance abuse issues; persons with HIV/AIDS; veterans and their families; the chronically homeless; families with children; unaccompanied youth; persons with serious mental illness; and victims of domestic violence, sexual assault, and stalking. HUD has determined that an effective CoC planning process is developed with representation from a full range of community stakeholders, including: nonprofit homeless assistance providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve veterans; and homeless and formerly homeless individuals.

Conclusions as we move forward on homelessness:

- Homelessness and poverty are inextricably connected. While homelessness has other contributing factors such as mental illness and substance abuse, poor people with these issues are much more likely to become homeless than persons with similar disabilities and a higher income.
- Earlier intervention and prevention of homelessness are key. Prevention strategies include short-term emergency assistance programs to help people maintain housing, housing placement as an integral part of discharge planning from mainstream systems such as criminal justice and behavioral health, and an increase in the supply of affordable housing so that low-income households do not pay more than 30 percent of their income for housing.
- Access to affordable and supportive housing options is the best tool. An adequate supply of supportive and affordable housing is needed. Subsidized housing, with or without supportive services, has ended homelessness for families and played a key role in ending homelessness for people with serious mental illnesses.
- A multi-system response will result in better outcomes. The solution to homelessness is bigger than the network of homeless providers. A multi-system response that breaks down funding, planning, and service "silos" and directly involves the mainstream systems of behavioral health, public assistance, child welfare, education, housing, and criminal justice in the solution is needed.

With the assistance of the newly consolidated Poverty and Homelessness Commission we need to renew our 10-year Plan to address homelessness. This should be done in tandem with new 5-year HUD Consolidated Plan with the Cities of Eugene and Springfield. Alignment of local plans and resources is a key for future success.