

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR MULTNOMAH COUNTY, OREGON

Relating to Support and Services) RESOLUTION NO. 98-100
for Downtown Homeless Youth)

THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FINDS:

- a) Multnomah County is committed to building and supporting strong communities and families;
- b) Youth are living on the streets of Portland due to a failure of community and family efforts to address problems in school, alcohol and drug addiction, child and sexual abuse, juvenile delinquency and other types of family and individual problems;
- c) Life on the streets can lead homeless youth to suffer from high rates of depression, low-self esteem, sexual risk taking and other self destructive behaviors;
- d) A population of homeless youth in downtown Portland adversely affects the economic and cultural viability of Portland's downtown including the willingness of businesses to locate jobs or operations downtown, and citizens to live, work or shop in downtown Portland;
- e) Multnomah County recognizes that it is not safe nor appropriate for youth to be living on the streets. And that although the preference is for youth to be living with their families, many youth can not go home to their families because it is not safe for them to do so;
- f) Multnomah County's priority is to help homeless youth exit street life;
- g) The best way to help homeless youth exit street life and achieve success in their lives is to offer a comprehensive continuum of care that responds to the developmental stage of youth and holds youth accountable for entry level and more serious crimes through enforcement and sanctions; and,
- h) The ad hoc committee appointed by the Chair and authorized by prior Resolution No. 98-25 to evaluate the current service delivery system, describe and plan the optimal service delivery system,

establish service outcomes and make recommendations for use of available funding for services has completed its work.

THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS RESOLVES:

1. Multnomah County accepts the plan and recommendations of the ad hoc committee authorized by Resolution No. 98-25;
2. Multnomah County commits to providing the necessary leadership to fully implement the plan for services for downtown Portland homeless youth developed by the ad hoc committee by convening key stakeholders to address funding issues, advocating for policy changes in related systems, continuing to review and address the root causes of youth homelessness.

APPROVED this 30th day of July, 1998.



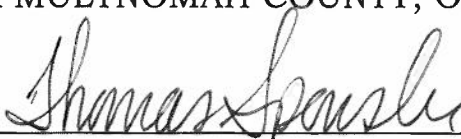
BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Beverly Stein, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By


Thomas Sponsler

**Multnomah County Department of Community and Family Services
Division of Community Programs & Partnerships**

**Ad Hoc Committee on Downtown Portland
Homeless Youth Services**

EXECUTIVE SUMMARY

**of the
Committee Report
on
Service Plan and Allocation Recommendations**

July 1998

<p style="text-align: center;">EXECUTIVE SUMMARY</p> <p style="text-align: center;">Downtown Homeless Youth Planning Committee</p> <p style="text-align: center;">Report on Recommendations for Service Delivery System</p>

Introduction

In the spring of 1997 the Citizen's Crime Commission and the Association for Portland Progress issued a joint report entitled "Services to Homeless Youth in Portland". The report outlined what they believed were the needs of and service gaps for this population. The findings were critical of service providers, as well as County and City government, concluding that services to homeless youth were "inadequate, under-funded and poorly coordinated." The Crime Commission challenged Multnomah County to take a leadership role in planning and implementing a new service delivery system for homeless youth in downtown Portland.

The Multnomah County Board of County Commissioners adopted a resolution on April 2, 1998 addressing support and services for downtown homeless youth. In this resolution, Multnomah County, through the Department of Community and Family Services, agreed to take the lead in planning, implementing and coordinating a new service system for homeless youth. Board Chairwoman Beverly Stein appointed an ad hoc committee, comprised of community, business and government representatives, who were charged with developing a service delivery system for homeless youth. The attached report and its recommendations represents the culmination of a four month planning effort by this ad hoc planning committee.

The Challenge

The stated goals of the County's planning efforts were twofold. First, *devise a system that would help youth leave the street*, and second, *to improve the safety and livability for all citizens who live and use the downtown Portland area*. The County maintained that the service system would have the following characteristics:

- be accountable to funders and the community;
- outline clear, measurable objectives and outcomes for service programs and for the system;
- be flexible and recognize that a variety of programs and approaches are needed to address the needs of homeless youth;
- allow for a continuum of services; and
- maximize the effective use of available resources.

Understanding fully well that the immediate safety and the future well being of homeless youth is of equal importance, the planning committee concluded that *there is a need to balance funding between programs emphasizing short term relief from danger, and longer term programs that help youth transition from street life*.

The planning committee engaged in a variety of activities in its work to develop this service system. These activities included:

- gathering background data toward a profile of homeless youth and best practices for service delivery;
- developing a set of core values and principles as a foundation for the planning;
- gathering information to evaluate the current service delivery system;
- outlining the components of an ideal system;
- developing measurable outcomes for that system;
- offering recommendations for the use of available funding for services; and
- identifying additional policy issues that need to be addressed.

Core Values and Principles

In order to accomplish this task the Committee also developed a set of core values and principles at the outset of its work. These core values and principles were the foundation upon which the service delivery model decisions and system recommendations were eventually made. These core values and principles are found in the body of the report. However, the central tenet was the assertion that it is not acceptable that young people live on the street. The community must convey the message that we care about homeless youth and don't believe it is appropriate for them to live on the street.

Recommendations

The service model developed by the planning committee, has as its foundation, the core values and principles the group adopted to guide its work. The comprehensive service delivery system is broken out into two clusters: a core services cluster and a range of additional services.

Together these two clusters of services:

- offer a full continuum of services to homeless youth;
- is a balance between short term relief and programs that help youth transition off the streets;
- is integrated and coordinated;
- ensure that services are developmentally appropriate; and
- ensure that services are culturally appropriate.

Minimum Service Continuum

The committee recommends that a minimum service package be funded in order for the system to function as intended, to meet its primary goals and for the outcomes to be achieved. The committee is aware that its minimum package exceeds currently available funding. The committee strongly believes that the recommended minimum package represents the essential components for a base system for homeless youth. This minimum service package is represented in the table below. Please reference the full report for additional details about each of these components.

Service Component	Capacity	Cost
<u>Basic Needs Services</u> : Includes access to companionship, food, clothing, showers, basic first aid supplies and laundry facilities.	1,000 youth per year	
<u>Day/Night Common Space</u> : A 24 hour a day place where youth can be off the streets and in a setting where they feel safe and welcome, and have some type of support, structure and guidance.	2 FTE	
<u>Receiving and Screening</u> : All youth stopping into the day/night common space will be briefly screened by staff, and wherever possible, directed to services and resources.	17.5 FTE	
<u>Crisis Shelter</u> : Access to 25 crisis shelter beds, for an average stay of 14 nights. May be co-located with the receiving and screening function.	25 beds with a 14 night stay	
<u>Assessment/Case Planning</u> : Staff capacity to assess and assist in planning for youth utilizing the 25 crisis shelter beds.	2 FTE	
(Subtotal includes purchase of a van, flexible funds, and mental health and ATOD staff capacity.) Subtotal:		\$1,346,937
<u>Service Coordination/Case Management</u> : Includes longer term case management services for youth who are committed to transitioning off the streets, and into short term shelter and other, longer term, housing.	5 FTE, 75 youth at any given time	\$287,500
<u>Short Term Shelter</u> : The availability of 30 beds for youth who have made a commitment to leaving street life. Youth will be able to stay a maximum of 4 months in the short term shelter.	30 beds	\$424,062
Total Amount Recommended Minimum Service Package		\$2,058,499

Additional Service Components

The Committee also proposes a range of additional services that complete the continuum of services necessary to meet the full array of needs of the homeless youth population. The full body of the report contains a more detailed description of these services and the projected costs.

These include:

Transitional Housing - congregate care options for up to 50 youth annually

Independent Living - scattered site apartments for up to 20 youth annually

Education - assisting youth to access educational opportunities

Employment - assisting youth to participate in services toward employability

Physical Health - assisting homeless youth to access existing health services (through the Oregon Health Plan)

Drug and Alcohol Treatment - access to alcohol, tobacco and other drug detox and treatment

Mental Health Services - access to mental health services through the Oregon Health Plan

Reduction of Sexually Transmitted Diseases - reducing STDs among the homeless youth population

Response/Crisis Counseling - Availability of a mobile response team linked to the receiving/screening functions

Outreach - Linked to receiving/screening function, but only to provide information and referrals to homeless youth.

Conclusion

The Ad Hoc Planning Committee took its charge very seriously. The time and effort devoted to the development of this recommended service delivery system for downtown homeless youth represents months of meetings, lengthy discussions, and some difficult but considered choices around the service packages. In the end, the committee believes that the recommended service package, when fully implemented, will ensure that both of the system goals are met. Homeless youth will have access to basic resources, and community laws and regulations will be enforced for homeless youth.

**Multnomah County Department of Community and Family Services
Division of Community Programs & Partnerships**

**Ad Hoc Committee on Downtown Portland
Homeless Youth Services**

**Committee Report
on
Service Plan and Allocation Recommendations**

July 1998

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BACKGROUND

The homeless youth population in the downtown Portland area has been steadily increasing over the last several years. Homeless youth are defined as youth who are unable to return to their families. A large proportion of these youth come from dysfunctional families and have experienced abuse - physical, sexual and emotional. They no longer feel safe living with their families, may not feel accepted in school and are in search of a community where they feel welcome. A high percentage of homeless youth have been unsuccessful in foster care placements and don't see any other option other than living on the streets. Once on the streets these youth face further danger - exploitation, disease, hunger and depression. Providers estimate that there are 1,000 homeless youth annually, ranging from 12 to 21 years old, who come from all parts of Multnomah County and other communities in Oregon.

In the fall of 1997 the Citizen's Crime Commission and the Association for Portland Progress issued a joint report entitled "Services to Homeless Youth in Portland". The report outlined what they believed were the needs of and service gaps for this population. The findings were critical of service providers, as well as County and City government, concluding services to homeless youth were "inadequate, under-funded and poorly coordinated." The Crime Commission challenged Multnomah County to take a leadership role in planning and implementing a new service delivery system for homeless youth in downtown Portland.

THE CHARGE

On April 2, 1998 the Board of County Commissioners approved a resolution addressing support and services to downtown homeless youth. In this resolution, Multnomah County, through the Department of Community and Family Services, agreed to take the lead in planning, implementing and coordinating the service system for homeless youth in the downtown Portland area. (See attachment A for a copy of this resolution.)

Chair Beverly Stein empowered an ad hoc committee comprised of community, business and government representatives to make recommendations on building a new system. The stated goals of the County's efforts were to help youth leave the street, and to improve the safety and livability for all citizens who live in and use the downtown Portland area. Because the immediate safety, as well as the future well being of homeless youth, is of equal importance, there is a need to balance funding between programs emphasizing short term relief from danger, and longer term programs helping youth transition from street life. Multnomah County agreed to insure the service system would have the following attributes:

- be accountable to funders and the community;
- outline clear, measurable objectives and outcomes for service programs and for the system;
- be flexible and recognize that a variety of programs and approaches are needed to address the needs of homeless youth;
- allow for a continuum of services; and,
- maximize the effective use of available resources.

Multnomah County Chair Beverly Stein appointed an ad hoc committee of community, business and government representatives to develop a model for a new system. It was the committee's charge to:

- evaluate the current service delivery system;
- outline components of the ideal system;
- develop outcomes for that system;
- make recommendations for use of available funding for services; and
- identify additional policy issues that need to be addressed.

The committee was staffed by the Department of Community and Family Services and included representatives from Mayor Vera Katz's office, Commissioner Gretchen Kafoury's office,

Multnomah County Commission on Children and Families, Downtown Neighborhood Association, Portland Police Bureau, Citizen's Crime Commission, Association for Portland Progress, United Way of the Columbia Willamette, the academic community, Multnomah County Department of Juvenile Community Justice, Project Luck (representing the existing provider network), Portland Public Schools, West Side Caring Community, State Services to Children and Families, an expert in evaluation and performance based management, and two representatives from the homeless youth community. In order to prevent any actual conflict of interest (or appearance of), no one with a connection to any potential provider group planning on bidding for services for downtown homeless youth was included on this committee.

(See Attachment B for a list of committee members.)

AD HOC COMMITTEE PLANNING PROCESS

Information Gathering

The committee began their task by gathering information about who are the homeless youth in downtown Portland, including information on numbers of homeless youth, demographic profiles, and the special needs of homeless youth.

Demographics

Dr. John Noell, from the Oregon Research Institute in Eugene, Oregon, was invited to present his recently published findings from a three-year study of 600 homeless youth in the downtown Portland area. Dr. Noell's definition of homeless youth is: "homeless youth are those youth who have not been home more than 30 days in the last 6 months, and not one day in the last 30 days." This definition distinguishes this group of youth from runaway youth. His findings and presentation challenged people's thinking about who homeless youth are, and outlined the dangers they face living on the street. His research revealed the following characteristics:

- Homeless youth are coming to the streets at various ages, but the majority of youth are between the ages of 17 and 21.
- Levels of serious depression for homeless youth are higher than the norm for the general adolescent population.
- Over 90% of homeless youth have used some form of drugs or alcohol.
- 36% of girls reported childhood sexual abuse.
- 38% of youth had been in foster care before coming to the streets.
- Although HIV infection is not high for this group, the nature of drug use and sexual behavior raises serious concerns for future HIV infection.

- Hepatitis C infection rates for boys are reportedly high.
- Homeless youth often trade or sell sex for basic needs.

Dr. Noell's research revealed that a large number of homeless youth have suffered from physical, sexual and emotional abuse, and stressed the need to create programs that rebuild homeless youths' trust in adults.

Best Practices

With this demographic profile as background, the Committee then examined best practices in working with homeless youth. National, regional and local experts, as well as homeless youth, were invited to provide information and opinions.

Steve Ice, Youth Program Specialist from Region X Administration for Children and Families, and Andrew Estep, Director of the Northwest Network for Homeless and Runaway Youth, were invited to present information on the Youth Development Model. They emphasized that youth whose childhood is marked by disruption, discontinuity, abuse, abandonment and neglect could benefit from the Youth Development Model. The Youth Development Model does not only focus on providing services, but also:

- offers youth an array of services and opportunities;
- provides chances for youth to become involved in their community; and,
- focuses on young people's strengths rather than their failings.

Current System

Current providers of services to homeless youth presented information on their programs. Representatives from Outside In, New Avenues for Youth, Greenhouse, De Paul Treatment Center and Willamette Bridge/Janus Youth Programs made presentations. Providers described the range of their current services, discussed their agencies' philosophies and talked about what segment of the homeless youth population they felt were best served by those philosophies. Each agency supplied information on their case management models, the number of youth they served annually and information on the outcome of their services. Two field trips were organized so that Committee members would have the opportunity to visit the current provider sites and observe their programs first hand.

Homeless Youth

Sixty homeless youth also offered written suggestions for services that they felt would best help them transition off the streets. Youth advocated for 24-hour access to services, particularly basic services such as food, shelter, showers and a safe place to be off the street. They emphasized

their need to know all the options that are available to them in order to make informed choices. They recommended there be more transitional housing, individualized screening and set standards and uniformity for case management services.

Development of Outcomes

In order to orient the Committee to a discussion on outcomes, Dr. Mike Hendricks, an expert in outcome measurement and a pro bono volunteer member of the committee, presented information about outcomes. His definition of an individual level outcome - a definition subsequently used by the committee - is "a benefit or change in an individual's or group of individuals' knowledge, skills, attitudes, values, behaviors, condition or status."

The Committee developed a framework for desired outcomes, including outcomes for program participants, the community and the overall system. This framework was guided by the philosophy of positive youth development, and emphasized that all outcomes be based on research. Furthermore, the framework is consistent with the outcome process described in the Oregon Commission on Children and Family's "Building Results: From Wellness Goals to Positive Outcomes for Oregon's Children, Youth and Families." This methodological construct presents outcomes that are meaningful, measurable, and linked to longer term, community-wide benchmarks. For youth to develop and succeed, they need:

- supportive communities, schools and neighborhoods;
- support and supervision;
- positive peer and adult relationships and the ability to be socially competent;
- a positive view of one's self and one's future;
- educational/vocational programs and success; and,
- a decrease in personal risk-taking behaviors.

Outcomes Framework

The outcomes presented in the attached framework flow upward from two bottom lines: 1) *homeless youth will have access to basic resources* and 2) *community laws and regulations will be enforced for homeless youth*. The provision of access to basic resources is a way for the community to show it cares by providing support and supervision. The enforcement of community laws and regulations allows the community to convey the message that it cares for homeless youth, and shows that the community is willing to set boundaries.

The Committee developed a series of outcomes for youth, the system and the community so that ultimately, 1) young people leave the street, and 2) young people are no longer called homeless and become members of the community at large. In order to reach these over-arching outcomes, however, intermediate outcomes will need to be met for youth, the community and the system.

(The Committee has two versions of framework; one follows and the other is Attachment C.)

DESIRED OUTCOME FRAMEWORK for DOWNTOWN PORTLAND HOMELESS YOUTH SYSTEM

Young people who were formerly homeless are productive members of the community

Homeless youth are able to leave street life to become productive members of the community

SYSTEM OUTCOMES

HY service system exists which has a consistent philosophy & is research & outcome based, integrated, accountable & measurable, comprehensive and efficient

Community resources are acquired & mobilized to address HY issues

Shared accountability throughout the community for HY service system & outcome is developed

Collaborative partnership is established to design HY service system

COMMUNITY OUTCOME

HY have opportunities to participate in positive community activities & do

YOUTH OUTCOMES

SEXUAL HEALTH

HY decrease their STD & risk-taking behaviors

HY believe that they can practice safer sex & other prevention behaviors & that doing so makes a difference

HY have awareness & knowledge of STD & personal risk factors

SUBSTANCE ABUSE

HY enter recovery & remain clean & sober

HY enter & complete ATOD Tx

HY see substance abuse as an obstacle in their lives

MENTAL HEALTH

HY have good MH

HY are linked to & receive MH services

HY have awareness of their own MH needs

PHYSICAL & DENTAL HEALTH

HY have good physical & dental health

HY seek & receive medical & dental care

HY have awareness of their own physical & dental health needs

EDUCATION

HY achieve the highest level of education possible based upon their capacity

HY attend school or participate in some kind of alternative learning situation

HY have educational aspirations & commitment to them

HOUSING

HY have safe, stable permanent housing

HY have safe, stable transitional housing

HY have explored & know their options for safe, stable housing

EMPLOYMENT

HY have meaningful employment

HY have stable employment

HY acquire skills needed for employment

HY have knowledge of career & work options

BASIC OUTCOMES

HY make good choices for themselves

HY understand the risks & consequences of street life

HY have a positive, stable relationship with competent, caring adult

Community laws & regulations are enforced for HY

HY have access to basic resources: food, companionship, clothing, health, shelter, transportation

KEY

ATOD—Alcohol, Tobacco and Other Drugs

HY—Homeless Youth

MH—Mental Health

STD—Sexually Transmitted Disease

Tx—Treatment



GUIDING VALUES AND PRINCIPLES

Underlying and guiding the outcome framework is a set of core values and principles the Committee agreed upon at the outset of its work. These values are stated below:

1. It is not acceptable that young people live on the street. The Committee felt that as a community we must convey the message that we care about homeless youth and don't believe it is appropriate for them to be living on the streets.
2. There is a need to build the basis for access to a system of services.
3. Biological families should be held accountable for housing and caring for their young people even when they are not living with the family.
4. When families' structures fail and youth move to the street, the community has a responsibility to provide homeless youth with the support they need to move off the streets and become productive members of the community. Working from the model of positive youth development, the Committee believed that when families are unable to provide youth with support and structure it is the communities' responsibility to do so.
5. There needs to be a balance between short term relief from danger and long term programs that help youth transition off the streets. The Committee was in agreement that homeless youth must have access to basic needs 24 hours a day, 365 days of the year. This creed served as the foundation upon which to build the continuum of services.
6. All approaches to helping homeless youth must be developmentally appropriate. The Committee discussed the need to have programs geared not only to a youth's chronological age, but also to their developmental level. They believed that younger, homeless youth need to receive services separate from older homeless youth who have become more acculturated to the street life.
7. Enforcement of community rules and regulations does not in any way mean that being a young person, being poor, or being homeless, is a crime. The Committee believes that enforcement of regulations is a means to convey the message that the community cares enough about homeless youth to provide boundaries.

PROPOSED SERVICE SYSTEM DESCRIPTION

The Committee designed an ideal service system based on the core values and principles described above. This service system:

- offers a full continuum of services to homeless youth;
- is a balance between short term relief and programs that help youth transition off the streets;
- is integrated and coordinated;
- is developmentally appropriate; and,
- is culturally appropriate.

The major service components include a *core service cluster* and a *range of additional services*.

Prioritization of services and costs are depicted in Table 1.

Service: Core Service Cluster

A core group of services will be offered to downtown homeless youth up to their 21st birthday, 24 hours a day, 365 days a year. Core services provide basic needs, offer safety off the streets, give youth support and guidance from caring adults, and will be the first link to the broader system of services for homeless youth in the downtown Portland area. There will be no limit on how long or how often youth can access this core group of services. An estimated 1000 homeless youth will access core services annually. These core services are directly related to the two primary goals of the system:

- * *Homeless youth have access to basic resources*
- * *Community laws and regulations are enforced for homeless youth*

A group of providers, or one provider, can offer the core cluster of services. Core services may be offered in one or several locations, although the Committee assumed that if core services were offered in one location it would be more cost efficient. The Committee recommends that basic needs, the day/night common space and the receiving functions should be considered for co-location. Core services include:

Basic Needs: Youth will have access to companionship, food, clothing, showers, basic first aid supplies, and laundry facilities.

Day/Night Common Space: The common space will be a 24 hour place for homeless youth to be off the streets and in a setting where they feel safe and welcome, and have some type of structure, support and guidance. This will not be a place for youth to just “crash.” During the day there will be a variety of activities in which youth can participate - job skills training, art, recreation, peer groups and opportunities to contribute to the common space and the larger community through volunteer opportunities. Homeless youth will have the opportunity to give back to, and be a part of, the community they live in through community involvement. A volunteer coordinator attached to the day/night common area will coordinate opportunities in the downtown Portland area for homeless youth, organize activities and training, and make sure there is a connection between homeless youth and the larger community. It is an expectation that community involvement will be a part of each youth’s individual plan.

Although the preference is for youth to sleep in the crisis shelter at night, there will be some youth who can’t, or won’t, enter the crisis shelter. The recommendation calls for an overnight common space for those youth. Youth can use the common space with no strings attached. However, all youth will be screened by staff who will let them know what options they have, and encourage youth to take advantage of the resources available. During the day, the common space will be able to accommodate 50 youth at a time. At night the common space will accommodate 25 youth at a time. Twenty-five other youth will be in the crisis shelter beds.

Receiving and Screening: The receiving/screening function will be a central component of the day/night common area. No matter the referral source or process, staff will screen all youth. Screenings will be brief, and whenever possible youth will be immediately directed to other services. Screening staff will not assume that all youth are homeless, but will explore all options for services and housing - detox, medical care, reunification with family, runaway shelter, and crisis beds. For youth determined to be homeless, staff will offer them support and linkage to an array of other services.

Crisis Shelter: There will be 25 crisis shelter beds youth can stay in for an average of 14 nights. The crisis shelter can be considered for co-location with the common space and receiving function. If services are co-located, there will be a separation of common areas and sleeping areas. If not co-located, services in separate locations will be coordinated and integrated. Youth in the crisis shelter will have limited storage space available. Youth will not be allowed to sleep during the day unless there is an employment or medical reason. Special arrangements will be made for homeless youth who are parenting.

Assessment/Case Planning: Assessment specialists will be available to provide assessment and case planning for youth who utilize the 25 crisis beds. They will provide a more in-depth assessment than the initial screening. Assessment staff will help youth explore all their options for housing and services, and develop an initial case plan. One of the options will be referral to Service Coordination and the short-term shelter.

Assessment staff will provide an average of 20 assessments per week, and have an average of 20-30 youth on their caseload at one time.

With co-location the staffing and costs for the above set of services would be \$1,346,937. This is broken out in the manner below:

Cost:

1 FTE Community Coordinator	
1 FTE Shelter Coordinator	
17.5 FTE Screening/Receiving Staff	
2 FTE Assessment Specialists	
1 Van	
Subtotal	\$981,937
Flexible funds for mental health & education	\$65,000
Funds for FTE for mental health and ATOD services	\$300,000
Total core services	\$1,346,937

Costs for Coordinators and Service Coordinators/Case Managers are based on salaries of \$40,000 per year including fringe benefits with 15% added for administration and 25% for materials and supplies. Costs for other staff based on salaries of \$30,000 per year including fringe benefits with 15% added for administration and 25% for materials and supplies.

Service: Service Coordination/Case Management

Youth who are committed to transitioning off the street will move out of the crisis shelter into other housing. This may include short-term shelter, transitional housing, or scattered site housing. At the point they make this commitment they will begin to work with a Service Coordinator/Case Manager.

The Service Coordinator/Case Manager will ensure youth are linked to appropriate services, facilitate coordination of those services, and monitor their progress through the service system. The Service Coordinator/Case Manager will be a competent, caring adult who offers youth support and encouragement, and someone with whom they can have a long-term relationship. They will encourage youth to participate in activities that will strengthen their sense of competence and build skills for life. The Service Coordinator/Case Manager will help youth register to vote, access volunteer, recreational, and cultural opportunities in the downtown area, and learn to participate in the larger community. Youth will have the ability to access services outside the cluster of core services, such as education and employment services, on their own.

Service Coordinators/Case Managers will also identify emerging system-wide issues, work with the larger service system and participate in the collection of data. An estimated 100 youth will be working with the team of Service Coordinators/Case Managers at a any given point in time. Of those 100 youth, 30 will be in short term shelter, 50 in transitional housing, and 20 in independent housing. Some youth will need a higher level of contact than others, so Service Coordinators/Case Managers will work with youth all along the continuum of housing. Each coordinator will have a caseload of approximately 15 youth at any given time.

This model takes into consideration that case management services are included in the funding for the McKinney transitional beds. Staffing and costs for these services are:

Cost:

5 FTE Service Coordinator/Case Managers

\$287,500

Service: Short-term Shelter

Short-term shelter will be available for 30 youth up to their 21st birthday, who are in service coordination and have made a commitment to transition off the streets. This shelter will be open 24 hours a day (youth who verify that they are working swing or night shift will be able to enter the shelter when their work shift is over). Youth will also have a place to store their belongings, and all shelter will be provided in a developmentally appropriate manner. The shelter will be a place where youth feel safe, and continue to get guidance from caring adults. Youth will have the opportunity to contribute to the shelter community through chores and through participation in shelter management. Youth will be able to stay a maximum of 4 months at the short term shelter, provided they continue to work with their Service Coordinator/Case Manager and follow through with their case plan. This shelter will be an interim step before youth move into transitional housing. Shelter staff will communicate and coordinate with each youth's Service Coordinator/Case Manager. Staffing costs for this service are:

Cost:

1 FTE shelter coordinator	\$ 57,500
8.5 FTE (2 night and swing shift staff, and 1 day shift staff, 7 days a week)	\$366,562
Sub-Total short-term shelter	\$424,062

Service: Transitional Housing

There will be a variety of congregate care transitional housing options available for up to 50 youth. Congregate care includes host family, group home, or dormitory-style housing with 24 hour supervision. These facilities will not just be in the downtown area, but will be located throughout the greater Portland area. Youth will live in groups of 5-7 with 24 hour supervision. Youth need to participate in case management to enter and remain in transitional housing. In addition, they must be in school, in a vocational or training program, and employed while they are living in transitional housing. Youth will have opportunities to participate in and contribute to their living communities through helping develop house rules, participating in chores, attending house meetings, and acting as peer counselors. Youth will also be encouraged to participate in the larger community in which they live by acting as representatives on committees, and by getting involved in neighborhood issues and activities. Youth will most likely be in transitional housing for an average of six months to one year, but are eligible to remain for up to two years. The housing staff will be in contact with Service Coordinators/Case Managers to be sure youth are continuing to follow their case plans.

The Committee recommends funding 10-14 beds of additional transitional housing. The system currently has 7 beds of transitional housing in a group home model, and Multnomah County has submitted an application to HUD (McKinney) for 32 additional beds in a combination of group home and dorm models. Costs for an additional 10 to 14 beds in a group home/dorm model include:

Cost:

Additional 10-14 beds

\$300,000

Service: Semi-Independent Living

There will be individual, scattered site apartments for 20 youth throughout the greater Portland area. Youth who have been successful in supervised transitional housing and are ready for more independent living will be moving into these apartments, which will be transitional in nature. Youth living in apartments will be working or going to school, will have skills to live successfully on their own and will be involved in the community. They will have limited case management and will be expected to contribute to the monthly rent. Service Coordinator/Case Managers will continue to maintain contact with youth and be available for problem solving and intervention, as necessary.

Costs:

20 units w/rent & utilities @ \$700 per unit

\$168,000

Service: Education

Service Coordinators/Case Managers will explore a variety of educational opportunities with homeless youth. Homeless youth will have access to Portland Public Schools. Alternative programs and traditional high school programs will offer course work leading to a diploma and Certificates of Initial and/or Advanced Mastery. Other options include earning a GED or participating in professional/technical programs.

Service Coordinators/Case Managers will refer homeless youth to the Portland Public School "Project Return" which will: 1) assess student needs and place students in appropriate school programs; 2) refer students who may be eligible for Special Education and may need Individualized Education Plans; and, 3) assist youth to enter Community College and other specialized educational programs. Secondary level (high school) educational services will be provided by Portland Public Schools.

Costs:

Flexible funds that are attached to service coordination.

Assessment and referral costs will be part of service coordination costs.

Services: Employment

Homeless youth will have an opportunity to participate in services that will help them access employment services through a variety of settings - pre-employment training, career counseling, subsidized job training, mentorship/job shadowing, job placement and job retention services. An employment counselor/coordinator will work with youth to help link them to the appropriate level of service, to provide support and encouragement, and to organize employment related activities - goal setting, computer training, resume writing, and interviewing to name a few. The employment counselor/coordinator will help youth explore their strengths and set career goals. Services may include access to subsidized, unsubsidized or entrepreneurial programs. Services will be developmentally appropriate, with community involvement activities for younger youth. Youth who are (and remain) employed will have a direct link to the transitional housing program.

Service Coordinators/Case Managers will work with the employment counselors to insure that youth are receiving services that best meet their needs. The employment counselors will provide Service Coordinators/Case Managers with training regarding the job system, will be available to provide technical assistance, and will organize special projects. The Homeless Youth System will work in conjunction with the Work Force Development Board to ensure that these services are available for homeless youth.

Costs:

Costs of access are included in service coordination.

Develop linkages with Workforce Development Board

Service: Physical Health

Core services will include basic first aid and screening for immediate medical needs. Youth needing immediate medical attention will be referred to the emergency medical system. The focus will be on helping homeless youth access the existing system through enrollment in the Oregon Health Plan and sign up with a primary health care provider. Service Coordinators/Case Managers will insure youth sign up and remain on OHP, and will help refer them to ongoing services.

Information about health promotion and wellness activities will be a part of the activities that take place in the common area. Topics will include tobacco cessation, safe sex practices, alcohol and drug issues, nutrition, recreation, relaxation and exercise.

Cost:

Costs of access are included in service coordination.

Service: Drug and Alcohol Treatment

Homeless youth will be screened for the need for detox and alcohol and drug services. As stated, Assessment and Service Coordinators/Case Managers will help youth enroll in OHP. They will assist with referrals and access to ATOD treatment - inpatient treatment, outpatient treatment, smoking cessation, Narcotics Anonymous, and Alcoholics Anonymous. Service Coordinators/ Case Managers will continue to support youth in recovery. There will be 5 detox beds available for youth under 18, 10 beds of 30-day in-patient treatment, and unlimited access to outpatient treatment for youth. Service Coordinators/Case Managers will receive training regarding substance abuse issues and treatments.

The homeless Youth System will work with the Alcohol & Drug system to help them seek funding for detox service through existing and possible new sources of State and local funding.

Cost:

5 beds detox

\$299,000

Services: Mental Health

Homeless youth will access mental health services through the Oregon Health Plan. Flexible funds will allow Service Coordinators/Case Managers to bring homeless youth into services differently, collaborate with mental health providers, and bring mental health services on-site. These funds will be used to fill the gaps not met by OHP and the managed care system. Flexible funds can be used for services such as: group counseling, individual counseling, assessment and psychological testing. Service Coordinators/Case Managers will work closely with a variety of mental health providers to make referrals and to advocate for access to the system. Service Coordinators/Case Managers will identify gaps in service and advocate for youth on a systems level.

Service Coordinators/Case Managers, screening and assessment staff will receive training in understanding issues of mental health, medication management and dual diagnosis.

Costs:

**Flexible client service funds are attached to service coordination.
Access to the system is a cost of case management.**

Service: STD Reduction

Outreach to homeless youth regarding sexually transmitted diseases (STD) and safe sex practices will be a function of the Outreach program. Outreach workers, including peer educators, will provide homeless youth with information and materials regarding STDs and safe sex practices, including culturally specific outreach to male homeless youth who have sex with males. Homeless youth over 18 will have access to a needle exchange program and will receive HIV/STD prevention support and referral for immediate needs. Homeless youth will have peer education opportunities to provide community service, get paid and develop early job skills. Service Coordinators/Case Managers and staff for core services will receive training in delivering culturally competent services to gay, lesbian, transgender, bisexual and questioning youth.

Cost:

Costs are part of the Outreach Program.

Service: Outreach

There will be an outreach component linked to the receiving/screening function that is different from the response function. The Outreach Team can be staffed by volunteers or peers and will have no other expectation other than contact with youth and providing information about services and resources available to homeless youth in the downtown Portland area. Youth who are, or who have been homeless, will be encouraged to be a part of the outreach effort.

Cost:

This service is being covered by existing service system outside the Downtown Homeless Youth System.

Service: Response Team

A mobile response team will be linked to the receiving/screening function. The response team can be in the same location or in a separate location. The response team will have the ability to go out into the community to not only respond to a youth who is in crisis, but also to respond to other community concerns. This team will be staffed by highly trained professionals who can screen for mental health, Alcohol Tobacco and Other Drugs (ATOD) and other issues. They will have access to mental health specialists and clinicians. Acceptance of these services is voluntary on the part of the young person.

The Committee recommends that this function be considered for a pilot project with possible private or grant funding.

Cost:

\$210,000

TABLE 1

<u>Service</u>	<u>Cost</u>
1. Core Service Cluster	
Basic Needs	
Day Night Common Space	
Receiving/Screening	
Assessment/Case Planning	
Crisis Shelter	\$981,937
2. Service Coordination	\$287,500
Flex funds for education & mental health	\$65,000
3. Short-Term Shelter	\$424,062
4. Transitional Housing (10-14 beds)	\$300,000
5. Supported Independent Living (20 units)	\$168,000
6. Funding for FTE for mental health and ATOD	\$300,000
System Total	\$2,526,499
Current Funds Available	<u>\$1,011,376</u>
Difference	\$1,515,123
 Response team*	 \$299,000

*Although the Committee felt the response function was important, they did not feel it was essential to the core package.

CRITICAL CONSIDERATIONS

The Committee strongly recommends that a minimum package of services must be funded, even if it exceeds currently available funding, in order for the system to function and the outcomes achieved. Additional prioritized and non-prioritized services beyond the scope of this Committee, are services that can be added as funding becomes available or are services that could be funded elsewhere.

The **minimum package** includes:

- basic needs
- common space
- receiving & screening
- assessment
- crisis shelter
- service coordination
- short-term shelter

With 7 current **transitional housing beds**, and the possibility of 32 new beds through the 1998 HUD/McKinney application, the committee felt that an additional 10-14 beds would reach the goal of 50 beds. If the 32 beds are not funded through McKinney, this recommendation will be revisited.

Flex funds to fill in gaps in the Oregon Health Plan for mental health services, and to provide for specialized educational programs, were felt to be essential and difficult to fund through other means.

The Committee heard from several sources the importance of **detox services** for youth under 18. Although the Committee felt this was very important they recommended partnering with the A&D system to advocate for funding of a youth detox through existing or possibly new funding.

In order to make the best use of available resources, the Committee believes that the best way to achieve the **employment** outcomes is to work with the Workforce Development Board.

Changes in the recommended service model were made after youth service providers and other interested persons were given the opportunity to review the draft recommendations. The number of Service Coordinators/Case Managers was increased to five and the ratio of staff to youth was changed to 1 to 15. The function of supported independent living was clarified.

ANALYSIS

This service model is both qualitatively and quantitatively different from the current system.

The Committee recognizes that the current system has been inadequately funded. The current system operates in a piecemeal fashion where funding is only available to fund night time shelter, limited day drop-in, and crisis shelter only during the winter months. The committee is recommending a new system that will remediate the problems of the current system. The new system is designed to offer core services to youth up to their 21st birthday, 365 days a year, 24 hours a day.

The new system will be fully integrated and coordinated so that there is a continual flow of information between the variety of service providers. Service Coordinators/Case Managers will be responsible for monitoring youth's progress through the system and ensuring that they are progressing through the system. Programs will have clearly identifiable and measurable objectives and outcomes. Funding for staff positions will be at a level to allow salaries that attract and retain highly trained and professional staff.

The new system will encourage a connection between the larger downtown community and homeless youth, and will help youth build and develop their skills and strengths. Multnomah County will be responsible for coordinating the overall system and making sure the model is fully implemented.

ADDITIONAL POLICY ISSUES TO BE ADDRESSED

There are four advocacy issues that the Committee has identified as needing additional discussion and attention beyond the scope of this plan. It is the intent of the Committee that these issues be referred to the Board of County Commissioners for their further attention.

Foster Care

A significant number of homeless youth have come from the foster care system. Many of these are younger youth who are not yet ready for independent living. The Committee felt strongly that there is a need to advocate with the State Office for Services to Children and Families to provide housing for this younger-aged group of homeless youth.

Singles System

Although some homeless young people ages 18-21 identify themselves as belonging in the single adult homeless system, many do not. Many homeless youth are developmentally and emotionally at a much earlier stage and feel threatened and uncomfortable in the adult system.

The Committee advocates exploring how the adult singles system might develop services that are better able to accommodate persons 18-21 years old.

ATOD Services

The Committee heard from a number of sources that there is a need for detox services for youth under 18. Currently there are few places where youth under 18 can receive medically supervised detox services. Although this service is an essential part of the model, the Committee felt that funding for this service should come from the ATOD system. The Committee proposes that the ATOD service system and business community advocate with the State so that existing and new funding resources can be allocated for this service.

Response Team

The Committee heard information about a response function that has worked well with homeless mentally ill adults. They felt that this function could be funded as a pilot project in order to assess its effectiveness in working with a homeless youth population. They recommend that funding sources for this project be explored.

FUTURE SYSTEM MONITORING ISSUES

There are a number of areas the Committee believed should be carefully monitored with adjustments to the service system made as necessary, including:

- The balance between crisis beds and overnight common area slots needs to be re-evaluated in 6 months. The report recommends space for 25 youth in the common area and 25 youth in crisis beds. Data on use of these spaces will help determine if this is the right balance.
- The number of Service Coordinators/Case Managers is funded at 5 FTE. Service Coordinators/Case Managers are an essential part of the model. The number and ratio of staff to clients will need to be re-evaluated as the model is implemented.
- The number of transitional beds recommended will need to be revisited to make sure that there are enough beds for youth to move through the system. The Committee's recommendations for transitional beds is dependent on 32 transitional beds being funded by the 1998 HUD/McKinney grant.
- Recommendations for both physical and mental health are dependent on access to the Oregon Health Plan. Modifications may be necessary as changes occur in the health arena.

CONCLUSION

This recommended service model represents the Committee's best estimate of the needs of Portland's downtown homeless youth. It was developed with the goal of creating a system that would truly address the needs of homeless youth and enable them to leave the streets. The Committee recommends that a minimum package of services be funded in order for the system to function and the goal to be met. The Committee is prepared to evaluate the new system periodically and to recommend adjustments where needed.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Addressing Support and Services)
to Downtown Homeless Youth) RESOLUTION

THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FINDS:

- a) Multnomah County is committed to building and supporting strong communities and families;
- b) Youth are living on the streets of Portland due to a failure of community and family efforts to address problems in school, alcohol and drug addiction, child and sexual abuse, juvenile delinquency and other types of family and individual dysfunction;
- c) Life on the streets can lead homeless youth to suffer from high rates of depression, low-self esteem, sexual risk taking and other self destructive behaviors;
- d) A population of homeless youth downtown adversely affects the economic and cultural viability of downtown including the willingness of businesses to locate jobs or operations downtown, and citizens to live, work or shop downtown;
- e) Multnomah County recognizes that it is not safe nor appropriate for youth to be living on the streets. And that although the preference is for youth to be living with their families, many youth can not go home to their families because it is not safe for them to do so;
- f) Multnomah County's priority is to help homeless youth exit street life; and,
- g) The best way to help homeless youth exit street life and achieve success in their lives is to offer a comprehensive

continuum of care that responds to the developmental stage of youth and holds youth accountable for entry level and more serious crimes through enforcement and sanctions.

THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS
RESOLVES:

1. Multnomah County, through the Department of Community and Family Services, will take the lead in planning, implementing and distributing funds for support and services to homeless youth in the downtown Portland area;
2. The goal of the County's efforts will be to help youth leave the street and improve the safety and livability for all citizens who live and use downtown;
3. Immediate safety and the future well being of homeless youth is of equal importance so a balance must be created between short term relief from danger and long term programs that help youth transition to self sufficiency;
4. Multnomah County will insure that the service system for downtown homeless youth has the following attributes:
 - i) Accountability to funders and the community by regular information provided to the community about program effectiveness and demographics
 - ii) Clear, measurable outcomes and objectives for programs which have been agreed to in advance by all stakeholders
 - iii) Flexibility, recognizing that a variety of programs and approaches are needed to address the needs of homeless youth
 - iv) A continuum of services including assessment, emergency and transitional housing, case management, education, health care, employment

- services, alcohol and drug treatment and mental health services
- v) Maximum effective use of available resources which includes establishment of clear priorities for use of available resources
5. The Chair will appoint an ad hoc committee to plan for service delivery and use of public and private resources through an RFP process. The committee is charged with evaluating the current service delivery system, describing an ideal system for our community, agreeing on outcomes, making recommendations for use of available funding for services for homeless youth in the downtown Portland area and identifying additional policy issues which should be addressed. This resolution shall provide the conceptual and philosophical framework for this planning effort and its implementation.
6. The committee will be staffed by the Department of Community and Family Services. It will include representatives from: Mayor Vera Katz's office, Commissioner Gretchen Kafoury's office, the Commission on Children and Families, the Downtown Neighborhood Association, the Northwest Network on Homeless and Runaway Youth, the Portland Police Bureau, the Citizens Crime Commission, the Association for Portland Progress, United Way of the Columbia Willamette, the academic community, an expert in evaluation and performance based management, the Multnomah County Department of Juvenile Community Justice, Project Luck, Portland Public Schools, the West Side Caring Community and State Services to Children and Families.
7. The Department of Community and Family Services will report back to the Board of County Commissioners by July 1998 regarding the outcome of the ad hoc committee, status report on the RFP process and a timeline and action plans to implement the findings of the committee.

APPROVED this 2nd day of April, 1998.

List of Committee Members

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<p>Justin Lewis Homeless Youth Representative Portland, OR</p>	<p>Anne Stone West District Caring Community 18935 SW Almonte Court Aloha, OR 97007 649-6535</p>

Young people who were formerly homeless are productive members of the community
Homeless youth are able to leave street life to become productive members of the community

COMMUNITY OUTCOME
HY have opportunities to participate in positive community activities & do

SEXUAL HEALTH
HY decrease their STD & risk-taking behaviors
HY believe that they can practice safer sex & other prevention behaviors & that doing so makes a difference
HY have awareness & knowledge of STD & personal risk factors

PHYSICAL & DENTAL HEALTH
HY have good physical & dental health
HY seek & receive medical & dental care
HY have awareness of their own physical & dental health needs

SUBSTANCE ABUSE
HY enter recovery & remain clean & sober
HY enter & complete ATOD Tx
HY see substance abuse as an obstacle in their lives

YOUTH OUTCOMES

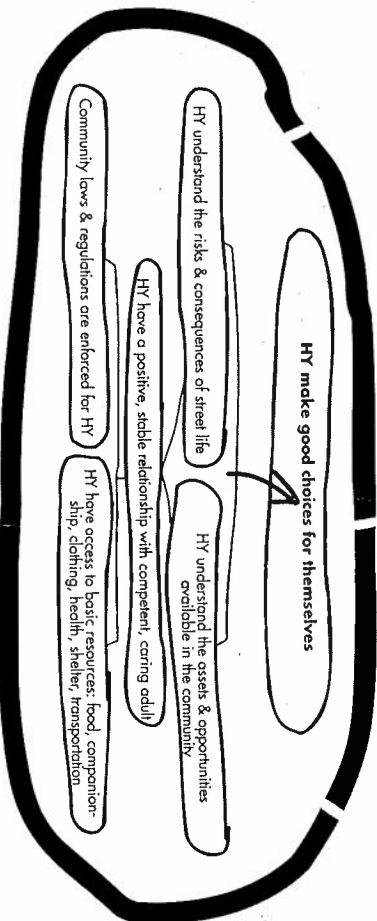
MENTAL HEALTH
HY have good MH
HY are linked to & receive MH services
HY have awareness of their own MH needs

EDUCATION
HY achieve the highest level of education possible based upon their capacity
HY attend school or participate in some kind of alternative learning situation
HY have educational aspirations & commitment to them

HOUSING
HY have safe, stable permanent housing
HY have safe, stable transitional housing
HY have explored & know their options for safe, stable housing

EMPLOYMENT
HY have meaningful employment
HY have stable employment
HY acquire skills needed for employment
HY have knowledge of career & work options

Desired Outcome Framework for Downtown Portland Homeless Youth System



SYSTEM OUTCOMES
HY service system exists which has a consistent philosophy & is research & outcome based, integrated, accountable & measurable, comprehensive and efficient
Community resources are acquired & mobilized to address HY issues
Shared accountability throughout the community for HY service system & outcomes is developed
Collaborative partnership is established to design HY service system

KEY

- ATOD—Alcohol, Tobacco and Other Drugs
- MH—Mental Health
- STD—Sexually Transmitted Disease
- Tx—Treatment
- HY—Young People Who Were Formerly Homeless

