



Multnomah County Oregon

Board of Commissioners & Agenda

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REVISED

BOARD OF COMMISSIONERS

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APRIL 21 & 23, 2009

BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Bridges to Housing Briefing
Pg 2	9:30 a.m. Tuesday Mental Health and Addiction Services System Update
Pg 2	10:15 a.m. Tuesday Briefing on the Budget Community Forums and Online Survey of Community County Budget Priorities
Pg 2	11:00 a.m. Tuesday Revenue Issues Briefing
Pg 3	9:30 a.m. Thursday Chair Ted Wheeler 2010 Executive Budget Message and Resolution
Pg 3	9:50 a.m. Thursday Proclaiming April 19-25 as Volunteer Week and April 27th as a Day of Recognition for Multnomah County Volunteers
Pg 4	10:20 a.m. Thursday Approving Kenton Library Project Proposal Creating a Capital Improvement Project

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Tuesday, April 21, 2009 - 9:00 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFINGS

- B-1 Bridges to Housing Briefing. Presented by Commissioner Deborah Kafoury, Joanne Fuller, Mary Li, Rose Bak, Jean DeMaster, Suzanne Washington, Rachel Post and Janet Byrd. 30 MINUTES REQUESTED.

- B-2 Multnomah County Mental Health and Addiction Services System Update. Presented by Joanne Fuller and Karl Brimner. 45 MINUTES REQUESTED.

- B-3 Briefing on the Budget Community Forums and Online Survey of Community County Budget Priorities. Presented by Kathleen Todd, Executive Director, Citizen Involvement Committee, Carol Ford, Director, Department of County Management and Su Midghall of Davis Hibbits Midghall (DHM) Research. 45 MINUTES REQUESTED.

- B-4 Briefing on Current Revenue Issues: Historic Property Tax Limitation Reform, Property Tax and Visitors Development Initiative and Fund. Presented by Rhys Scholes, Chair Wheeler's Office; Randy Walruff, Senior Program Manager, Assessment & Taxation; Corie Wiren, Commissioner McKeel's Office and Peggidy Coffman-Yates, Chair Wheeler's Office. 1 HOUR REQUESTED.

Thursday, April 23, 2009 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
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REGULAR MEETING

CONSENT CALENDAR - 9:30 AM

DEPARTMENT OF COMMUNITY SERVICES

- C-1 Intergovernmental Revenue Agreement 0809196 with the Oregon Department of Transportation for NW Cornelius Pass Road Safety Improvements in Multnomah County, Utilizing Funds from the American Recovery and Reinvestment Act of 2009

REGULAR AGENDA

PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

NON-DEPARTMENTAL - 9:30 AM

- R-1 Chair Ted Wheeler's 2009-2010 Executive Budget Message followed by Public Hearing and Consideration of a RESOLUTION Approving the Chair's Proposed Fiscal Year 2010 Budget for Submittal to the Tax Supervising and Conservation Commission as Required by ORS 294.421
- R-2 PROCLAMATION Proclaiming April 19 through April 25, 2009 as Multnomah County Volunteer Week and April 27th as a Special Day of Recognition for Multnomah County Volunteers
- R-3 NOTICE OF INTENT to Apply to Oregon Emergency Management for State Homeland Security Grant Funds

DEPARTMENT OF COUNTY MANAGEMENT - 10:05 AM

- R-4 RESOLUTION Certifying an Estimate of Expenditures for Fiscal Year 2009-2010 for Assessment and Taxation in Accordance with ORS 294.175
- R-5 RESOLUTION Adopting Revised Public Contract Review Board Rules Effective May 1, 2009

DEPARTMENT OF COMMUNITY JUSTICE – 10:15 AM

R-6 NOTICE OF INTENT to Apply for the Recovery Act: Edward Byrne Memorial Competitive Grant Program – Category VII: Supporting Problem-Solving Courts

DEPARTMENT OF LIBRARY SERVICES – 10:20 AM

R-7 RESOLUTION Approving the Kenton Library Project Proposal Creating a Capital Improvement Project in Conformance with Administrative Procedure FAC-1

SHERIFF'S OFFICE – 10:40 AM

R-8 NOTICE OF INTENT to Apply for the Recovery Act: Edward Byrne Memorial Competitive Grant Funds for Hiring a Crime Scene Investigator and a Crime Analyst to Serve the Multnomah County Sheriff's Office, Fairview Police and Troutdale Police

R-9 NOTICE OF INTENT to Apply for the Recovery Act: Edward Byrne Memorial Competitive Grant Funds for Maintaining a Full Service Warrant Strike Team

COUNTY ATTORNEY'S OFFICE – 10:50 AM

R-10 Authorizing the Settlement of Claims for Damages against Multnomah County Arising from a 2006 Motor Vehicle Accident

R-11 Authorizing the Settlement of a Claim for Damages by the Estate of Claudia Rhone against Multnomah County

NON-DEPARTMENTAL - 11:00 AM

R-12 RESOLUTION Authorizing a Multnomah County "Hope Garden" to Encourage the Production of Community-Grown Food and Urge Multnomah County and City of Portland Residents to Assist Hunger Relief and Nutrition Efforts by Supporting the "Plant a Row for the Hungry" Campaign

BOARD COMMENT

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MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

Board Clerk Use Only

Meeting Date: 04/21/09
Agenda Item #: B-1
Est. Start Time: 9:30 AM
Date Submitted: 03/06/09

Agenda Title: **Bridges to Housing Briefing**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: April 21, 2009 **Amount of Time Needed:** 30 minutes
Department: Non-Departmental **Division:** Commissioner Deborah Kafoury
Contact(s): Beckie Lee
Phone: 503 988-6796 **Ext.** 86796 **I/O Address:** 503/6th
Presenter(s): Joanne Fuller, Mary Li, Rose Bak, Jean DeMaster, Suzanne Washington, Rachel Post, Janet Byrd

General Information

1. What action are you requesting from the Board?

None.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Bridges to Housing is a four-county initiative aimed at moving high need homeless families out of the cycle of homelessness by providing permanent affordable housing and case management services. To date, Multnomah County has invested \$1 million in B2H and serves families in 125 housing units. This briefing will share information on how funds have been used, the evaluation and outcome data after two years for the more than 125 families participating, how B2H fits into the county's commitment to the 10 Year Plan to End Homelessness, the provider perspective on the program, and options for continued funding.

3. Explain the fiscal impact (current year and ongoing).

None.

4. Explain any legal and/or policy issues involved.

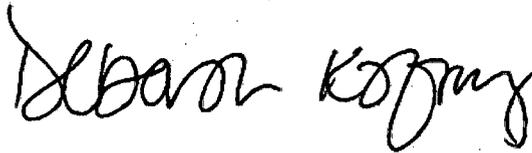
None.

5. Explain any citizen and/or other government participation that has or will take place.

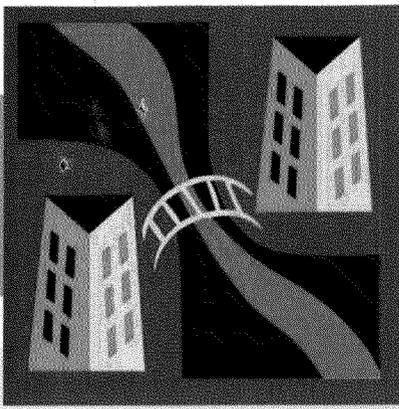
None.

Required Signature

Elected Official or
Department/
Agency Director:



Date: March 6, 2009



Bridges to Housing is a coordinated regional response to the crisis of family homelessness.

Government agencies and housing and service providers in the four-county Portland-Vancouver metropolitan area have joined forces to develop a response to the needs of high resource-using homeless families.

Bridges to Housing supports local and regional efforts to end homelessness by further refining systems for assessing family strengths and needs and matching the best intervention to each family.

Bridges to Housing will test whether housing plus services works to stabilize high-need, homeless families in the Portland area.

Bridges to Housing begins Year Two

Bridges to Housing begins Year Two in September of 2008. We began our first full year in Fall 2007, serving 56 families in the four counties. In year two, Bridges to Housing will serve an additional 89 families. With year one, and the pilot projects in Clark and Multnomah Counties, Bridges to Housing will bring its total number of families served to over 200. In year two, \$890,000 was allocated to projects in all four counties:

- Clackamas County: Clackamas County Social Services received funding to serve an additional eight families at scattered sites in Clackamas County. Families began moving in Fall 2009.
- Clark County: Share ASPIRE received funding to serve fifteen families at several scattered site properties in Clark County. The sites include strong community relationships and amenities. Doors opened in Fall 2008.
- Multnomah County: Private funding will join with public funding from Multnomah County to serve families at three sites - Humboldt Gardens, Esperanza Court and Broadway-Vantage. 49 families will be served. Childcare subsidies are made possible through the Portland Children's Investment Fund.
- Washington County: Community Action and two local non-profit housing providers, CPAH and TVHP will serve an additional twelve families. The sites all include family friendly amenities and opened in Fall 2008.

Evaluation of Effort Continues

Bridges to Housing includes a significant evaluation effort. The evaluation was designed and is being conducted by the Regional Research Institute at Portland State University. The evaluation has three components aimed at understanding and assessing the impact of the program and contributing valuable information to support systems change at the local, county, regional and national levels. These components are:

- A process study focusing on the implementation of Bridges to Housing and the experience of providers and families;
- A longitudinal outcome study of children and families served.

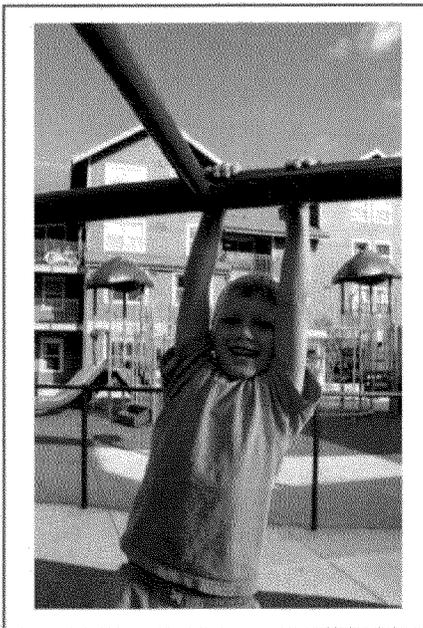
This study is being implemented through the use of the Homeless Management Information System, or HMIS.

- A comparative study of the impact and relative effectiveness of Bridges to Housing in improving outcomes for high resource-using families and their children.

The evaluation gathers data on families using the HMIS system at entry and every six months for up to twenty-four months as resources allow. The first report was released in January of 2008. A third report with information on families at the twelve-month mark will be available soon. Evaluation reports are available at: www.bridgestohousing.org.

Bridges to Housing • Fast Facts

- Bridges to Housing combines three program elements: first, families will be placed into permanent affordable housing using a Housing First or transitions-in-place model; second, Bridges to Housing provides intensive case management in a strengths-based approach which is uniform across the four counties; and third, Bridges to Housing will provide support as funding allows for children's services and child care.
- Bridges to Housing operates in four counties in the Portland metropolitan area: Clackamas, Multnomah and Washington counties in Oregon and Clark County, Washington.
- Significant philanthropic investment has been made, totalling nearly \$2.5 million to date. Bridges to Housing is

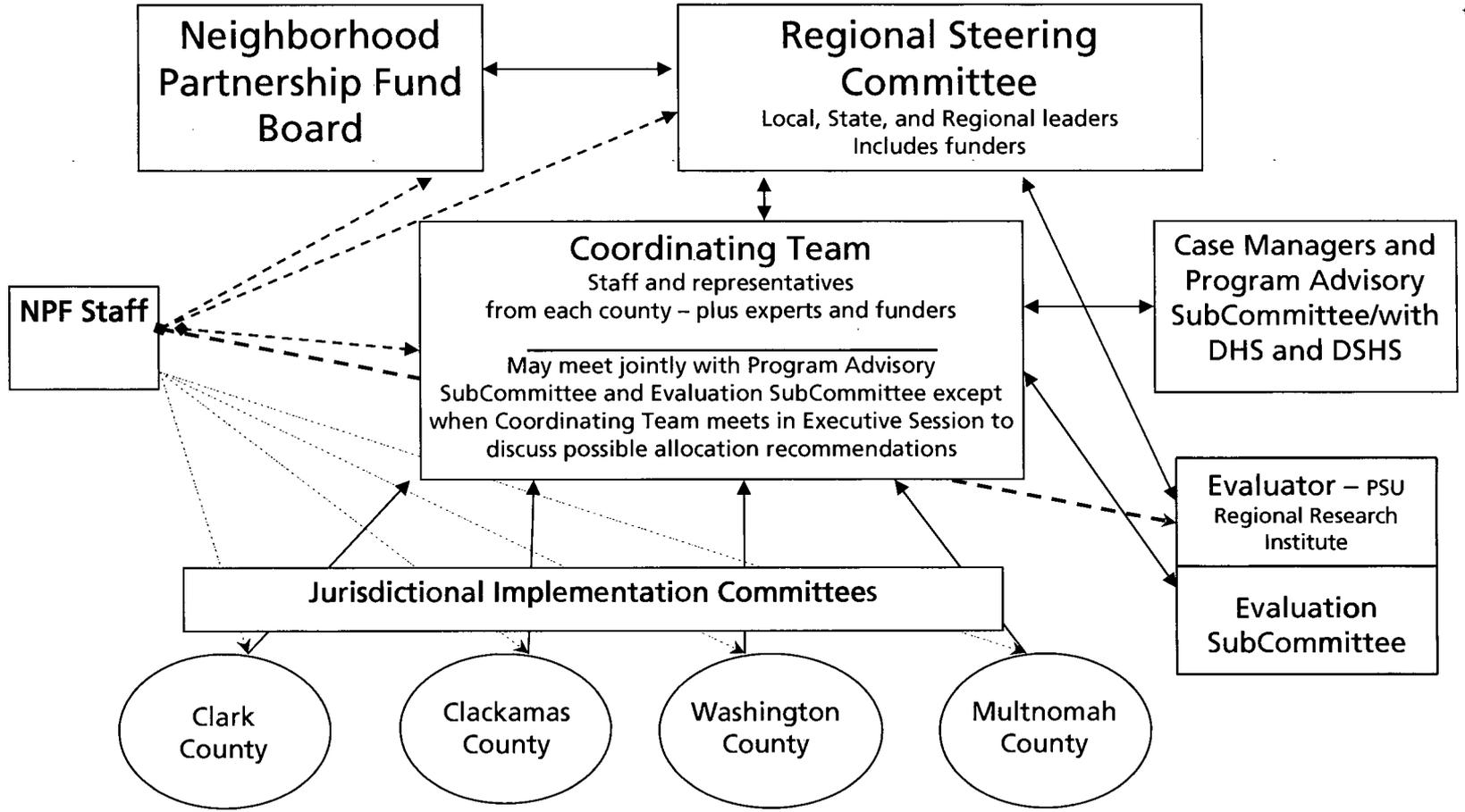


funded by: The Bill & Melinda Gates Foundation, Meyer Memorial Trust, The Paul G. Allen Foundation, Oregon Community Foundation, the Portland Children's Investment Fund and Enterprise Community Partners.

- Bridges to Housing has also recently received an Allies for Employment Planning Grant from the Corporation for Supportive Housing. This planning grant will allow us to work closely with the workforce development system in the four county region to build linkages and partnerships to better meet the employment needs of high-need homeless families.
 - Significant local public investment has been made in capital for family housing, as well as services and rent subsidies. The investment totals over \$25 million to date from the public sector.
 - The project involves city and county governments, non-profit housing and service providers and housing authorities.
 - Bridges to Housing also stimulates the development of permanent supportive housing for families.
 - A rigorous evaluation is being conducted, using data generated through the Homeless Management Information System (HMIS), interviews, process observations, case notes and a comparison group.
 - Bridges to Housing is tracking numerous outcomes, including increased stability in housing, increased economic well-being, decreased need for crisis and emergency care, increased family and child safety and stability.
- The Neighborhood Partnership Fund (NPF) administers funds contributed to Bridges to Housing. These funds will supplement local resources to provide housing plus services to families in all four counties in the Portland-Vancouver metropolitan region. NPF is also overseeing the evaluation, communicating learnings from Bridges to Housing, and raising additional funds.
 - A Regional Steering Committee serves as a policy setting body, and includes representatives from each of the four counties. Members include elected officials, business leaders, non-profit organizations, staff from state agencies serving homeless families, funders, and formerly homeless mothers.
 - A systems change strategy is being articulated at the state and local levels, and the Regional Steering Committee has begun to engage on policy agendas and system change efforts. This strategy seeks to support plans to end homelessness as well as re-structure family support networks.

CONTACT US!

Bridges to Housing,
c/o The Neighborhood Partnership
Fund
1020 SW Taylor, Suite 680
Portland, OR 97205
www.bridgestohousing.org



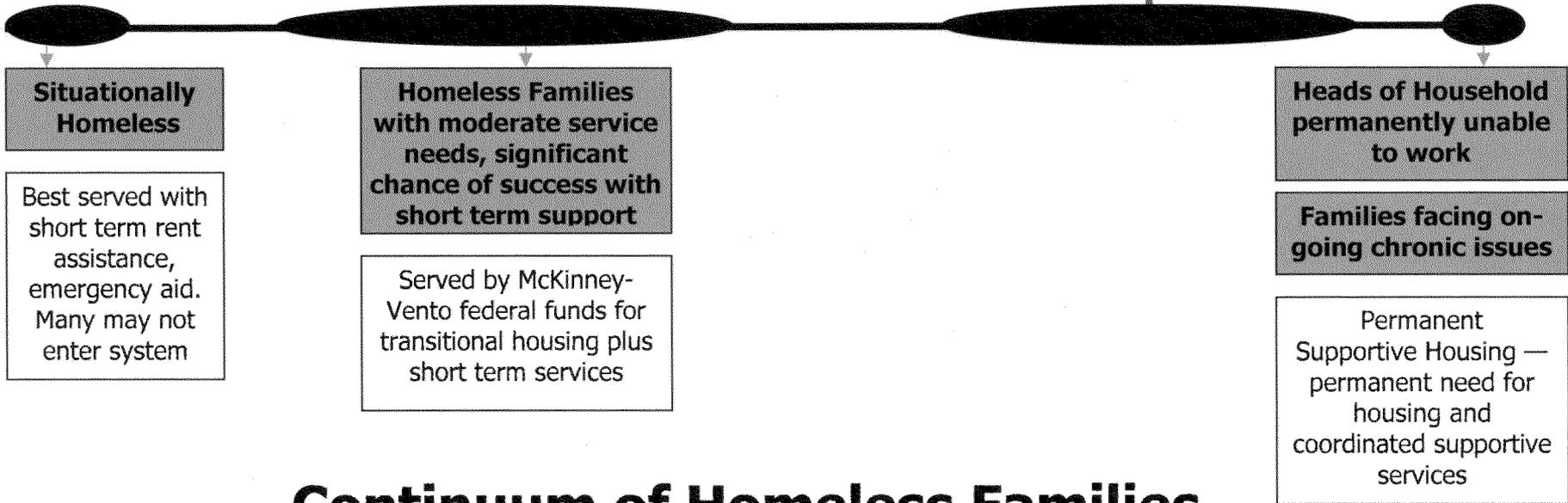
**Bridges to Housing
Governance and Implementation**

**Bridges to Housing
High Need, High Resource Using Homeless
Families**

Families face significant barriers to success.

(For example: alcohol and drug addiction;
developmental delay; literacy; mental health; criminal
involvement; physical disability; foster care referral;
domestic violence)

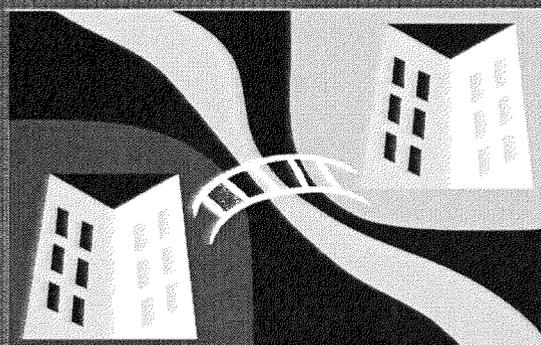
Permanent Affordable Housing PLUS Intensive Enhanced
Services PLUS Mainstream Services PLUS Child Care will
support family success over a 3 to 5 year period



**Continuum of Homeless Families
and Bridges to Housing Families Definition**

	Multnomah County															
	Arbor Glen	Clara Vista	Rose CDC Scattered Site	Kateri Park	Cambridge Court	Interstate Crossing	Alpha Apartments	Taggart Manor	Leander Court	Howard House	Willow Tree	Green Tree Court	HAP Scattered Site Properties	Broadway Vantage	Esperanza Court	Humboldt Gardens
B2H Timeline (Pre-Pilot, Pilot, Year 1)	Pre-Pilot/ Pilot	Pre-Pilot	Pilot	Pilot	Pilot	Year 1	Year 1	Year 1								
Service Provider	Human Solutions	Portland Impact	Portland Impact	Portland Impact	Central City Concern	Central City Concern	Central City Concern	Central City Concern	Portland Impact	Portland Impact	Human Solutions	Human Solutions	Human Solutions	Portland Impact	Portland Impact	Human Solutions
Housing Provider	Human Solutions	Hacienda CDC	Rose CDC	Caritas	Central City Concern	Central City Concern	Central City Concern	Central City Concern	Rose CDC	Caritas	Housing Authority of Portland	Human Solutions	Housing Authority of Portland	Innovative Housing	Caritas	Housing Authority of Portland
Property Management	Cascade Property Mgmt	Cascade Property Mgmt	Cascade Property Mgmt	Cascade Property Mgmt	Central City Concern	Central City Concern	Central City Concern	Central City Concern	Cascade Property Mgmt	Cascade Property Mgmt	Human Solutions	Human Solutions	Housing Authority of Portland	Income Property Mgmt.	Cascade Property Mgmt	Income Property Mgmt.
# of B2H Units?	20	8	5	2	0	0	5	7	11	4	3	2	5	15	14	20
Total Units?	97				20	12	22	24	-	-	17	11	-	58	70	129
Amenities?	Yes	Yes	-	-	Yes	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes
Resident Services?	Yes	Yes	No	Yes				Yes	Yes	Yes						
Core	Yes	Yes	-	Yes						Yes						
Youth	Yes	-	-	-	-	-	-	-	-	-						-
Asset Building	No	-	-	-	-	-	-	-	-	-						Yes
Case Management FTE	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.33
Case Manager On-Site?	Yes	No	Yes	Yes				Yes	Yes	Yes						
Permanent Housing Subsidy?	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Source(s) of subsidy	Project Based Section 8	FAN Rent Subsidy matrix	FAN Rent Subsidy matrix	Project Based Section 8	Project Based Section 8	Project Based Section 8	Project Based Section 8	Low Rent Public Housing	Project Based Section 8	Project Based Section 8	Project Based Section 8					
Duration of subsid(ies)	Permanent	Permanent	Permanent	Permanent	2+ years	2+ years	2+ years	2+ years	Permanent	Permanent	Permanent	Permanent	Permanent	Permanent	Permanent	Permanent
Location/Area	Outer SE Portland	NE Portland	Outer SE Portland	Inner SE Portland	N Portland	N Portland	Gresham	Outer SE Portland	Outer SE Portland	Inner SE Portland	Gresham	Outer SE Portland	Outer SE Portland, Gresham	NE Portland	Inner SE Portland	N Portland

**BRIDGES TO HOUSING EVALUATION
2008 YEAR-END REPORT**



**REGIONAL RESEARCH INSTITUTE
PORTLAND STATE UNIVERSITY**

BRIDGES TO HOUSING EVALUATION

2008 YEAR-END REPORT

Bridges to Housing Evaluation Team

Diane K. Yatchmenoff, Ph.D., Principal Investigator
Kimberly Ford, M.U.R.P., Project Manager
Robin Walker-Phillips, Interviewer
Aimee Bellmore, L.C.S.W., Graduate Research Assistant
Sara Jade Webb, M.S., Data Analyst

Contact Information

Diane K. Yatchmenoff
Phone: 503-725-4158
Fax: 503-725-4180
Email: yatchmd@pdx.edu
Web: www.rri.pdx.edu

The *Bridges to Housing Evaluation: 2008 Year-End Report* was published March of 2009 by the Regional Research Institute for Human Services, Portland State University, Portland, Oregon.

**BRIDGES TO HOUSING EVALUATION
2008 YEAR-END REPORT**

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BRIDGES TO HOUSING EVALUATION 2008 YEAR-END REPORT

EXECUTIVE SUMMARY

Background

Bridges to Housing (B2H) is a regional initiative aimed at moving high need homeless families out of the cycle of homelessness by providing permanent affordable housing and intensive case management services that build on the strengths of family members. Clark County in Washington State and Multnomah, Washington, and Clackamas Counties in Oregon joined together (along with cities and Public Housing Authorities) to develop Bridges to Housing. In addition to supporting families in their efforts to obtain permanent housing and progress towards self-sustainability, Bridges to Housing is developing regional solutions to family homelessness. At the coordinating and governance levels, B2H focuses on stimulating policy changes and the re-alignment of public resources and needed systems.

The first Bridges to Housing families were enrolled and housed in October of 2006 in Clark County. The project has rolled out gradually across the jurisdictions as housing and resources for case management have become available. Nearly 200 families have been enrolled in B2H to date.

The evaluation of Bridges to Housing includes a longitudinal outcome study of children and families served by B2H; following them from the time of enrollment for up to two years; a process study focusing on the implementation of B2H and the experience of providers and families; and a comparison group study of the impact and relative effectiveness of B2H in improving outcomes for high need families and their children. This report focuses on outcomes for families enrolled in B2H for 12 months, program retention, and the implementation of B2H across jurisdictions and providers.

Findings are drawn from baseline data on 162 B2H families and 12-month follow-up data on 44 families submitted through the Homeless Management Information System (HMIS) as of mid-November. Quantitative data are supplemented by information gathered through site visits, interviews with case managers, discussions with the Service Provider Workgroup¹, and interviews with B2H heads of households.

¹ The Service Provider Workgroup is attended by B2H case managers and supervisors and meets on a monthly basis as a forum for training and ongoing peer support.

12-Month Outcomes for B2H Families

Overall, the 12-month findings are consistent with the positive outcomes found at the end of the first six months, suggesting continued stability for families as well as modest gains in some areas. We also see reflected in the data the challenge of helping these high need families achieve self-sufficiency within a relatively short time frame, given the many barriers they encounter.

- **Stability in housing.** Among the 44 families with baseline, six-month and 12-month data, only three families moved during the second six months of the program (two moved to different apartments within B2H; one went to a substance abuse treatment facility). This is in contrast to an average of two moves per family in the six months prior to enrollment, when nearly half of the families moved at least twice and many moved more often than that.
- **Family safety and stability.** The 12-month data are similar to the findings at six months in that families are less likely to have experienced domestic violence or child protective service concerns than when they were homeless. Three families reported an incident of domestic violence that occurred between six and 12 months after enrollment (7% of families) versus 18 families (44%) who reported domestic violence for the six months prior to enrollment. One family had a child removed and placed in foster care in contrast to seven families who experienced child removal in the period just prior to enrollment.
- **Income and employment.** B2H families continued to make modest gains in employment and employment readiness. Employment rates improved from 20% (n=8) at intake to 34% (n=14) at 12 months with corresponding average hourly wage increase from \$8.30 to \$9.10. Furthermore, by 12 months 41% of all B2H heads of households were either enrolled in a job search or job training program or a school or degree program, or both. Significant challenges to employment remain for many families, however.
- **Child wellbeing.** The experience of children in B2H is markedly different from what it was in the period prior to their families' enrollment in the program. Both at six months and 12 months, not only have children stopped moving from place to place, they are also safer from exposure to violence, safer from inappropriate or inadequate parenting, and less likely to be removed from their families and placed in out-of-home care. Some families have received substantial help to address behavioral, mental health, and educational challenges for their children as well as enriched opportunities for social and emotional growth.
- **Stability and success in childcare and education settings.** The number of children who had attended two or more childcare/education settings in a six month period decreased from 35% at baseline to 10% at 12-months. Moreover, at the time of enrollment just over a third (n=14) of the focus children were meeting grade benchmarks. By 12 months, more than half of these children were performing at grade level (n=21). In addition, more parents were aware of how

their children were doing (49% at 12 months versus 18% at baseline could say whether or not their children were meeting benchmarks).

- **High cost health care services.** Health behaviors were unchanged across the three time points, with 40-50% of the families utilizing Urgent Care or Emergency Rooms for illness, acute conditions, or injury for adults or children. Discussion with providers and families clarified the underlying issue as a consistent lack of access to same-day or same-week appointments with primary Oregon Health Plan (OHP) providers, even when there are emergent needs for treatment.

Program Retention and Early Exits from B2H

The overall retention rate for B2H has been reasonably high within the first six months of services (88% of families stayed in place) and moderate within the first 12 months of service (64% of families remained in their B2H placement). A number of families also exited between 12 and 19 months after enrollment, bringing the total of early exits to 34 families out of the 117 enrolled prior to April 2008.²

About a third of the early exits were voluntary and designated 'positive' (families had progressed, were ready to move on, and/or had found other housing opportunities). However, roughly 65% of the premature exits (22 families) were designated as 'negative,' signifying eviction or termination from B2H as a result of non-payment of rent, criminal activity, other lease infractions, or conflicts with the program. Among these families, 77% had listed mental illness as a special need at the time of enrollment, contrasting with a lower prevalence of mental health among families that remained in B2H or left voluntarily. These families on average were also higher resource users than other B2H families, and may have needed a different or higher level of service than B2H provides in order to be successful in housing.

The Implementation of B2H

In the fall of 2008, the PSU evaluation team joined Neighborhood Partnership Fund (NPF) staff in a series of visits to the B2H providers in each of the four counties. The purpose of these visits was to update information about B2H housing sites as well as to review the implementation of the B2H service model.

Briefly, site visits confirmed that B2H is rolling out across a wide range of housing locations, including project-based Section 8 units within small, medium or larger housing facilities; scattered site 'affordable housing' units or apartment complexes for which rents are directly subsidized by B2H and/or the jurisdictions; and designated units within public housing facilities. Most of these units are owned by mission driven housing providers such as community development corporations or housing authorities. The 'permanency' of B2H housing for families varies as well: in many cases, families may stay indefinitely unless their

² Thirty or more additional families enrolled after April 1 but are not included in this analysis because six-month data (and relevant exit data) were not yet available in HMIS.

income rises to a point that makes them no longer eligible for subsidized housing; in some cases, however, long-term permanency will depend on increasing family income sufficiently to assume full rent payments after the initial two-year subsidy ends. In some cases, provisions are in place to provide these families with housing vouchers if they are unable to assume full rent payments at the end of B2H services.

Discussions during site visits, combined with information gathered through interviews with families and case managers, highlighted consistencies in practice across jurisdictions/providers as well as variations, especially in the degree of structure in assessment, service planning, and case management. Certain practices are emerging that may prove especially promising in helping families to move forward and/or in contributing to cross-system collaboration.

Summary

Children and families enrolled in Bridges to Housing for 12 months are more stable in their housing, childcare or education settings, safer, and more likely to be doing well than in the period just prior to entering the program. Most gains that were noted at six months have been maintained through the first year. In addition, further gains in employment and employment readiness can be seen in the data. Significant challenges remain, particularly related to job readiness, job training, and employment opportunities.

Families interviewed for the evaluation are grateful to be housed and express deep appreciation for the help they have received for themselves and their children.

"...[Bridges] is awesome...I don't know where our family would be without it."

-B2H Head of Household

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BRIDGES TO HOUSING EVALUATION 2008 YEAR-END REPORT

I. Background

Bridges to Housing (B2H) is a regional initiative aimed at moving high need homeless families out of the cycle of homelessness by providing permanent affordable housing and intensive case management services that build on the strengths of family members. Clark County in Washington State and Multnomah, Washington, and Clackamas Counties in Oregon joined together (along with cities and Public Housing Authorities) to develop Bridges to Housing. In addition to supporting families in their efforts to obtain permanent housing and progress towards self-sustainability, Bridges to Housing is developing regional solutions to family homelessness. At the coordinating and governance levels, B2H focuses on stimulating policy changes and the re-alignment of public resources and needed systems.

The first Bridges to Housing families were enrolled and housed in October of 2006 in Clark County. The project has rolled out gradually across the jurisdictions as housing and resources for case management have become available. Approximately 200 families have been enrolled in B2H to date. They have been placed in a variety of housing sites that are described later in this report. Case management services are linked with B2H housing and are provided by six different entities, three in Multnomah County and one in each of the other jurisdictions.

The evaluation of Bridges to Housing includes a longitudinal outcome study of children and families served by B2H, following them from the time of enrollment for up to two years; a process study focusing on the implementation of B2H and the experience of providers and families; and a comparison group study of the impact and relative effectiveness of B2H in improving outcomes for high need families and their children.

This 2008 Year-End Report builds on earlier findings¹ to focus on:

- Outcomes for families that have been enrolled for 12 months. Key outcomes include housing stability, safety, child-wellbeing, and family progress towards self-sufficiency. In this section, we also include an update on recruitment of a comparison group to examine the effectiveness of B2H in achieving these outcomes relative to the housing/services received by high need families for whom B2H was not available.
- Program retention, examining rates of retention, and the nature of early exits from B2H.
- Implementation, including adherence to common principles, variations in implementation, and practices that appear particularly promising in helping families to be successful and/or fostering system improvements.

¹ Bridges to Housing 2008 Mid-Year Report, August, 2008, Regional Research Institute, Portland State University.

Evaluation Methods

The longitudinal study principally relies on data gathered by B2H case managers at intake and at six month intervals thereafter for up to two years. Providers submit data to the evaluation through the Homeless Management Information System (HMIS) that is required by the U.S. Department of Housing and Urban Development for certain federally-funded programs. Specialized templates for B2H were developed in collaboration with providers and the HMIS coordinators in the four-county region. HMIS data allows us to describe the prior history, needs, and characteristics of families served, the services they receive, and their outcomes over time.

Report sample. This Year-End Report includes data on B2H families submitted through the HMIS by mid-November 2008, including baseline data on 162 families, 6-month data on 96 families, and 12-month data on 44 families. Most data for the evaluation are collected from heads of households. Information collected pertains to the head of household, to the family as a unit or to one 'focus' child in the family. The focus child is identified by the case manager as the youngest school-age child in the home or, if no child is yet school-age, the child closest to school-age in the family.

Interviews with B2H families. This report also includes the perspectives of a sample of B2H families gathered through interviews conducted by the PSU evaluation team between early October and the end of December, 2008. The purpose of this round of interviews was to learn more from families who had been enrolled approximately 12 months about how their lives were changing as they progressed through the program and ways in which B2H had (or had not) been helpful. A copy of the interview guide appears in the Appendix, page 53.

The sampling pool consisted of 18 families that had participated in interviews with us last spring and summer, approximately four to six months after their enrollment. Among this group, five families had exited the program by the 12-month mark, two families were not able to schedule interviews within the appropriate time frame, and one family declined to be interviewed a second time. Interviews with eight of the remaining families are reflected throughout this report (two final interviews are scheduled for February, 2009).

Interviews were conducted in the families' homes or another space selected by the respondent (e.g., a community room at the housing site). Most interviews lasted approximately an hour and a half, and participants received a \$20 gift certificate in appreciation of their time and assistance. All interviews were taped, with permission from the respondents. Transcripts were independently reviewed by two members of the evaluation team, who extracted comments from families pertaining to how their lives had (or had not) changed since enrolling in B2H. One respondent, Laura Wilson, volunteered to share her family's story in more detail for this report (see page 21).

Site visits and interviews with case managers. The PSU evaluation team joined NPF in making a series of site visits to B2H providers in the fall of 2008. The purpose of these

visits was to update information about B2H housing sites as well as to review the implementation of the B2H service model. Information gathered in these site visits was supplemented by discussions with the Service Provider Workgroup² and telephone interviews with selected case managers. More detail about the purpose and nature of the visits appears in the Implementation section of this report. The site visit protocol can be found in the Appendix.

² The Service Provider Workgroup is attended by B2H case managers and supervisors and meets on a monthly basis as a forum for training and ongoing peer support.

II. Overview of Enrolled B2H Families

As of mid-November 2008, data on 162 families enrolled in B2H were available in HMIS from providers in the four counties as follows:

- Clark County, Share ASPIRE 32 families
- Washington County, Community Action 15 families
- Clackamas County Social Services 14 families
- Multnomah County
 - Central City Concern 17 families
 - Human Solutions 53 families
 - Impact Northwest³ 31 families

These families include 184 adults and 312 children. Most (84%) are single female parent households.⁴ Family size ranges from one child to as many as seven children, but a great majority of families have no more than three children (94%). As the enrollment in B2H has increased, younger families may be entering the program: the average age of children has decreased from seven in mid-2008 to six years old, and 56% of all enrolled B2H children are six years or younger. Nearly a quarter of B2H children are no more than 12 months old.

Race and Ethnicity

Seventy percent (n=113) of B2H heads of households are White. Others include:

- 17% African American (n=28)
- 7% American Indian/Alaskan Native (n=12)
- 5% 'Other' or 'Multi-Racial' (n=7)
- One head of household is Asian

With respect to ethnicity, 11% of B2H families report that they are Hispanic/Latino (n=17).⁵ Compared to the 2006 Bureau of Census data estimate in each of the four counties, B2H is serving a greater proportion of non-White heads of households than appear in the general population of the region (see page 6). However, we do not have demographic data on the low-income population, (data on Oregon Health Plan recipients, for example) which would be a more accurate comparison to the B2H population.

³ Formerly Portland Impact.

⁴ Other family types represented in the data include: two parent family (12%, n=19); male single parent (4%, n= 6) and grandparents (1%, n=1)

⁵ Note that following Census data protocol, race and ethnicity are separate questions. Of the 17 heads of households that report Hispanic/Latino ethnicity, six reported American Indian or Alaska Native, six reported White, one reported Black or African American, and 4 reported Other or Other Multi-racial.

Race and Ethnicity by County and B2H Population

	Clackamas County	Clark County	Multnomah County	Washington County	B2H Heads of Households
Race					
American Indian or Alaska Native	0.8%	0.9%	1.0%	0.8%	7.4%
Asian	3.6%	3.9%	6.1%	8.5%	0.6%
Black or African-American	0.9%	2.1%	6.0%	1.7%	17.3%
Native Hawaiian or Other Pacific Islander	0.2%	0.4%	0.5%	0.3%	0.0%
White	92.5%	90.2%	84.3%	86.3%	69.8%
Multi-racial	2.1%	2.5%	3.0%	2.4%	2.5%
Other	Not a Census category				1.9%
Ethnicity					
Of Hispanic Origin	6.7%	6.0%	10.1%	14.5%	10.5%

Family Needs and Prior Resource Use

The Homeless Family High Resource User Screening Tool is used to establish eligibility for B2H⁶. This tool assigns points to a family based on the utilization of high-cost services over the prior 12 months. A family that scores eight or more points is eligible for B2H. The average score for a B2H family with intake data (n=150) is 14.6. Ninety-nine percent of all families scored 10 points or higher, which means that they had recent involvement with at least three social service systems and are considered to be a Very High Resource Users.

Special Needs/Disabilities

The majority of heads of households (65%) reported at least one special need or disability at intake.

- Slightly more than one-third of B2H heads of households reported two or more special needs or disabilities.
- More than a third of B2H families (36%) were coping with mental illness.
- Almost that many families (32%) said they struggled with drug abuse.

The prevalence of special needs or disabilities appears to have decreased somewhat as the number of families in B2H has increased. For example, 57% (n=55) of heads of households with baseline data last May (n=104) reported a mental illness compared to 36% (n=59) of families with baseline data from the current sample (n=162). This reflects a continuing decline in the enrollment of families with mental illness (nearly 70% of families in the pilot phase had reported mental illness). Self-reported drug abuse also declined, from

⁶ A copy of the High Resource Use screening tool can be found in the Appendix, page 51.

42% of families in the baseline data last spring to 32% in the total sample available this fall. This trend occurs across most special needs or disabilities, with the exception of alcohol abuse and physical/mobility limits, which have remained relatively constant or increased slightly.

One possible interpretation of these differences is that acceptance and/or enrollment practices have evolved such that families with the most persistent and severe problems are somewhat less likely to be enrolled in B2H than they were in the initial phase of implementation. If there has been a change in practice, it may reflect the early experiences of B2H providers (particularly in Multnomah County) when a number of families were enrolled who were not able to be successful due to the seriousness of their mental and behavioral health challenges (see the section on Program Retention and Early Exits, page 27).

Housing History

"... before when I was pregnant with my daughter...I was homeless, I was not in a good situation, you know, I never really felt stable, I never really felt comfortable...I didn't have a place to call home."

-B2H Head of Household

Most B2H families have a history of family instability and/or repeated episodes of homelessness. Nearly a quarter (n=38) entered B2H directly from an emergency shelter. Other living situations just prior to enrollment included:

- Transitional housing for homeless (20%, n=33),
- 'Couch surfing' with family or friends (19%, n=31),
- A motel/hotel (12%, n=20), and
- Substance abuse treatment center (7%, n=12)⁷.

"I had gotten into it with my ex-boyfriend...it got physical...so, I had to get away from him and they put me in a hotel and put me on a list for a DV shelter. [My community nurse] came to me in the motel one day. She put me on a waiting list for housing...Bridges to Housing."

-B2H Head of Household

Families cited many different circumstances that contributed to their homelessness, but the top three primary reasons for most the recent episode of homelessness were reported to be domestic violence (31%, n=50), substance abuse (22%, n=35), and eviction (18%, n=28).

⁷ Other prior residences experienced by 5% or less of B2H families: rental or own house/apartment (n=8), domestic violence situation (n=6), other (n=6), place not meant for human habitation (n=2), and jail or prison (n=2).

Eleven percent (n=17) of families reported reasons related to financial distress including loss of job, underemployment/low income, loss of public assistance, and lack of affordable housing.

In sum, B2H continues to enroll high-need families with histories of homelessness, challenges from physical, mental health and behavioral health challenges, and recent use of high-cost resources. Stable safe housing is the first crucial step towards a safer more secure future.

“... I’ll always remember...the way I felt that day when they gave me my house keys. I will always cherish the Bridges to Housing Program for giving me that...The feeling I had when they gave me my apartment key, it felt like...I was safe.”

-B2H Head of Household

III. Building on Early Success: Outcomes at 12-Months

“Over the last six months my fiancé got employed...it seems like everything is starting to fall into place. We’ve been able to go buy ourselves some new clothes...not hand-me-downs from somebody...good pants, shirts, and shoes.”

-B2H Head of Household

In August, 2008, we reported outcomes for 43 families who had been enrolled in B2H for six months. Findings indicated substantial improvements in the circumstances for these families compared with the six months prior to enrollment, including greater stability in housing, reduction in domestic violence, increased child and family stability, and modest progress towards self-sufficiency. As of mid-November, 2008, 44 B2H families had 12-month data available in HMIS.⁸ Among these families we hoped to see maintenance of these positive outcomes along with improvements in other areas that would suggest progress towards future self-sufficiency and wellbeing.

Overall, the 12-month findings suggest sustained stability for families and continued modest gains in some areas. We also see reflected in the data the challenge of helping these high need families achieve self-sufficiency within a relatively short time frame, given the barriers they encounter.

Housing Stability

“I really believe that this is where I need to be and I’d hate to ever have to leave here, I would, it would really hurt me to, you know, for any reason.”

-B2H Head of Household

B2H families remained markedly stable in their housing relative to their experiences prior to enrollment. Very few families moved in the first six months after entering B2H; moves during the second six months reflected practical circumstances as well as challenges, as indicated by the data in the following Table.

⁸The sample of families in the six-month data reported last spring differs somewhat from the sample with 12-month outcome data reported here because of early exits (between 6 and 12 months) and additional enrollments. Data in this report are based on only those 44 families that have baseline, six-month, and 12-month data in HMIS. Sample sizes vary slightly across different analyses because of missing data.

Housing Stability

Six Months Prior to Enrollment (reported at intake)	Within First Six Months After Enrollment	Between Six and 12 Months After Enrollment
95% of families had moved at least once. 44% had moved two or three times. 10% moved more than three times.	One family (2%) moved once.	Three families (10%) moved once.*

* One family moved to a larger apartment within the same housing site, one to a different B2H housing site due to a fire in the apartment, and one to a substance abuse treatment facility.

Stabilizing children and families in housing changes lives in ways that are only partially conveyed through the HMIS data. Laura Wilson's story (see page 21) describes the experience of a single family in B2H, but we heard similar themes throughout our interviews with B2H heads of households at 12 months following enrollment.

"... when we first moved in here, every time we'd leave [my son] would say 'we're not coming back, we're not coming back!' And I'm like, 'yeah we're coming back, we live here'... I think he's adjusted to that."

-B2H Head of Household

"[Without housing] she couldn't focus on other things or ways to take care of herself. Now that she is in housing she can focus on getting ahead."

-B2H Case Manager

Safety and Family Stability

"Most of them are really motivated. They have the desire to get up on their feet. But it's hard. They need to be clean and sober before they can do anything. But once they're clean and sober, all the emotions from the past come up and it gets really hard."

-B2H Case Manager

B2H families also continue to be safer and more likely to remain intact than prior to entering the program. The 12-month data are similar to the findings at six months in that families are far less likely to have experienced domestic violence or child protective service concerns than when they were homeless. However, the data also reflect what case managers have told us about the challenges that emerge for families after an initial period of

stability in B2H. Domestic violence or unsafe parenting may occur or recur in this period. The following Table presents data on safety and family stability at the three time points.

Child and Family Safety/Stability

Six Months Prior to Enrollment (reported at intake)	Within First Six Months After Enrollment	Between Six and 12 Months After Enrollment
Domestic violence 44% (18 families) reported domestic violence (DV) in the prior six months.	One family (2%) reported an incident of DV in the first six months.	Three families (7%) reported that DV occurred during this period.
Referrals to Child Protective Services 12% (5 families) were referred to CPS	7% (3 families) were referred to CPS during the first six months.	10% (4 families) had a referral to CPS during this period.
Out of home placements for children 17% (7 families) had a child placed in foster care in the prior six months.	No families had a child placed in care.	One family (2%) had a child placed in care.

Health Behaviors

"I'm exhausted. I had a seizure. I haven't had them for years...and I had one in August. I went into a full Grand Mal seizure...I was taken to Providence... The seizure I had was caused by non-narcotic pain pills they gave me...I have to go see a neurologist still and I haven't heard back on that."

-B2H Head of Household

There has been little change from baseline through the first 12 months in reported health behaviors with respect to the use of emergency care services to treat children and adults in B2H families. Approximately 45% of families reported at least one trip to the Emergency Room for an adult in the family in the six months prior to enrollment and again in the first six months in the program. That percentage increased to a little more than 50% in the second six months of the program. For children, trips to the Emergency Room fluctuated slightly from 41% of families reporting at least one visit for a child during the six months before intake to 34% during the first six months in the program, back to 44% during the second six months.

In talking with providers about these findings, we learned that the issues involved in these results reveal a system-wide problem in access to health care for vulnerable and low-income families. Case managers report that B2H families are unable to secure same-day or even same-week appointments with their Oregon Health Plan (OHP) health care providers,

even in the case of acute illness or trauma (ear infections, abscessed teeth, injury, etc.). Commonly they are instructed by their health care providers to go to Urgent Care clinics associated with Emergency Rooms because otherwise they will wait weeks or longer for an appointment. Our data do not distinguish between visits to Emergency Rooms and Urgent Care clinics, despite the differences in costs associated with these choices. Case managers acknowledge that B2H families may have trouble following through with preventive health care and/or responding early when illness first appears so as to avoid acute and critical care needs. However, the lack of access to regular health care providers for OHP recipients seems to be the larger issue. Given the high proportion of homeless families who have physical/health problems, high-cost health care utilization is unlikely to change unless the health care system develops a different way to respond to the needs of vulnerable low-income citizens.

Income and Employment

"I had been going to multiple different interviews...and I was running into a brick wall on my criminal record...everybody was like, 'we're not touching her.' [My case manager] said 'well, there's this place that will give you a chance'...so, I went and I got a job! And I've been working there ever since."

-B2H Head of Household

We know from multiple sources – interviews with B2H families, interviews with case managers, discussions at the Service Provider Workgroup and in site visits - that employment is a challenging goal for many families. Heads of households may enter B2H with minimal preparation for work and with histories (criminal involvement, bad debt, poor credit) that can present nearly insurmountable obstacles to employment and may also overwhelm and discourage the individuals.

"Most of them don't have the belief when they come in. They feel beat down."

-B2H Case Manager

We also heard repeatedly that B2H clients have 'a long ways to go' before they will be ready for employment: they need GEDs, life skills training, preparation to be employees, job search skills, and training for jobs that will pay a living wage.

Nonetheless, determined families and committed case managers are finding ways to surmount obstacles and make a place in the workforce for some heads of households: B2H families continued to make modest gains in employment and employment readiness. Employment rates improved from 20% (n=8) at intake to 34% (n=14) at 12 months, with average hourly wage increases from \$8.30 to \$9.10. Furthermore, at 12 months 41% of all B2H heads of households were either enrolled in a job search/training program or a school or degree program, or both. Note also that the reduction from the first to second six month period in job training/search programs is likely a result of success in finding employment. These data are summarized in the following table.

Employment and Job Preparation

Six Months Prior to Enrollment (reported at intake)	Within First Six Months After Enrollment	By 12-Months After Enrollment
20% (8 HOHs) were employed.	29% (12 HOHs) were employed by the end of six months.	34% (14 HOHs) were now employed.
Average Hourly wage \$8.30	\$8.70 Hourly wage	\$9.10 Hourly wage
22% (9 HOHs) were in job search/job training programs	37% (15 HOHs) were in job search/training programs.	24% (10 HOHs) in job search/training programs.
20% (8 HOHs) were in school/degree programs	22% (9 HOHs) were in school/degree programs.	24% (10 HOHs) were in school/degree programs.

"Sometimes we just have to get creative. I've got one client who is in an internship at a warehouse, started through a temp agency. It's going to turn into a job for her."

-B2H Case Manager

"This job [working with teens] she kept. I kept waiting for the call 'I quit, I'm done.' I didn't get [the call]! She kept this one because she felt like she was getting respect at her place of employment, she made friends."

-B2H Case Manager

As important as employment can be to self-sufficiency and a sense of self-worth, it can also present challenges for vulnerable families, including managing the costs and logistics of childcare and transportation.

"It might seem like a small thing, but if you've got four kids who go to three different schools, and you're supposed to be looking for a job and getting to services, being able to get into a car in the morning and start it up is huge."

-B2H Case Manager

Moreover, parents can feel torn between the need to work and leaving infants or troubled teenagers at home alone.

"I think once I wean him off of breast feeding, I'm going to start looking for work. I've been trying with bottles, but he just won't make the transition...I'm kind of apprehensive leaving him with a provider while I'm breastfeeding...I don't want him screaming all day long while I'm at work."

-B2H Head of Household

"...I graduated ETAP (Evening Trades and Apprenticeship Program), so I do construction when I do work... [I've been called] for a couple of jobs, I want to work, I do, but I know that I'm scared of getting evicted over something my kids might do."

-B2H Head of Household who reported serious behavioral challenges on the part of her teenage children

Overall, employment and self-sufficiency for high-need families with a history of homelessness and instability involve complex and challenging questions that will not effectively be addressed by any single provider or service system alone. These questions include:

- What kinds of programs are needed to increase employability and job readiness for heads of households who are motivated but may have minimal or no work background?
- What are the entry level jobs that will produce wages sufficient to support families?
- What kinds of supports are needed, including childcare, transportation, health care, job coaching, mentoring etc., so that motivated heads of households can be successful not only in securing a job but also maintaining it over time?
- Who is responsible for helping families along the lengthy and arduous path towards self-sufficiency?
- How can systems work together to reduce/minimize barriers to employability for heads of households? Innovative programs are in place in some communities, but more are needed.

"In Multnomah County we have this awesome program, Project Clean Slate, that allows a judge to expunge old tickets in return for community service. It's a tremendous program, and we've been very successful getting the driver's license. I don't know how it is in other counties."

-B2H Case Manager

These issues are present every day for B2H providers and families, but significant progress for the population as a whole will require cross-system and multi-agency collaboration and the commitment of adequate resources.

Child Wellbeing

“...there’s balance to our life...and [my son’s] liking that balance...he’s trusting me that if I say I’m going to the store, I’m not going to be gone two hours...we’re much closer...I’m just happy I took the class to understand what he’s going through. We’re...just going through the stages, and I understand...that’s the best part of it.”

-B2H Head of Household

There is widespread concern about the effects of homelessness on children. Concerns center on children’s health, mental health, developing social skills, and opportunities to be successful in school, given the instability in their lives, potential for poor nutrition and parental care, and the likelihood that they will be exposed to violence in their home and community settings.⁹ In the development of B2H, children were an important part of the thinking and planning. The strengths-based Family Needs Assessment tool that was adopted by B2H assists case managers to create a holistic picture of children so that their needs can be identified and addressed. Children’s strengths—what they enjoy and do well—as well as any challenges or special needs are included in the assessment.

As noted above, the experience of children in B2H is markedly different from what it was in the period prior to their families’ enrollment in the program. Both at six months and 12 months, not only have children stopped moving from place to place, they are also:

- Safer from exposure to violence,
- Safer from inappropriate or inadequate parenting, and
- Less likely to be removed from their families and placed in out-of-home care.

In this section, we use data submitted by case managers through HMIS and from respondents in our interview sample to report on children’s¹⁰ special needs, their experiences in school, and their access to primary health care. We have only limited data on services to children and the opportunities that B2H has provided for them, but parents in our interview sample frequently cite the help their children have received as the most important aspect of the program, second only to a roof over their heads.

⁹ National Center on Family Homelessness: http://www.familyhomelessness.org/work_research_reportcard.php

¹⁰ The children reported on here are the focus children in each family, i.e., the youngest school-age child or child nearest to school age.

Data were available for this report on 38 focus children.¹¹ The average age of these children at intake was 6.4 years, with the youngest child one month old and the oldest child 15 years old. Many struggle with learning and behavioral difficulties. At 12 months, parents reported that nearly a third of the focus children have a learning disability (29%, n=11), and 42% (n=16) have a social, emotional, or behavioral concern.

Parents in our interview sample were particularly grateful for the help they've received for children who have challenging behaviors:

"My daughter, she was diagnosed with Opposite Defiant and ADHD...since June, I'd say, before school got out. And she has made like a complete turnaround...I'm learning more and more about my own kid."

-B2H Head of Household

"My son and I just had a meeting with [the case manager] last week, and we're trying to get him in to a couple of classes...Tai Kwan Do, he doesn't want to take it for the fighting, but he wants it for the structure, because he knows with his ADHD, it's very hard for him. And as much as I cannot stand the medication, I know he needed it."

-B2H Head of Household

"We are working on getting into a parenting class because my daughter has issues on controlling her frustrations, she doesn't know how to calm down."

-B2H Head of Household

Stability and performance in school. One positive outcome is that some children are more able to be successful in school settings.

"I've tried to get my son in school...tried to get him speech therapy. His speech was real bad. He's a really slow talker. You couldn't really understand what he's saying...[Without Bridges] he never would have been in school...that's just the plain and simple. He never would have had his speech therapy. He has a private speech therapist that comes in once a week and works with him. But I would never have had that if this program weren't around. You can understand him! I'm so happy!"

-B2H Head of Household

¹¹ Missing data required the exclusion of focus children in six families in our 12-month sample.

"[My son] started Headstart... It took him a while to adjust, but we have a conference with his teacher on the 1st to go over the changes he's made and achievements and goals he's overcame... [Headstart] told us on the phone yesterday... that the last couple of weeks he's been using his words a lot instead of pushing..."

-B2H Head of Household

The HMIS data, as well as interviews with families, suggest that children are also performing better academically in school. At the time of enrollment just over a third (n=14) of the focus children were meeting grade benchmarks. By 12 months, more than half of the focus children were performing at grade level (n=21). In addition, more parents are aware of how their children are doing. At intake, 51% (n=19) of parents reported that they were unsure if their child met benchmarks in contrast to 18% (n=7) at 12 months.

In addition, parents reported greater school stability for children:

- The number of children who had attended two or more childcare/education settings in a six month period decreased from 35% at baseline to 10% at 12 months.
- Most children who attend school were attending regularly at all time points, with no more absences than would be expected in a community sample.

Primary health care. Children have primary health and dental care providers at higher rates after a year in B2H (most of this change occurs in the first six months).¹² However, for the reasons noted earlier in this report (see page 11), this does not appear to have affected the reliance on Urgent Care or emergency services to attend to emergent health needs.

Primary Health

Six Months Prior to Enrollment (reported at intake)	Six Months After Enrollment	Between Six and 12 Months After Enrollment
79% (30 children) had a primary health care provider.	95% (36 children) had primary health care.	97% (37 children) had primary health care.
68% had primary dental care	92% (35 children) had primary dental care.	95% (36 children) had primary dental care.

¹² Because many families are members of the Oregon Health Plan, rates are relatively high at the time of enrollment.

"...there are a lot of things my son wouldn't be able to do if it wasn't for [the caseworkers] and I appreciate that. He went to 'Elmo Live'...oh, my god, he loved it...and that's probably something I would never have been able to do...that was a lot of money...there are just a lot of things that I would have never got to do with my son...and I wouldn't trade that for the world...I see how my son enjoyed it and the impact it made on his life so it makes me want to do things differently. "

-B2H Head of Household

It would be difficult to quantify the ways in which children's lives have been enhanced by their inclusion in Bridges to Housing. We are learning, however, that flexible funds and especially the resources contributed by the Children's Investment Fund for Portland resident have played an important role in providing services, supports, and opportunities for children. More information about the use of flexible funding is included in the Implementation section of this report.

Summary of Outcomes

Children and families in Bridges to Housing are clearly more stable in their housing, childcare or education settings, safer, and more likely to be doing well than in the period just prior to entering the program. Most gains that were noted at six months have been maintained through the first year for families that remained enrolled in the program. Moreover, additional gains in employment and employment readiness can be seen in the data. Significant challenges remain, particularly in the need for additional job readiness and job training.

IV. Relative Effectiveness of Bridges to Housing: The Comparison Group

The evaluation of Bridges to Housing is designed to include a study of the effectiveness of B2H relative to the housing and services otherwise available for high-need homeless families in the four-county region. The objectives are to identify and recruit families into the comparison group who are similar in their needs to the B2H population but for whom B2H was not available and to compare the experiences of the two groups on selected key outcomes over time, including housing stability, family safety and stability, and measures of child wellbeing.

Recruitment sites. Five housing/service providers currently are helping to identify and recruit families into the comparison group. These sites are briefly described below.

- **Northwest Housing Alternatives/Annie Ross House (Clackamas County)** provides short-term housing for women who are victim's of domestic violence. Some women enter with significant challenges, similar to families in B2H; others need short-term assistance and/or services. On average, women stay 44 days at the shelter.
- **Richmond Place (Impact Northwest)** provides transitional housing for up to two years, though most residents leave sometime between 12 and 18 months.
- **Arbor Glen (Human Solutions)** houses many families who are similar to B2H families but for whom intensive case management is not available. Families at Arbor Glen sites are identified as possible comparison group participants by the resident services coordinators.
- **Community Action of Washington County** shelter program houses homeless families for up to five weeks. As with other shelter programs, some families present multiple serious challenges to self-sufficiency; others need short-term assistance.
- **Share ASPIRE** provides drug and alcohol free housing for individuals and families at numerous sites in Clark County. Families are referred to Share by community-based providers as well as the state Department of Health and Human Services.

Comparison conditions. These housing options may be temporary (the shelter programs), longer-term (transitional programs), or potentially permanent. None of them, however, are able to provide the level of case management services over a two-year period that families in Bridges to Housing receive. If we follow a sample of families in the comparison group from the time they enter these programs for a period of 12 months or longer, we may be able to determine whether the resources of B2H make a significant difference in housing stability, child wellbeing indicators, and progress towards self-sufficiency.

Identification, screening, and recruitment procedures. To be eligible for the comparison group, families must meet the same criteria utilized for inclusion in B2H, i.e., a score of eight or higher on the High Resource User screening tool. However, because B2H providers in general appear to have given priority to higher need families (B2H families have an average score of 14 points on the HRU and only one family has scored less than 10 points), we have likewise prioritized families scoring ten points or more for inclusion in the comparison group.

Providers at the sites listed above identify and screen potentially eligible families as they enter housing and provide them with information about the study. Interested families are given additional information about the nature of the study, their rights as a research participant, the data they will be asked to provide, and how the data will be used (informed consent procedures and the data collection protocol, are included in the Appendix, page 55).

Data collection. Baseline data for the comparison group study are collected at the time of intake, either by service providers or by members of the PSU evaluation team. Follow-up data at six and 12 months after entry will be collected by the PSU evaluation team.

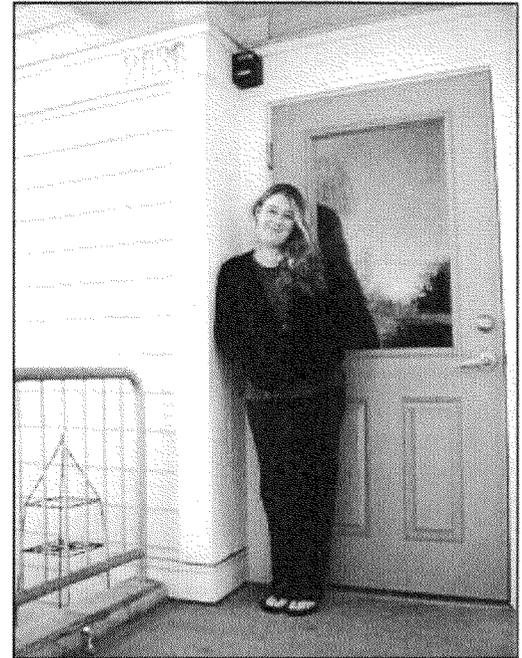
Comparison sample to date. Recruitment of families for the comparison group has moved slowly, in part because of very slow turnover at some recruitment sites. Families have entered these programs only gradually over the past nine months. The other challenge to recruitment reflects a larger systems issue. Families with the level of need and challenges facing B2H families are frequently not accepted for housing programs or housing support because of barriers in their background (prior evictions, criminal record, past due rent, or unpaid utility bills). As a result, it can be exceptionally difficult to identify and connect with families who would be eligible for B2H but for whom the program is not available. There is no alternative program – in most communities - to which these families are systematically referred for housing and assistance.

To date, 21 families have been recruited for the comparison group, with screening and baseline data submitted to PSU as of December 31, 2008. However, in reviewing the data, it appears that some of the families do not meet eligibility criteria and will be excluded from the study. Although clearly needing services at the time of entry, their scores on the HRU were not high enough to make them eligible for B2H or the comparison group. We anticipate expanding recruitment efforts in 2009 by working directly with agencies in the community that refer to B2H in order to identify and connect with more families who share a similar level of need with our B2H population.

V. Family Story

Bridges to Housing client, Laura Wilson, graciously volunteered to share her family story for the Bridges to Housing End of the Year Evaluation Report. In this narrative, Laura shares with us the path that led her to the Bridges to Housing program. Her story reveals the multiple and severe challenges that B2H participants like her have faced including childhood instability, drug addiction, involvement with corrections, domestic violence, and having children with special needs. Laura also shared how the B2H program has profoundly impacted her life and the lives of her two young children, and provided her with the opportunity to turn her life around.

Laura has been enrolled in the Bridges to Housing program since November, 2007. She lives in B2H housing with her four year old son, Calvin and her four month old daughter, Kallie. She began the interview by reflecting on her childhood.



[When I was little] I lived with my mom and dad - they were married... and my parents didn't get along very well...[one night] my mom packed our stuff up and we left... in the middle of the night. I think I was 10 or 11 [years old]... We moved up [to Oregon] and my aunt put us in an apartment. At this point I didn't like my dad... I'd gone through too much stuff with him. I'd seen too much. He was violent. I didn't like him and I would cry about it. And, [my Aunt] said, "one day I'll tell you something that will make everything clear". On my 15th birthday, I outright asked her, "is my dad my real dad"... and "is my mom my real mom?"...

It was really hard for me because when I found out I was adopted... I mean, most people look at it, like, "that's not my family". And doing drugs took that feeling away...

Laura's struggle at a young age with drug addiction eventually led to criminal problems. She discussed her history with drugs and crime, and her path to recovery.

When I was about 15 or 16, I started doing meth... it got me to that point where I was feeling good about myself, which was an incredibly stupid thing. But in all reality, I started dealing drugs and then I started slamming drugs. I really wanted to be accepted by everybody, so I just did what people were doing. I didn't care. I didn't have any emotions. I didn't have...anything.

I messed up when I was young and I didn't get caught for anything until the day I turned 18. [I got caught for] manufacturing, distribution, possession, and delivery all of a controlled substance. All class A felonies. All within 100 feet of a school. First charges... ever.

I had never been to jail. I was scared. I went to court and they put me on probation...I had failure to appear after failure to appear and finally the judge got sick of it and I did a total of 3 ½ years...but not consecutively... I was sick of getting locked up. You sit there and watch the same people come in and out. I mean, seriously, it's like a revolving door...I was like, "God, I don't want to be 40-years-old coming in here". So, this time when I went in I decided to change something.

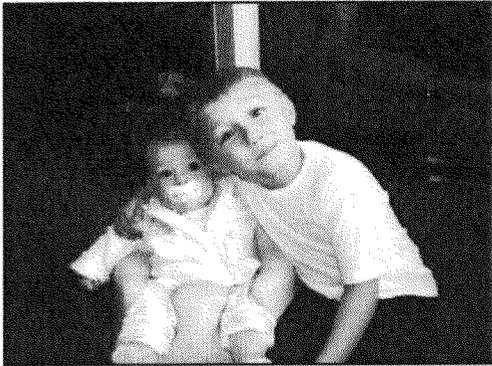
I got released to a PO, they drove me to Portland and took me to DePaul [Drug Treatment Center]. That was hard. I did not want to look at myself and really look at why I did what I did. And after the first real month, I actually put effort into it... I really did. I opened my eyes and realized there are other ways to deal with pain and anxiety and depression than getting high.

For Laura, maintaining sobriety and overcoming a criminal history are only two of the problems she has faced. As her story reveals, relationship problems and employment struggles can create overwhelming difficulties. Laura described the violence she endured during her first pregnancy and her limited options as an unemployed single mother with a criminal record.

So, I'm pregnant. [My boyfriend] and I are fighting. I ended up breaking up with him. I had a very violent pregnancy with Calvin... I got thrown through a wall once... got hit once...very traumatic. [I had Calvin] and at that point in time I wasn't working and I was focusing on the baby and I had no clue what I was doing... [I] ended up moving out and getting a place. And, then I ended up getting pregnant with Kristopher.¹³

I was working for temp agencies; whatever they had available I would take. [I] worked for a great company. They loved me and I loved them. And then one day I found out they were being audited and they had to do a full background check. So I walked into my boss's office... I looked at her and I started crying... I said, "I love my job. I love this company. And I love the people I work with. But after you do your audit, I won't be here anymore". She said, "Why?" And I said, "Because I have a background". So I ended up having to leave that job... that was like my ideal job.

¹³ Due to the instability in her life at the time, including homelessness and unemployment, Laura was unable to maintain custody of Kristopher, who now resides full-time with his father. Laura has regular contact with Kristopher.



I lost my apartment 'cause I couldn't pay, cause I didn't have a job. That's where it all just hit bottom. I didn't have anywhere to go... didn't have any money. So I put everything in storage... stayed where I could. I actually put my son with his grandparents; with his dad's parents... I stayed there for the first month and a half, but after that, he was the only one who was able to stay. So, I had to leave my son. I just felt like I'd messed my whole life up and I got to the point where I just stopped...

Bridges to Housing

In addition to drug addiction, many families enrolled in Bridges to Housing became homeless after escaping domestic violence. When Laura felt she hit bottom and had no other options, her community health nurse helped her find a domestic violence shelter and fill out the application to Bridges to Housing.

I had gotten into it with an ex-boyfriend... it got physical... so, I had to get away from him and they put me in a hotel and put me on a list for a DV shelter. [My community nurse] came to me in the motel one day. She put me on a waiting list for housing... Bridges to Housing. It ended up my name came up and I went to a DV shelter. And then my time ran out, it was like three months, they only have a certain amount of time to stay at a shelter, so I moved in with some friends of mine in North Portland.

...Olga was on my phone from Portland Impact¹⁴ telling me I need to call them so I can set up an appointment... I cried in the office, because with the background check I swore that I wasn't going to pass. So, when it came up I passed, I freaked out. I was approved. I got my keys for here November 8th. I walked in and it was empty, for one, and I was pregnant [with my daughter] and I didn't know how I was going to do anything. Olga told me I get to go shopping and buy stuff for the house. She told me that this is a program to help with what kids need. And I probably never would have succeeded if it wasn't for this program.

According to Laura, B2H is much more than a housing program and the case management and services have been essential for her and her children. Her son has made drastic developmental improvements in the last year and Laura feels this would have been impossible without the help of B2H case managers.

¹⁴ Now Impact Northwest.

I've tried to get my son in school... tried to get him speech therapy. His speech was real bad. He's a really slow talker. You couldn't really understand what he's saying. And I had nothing. I had no knowledge of even where to start... none. And he needed the help... where he was at wasn't where he was supposed to be at. [Then we] got into this program and he started immediately for speech therapy. Now he's at Headstart Monday through Thursday and every other Friday.

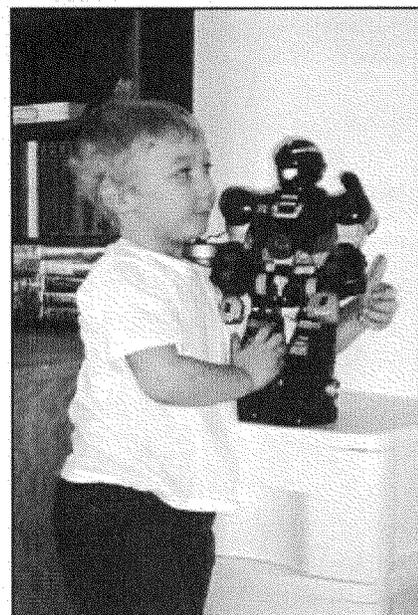
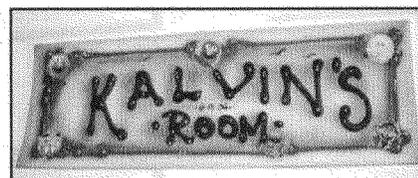
You can understand him! I'm so happy! He's doing his numbers, colors... He's talking! Saying the actual names of objects! He never did that before... never... and now he can! I love it! He's potty trained... completely potty trained. I love that too!

[Without Bridges] he never would have been in school...that's just the plain and simple. He never would have had his speech therapy. He has a private speech therapist that comes in once a week and works with him. But, I would have never had that if this program weren't around. I would have never known where to go. When you've got kids and there's no program to help you, then you don't get help. You get put on waiting lists that are two, or three years out. So, [B2H is] a godsend... really.

I would have never of had everything I have, not just objects, but even a sense of stability if it wasn't for Bridges... really. I've never had this. I can sit down with my caseworker and they will help me or they will go on the internet and find out resources. So, it's a really good thing, it really is. And, Lord only knows where I'd be without it... or where my kids would be for that matter...

The program is not about housing... well it is and it isn't... you have to look at the big picture. Calvin has a 14 month pass to the zoo. He went to zoo camp for a week... a year pass to the children's museum. He's gotten school clothes, [a]backpack, books, puzzles to work with him on his motor skills. He went to a three day camp at the children's gym... things that I couldn't do... things that my son wouldn't get to experience and learn about if I hadn't had that service to help him...

And it's not just about the housing and it's not just about the money. It's about knowing that there is somebody there. They are there to help you.

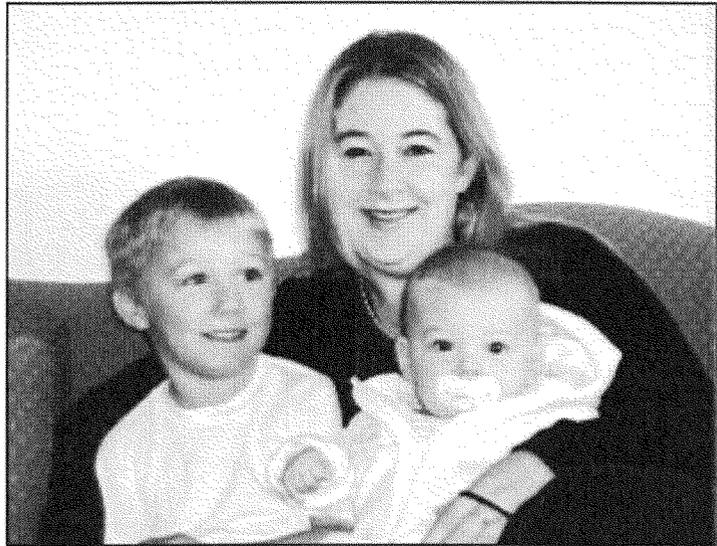


The Recent Birth of her Daughter and Looking Forward to the Future

As a pregnant single mother without employment, Laura felt her options were limited. As Laura said, Bridges to Housing has been a "Godsend". In particular, Laura had no

financial resources to prepare for the birth of her daughter. B2H case management was able to prepare Laura for Kallie's arrival in ways she never expected.

I mean I [had] nothing for a girl... nothing. They let me go shopping for her. I got a crib. I've never had a crib. Ever. It was like the feeling of, "Wow, this is really real?" I've cried more since I got into this program than I have in my entire life.



Laura is very excited to return to work. She hopes to find quality childcare for her son and daughter so she can maintain employment. At the end of the interview, Laura reflected on how B2H has helped her throughout this last year. B2H has had an inestimable impact on her family. Yet, the goals she hopes to accomplish are not completed. With the help of Bridges to Housing, she continues to develop emotional and professional skills that are needed to ensure her stability in the future.

Now I can actually sit down and write a list of what I need and do it myself. I wasn't able to do that before. My rent is paid every month no matter what. My phone is paid every month because I have to have it to communicate with doctors and caseworkers about my personal life. If I really, really need something, I know I can call. She's [Kallie] got everything... diapers... I buy her wipes. I asked Olga to do that before and now I'm doing it. It's like, wow, responsibility.

Without this program, I would not be where I am right now... at all... possibly I wouldn't have my children right now. It's a Godsend. It's the best thing that has ever happened to me. It's something I can't even begin to express.

VI. Program Retention and Early Exits

One of the underlying assumptions in the design of B2H was that high-need, high resource-using homeless families would require at least two years of stable housing combined with intensive case management to move towards greater stability and self-sufficiency. In evaluating B2H, stability in housing during the first two years is an important intermediate outcome.

At the same time, an overarching question for B2H, and part of the national homelessness research agenda, is how to determine the level of service needed to address the broad continuum of need in the population of homeless families. Some families may need less intensive and less costly programs than B2H; others may need a higher level of intensity or a different structure. It is important to examine retention and program exits with both these possibilities in mind.

Retention Rates

The overall program retention rate is reasonably high within the first six months of services (88% of families stayed in place) and moderate within the first 12 months of service (64% of families remained in their B2H placement). A number of families also exited between 12 and 19 months after enrollment, bringing the total of early exits to 34 families out of the 117 enrolled prior to April 2008.¹⁵

The reasons for exits, destinations to which families exited, and the needs and characteristics of exiting families relative to those that remained in B2H housing are described below. Information extracted from HMIS is balanced against the reports of family members we interviewed as well as discussions with case managers.

Reasons for Exits

When families exit B2H, case managers complete the B2H file in HMIS with information about the reason the family exited and the intended destination. Reasons for exit are then coded 'positive' or 'negative' signifying either voluntary exits or exits that result from evictions and/or termination from the program.

Positive exits. Approximately 35% of the early exits were designated as 'positive'. These were all voluntary exits among families who left for another housing opportunity, completed the program, or left for some other reason that was considered 'positive.' In discussions during site visits, case managers reported that – despite the expectation that B2H housing would be permanent - for some families, moving out is a marker of personal growth, empowerment and increased self-sufficiency. Leaving B2H behind signifies leaving the past behind and making a fresh start.

¹⁵ Thirty or more additional families enrolled after April 1 but are not included in this analysis because six-month data (and relevant exit data) were not yet available in HMIS.

"I can't stress enough how much [Bridges] was really there for me...I've got a lot of gratitude and I've taken the things that I got from that program and continued moving forward with them. [My case manager] gave me the resources and the tools and I took them and ran with it..."

-B2H Head of Household who had a 'positive' early exit

For other families that exited voluntarily, though, the outlook is less certain. For example, a head of household may receive notification that she has been selected to receive a tenant-based housing voucher. This opens up the possibility of other housing options in the community, which may be very appealing, particularly if the family is living in a large housing community with other high-need families.¹⁶ Exiting B2H may be a good choice if the next steps are consistent with the family's needs, capacities, and resources. However, it is difficult to say how the choice to leave may affect longer term outcomes for families if core underlying needs for services and supports remain unaddressed.

Involuntary exits. Roughly 65% of the premature exits from B2H (22 families) were designated as 'negative', signifying eviction or termination from the program as a result of non-payment of rent, criminal activity, other lease infractions, or conflicts with the program. Among these families, three heads of households were jailed, one went to an emergency shelter, another to a treatment program, a few went to stay with friends, family, or in other housing. In a number of cases, the exit destination was unknown.

It is likely that most of these families were not able at the time to benefit from the services provided by B2H and would have needed a higher level or different type of service to stabilize in housing and be more successful. Moreover, in some cases, behavioral issues created unacceptable safety concerns for the community. However, there appear to be a variety of other circumstances that have contributed to some evictions including, for example, lease infractions related to excessive noise when large families are housed close together, or conflicts with property managers or other tenants. It is difficult to know whether some of these involuntary exits might have been prevented and by what means.

Family Needs and Likelihood of Retention

The number of families represented in the data is still relatively small (117 in the analysis of retention) and the number of exits (34) still smaller, which makes it important to be cautious about interpreting the findings. However, there are several differences between the families that exited voluntarily, those that were evicted/terminated, and those that remained in B2H. If these differences hold as the sample size increases, the findings may help in system-wide planning to address the broader continuum of needs among homeless families.

¹⁶ Case managers and families both note that tenant conflict, noise, and concerns about illegal or unsafe activity on and around some properties can create aversive conditions for tenants, potentially prompting moves.

On the High Resource User screening tool, for example:

- Families whose exits were coded as ‘negative’ (involuntary) had higher scores (an average of two points higher) than families who exited voluntarily.¹⁷
- Families with involuntary exits also scored higher than those who remained in B2H.
- Families that remained in B2H scored similarly to those that exited voluntarily (for ‘positive’ reasons).

Average Scores on High Resource Use Screening Tool

Involuntary exits (n=22)	Voluntary exits (n=12)	Families that remained in B2H (n=83)
HRU 16.0 Range 10-26 SD 5.0	HRU 14.0 Range 10-18 SD 3.5	HRU 13.8 Range 10-26 SD 3.8

These differences are consistent with B2H data reported in the past¹⁸, suggesting that a higher level of prior resource use may be predictive of the need for a more intensive or different type of service than is available in a voluntary community-based program such as B2H. The difference in average score is not large, however, and reflects only the fact that *some* of the families who were not able to be successful in B2H entered the program with scores at the very high end of the range (scores from 18-26) while among the other groups (positive exits and families that remained in B2H housing), scores tended to cluster between 10 and 16.

Differences in specific resources utilized prior to enrollment as well as special needs reported by families at the time of enrollment are presented below. Particularly striking is the substantially greater prevalence of mental illness among families that were not able to be successful in B2H (involuntary exits) than in the other groups. This finding is consistent with reports from case managers of the difficulties in accessing services for B2H clients with mental illness and the barriers that serious mental illness can present to housing stability.

“Honestly, my depression and...how I isolate myself does not help me to keep a case manager, a counselor, or anything, because a lot of times it’s just like I feel I can’t do anything....”

-B2H Head of Household

Prior use of domestic violence services is more prevalent among the group of women that remained in B2H housing than in either of the groups that left. Safety concerns may

¹⁷ These scores reflect the number of different high-cost resources needed by the family in the 12 months prior to enrollment.

¹⁸ See Bridges to Housing Evaluation, Year-End Report, 2007.

encourage some victims of domestic violence to stay in B2H housing; in other cases, victims of domestic violence may be reluctant to abandon B2H resources and case management services as they prepare to care for themselves and their children. It may be, also, that B2H providers are especially experienced and skilled in working with this population, which could encourage retention.

Prior criminal involvement in this sample, on the other hand, was higher among families that exited voluntarily than in other groups, a finding that is somewhat hard to interpret. The 'positive' exits is the smallest of the sub-groups (12 families) and therefore this apparent difference could be an anomaly that will disappear as the sample size increases. Moreover, we have no information about the nature of prior criminal behavior so it is difficult to extrapolate to future behavior.

Prior Resource Use and Special Needs Reported

	Involuntary Exits (n=22)	Voluntary Exits (n=12)	Families that remained in B2H (n=83)
HRU score (average)	16.0	14.0	13.8
Mental health treatment in prior 12 months	52%	33%	30%
Foster care involvement prior 12 months	38%	8%	14%
Physical/cognitive health issues prior 12 months	62%	33%	48%
Domestic violence services	38%	33%	53%
Corrections systems involvement	29%	58%	19%
Special Needs			
Mental illness	77%	33%	35%
Dual diagnosis	18%	0%	11%
Self-reported drug abuse	36%	25%	34%

Program Factors

Program and system factors may also play a role in the retention or exclusion of families from B2H. These might include:

- The relationship between B2H service providers and housing providers and their capacity to work together to retain challenging families, particularly those struggling with mental illness, substance abuse, dual diagnosis, or behavioral issues.
- Provider philosophy in working with families and the degree of structure in the case management approach.¹⁹
- The training, knowledge, and experience of individual case managers in working with very high need and challenging families.

¹⁹ The Corporation for Supportive Housing report on Family Permanent Supportive Housing (Bassuk, Huntington, Amey, & Lampereur, February 2006) suggests that programs that exert greater 'control' over residents have lower retention rates but may be more successful than 'low control' programs in achieving positive outcomes for residents who remain housed.

- The availability and access to needed services such as mental health and substance abuse treatment.
- Contextual issues such as the size and environment of the housing community, on-site case management and/or other services, and/or the availability of additional support through a resident services program.

As B2H accumulates additional data on families who are or are not successful in B2H, it will be important to consider how these programs and systemic issues—and their variations across sites—also may affect outcomes. More discussion of some of these issues appears in the following section of this report.

VII. The Implementation of Bridges to Housing

In the fall of 2008, the PSU evaluation team joined NPF staff in a series of visits to the B2H providers in each of the four counties. The purpose of these visits was to update information about B2H housing sites as well as to review the implementation of the B2H service model. Site visits were organized around a series of questions covering current and upcoming housing placements, the referral process, screening, intake, assessment, case management services, graduation/termination, early exits, and related issues (the complete site visit protocol is included in the Appendix to this report, see page 67).

Participants in the visits varied across the sites, but typically included executive directors or housing directors, supervisors, direct line staff (case managers or family advocates), NPF staff, PSU evaluation staff, and representatives of Multnomah County when appropriate. In some instances, a property manager and/or B2H family member attended as well. Site visits generally lasted between two and three hours and were conducted at one of the housing sites or an administrative office of the provider.

In this section, we report on information gathered from these site visits, supplemented by administrative data submitted to NPF by B2H providers as well as interviews with case managers and families conducted by the PSU evaluation team. Following a brief overview of B2H housing sites is a discussion of the implementation of the B2H service delivery model, noting common themes across providers as well as some of the variations in implementation. A number of B2H practices are highlighted that appear especially promising in working with families and/or promoting system improvements.

Housing Sites

Site specific information about B2H housing is included in the Appendix to this document (page 71). This information illustrates that B2H is rolling out across a wide range of housing locations, including project-based Section 8 units within small, medium or larger housing facilities; scattered site 'affordable housing' units or apartment complexes for which rents are directly subsidized by B2H and/or the jurisdictions; and designated units within public housing facilities. Most of these units are owned by mission driven housing providers such as community development corporations or housing authorities. B2H families are housed in dense urban areas and more open suburban locations in outlying areas.

The 'permanency' of B2H housing for families varies as well. In many cases, families may stay indefinitely unless their income rises to a point that makes them no longer eligible for subsidized housing; in some cases, however, long-term permanency will depend on increasing family income sufficiently to assume full rent payments after the initial two-year subsidy ends. In some of these latter cases, provisions are in place to provide families with housing vouchers if they are unable to assume full rent payments at the end of B2H services. In other cases, the promise of long-term permanency may not be fulfilled. In all cases, sustained tenancy depends on the family's ability to adhere to the provisions of the lease.

B2H case management is provided on-site at some of the larger locations; in other settings, the case manager travels between two or more locations. Resident services and/or community space are available at some but certainly not all properties. Amenities vary substantially as well and range from extensive (childcare, green space, playgrounds, computer rooms, etc.) to minimal. Finally, some housing sites are primarily made up of one- and two-bedroom units; others include or comprise exclusively larger apartments, housing many more residents per unit.

All these variations constitute important contextual factors that may influence the implementation of B2H services as well as directly influencing outcomes for families.

Case Management and Service Delivery

The program model for B2H was designed by the Service Provider Workgroup in collaboration with NPF. Flexibility in the provision of case management was considered important in light of the highly individualized needs of families. Flexibility in other aspects of the program was also important given the numerous structural and procedural differences across the counties and providers. The B2H model that was agreed upon called for housing/service providers to:

- 1) Serve families at risk of chronic homelessness whose needs are reflected in their prior system involvement. B2H providers agreed to use a High Resource Users screening tool to determine eligibility and to admit families that scored 8 or more points on this tool.
- 2) Provide permanent housing at the time of enrollment or as quickly as possible thereafter.
- 3) Provide intensive case management services, with a ratio of no more than 15 families to one B2H case manager.
- 4) Assess the needs of families from a strengths perspective using the Family Needs Assessment tool adopted by the Service Provider Workgroup.²⁰
- 5) Focus on the needs of children as well as adults in the families.
- 6) Utilize flexible funds to address individualized and emerging needs of families.
- 7) Coordinate services with other systems with which the families were involved.

Site visits allowed us to review adherence to these various components of the model, learn about variations in implementation across the region, and identify practice approaches or program adaptations that seem especially promising in helping families to progress.

²⁰Originally developed at Human Solutions in Multnomah County.

1. Serving at-risk and 'high resource using' families.

Despite variations across the counties in specific mechanisms and procedures, there is considerable adherence to core principles in the referral and eligibility determination processes for B2H, including use of the High Resource Users screening tool and acceptance of families that score in the high or very high range.

Referrals. Referrals most often come from community providers either to a centralized public or private gate-keeping entity (as is the case in Multnomah County), directly to the provider (for example, Share ASPIRE in Clark County), or to a partnership of the two (as in Washington County's collaboration between the County Department of Human Services and Community Action). In some jurisdictions, referrals are only accepted from specific providers (e.g., Multnomah County). In other cases, there are no specific restrictions about referral sources; families may also self-refer in some jurisdictions.

Eligibility determination. The High Resource User screening tool is routinely utilized to pre-determine eligibility. Across the board, B2H is serving high-need, high resource-using families based on this tool. However, some providers are giving priority to higher-need families among those that screen as eligible because of the greater case management resources available for B2H families. In other cases, families are accepted if they are 'next in line' on a wait list (in Clackamas County, for example, families are accepted if they are 'next in line' and the case manager then assists the family to locate and secure housing). In Multnomah County, 'next in line' is a fluid concept that also considers the specific housing available, the family's needs, and other considerations. Share ASPIRE in Clark County requires that a family be working with a therapist or other provider in order to be eligible.

Promising Practice: When families apply to DHS in Washington County for assistance, they meet first with a case manager for intake and screening, then return for "holistic assessment" process including drug/alcohol needs, mental health needs, cognitive concerns, vocational rehab, career, child care needs, etc. The B2H case manager attends these sessions when slots are available so that she can identify homeless families that might be eligible.

Across all jurisdictions, there are procedures in place to respond to referrals and make final decisions about eligibility and acceptance. The 'gatekeepers' may be internal to the organization (as in Clark County) or may include multiple systems (Clackamas County, for example), but in all cases there appears to be a committee process to review and accept. Once that occurs, outreach to families is immediate.

Promising Practice: Clackamas County established B2H in collaboration with the Homeless School Liaison program. All referrals come through or are shared with the Liaison program (except when school is not in session) which ensures that the Liaisons are aware of the families and can connect them with all available resources. Not only has this helped B2H families but it has also fostered communication and collaboration among the School Liaisons and between that program and other systems in the county.

Wait lists. The use of wait lists has varied across the jurisdictions and has depended also on upcoming availability of B2H housing/case management. When wait lists are used, gatekeepers report that it can be difficult to maintain contact with families who frequently must come up with other solutions before a B2H slot opens up for them. The exception is Central City Concern (CCC) in Multnomah County. CCC works closely with a network of substance abuse treatment providers and maintains a wait list of families who will be coming out of substance abuse treatment programs needing housing. This wait list informs referral to B2H but also to other housing options as well.

2. Providing housing first.

B2H was designed as a permanent housing first model, aimed at meeting the need for safe secure housing as quickly as possible. The success of this model depends on partnership between service providers and housing authorities and/or property owners/managers to secure housing for families who have multiple needs, may have disabilities of one sort or another, and might not otherwise be approved for a subsidy or a lease. Special arrangements have been worked out with housing authorities in Multnomah County to approve families who may initially be denied housing subsidies but are subsequently approved based on a letter of appeal and the commitment of B2H to provide services. In other jurisdictions, providers work directly with landlords to navigate the challenges and barriers that families present.

Providers report that considerable time and effort on the part of case managers is necessary to accomplish this first task of securing housing and that it does not work well to expect families to manage this process without assistance. In some cases, families are housed within a few weeks (or even less). In other cases, it has taken up to two months and occasionally much longer. It has been difficult, for instance, to find housing for large families in a tight rental market (in Clackamas County, for example).

Initial engagement and the enrollment process. In the early effort to adhere to the 'housing first' philosophy, B2H providers in the pilot phase enrolled and housed families as quickly as possible. In some instances (particularly in Multnomah County), families did not fully understand the purpose of B2H and may not have met the case manager or other provider staff prior to being housed. Under these circumstances, it proved difficult to establish relationships or engage families in the case management process.

A number of these early B2H families were not able to be successful in housing and exited fairly quickly, in some instances because of issues that threatened the safety of the community. These families very likely needed a higher level of service to be successful and may not have been suitable for a voluntary program such as B2H.²¹ One of the results of these early experiences is that providers in general have taken a more careful and somewhat slower approach to enrolling families.

²¹ See Section on Program Retention and Early Exits, page 27.

Usually this process occurs over several meetings, which may be necessary to complete the housing application process but also allow time for the case manager and family to begin to engage with one another. This is a period during which the provider can assess the families' willingness and ability to follow through with appointments and tasks, and can also explain in more detail the resources that B2H offers and the expectations of families who enter the program. Some programs provide written materials describing B2H. Virtually all have a 'participation agreement' for families to sign. Most families, according to provider reports, are highly motivated at this stage, grateful for the housing, and appreciative of the advocacy and/or case management offered.

A small number of families are not eager for case management, at least initially. One provider reports screening out about 10% of the prospective B2H families at this stage.

Promising Practice: To enhance early engagement, Impact Northwest asks that the referring provider remain involved for a period of time after a new B2H family is enrolled. This 'bridging' helps to connect the family to the program through a 'warm handoff'. Moreover, B2H staff attend quarterly meetings with referring agencies to share information, address concerns, and jointly problem solve to serve families.

Promising Practice: Impact Northwest separates data entry and the quality assurance process from case management, thus freeing case managers to spend more time with B2H families.

3. Providing intensive case management.

The 1:15 ratio between B2H case managers and families, along with available housing, governs the enrollment of new families, allowing sufficient time and energy for work with high-need families. By and large, the ratio appears to be steady across the jurisdictions, although some case managers report participating in a range of additional activities in their organizations, potentially diluting their efforts with B2H families. On the other hand, when families exit B2H, case load size may diminish for a time until the open slot is refilled. In Clackamas County, a part-time administrative staff person supports the work of the case manager, thus allowing her to spend more time in direct service. The B2H case load has been increased to balance this resource by taking on a number of families referred by the Drug Court, which provides oversight and assistance to the families as well. In all of the jurisdictions, families are likely to be involved with multiple service systems (TANF, child welfare, and others), which may bring additional resources and varying levels of service depending on the need, the circumstances and the worker. In the end, the level of service B2H families receive will vary considerably as a function of their multi-system involvement. Case managers for B2H may be operating as part of a larger team or may be the single support to the family.

Engagement in case management. B2H was designed as a voluntary program that relies on engaging families in a helping relationship so that once housing is in place and the family has had a chance to stabilize, underlying issues that lead to family homelessness can begin to be addressed. This model is challenging to implement if families enter the program

primarily focused on securing housing and are less interested in receiving other kinds of assistance. As noted earlier, this challenge occurs with a relatively small number of families but can be difficult to manage. There is considerable variation in how it is addressed. Approaches to engagement lie on a continuum from almost entirely family-driven to more structured and/or assertive outreach and engagement strategies.

"They told me they were going to be up in my business...I said I didn't mind...and they've been awesome."

-B2H Head of Household

At the family-driven end is the 'family advocacy' model, in which case managers explain to families that they are 'there to help' with support and information, as well as some discretionary funds to offer if the family needs assistance. Outreach is ongoing, but low key and non-assertive. Families may engage immediately and begin to seek out and accept help; they may gradually engage and begin to make themselves available for assistance (or begin to request assistance), or they may not engage at all.

"Across the board, when they come to us they are somewhat guarded and suspicious of getting involved. They've been through so much, dealing with the systems – all the systems – all their lives."

-B2H Case Manager

At the other end of the spectrum are approaches that have clear expectations of weekly contact and a goal-setting process with families. Among some providers, this appears to be communicated to families as expectations for their participation. In other cases, the expectations appear to be of the program staff to engage and maintain engagement with families rather than of the family to comply with participation requirements. For example:

- One case manager told us she explains to the family that they will be meeting once a week. The concept of 'voluntary' is not introduced.
- Another tells families that the program is voluntary but (in the case of reluctant clients) that her job requirement is that she sees each family every week and she needs their help to make that happen.
- Another said 'It is really up to the family. They get in touch with me if they need something.'

These contrasting statements reflect relative degrees of program structure/control that may in turn affect certain outcomes.²² One way or another, however, some families are easier to engage than others, and case managers bring a range of skills and strategies to the process.

²² Corporation for Supportive Housing report on Family Permanent Supportive Housing (February 2006).

Ongoing case management.

"I know my case manager will do whatever she can to make sure we don't go back on the streets. We talk about everything. She helps me out with budgeting...we have a paper that states the long-term and short-term goals and how to get to them."

-B2H Head of Household

Case management meetings with families occur in their homes and/or in the case manager's office. Some providers explicitly alternate the location of contacts in order to monitor the home situation. Among other providers, the process is more fluid and informal. Specific contacts are not logged and reported to the evaluation, but based on discussions during site visits and prior research on 'intensive' programs elsewhere²³, it is unlikely that families are receiving more than one contact per week and in many cases less. Case managers told us that they hear frequently (sometimes daily phone calls and/or drop

in visits) from some B2H families. Other families require extensive ongoing outreach to maintain any contact at all.

Promising Practice: Case management for B2H families at Impact Northwest includes sitting down with each family every month to create a budget. This structured part of the program has proven to be educational and empowering (see Family Story page 21 in this report). It also helps the case manager monitor the family's financial situation and intervene early if problems surface that could threaten stability in housing.

The level of contact appears to vary from several times per week (sometimes daily phone calls) to routine visits once per week to 'at least monthly but sometimes more often.' Collateral calls to other service providers to locate resources,

or to advocate for the families also factor into the intensity of service delivery. None of the case managers reported that family needs begin to taper off in the second year of B2H services. Many families that are nearing their 24-month mark will need significant continuing support.

"It's going to suck when [case management] ends 'cause you're not going to have that to fall back on when you do need it...I know that the caseworkers will be there if you need any support, but the support we get now and the support that is going to be available to us after the program ends is a lot different...financially...the caseworkers aren't going to be coming to your house and helping you...emotionally...if you need someone to talk to they're going to be there for you...you call them and they're not going to turn their back on you...but when it comes to having that reliable person to fall back on, they're not going to be there, they can't..."

-B2H Head of Household

²³ Corporation for Supportive Housing report on Family Permanent Supportive Housing (February 2006)

4. Utilizing strengths-based assessment and service planning.

"It's baby steps. What we try to do is empower them, show them the possibilities. And they can just take off."

-B2H Case manager

One of the provisions of B2H was a strengths-based approach to working with families. To support this practice, providers agreed to use a strengths-based Family Needs Assessment tool that was adopted by the Service Provider Workgroup during the development of the B2H model. This comprehensive tool captures family strengths, family housing, credit, employment and income history, special needs and challenges for adults and children, and their hopes and dreams. It is intended to serve as the basis for goal-setting and service planning with the family.

Promising Practice: Central City Concern uses a team approach, combining intensive case management with strong clinical input from an addictions/mental health specialist who works directly with families as well as providing support to case managers.

Experience with the tool has been mixed. Virtually all B2H providers (case managers and their supervisors) indicate that it seems long, is redundant in parts, does not fit all circumstances well, and is difficult to administer to families early in the relationship-building stage. In practice, the use of the Family Needs Assessment varies along a continuum. Some providers feel the tool is a barrier to developing rapport with the family and that gathering information in such a formal way might make the families feel uncomfortable. Others may use parts of the tool in an interview with the family and/or may give part or all to the family to fill out on their one.

At the other end of the spectrum, another provider routinely administers the assessment over two to three meetings early in the engagement phase, using Part A (strengths and needs) to gather information and Part B (goal setting) to make plans with the family. This same provider helps the family to produce a written goal statement with action plans for the first 30 days, one to three months, and four to 12 months. She reviews the goals and progress at each subsequent meeting.

Despite these differences in the degree to which assessment and planning are structured, all case managers and supervisors very likely would agree that the relationship between family and case manager is critical in helping families.

"We can do all the mechanical things like an assessment or the service plan, but the big thing that stands out for me is the relationship. Being by their side and supporting them every step of the way."

-B2H Case Manager

“It’s about community and timing and relationship. You can talk about assessment and making plans, but people aren’t there yet. It’s more the day-to-day relationship that works. You’ve gotta look holistically, but you have to take some time. “

-B2H Case manager

Responding to individualized and emergent needs. We have heard repeatedly and reported in the past²⁴ that families entering B2H are grateful to be housed, have many challenges in the start-up period (even just setting up a household), and may do well for a period of time if those initial needs can be addressed. However, there appears to be a period of destabilization for adults and children after a few months that can result in additional difficulties in the first year. Case management visits often are devoted to dealing with emergent issues and may be highly individualized. As noted earlier, the degree of structure varies from provider to provider and from worker to worker. Some case managers work with written goal statements and some have routine tasks they do with clients. Others work exclusively with what families are facing in the moment.

“Whenever she needs a resource, she will give me a call. At the beginning, I’ll give her a number or show her how to find a resource on-line. Now she does it on her own. (For example) she has an apartment full of furniture and all of it is donated....I showed her how to go to the [agency] website and find donated furniture and she did it on her own.”

-B2H Case Manager

“More than once a day, every day, I was there. (I’d ask), ok what are we going to do? I’d have fun with them, cheerlead them. I got them shampoo and mouthwash, and things to make their house smell nice. We passed [the housing inspection]! I was so excited. I was involved, too.”

-B2H Case Manager

“[My case manager] said ‘let’s just do it!’ and she went with me to take my driver’s test and get my driver’s license. That was awesome!”

-B2H Head of Household

²⁴ Bridges to Housing Evaluation, Year-End Report, 2007.

"I'm there for her when she needs me...All she needed was a little help, a little push, and the housing and education. B2H gave her that little lift she needed. Now all she needs is a job and we are working on that. She'll be ready to go on her own."

-B2H Case manager

5. Focusing on children.

During site visits, case managers described children in B2H families that had come to their attention, and it is clear that in many instances, extensive work has been done for children—see our Family Story, for example. It does not appear that children are systematically or routinely provided with mental health or other assessments, but rather that parents and/or case managers identify needs as they arise.

One way or another, as noted earlier in this report, when families talk about their experience with B2H, frequently they mention the efforts that have been made on behalf of their children as the most significant benefit of all.

"My oldest daughter...she wasn't living with me at the time and [B2H] helped walk me through getting her back home...and when she came home they provide a lot of assistance that I really needed...it was exciting...but I didn't have any resources available, so she basically came back home with the clothes on her back...I had a 12-year-old girl that had nothing. [B2H] stepped up to the plate and made her feel more welcome than I was able to do alone."

-B2H Head of Household

6. Using flexible funding to fill gaps and address emergent needs.

"Bridges is so important because we can step in and maybe pay a month's rent or something while they take care of some of this old stuff. With us there to back them up they feel like they can take a risk. \$1700 a year for these families—the return is HUGE."

-B2H Case manager

B2H case managers and supervisors uniformly acknowledge the benefit of having flexible dollars available to address emergent needs, prevent eviction, overcome barriers as families progress towards education and/or employment, prevent eviction, or meet the needs of children. During site visits, some case managers emphasized 'preventing eviction'; others talked about 'getting a client's plan unstuck' by providing transportation for a job or job searching; others mentioned 'filling in budget gaps' when families have trouble making ends meet.

The use of flex funds varies depending on other resources available in the county. In Multnomah County, for example, Children's Investment Fund dollars are available to pay for childcare or to meet other needs of children who reside in Portland thus B2H flexible funds can be used to meet other needs. In other counties, providers may be tapping into resources that do not appear in our data.

Promising Practice: *Human Solutions uses flexible funds creatively to encourage families who are seeking to resolve old debts or past due bills that may affect their chances of employment and/or housing. HS uses flex funds to encourage and support heads of households by matching what the client saves towards payment.*

Overall, close to \$46,000 in B2H flexible funds had been distributed by the end of December 2008 for 321 expenditures across the four counties. Most of the funds were spent in Multnomah County (\$31,600) where there are three separate providers and the largest number of families.

Clackamas and Washington Counties, where B2H rolled out later and where fewer families have been enrolled, spent \$12,000 and \$1500 respectively, while Clark County had spent \$900.

"... [my son] wants to learn how to play guitar. So [case manager] ...going through some books, finding some places for him to go, so she's willing to help me get those paid for and get him into some classes."

-B2H Head of Household

Both in terms of dollar amounts and number of expenditures, the greatest use of flexible funds has been for the following purposes:

- Housing stability (rent, security deposit, moving costs)
- Utility bills (power, water, telephone, etc.)
- Transportation (bus passes, gasoline, car repairs)
- Household furnishings and supplies

Additional funds have been spent on fees/documentation (e.g., driver's license fees; replacement social security cards), employment needs (e.g., appropriate clothing), and to address health issues (including costs of medications and exams).

B2H budgets allot \$1700 per family available in total flexible funds, to be spent on family needs at the discretion of the provider. In actuality, providers have been more cautious, with the range and average of expenditures per family as follows:

Flex Fund Use by Providers²⁵

Provider*	Number of families receiving flex funds	Minimum total expenditure per family	Maximum total expenditure	Average total expenditure per family
Central City Concern Multnomah County (17 families)	14	\$50	\$2810	\$739
Human Solutions Multnomah County (53 families)	38	\$25	\$1283	\$370
Impact Northwest Multnomah County (31 families)	24	\$20	\$913	\$282
Clackamas County (14 families)	8	\$54	\$2376	\$1518
Washington County (15 families)	10	\$15	\$511	\$151
Share ASPIRE Clark County (32 families)	3	\$232	\$392	\$299

*Data on the number of families is based on data entered in HMIS as of mid-November 2008.

For children residing in Portland, B2H providers have access to additional resources through the Children's Investment Fund, which contributed a total of \$500,000 to Bridges to Housing to provide childcare or address other needs of children. In total, nearly \$84,000 of CHIF funds have been expended by B2H providers in Multnomah County to date, the largest amounts for:

- Day care \$42,630
- Other child needs \$22,586 (diapers, stroller, car seat, clothing)
- Educational needs \$8,625 (school supplies, school clothes)
- Child enrichment \$6,000 (summer camp, zoo pass, museum pass, etc.)

Impact Northwest has made 216 expenditures with CHIF funds; Human Solutions has made 76; and Central City Concern (serving fewer families) has made 75.

²⁵ Flex fund use reported here is based on data submitted to NPF through December 31, 2008.

7. Coordinating with other service systems.

Many B2H families are involved with multiple systems when they enter the program, often including TANF and the Department of Human Services (DHS) child welfare. At the point of enrollment, extensive services or supports may already be in place and may not be captured in our data. At a minimum, families are receiving services or referrals for services to:

- Mental health care/counseling 42%
- Domestic violence services 35%
- Benefits assistance 35%
- Employment services 33%
- Parenting skills and supports 32%
- Substance abuse services 28%

And for children:

- Childcare 40%
- Recreational/Arts activities 33%
- Mental health care 27%
- HeadStart 25%

Coordination with these other service providers varies, depending on the jurisdiction and the relationships between providers and other service systems. In some jurisdictions (Washington County, for example) DHS and B2H work very closely together and there is little difficulty in coordinating services or resources. In other larger contexts (Multnomah County, for example) it is more difficult to bring all the service providers together to ensure seamless coordinated services.

During site visits we heard a range of experiences. Some B2H case managers said they took responsibility for coordinating team meetings for the families they work with. Others indicated they were an integral part of family decision meetings with DHS and other service systems or attended IEP meetings to advocate for families. However, some case managers said they struggled to make any contact at all with self-sufficiency or child protective service workers. Overall, it appears there has been some progress in addressing service coordination issues but many challenges still exist (especially in Multnomah County) in moving towards a single plan of care for children and families in B2H.

Promising Practice: *Impact Northwest is addressing the service coordination issue directly with DHS. A memorandum of understanding is now in place that provides a point person in DHS who will be responsible for facilitating access and communication for B2H case managers from Impact Northwest.*

“They have a lot of stress to gather all of the plans they have from the different agencies. I bring the plans together and we figure out what the goals are. When they notice that they have accomplished one small thing it gives them something to feel good about. And slowly, slowly they can accomplish other things... We need to celebrate the small successes.”

-B2H Case Manager

All of the case managers we spoke with, however, indicated that they were tracking service requirements for their B2H families and working with them to minimize the challenges of meeting the requirements of multiple providers. Moreover, many families reported moving forward with the help of their case manager.

Continuing needs for services and supports. Case managers and families alike name mental health care as the single biggest need among families that are struggling in B2H. As noted earlier in this report, mental illness can seriously jeopardize a family’s ability to be successful in housing and may severely restrict the prospects for family stability, employment and other key outcomes as well. Depending on the jurisdiction, access to mental health services may be good or very poor, but even where services are available, it is challenging to provide enough support for families to be able to benefit. Likewise, substance abuse continues to challenge many families; relapse and illegal drug use or trafficking have resulted in evictions/terminations from the program.

Promising Practice: A case manager at Share ASPIRE notices families in B2H that have no experience being a family and don’t know how to enjoy being together. She looks for events and activities they can do together in the community.

Promising Practice: Human Solutions has hired two substance abuse specialists to work on site assisting case managers and families with the very challenging issues that are associated with drug/alcohol dependence. Getting immediate help to families can make the difference.

Families also struggle with parenting issues, particularly if they have adolescent children whose experience of trauma has resulted in mental health and behavioral challenges. Moreover, some of these families have very little positive history to build on when they enter the program and need extra support to strengthen relationships among family members.

And finally, the needs are extensive for more effective services and supports, as well as increased opportunities, to give families a better chance for employment in living wage jobs.

VIII. Discussion

Bridges to Housing has continued to enroll high-need families with a history of high resource use. As enrollments have increased, there has been a trend towards enrolling fewer families who are affected by mental illness and/or substance abuse. However, the prevalence of these and other special needs in the B2H population is still high, and B2H families enter the program with many challenges to their stability and self-sufficiency.

This Year-End report for 2008 suggests that positive outcomes found at six months after enrollment have been maintained for most families who remained housed in B2H for 12 months. Families have remained stable in their housing and safer from family violence, child maltreatment, and the need for foster care. Children in B2H families are likewise more stable in childcare and education settings and more likely to have primary health and dental health care providers. Many have been provided services and supports to address mental and behavioral challenges, and flexible funds have been used to enhance the social, learning, and recreational experiences for a number of children in B2H.

Modest gains have been made in the level of employment among B2H families, and more families are participating in job search or job readiness programs. However, there is a critical need for more and better education and employment training opportunities as well as living wage jobs that would allow B2H families to support themselves. These are important challenges to be addressed by the broader cross-system collaboration that is needed to secure brighter futures for high-need homeless families. Similarly, the use of higher cost urgent and emergency medical care will not decrease unless families have access to primary health care providers when an acute health need arises.

Retention in B2H has not been as high as initially anticipated, with more than a third of the families exiting prior to 12 months. Some of these exits were voluntary and reflect positive outcomes for the families. In other cases, however, families were not able to be successful in B2H and left as a result of eviction or termination from the program. Although a number of factors may have contributed to these early exits, it is likely that the bulk of these families needed a different or higher level of service than B2H provides. The higher incidence of mental illness among the group that were not successful also points to the need for more and better mental health services than are currently available for this population.

B2H families are living in a wide range of housing sites that vary in size, community, design, amenities, and availability of resident service programs to support tenants. Site visits to B2H providers, combined with information gathered through interviews, highlighted consistencies in practice across jurisdictions/providers as well as variations, especially in the degree of structure in assessment, service planning, and case management practices. Certain practices are emerging that may prove especially promising in helping families to move forward and/or in contributing to cross-system collaboration.

In sum, B2H is one element in what could be a seamless and comprehensive continuum of services for homeless families in the four-county region. For many high-need families, B2H has been of great benefit. However, two years of case management services—even

combined with permanent housing—may not be enough time to help some high need families to secure a better future. Moreover, not all families referred to B2H have been able to benefit. Some have exited early, most likely because the level and/or nature of services were not sufficient to help them stabilize. As additional data become available, it will be important to consider again the relationship between the level and type of service available in the region relative to the challenges that families present.

Those for whom B2H has been the right model are grateful to be housed and express deep appreciation for the help they and their children have received.

"...This program is awesome...I don't know where our family would be without it."

-B2H Head of Household

"When you've got kids and there's no program to help you, then you don't get help. You get put on waiting lists that are two or three years out. So, [B2H] is a godsend...really."

-B2H Head of Household

APPENDIX



Bridges to Housing Program Referral Form

Assessment Criteria

Name: _____ Date emailed: _____ Date fax'd: _____

Screening date: _____ Screened by (name of program or agency): _____

Bridges to Housing Homeless Family High Resource Users—Assessment Criteria

Homeless Family High Resource Users: Family is defined as a parent(s) or guardian with one or more children. High Resource Usage is based on any family member's involvement with multiple categories listed below with a 12-month period unless otherwise specified.

Rating Chart

Total Possible Points 30:

8 pts = High Resource user

10 pts = Very High Resource user

One or more qualifying conditions in each category equal the # of designated points in each category.

Substance Abuse—Treatment within PAST 12 Months (4 points)

- Inpatient Treatment Program
- Intensive Outpatient
- Detox Services

Total Points: _____

Mental Health—Treatment or Services with PAST 12 Months (4 points)

- Residential Psychiatric Facility
- Hospital Psychiatric Ward
- Intensive Outpatient Program

Total Points: _____

Foster Care State or Tribal Involvement within PAST 12 months (4 points)

- One or more children in foster care pending reunification
- Parental rights or custodial or non-custodial parent terminated

Total Points: _____

Corrections—System Involvement within PAST 12 Months (4 points)

- Prison (or history of 3 or more prison stays during life)
- Jail for more than 3 months or multiple jails stays / arrests
- In work-release or on parole for felony conviction (not first conviction)
- Current criminal case as primary defendant / awaiting sentencing (felony only)

Total Points: _____

Physical and Cognitive Health Issues within the PAST 12 Months (4 points)

- Enrolled in State Medically Needy Program in past 12 months
- Resident at Residential Care Facility in past 12 months
- Use of emergency room three or more times in the past 12 months
- Last state of terminal health condition (documented less than 4 years life expectancy)
- Qualifying developmental disability / Cognitive Disability / Head Injury (qualifying means receiving government services due to disability in the past 12 months)
- Hospital stay in the past 12 months
- Serious health condition or injury that requires in home care in the past 12 months
- Serious, chronic condition that requires on-going medical care in the past 12 months

Total Points: _____

Domestic Violence / Victim's Services / Issues (4 points)

- Petition for restraining or stalking order or incident of violation of restraining order with police response in the last 3 months
- Criminal case as primary victim / complaint (not limited to felonies)
- Has received Temporary Assistance-Domestic Violence Services within the last 12 months

Total Points: _____

Homeless / Housing System within the PAST 12 Months (4 points)

- Two stays in shelter / transitional housing and/or three episodes of homelessness in the past 12 months
- Recipient of subsidized housing for more than 24 months
- Has accessed transitional housing within the past 12 months

Total Points: _____

Mainstream Resources Involvement within the PAST 18 Months (2 points)

- Has received DHS childcare subsidy for more than 12 months consecutively
- Has received TANF assistance for more than 12 months consecutively
- Has received OHP or other free health care for more than 12 months consecutively

Total Points: _____

GRAND TOTAL POINTS: _____

B2H 12 Month Interview Guide For Current Clients

1. What have things been like for your family in the past six months?
 - a. What kinds of changes are happening?
 - b. Do you think things are getting better? In what way? What's not going so well?
2. Has your Bridges to Housing case manager referred you to any services in the past six months? (i.e. medical, dental, mental health, employment, budgeting, ready to rent, parenting classes)
 - a. Did you go to any of these services? If so, were they helpful? In what way? If you did not use these services, why not?
 - b. Were there any services you needed but did not get?
3. Have your children gotten any services or particular attention in the program?
 - a. Were those services helpful? In what way?
 - b. Have there been things your children needed that they didn't get?
4. How are things going with your case manager?
 - a. How often have you been meeting? What do you usually talk about in those meetings?
 - b. Are you working on goals that were set up in your individual plan?
5. Do you feel there are particular challenges or problems in your family that have become barriers to staying in housing?
 - a. Any specific issues that have come up over and over again?
 - b. Anything you have needed or wanted help with?
6. How do you feel about this community?
 - a. Have you had an opportunity to get to know other residents?
 - b. Have there been any community meetings? If not, would you attend if there were meetings on site?
 - c. Have there been any challenges with living in this community? If so, what were they?
 - d. Is there a service you wish were available on site for residents?
7. How do you see things going in the future?
 - a. What are you hopeful about? What are you less hopeful about?
 - b. Do you have a timeline and plan for leaving this program?
8. What could B2H do to help you more with your goals?

BE PART OF AN IMPORTANT PROJECT

Housing Evaluation

The purpose of this evaluation study is to find out how well your housing program meets the needs of families and children. The goal is to improve housing and support services to families that have experienced homelessness. A team of researchers from Portland State University were hired to conduct the evaluation study.

What Will I Have To Do?

If you decide to take part in this project, we will ask you to provide information for a survey. We will also contact you in 6 months and 12 months and ask you to provide information again so we can keep track of any changes you or your family has experienced. The survey will take about 20 minutes to complete and will have questions about the following topics:

- Your family's experience being homeless
- Challenges your family has faced
- Services you and your children have received

Are There Any Risks?

Sharing information about your family's experience is personal and can sometimes feel uncomfortable. You do not have to take part in this study. If you do agree to participate and later decide you don't want to, you can change your mind at any time. Also, if you don't feel comfortable answering a question on the survey, you can skip that question.

What Will I Get In Return?

- \$15 gift certificate to Fred Meyers
You will receive a \$15 gift certificate for each follow-up survey you complete. The money is our way of saying Thank You for Your Time.
- Knowing you are helping others
Many people feel good about helping others. We can learn so much from you to improve housing programs to better help your family as well as families in the future.

What Are You Doing To Protect Me?

Your privacy is very important to us. We are doing many things to protect you:

- We won't tell anyone if you are taking part in this study or not.
- You will answer the questions alone, with your case manager, or with a researcher from Portland State University. What you tell us will stay private.
- Your name and what you tell us in the interview will be kept private to the extent allowed by the law. (By 'kept private' we mean that the names of people who take

part in the study will not be given to anyone else. And it means that we will only reveal what you say in a way that no one could ever guess or know who said it.) The only information that is not protected is if you tell us about threats or incidents of injury to any child that does not seem to have been an accident, information from a study participant that causes researchers to think a person is in immediate danger of hurting themselves or someone else, and medical information in cases of emergency.

- Your name and any other personal information, which we need in order to keep track of who we talk to, will be kept in a locked file cabinet or in a locked file on a computer so that no other staff can access it. For example, this form (which has your name on it) will be kept in a locked file cabinet.
- When we write or talk about what we learned in this study, we will leave things out so that no one will be able to tell who we are talking about.

Any Questions?

If you have any questions about this study, this form, or the interview, you can talk to your interviewer or the person in charge of the project. Diane Yatchmenoff 503-725-4518. You can also contact the chair of the Human Subject Committee of Portland State University about your rights as a research participant (someone who takes part in a study). Office hours are 9:00 a.m.—5:00 p.m., Monday through Friday. The office building is located at Portland State University, Unitus Building, 6th floor, 2121 S.W. 4th Avenue, Portland, Oregon, 97201. The telephone number is 503-725-4288/ 1-877-480-4400, or send an email to hsrrc@lists.pdx.edu.

If I Sign, What Does It Mean?

- You have read and understand what this form means.
- You are willing to take part in this study by talking to us or your case manager in an interview.
- You know that you do not have to take part in this study and even if you sign you can change your mind and stop at any time. No problem.
- You know that taking part in this study will not change or affect any of the services you get. If you take part in this study or not, you will still be treated the same.
- You will get a copy of this form to keep for yourself.

Participant Signature Date Participant name, printed

Interviewer Signature Date Interviewer name, printed

Family Information

Head of Household Information:

1. Gender

- | | |
|--|--|
| <input type="checkbox"/> ₁ Male | <input type="checkbox"/> ₄ Transgender Female |
| <input type="checkbox"/> ₂ Female | <input type="checkbox"/> ₅ Transgender |
| <input type="checkbox"/> ₃ Transgender Male | <input type="checkbox"/> ₆ Unknown |

2. Date of birth (month/date/year) / /

3. Race

- | | |
|--|---|
| <input type="checkbox"/> ₁ American Indian/Alaskan Native | <input type="checkbox"/> ₄ White |
| <input type="checkbox"/> ₂ Asian | <input type="checkbox"/> ₅ Multi-Race |
| <input type="checkbox"/> ₃ Black/African American | <input type="checkbox"/> ₆ Other _____ |

4. Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> ₁ Hispanic/Latino | <input type="checkbox"/> ₂ Not Hispanic/Latino |
|---|---|

5. Household type

- | | |
|--|--|
| <input type="checkbox"/> ₁ Couple with no children | <input type="checkbox"/> ₅ Male single parent |
| <input type="checkbox"/> ₂ Female single parent | <input type="checkbox"/> ₆ Non-custodial caregiver(s) |
| <input type="checkbox"/> ₃ Foster parent(s) | <input type="checkbox"/> ₇ Other single individual |
| <input type="checkbox"/> ₄ Grandparent(s) and child | <input type="checkbox"/> ₈ Two-parent household |

6. Special needs/disabilities at time of entry (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ₁ Alcohol abuse | <input type="checkbox"/> ₁ Physical/medical |
| <input type="checkbox"/> ₁ Drug abuse | <input type="checkbox"/> ₁ Physical/mobility limits |
| <input type="checkbox"/> ₁ Mental illness | <input type="checkbox"/> ₁ Cognitive impairment |
| <input type="checkbox"/> ₁ Dual diagnosis | <input type="checkbox"/> ₁ Hearing impaired |
| <input type="checkbox"/> ₁ Developmental delay | <input type="checkbox"/> ₁ Vision impaired |
| <input type="checkbox"/> ₁ HIV/Aids | <input type="checkbox"/> ₁ Other _____ |

7. Primary cause of homelessness for this episode (check one)

- | | |
|--|---|
| <input type="checkbox"/> ₁ Medical condition | <input type="checkbox"/> ₁₁ Family crisis |
| <input type="checkbox"/> ₂ Criminal Activity | <input type="checkbox"/> ₁₂ Underemployment/low income |
| <input type="checkbox"/> ₃ Utility shutoff | <input type="checkbox"/> ₁₃ Release from institution |
| <input type="checkbox"/> ₄ Substandard housing | <input type="checkbox"/> ₁₄ Loss of public assistance |
| <input type="checkbox"/> ₅ Mortgage foreclosure | <input type="checkbox"/> ₁₅ Loss of job |
| <input type="checkbox"/> ₆ Loss of transportation | <input type="checkbox"/> ₁₆ Eviction/displacement |
| <input type="checkbox"/> ₇ Loss of child care | <input type="checkbox"/> ₁₇ Mental health |
| <input type="checkbox"/> ₈ Health/safety | <input type="checkbox"/> ₁₈ Substance abuse: drugs/alcohol |
| <input type="checkbox"/> ₉ Transient | <input type="checkbox"/> ₁₉ Runaway youth |
| <input type="checkbox"/> ₁₀ Domestic violence | <input type="checkbox"/> ₂₀ New arrival |

What are some of the other reasons why this episode of homelessness happened to your family? _____

Focus Child Information:

Please collect the following information on the youngest school-aged child or the child that is closest to school age:

8. Gender

- ₁ Male
- ₂ Female
- ₃ Transgender Male
- ₄ Transgender Female
- ₅ Transgender
- ₆ Unknown

9. Date of Birth (month/date/year) / /

10. Race

- ₁ American Indian/Alaskan Native
- ₂ Asian
- ₃ Black/African American
- ₄ White
- ₅ Multi-Race
- ₆ Other _____

11. Ethnicity

- ₁ Hispanic/Latino
- ₂ Not Hispanic/Latino

12. Household type

- ₁ Couple with no children
- ₂ Female single parent
- ₃ Foster parent(s)
- ₄ Grandparent(s) and child
- ₅ Male single parent
- ₆ Non-custodial caregiver(s)
- ₇ Other single individual
- ₈ Two-parent household

13. Special needs/disabilities at time of entry (check all that apply)

- ₁ Alcohol abuse
- ₁ Drug abuse
- ₁ Mental illness
- ₁ Dual diagnosis
- ₁ Developmental delay
- ₁ HIV/Aids
- ₁ Physical/medical
- ₁ Physical/mobility limits
- ₁ Cognitive impairment
- ₁ Hearing impaired
- ₁ Vision impaired
- ₁ Other _____

Family Survey

History of Homelessness

14. Number of episodes your family has ever been homeless? (An episode is a period of time when you didn't have safe, stable, or permanent housing). _____ #
15. Number of homeless episodes as a family in the last *two years*? _____ #
16. What has been the longest episode of homelessness for your family? _____
17. How many times has your family moved in the past *two years*? _____ #
18. How many changes in childcare or education settings did your child have to make in the last *two years* because your family had to move? _____ #
19. Have you ever had to separate your family due to homelessness (split up, send children to live elsewhere, etc.)? Yes No
20. Did you have an open DHS child welfare case (when you entered this housing site, eg. Arbor Glen, Richmond Place)? Yes No
21. Do you have a child currently in foster care? Yes No

Income/Financial Resources

22. Are you currently employed? Yes No
23. If you are working, how many hours per week do you work? _____
24. Are you enrolled in a Job Search or Job Training Program? Yes No
25. Are you currently in school or a degree program? Yes No
26. What are your current sources of income or benefits (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Alimony/spousal support | <input type="checkbox"/> Social security |
| <input type="checkbox"/> Child support | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> Earned income | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Medicaid/Oregon Health Plan | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> No financial resources | <input type="checkbox"/> VA medical services |
| <input type="checkbox"/> Pension/former job | <input type="checkbox"/> Veteran's disability pay |
| <input type="checkbox"/> Private disability Insurance | <input type="checkbox"/> Veteran's pension |
| <input type="checkbox"/> SCHIP | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Self employment wages | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Other _____ | |

27. In the last 30 days what was your total household income? _____

Housing Stability/Family Health and Safety

28. Is your family in permanent housing right now? Yes No

In the last six months...

29. How many times have you moved? _____ #

30. How many times have you or your partner been to the Emergency Room? _____ #

31. How many times have any of your children been to the Emergency Room? _____ #

32. Has anyone in your family been arrested? Yes No

33. Have you experienced domestic violence? Yes No

34. Has your family been referred to DHS/Child Welfare? Yes No

35. Have any of your children been placed in foster care? Yes No

36. Have any of your children been returned to you from foster care? Yes No

37. Have there been any other changes to your family? Yes No

If yes, please explain. _____

Services (Adult Head of Household)

Are you currently receiving...

38. Substance abuse services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

39. Domestic violence services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

40. Mental health care or counseling? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

41. Services that help you deal with trauma? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

Are you currently receiving...

42. Health care? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

43. Vision care? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

44. Dental care? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

45. Employment services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

46. Education programs? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

47. Benefits assistance (WIC, TANF, etc.)? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

48. Transportation services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

49. Conflict resolution classes? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

50. Legal education/information services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

51. Financial/Credit counseling services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

52. Parenting skills/support classes or counseling? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

53. Other life skills training (cooking, nutrition, cleaning, etc.)? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

54. HIV/AIDS related services or counseling? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

Comments _____

Child Services

(We want to know information on your youngest school-aged child or your child that is closest to school age):

Is your child currently receiving...

55. Childcare services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

56. Headstart services? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

57. Early Intervention for Young Children (e.g. Special education or In-home services)? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

58. Tutoring services? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

59. Child Medical Services? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

60. Dental care? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

61. Vision care? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

62. Mental health care or counseling? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

63. Individualized Education Plan (IEP)/Section 504 Plan? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

64. Child developmental assessment/testing? (please check one)

- ₁ yes ₃ I successfully completed this service/no longer need it.
₂ Not at this time, but I may want/need this service later. ₄ I don't need this service

50. Services that help your child deal with trauma? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

65. Substance abuse services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

66. Exercise, Art, Music, or other types of activities? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

67. Mentoring (such as Big Brothers/Big Sisters)? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

68. Legal counseling or services for your child? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

69. Alternative education? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

70. Job training services? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₃ I successfully completed this service/no longer need it. |
| <input type="checkbox"/> ₂ Not at this time, but I may want/need this service later. | <input type="checkbox"/> ₄ I don't need this service |

Comments _____

Child Well-being

71. How many different childcare or education settings has your child attended in the last *six months*? _____

72. Do you feel your child is on track (meeting benchmarks) for her/his current grade?

₁ Yes ₀ No

73. How often was your child usually absent from school/preschool in the last *six months* (please check one)?

- ₁ Less than 1 day per month
- ₂ About 1 day per month
- ₃ About 1 day every two weeks
- ₄ About 2 days per week
- ₅ About 3 or more days per week
- ₆ Not sure
- ₇ Doesn't apply

74. Does your child have a regular health care provider? ₁ Yes ₀ No

75. Does your child have a regular dental care provider? ₁ Yes ₀ No

76. Has your child been in foster care in the past *six months*? ₁ Yes ₀ No

77. Does your child have a learning disability? ₁ Yes ₀ No

78. Does this child have social, emotional or behavioral concerns (e.g. ADHD, Serious Emotional Disturbance, etc.)?

₁ Yes ₀ No

Comments _____

Is there anything else you would like to add about your experience getting the services that you need?

**Bridges to Housing
Site Visit Protocol**

Bridges to Housing Program Implementation

In October and November 2008, NPF and members of the evaluation team from Portland State University will be compiling information and then visiting Bridges to Housing projects in all four counties. We will follow site visits with visits with each jurisdictional implementation team.

We intend that these site visits will give us more detailed knowledge of how Bridges to Housing is being implemented across the four counties. Our aim is not to find fault, but to be able to adequately and accurately describe what's happening and what the differences are between sites and jurisdictions.

For each project, we are interested in documenting:

1. General Information about the project, including:
 - a. Information about the provider, property owner, property manager, the number of units and the number of Bridges to Housing families on site.
 - b. Family turnover experience.
 - c. Permanent housing subsidy source information and duration of housing support for families.
 - d. Costs per family served.

2. Information about the referral process within each county, including:
 - a. Referral sources, and screening process, (Who refers families? Who conducts the screening?)
 - b. Referral process and any changes or fine tuning - prior or anticipated.
 - c. Is there a waitlist? If yes, how is it managed?

3. Information about intake and enrollment, including:
 - a. Initial contact with the family (who and how), coordination with referral source (or prior program), initial assessment, intake procedures, and use of assessment tools (how and when).
 - b. Information provided to the family about Bridges to Housing, and engagement process. What are the expectations of families?
 - c. Are families enrolled prior to receiving housing or only after a housing unit is secured?
 - d. What is the engagement process and how long does it take?

4. Information about case management, including:
 - a. Information about the initial outreach, expectations for family participation, service plan development, case file structure, comprehensive service planning (i.e, individual, family, children, life domains?), frequency of contact (expected frequency? Early vs. ongoing? Typical?), supervisory structure, coordination with other service providers.
 - b. Information about the Bridges to Housing "community." (Peer to peer mentoring, do families know one another and identify as Bridges to Housing?)
 - c. Turnover/burnout of case managers
 - d. Support needs of case managers and/or supervisors
 - e. Use of flexible client funds?
 - f. Does the property have resident services? What and how much? Is there community space?

5. Information about handling problems, such as:
 - a. Rule and lease infractions, contracts
 - b. Tenant conflicts
 - c. Eviction Prevention services?
 - d. Standard processes and procedures for handling problems

6. Information about transitions for families, including:
 - a. Level of service over time
 - b. Graduation
 - c. Provision/arrangement of long-term supports/resources
 - d. Employment

7. Information about evaluation participation and obstacles
 - a. Participation in and progress with the comparison group.
 - b. Cost of following the comparison group.
 - c. Experiences with HMIS.

8. Protocol for filling units vacated before families have received two years of support. Agreement with evaluators on how these families are followed for evaluation purposes.

9. Housing provider experience
 - a. Unit damage or increased maintenance issues?

- b. Property management/case management communication experience

10. Miscellaneous questions

- a. Possible consumer representatives to participate with the Regional Steering Committee.

At the jurisdictional level, we would like to know:

1. Examples of systems change
2. Current development pipeline, and possible uses of development capital
3. Costs per family served
4. Protocol for filling vacant B2H units – plan for future funding or use of private B2H funds.
5. Relationship with DHS/DSHS
6. Communications plan and procedures within jurisdiction – briefing elected representatives, partner agencies.
7. Your hopes for any future allocation process.

**Bridges to Housing
Housing Site Information by County**

Clackamas County

	Easton Ridge	Avalon House	River Glen	Willard Street Duplex	Scattered Site
B2H Timeline (Pre-Pilot, Pilot, Year 1)	Pilot	Pilot	Pilot	Year 1	Pilot, Year 1
Service Provider	CCSS	CCSS	CCSS	CCSS	CCSS
Housing Provider	Housing Authority of Clackamas County	NHA	NHA	NHA	Various
Property Management	Quantam	The Inn	Guardian	NHA	Various
# of B2H Units?	3	4	1	2	4
Total Units?	50	6	36	2	
Amenities?	-	Yes	Yes	Yes	
Resident Services?	-	-	-	No	
Core	-	-	-	-	
Youth	-	-	-	-	
Asset Building	-	-	-	-	
Case Management FTE	1.0	1.0	1.0	1.0	1.0
Case Manager On-Site?	No	No	No	No	No
Permanent Housing Subsidy?	See Below	See Below		Yes	
Source(s) of subsidy	Program Based Section 8, B2H Rent Subsidy, HACC Subsidy	LIRHF	B2H Rent Subsidy, LIHRF, Program Based Section 8, Section 236 HUD	Home Program	B2H Rent Subsidy, LIRF, Program Based Section 8
Duration of subsid(ies)	3 years - Permanent depending on source	3 months	3 Years - Permanent, Depending on source	4 Years	6 months, 3 years, Permanent, depending on source

Clark County

	Fisher's Mill	Park Lane	Village Park	Maple Knoll	Covington Commons	Kauffman Town Homes	Aurora Place Apartments
B2H Timeline (Pre-Pilot, Pilot, Year 1)	Pre-Pilot	Pre-Pilot	Pre-Pilot	Pilot, Year 1	Pilot	Pilot	Year 1
Service Provider	Share	Share	Share	Share	Share	Share	Share
Housing Provider	Vancouver Housing Authority	Vancouver Housing Authority	Vancouver Housing Authority	Vancouver Housing Authority	ACE Housing	YW Housing	YW Housing
Property Management	Key Properties	Key Properties	N/A	Key Properties	N/A	N/A	N/A
# of B2H Units?	8	4	1	9	5	5	4
Total Units?	358	260	91	180	51	25	25
Amenities?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Resident Services?	No	-	-	-	Yes	-	-
Core	-	-	-	-	-	-	-
Youth	-	No	No	No	Yes	-	-
Asset Building	-	-	-	-	-	-	-
Case Management FTE	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Case Manager On-Site?	No	No	No	No	No	No	No
Permanent Housing Subsidy?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Source(s) of subsidy							
Duration of subsid(ies)	2 yrs	2 yrs	2yrs	2yrs	2yrs	2yrs	2yrs

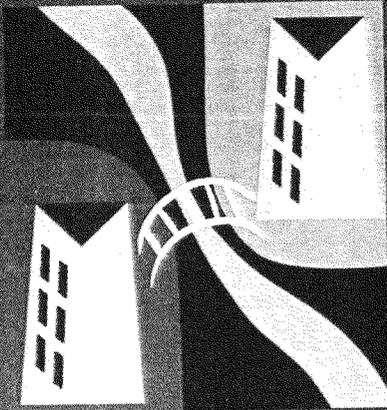
Multnomah County (p. 1)

	Arbor Glen	Clara Vista	Rose CDC Scattered Site	Kateri Park	Cambridge Court	Interstate Crossing	Alpha Apartments
B2H Timeline (Pre-Pilot, Pilot, Year 1)	Pre-Pilot/ Pilot	Pre-Pilot	Pre-Pilot	Pre-Pilot	Pre-Pilot	Pre-Pilot	Pre-Pilot
Service Provider	Human Solutions	Portland Impact	Portland Impact	Portland Impact	Central City Concern	Central City Concern	Central City Concern
Housing Provider	Human Solutions	Hacienda CDC	Rose CDC	Caritas	Central City Concern	Central City Concern	Central City Concern
Property Management	Cascade Property Mgmt	Cascade Property Mgmt	Cascade Property Mgmt	Cascade Property Mgmt	Central City Concern	Central City Concern	Central City Concern
# of B2H Units?	20	8	5	2	0	0	5
Total Units?	97				20	12	22
Amenities?	Yes	Yes	-	-	Yes	Yes	Yes
Resident Services?	Yes	Yes	No	Yes	Yes	Yes	Yes
Core	Yes	Yes	-	Yes	Yes	Yes	Yes
Youth	Yes	-	-	-	-	-	-
Asset Building	No	-	-	-	-	-	-
Case Management FTE	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Case Manager On-Site?	Yes	No	No	No	No	No	No
Permanent Housing Subsidy?	Yes	Yes	Yes	Yes	No	No	No
Source(s) of subsidy	Project Based Section 8	Project Based Section 8	Project Based Section 8	Project Based Section 8	Project Based Section 8	Project Based Section 8	FAN Rent Subsidy matrix
Duration of subsid(ies)	Permanent	Permanent	Permanent	Permanent	2+ years	2+ years	2+ years

Washington County

	Fircrest Manor	Aloha Park	Merlo Station	Greenburg Oaks	Spencer House
B2H Timeline (Pre-Pilot, Pilot, Year 1)	Pilot/ Year 1	Year 1	Year 1	Pilot/ Year 1	Pilot
Service Provider	Community Action	Community Action	Community Action	Community Action	Community Action
Housing Provider	Tualatin Valley Housing Partners	Tualatin Valley Housing Partners	Tualatin Valley Housing Partners	Community Partners for Affordable Housing	Tualatin Valley Housing Partners
Property Management	TVHP	TVHP	TVHP	Income Property Mgmt	TVHP
# of B2H Units?	8	4	1	8	6
Total Units?	59	59	128	84	48
Amenities?	Yes	Yes	Yes	Yes	Yes
Resident Services?	-	-	-	-	-
Core	-	-	-	-	-
Youth	-	-	-	-	-
Asset Building	-	-	-	-	-
Case Management FTE	1.0	1.0	1.0	1.0	1.0
Case Manager On-Site?	Yes	No	Yes	-	-
Permanent Housing Subsidy?			Yes		Yes
Source(s) of subsidy	Tenant based Shelter + Care, B2H Rent Subsidy	B2H Rent Subsidy	Tenant Based Shelter Plus Care	Tenant Based Section 8, B2H Rent Subsidy (Legacy Funds)	Project Based Section 8
Duration of subsid(ies)					

BRIDGES TO HOUSING



*Alleviating family homelessness
in the
Portland-Vancouver Region*



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

Board Clerk Use Only

Meeting Date: 04/21/09
Agenda Item #: B-2
Est. Start Time: 10:00 AM
Date Submitted: 03/27/09

Agenda Title: **Multnomah County Mental Health and Addiction Services System Update**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>April 21, 2009</u>	Amount of Time Needed:	<u>45 minutes</u>
Department:	<u>County Human Services</u>	Division:	<u>Mental Health and Addiction Services</u>
Contact(s):	<u>David Austin</u>		
Phone:	<u>503-988-3691</u>	Ext.: <u>84746</u>	I/O Address: <u>167/1/620</u>
Presenter(s):	<u>Joanne Fuller and Karl Brimmer</u>		

General Information

1. What action are you requesting from the Board?

The purpose of the briefing is to provide the Board of County Commissioners with sufficient background about how the Department of County Human Services, Mental Health and Addiction Services Division (MHASD) has increased accountability measures and how it operates with community based providers in order to provide the best service for clients of the system.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

About a year ago, Multnomah County's mental health system faced a fiscal crisis with its largest provider – Cascadia Behavioral Healthcare. Since then, MHASD staff and the Department Director have worked to make sure that changes were made to the system, accountability measures were improved and that the system was strengthened as a result.

3. Explain the fiscal impact (current year and ongoing).

None, though the county does spend both state and county general fund money on the

mental health system each year.

4. Explain any legal and/or policy issues involved.

None.

5. Explain any citizen and/or other government participation that has or will take place.

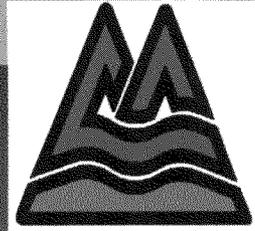
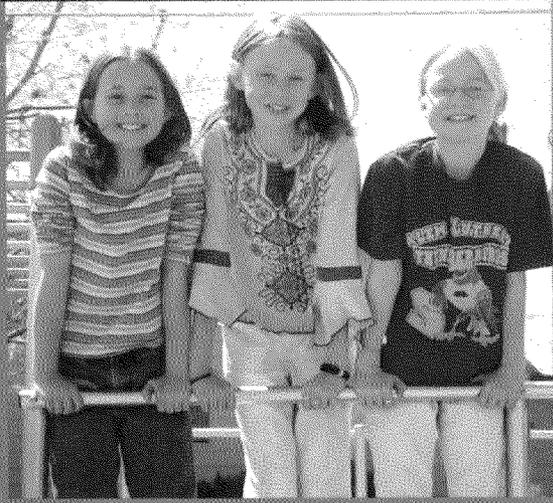
Multnomah County DCHS staff meets regularly with two consumer advisory groups for feedback on how the mental health system is performing. They are the Adult Mental Health and Substance Abuse Council (AMHSAC) and the Children's Mental Health and System Advisory Council (CMHSAC). Both groups have mental health consumers and their family members as regular members.

Required Signature

Elected Official
or Department/
Agency
Director:



Date: 3/26/2009



April 21st, 2009

DCHS

Mental Health and Addiction Services

Division



**MULTNOMAH
COUNTY**

Organizational Chart FY 2009

Department of County Human Services

Joanne Fuller, Director

Department Administration:

Kathy Tinkle: Business Services Director

Paula Brunt: Human Resources Manager

Director's Office, Business Services, Contracts, Human Resources, Research & Evaluation

\$5,302,000, 42 FTE

Mental Health and Addictions Services

Karl Brimner
Director

**\$84,874,000
162 FTE**

Aging and Disability Services

Mary Shortall
Director

**\$39,371,000
303 FTE**

Domestic Violence Coordinator's Office

Chiquita Rollins
Director

**\$3,573,000
9 FTE**

Developmental Disabilities Services

Patrice Botsford
Director

**\$21,622,000
119 FTE**

SUN Service System

Peggy Samolinski
Director

**\$12,930,000
25 FTE**

Community Services

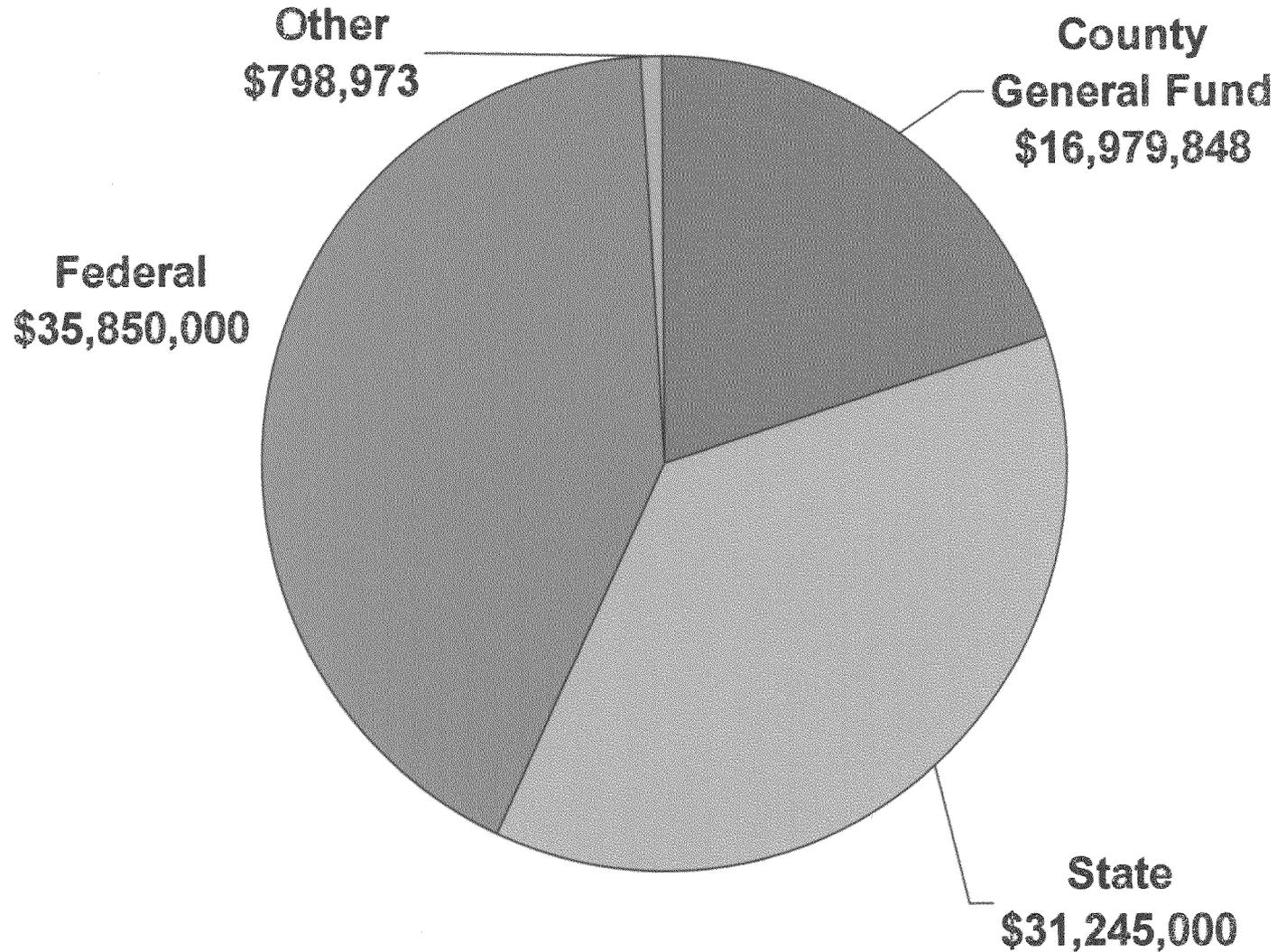
Mary Li
Director

**\$19,967,000
25 FTE**



**MULTNOMAH
COUNTY**

Mental Health and Addiction Services Funding





Mental Health and Addiction Services Division

Local Mental Health Authority

Community Mental Health and Addiction Program

Mental Health Organization (Verity)

In FY2008 6,795 adults and 4,100 children were served by Verity.
In FY2008 7,255 adults and 451 youth were provided Addiction Services.



**MULTNOMAH
COUNTY**

Community Mental Health and Addiction Program

Safety Net Services:

- Crisis Services (\$6,287,942)
- Involuntary Commitment (\$5,500,542)
- Mental Health Residential (\$5,546,001)
- Coordinated Diversion (\$1,214,191)

Adult Addiction Services:

- Adult Addictions Treatment Continuum (\$10,106,489)
- Addictions Detoxification and Post-Detoxification Housing (\$2,569,082)
- Gambling Treatment and Prevention (\$852,190)

Community Services:

- School Based Mental Health (\$1,447,747)
- Mental Health Supported Employment (\$175,000)
- Early Assessment and Support Alliance (\$1,032,094)

Youth Addiction Services:

- Alcohol and Drug Prevention (\$852,190)
- Family and Youth Addictions Treatment Continuum (\$1,756,286)
- Enhanced Family Involvement Team (\$1,992,536)

Multnomah Treatment Fund (\$2,037,976)
Culturally Specific Mental Health Services (\$1,266,900)
Sobering (\$592,812)

All County General Funds (CGF)

All OHP

All State General Funds (SGF)

Both CGF and SGF



MULTNOMAH
COUNTY

Mental Health Organization

Safety Net Services:

- Crisis Services (\$6,287,942)
- Inpatient & Residential Mental Health Services for Children (\$2,350,000)

Community Services

- Community Based Mental Health Services for Children and Families (\$13,622,381)
- Mental Health Services for Adults (\$15,250,000)
- Sexual Offense and Abuse Prevention (\$350,000)

All County General Funds (CGF)

All OHP

All State General Funds (SGF)

Both CGF and SGF



**MULTNOMAH
COUNTY**

Mental Health and Addiction

System of Care

Prevention & Early Intervention

- Early Childhood Intervention
- Alcohol and Drug Prevention for Children and Families
- Early Assessment & Support Alliance
- Gambling Prevention

Community Supports

- Bienestar Services
- Children and Families Outpatient Treatment
- Family Care Coordination Team
- Children's Mental Health Intensive Service Array
- School-Based Mental Health
- Sexual Offense Abuse Prevention
- Adult Outpatient Treatment
- Supported Employment
- Youth and Adult Addiction Treatment
- Adult Addiction Treatment
- Gambling Treatment
- Post Detoxification Housing

Community -Based Treatment

Residential Treatment

- Mental Health Residential Treatment for Children
- Mental Health Residential Treatment & Transitional Housing for Adults
- Youth Addiction Treatment
- Adult Addiction Treatment

Safety Net/ Crisis Services

- Protective Services
- Diversion and Mental Health Court
- Crisis Call Center
- Urgent Walk-in Clinic and Mobile Crisis Outreach
- Involuntary Commitment
- Detoxification
- Sobering



**MULTNOMAH
COUNTY**

Performance Measures

Prevention & Early Intervention

Early Assessment & Support Alliance reduced psychiatric hospitalizations of their clients by 86%.

Community- Based Treatment

79% of children receiving community mental health treatment demonstrate an improvement in school behavior.

Residential Treatment

61% of youth successfully complete residential drug treatment and have 30 days sobriety.

Safety Net/ Crisis Services

The Crisis Line received over 64,000 calls last year, from individuals experiencing a mental health emergency.



Cascadia Update

- ❖ We were able to ensure that client services continued without interruption throughout Cascadia's transition.
- ❖ The Gresham clinic was transferred to LifeWorks, the downtown clinic was transferred to Central City Concern, the Bridgeview was transferred to Luke-Dorf
- ❖ We transferred all pass through contracts from Cascadia to other providers



Cascadia Update

- ❖ County and state loaned Cascadia about \$2.3 million and we have reached an agreement for repayment of the loan
- ❖ The last draw on the loan was July 2008, and Cascadia has stabilized financially without requiring additional loans
- ❖ We are continuing to monitor financial outcomes and program outcomes as well as the financial and program outcomes of other mental health providers



Increased System Accountability

- ❖ Level of Care- the right people get the right services
- ❖ Quality of Services- monitoring caseload sizes
- ❖ Billing operations- increased County supervision of utilization review
- ❖ Fiscal oversight- weekly review of expenditures related to caps and expenditure reports provided monthly to providers



MULTNOMAH
COUNTY

Increased System Accountability

- ❖ Provider feedback- monthly meetings with provider Clinical Directors and provider CEO's meet every other month
- ❖ Shortened billing cycle- providers get quicker payments and requires them to be more efficient
- ❖ Increased clinician productivity



Next Issues:

- ❖ Budget Cuts
- ❖ Legislative mental health changes
- ❖ Opportunity for Wrap-Around service leadership



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 04/21/09
Agenda Item #: B-3
Est. Start Time: 10:15 AM
Date Submitted: 04/09/09

Agenda Title: **Briefing on the Budget Community Forums and Online Survey of Community County Budget Priorities**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date: April 21, 2009 **Amount of Time Needed:** 45 minutes
Department: Non-Departmental/DCM **Division:** CIC & DCM Director's Office
Contact(s): Kathleen Todd
Phone: 503-988-3450 **Ext.** 22438 **I/O Address:** 503/6/CIC
Presenter(s): Kathleen Todd/CIC, Carol Ford/DCM and Su Midghall/Davis Hibbits Midghall (DHM) Research

General Information

1. What action are you requesting from the Board?

None, informational only.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

This briefing will provide context and information from:

- The two public community forums held March 2nd in Gresham and March 16th in Portland. Purpose of the forums was to inform participants about Multnomah County's budget process and seek attendees' ideas, thoughts, and recommendations around resources related to Health, Human Services and Public Safety for the County's budget development for the July 2009-June 2010 Fiscal Year.

Community budget surveys. Multnomah County partnered with the City of Portland to conduct telephone surveys of residents about funding for local services and tradeoffs between government priorities. Su Midghall/Davis Hibbits Midghall (DHM) Research will present the results of the telephone surveys. The same survey is currently available on-line. The online survey results will be

available by the end of April.

3. Explain the fiscal impact (current year and ongoing).

N/A

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

Workshops were planned and hosted by citizens and the Board of County Commissioners. The online survey was developed and hosted by Multnomah County and the City of Portland. Feedback gathered at these events and the telephone and online surveys is to be shared with the Board of County Commissioners, Multnomah County Departmental leaders, citizen budget advisory groups, and the larger community.

Required Signature

Elected Official or
Department/
Agency Director:



Date: 04/07/09

Talking Points for BCC Briefing 4/21/09 --- Budget Forums March 2 and 16, 2009 Kathleen Todd

Introduce self: [Kathleen Todd, Executive Director, Citizen Involvement Committee]

Will provide you with a short overview of the Budget Forums held in March

CIC co-hosted 2 public forums with the Board of County Commissioners

Purpose of these events

To inform participants about the budget process

Where we were in that process

Seek attendees

Ideas

Thoughts

Around resources related to

Health and Human Services - Gresham

Public Safety – Portland

Events were well attended --- over 500 in the course of the two evenings

CIC attempts to include three elements in its forums

- Education
- Chance for attendees to discuss and interact
- Larger discussion and sharing with attendees

Both forums had these three elements

The education piece proved to be very important particularly at the public safety forum

Tension in the room due to high emotions in relation to current budget issues eased off as a picture of what the county is facing and how decisions were made came to light

Most of each evening was spent in a free flowing facilitated exercise

Attendees visited various stations where specific questions were asked

We have provided you with the link to the transcripts of responses to these questions

While the CIC does not evaluate transcripts --- we provide the conduit for public comment we did observe several themes over the two evening events.

Under where would you put county limited resources and why for Health and Human services

Main theme -- invest in programs that provide prevention, intervention and treatment services for children, Youth and seniors
The why --- because successful programs with this focus are less expensive than jails and nursing homes..... they prevent/reduce homelessness, criminal behavior and generally support families and the community.

Under where would you put county limited resources and why for public safety services

The main theme is

prevention and intervention

As this reduces the likelihood that people will engage in criminal activity, reduces recidivism and saves money over the long term

Another station both evenings asked how the county could work better.

The common theme there was

early intervention and treatment services

Cooperation across all governmental jurisdictions

The final station asked about ideas on how to increase county revenues

All sorts of variations on increases on taxes and fees were listed here

We all feel it was a good process and a good collaboration...

The volunteers and county staff worked well together

Everyone came through with their assignments

20 volunteers spent

150 hours of their time

Good experience for all

Feedback from attendees

Liked the format – chance to make specific comments

Liked the facilitated question stations

Wanted the events to last longer

Want more of these events

Really liked that the Chair and most Commissioners stayed for the entire event

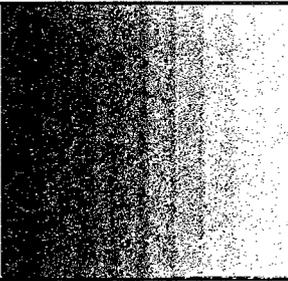
Liked the fact that the huge turnout and sound issues were treated with humor, grace, and resourcefulness

Suggestions we have

While we did provide interpreters looking at better ways to accommodate non-English speakers

Try a Saturday daytime or weekday daytime

Hope this info has been informative



YOUR COUNTY, YOUR CHOICE

**SURVEY RESEARCH
PARTIAL FINDINGS
(NOT FULL REPORT)**

April 21, 2009



Presented by

Davis, Hibbitts & Midghall

203 SW Pine Street

Portland, Oregon 97204

www.dhmresearch.com

Research Objective

Objective: To determine how County residents feel about budget priorities.

Telephone Survey Methodology:

- ❖ Completed telephone interviews with 500 randomly selected County residents
- ❖ Conducted March 12–18, 2009
- ❖ Margin of error +/- 4.0%
- ❖ Quality control measures
- ❖ Subgroup variation analysis and reporting

Demographics

Demographic	Survey	US Census
Gender		
Male	48%	50%
Female	52%	50%
Age		
18 - 34	31%	28%
35 - 54	41%	40%
55 +	28%	27%

Demographics

Demographic	Survey	US Census
Race and Ethnicity		
Asian or Pacific Islander	8%	7%
African American	7%	6%
Native American	1%	1%
White	71%	78%
Hispanic	6%	9%
Mixed/other	6%	6%
Refused	1%	--
Household Income		
\$15,000 or less	14%	15%
\$15,000 - \$49,999	33%	38%
\$50,000 - \$74,999	17%	1%
\$75,000 or more	25%	28%
Refused	10%	--

- ❖ **Budget Building Exercise**
- ❖ **Biggest Need –Open**
- ❖ **Objectionable Service Level Changes**
- ❖ **What Services to Cut—Open**
- ❖ **What Services to NOT Cut—Open**
- ❖ **MaxDiff Relative Ranking Exercise**

Build a Budget

I'd like for you to build a budget based on how you would like to see taxpayer money spent on six broad service areas. Your budget is \$100. After I'm finished reading the list of six service areas, please tell me how many dollars you feel should go to each item.

Service area	Mean \$
Public safety	\$24.20
Health and human services	\$23.20
Business assistance and job creation	\$16.80
Transportation	\$13.90
Neighborhood livability	\$12.20
Arts and culture	\$ 9.80
TOTAL	\$100.00

Biggest Need

Considering your local government as a whole, what is the one biggest need your local government officials should do something about over the next two years? (open)

Response Category	Percentage
Education/schools-General	13%
Economic development/job creation	12%
Funding for education/schools	9%
Crime/Jail space	7%
Social welfare-General	4%
Road repair	4%
Taxes too high	4%
Access to/affordable health care	3%
Infrastructure development/expansion	3%
Public transit-General	3%

Biggest Need (cont.)

Considering your local government as a whole, what is the **one biggest need** your local government officials should do something about over the **next two years**? (open)

Response Category	Percentage
Affordable housing	3%
Better public leaders	3%
Transportation-General	3%
Manage budget	2%
Traffic congestion	2%
More police	2%
Reduce homelessness/homes for the homeless	2%
All other responses	< 2%
Nothing	2%
Don't know	6%

Biggest Need—Comments

"Gang related activities including drugs and graffiti."

"Making sure we have adequate parks and bicycling, because I think it's important to have big space to make the community more livable."

"Maybe dealing with the homeless drug addicted people on the streets."

"Probably making the schools well; they need to be made stable and effective."

"Ensuring services to children at are in a disadvantaged environment."

"Some older people are having a hard time affording health care, like my mom she is sick and is having a hard time getting help."

"If they could get the roads fixed because they are really bad."

Objectionable Service Level Changes

I'm going to read to you a list of changes in service levels that could be the result of cuts in city and county services. For each change, tell me how objectionable it would be to you personally. Please use a 1=not at all objectionable to 5=very objectionable scale.

Response category	Mean	% Very objectionable
Slower fire and emergency medical response	4.2	58%
Slower response time to crimes in progress	4.1	52%
Reduced availability of health care for low income children and families	4.0	51%
Less support for kids to be successful in school	4.0	47%
Less assistance to battered women and families	4.0	42%
Reducing programs that create and keep good jobs for people	3.8	39%
Reducing programs for at risk youth	3.8	32%
Fewer criminal investigations	3.8	32%
Less support for the elderly and disabled to live independently in their homes	3.7	36%
Reduced support for people with mental illnesses and addictions	3.7	32%
Closing some neighborhood parks	3.6	32%

Objectionable Service Level Changes (cont.)

I'm going to read to you a list of changes in service levels that could be the result of cuts in city and county services. For each change, tell me how objectionable it would be to you personally. Please use a 1=not at all objectionable to 5=very objectionable scale.

Response category	Mean	% Very objectionable
Reduced availability of housing for lower income families	3.6	31%
Reducing services for the homeless and low income residents	3.6	30%
Less prevention and early intervention programs for at risk members of the community	3.6	28%
Smaller police presence in my neighborhood	3.5	32%
Closing some community centers and pools	3.4	27%
More litter on the streets	3.3	26%
Increased traffic congestion	3.1	20%
Less planning for population growth and new development	3.1	20%
Less attention to traffic speeds in neighborhoods	3.0	17%
Fewer inspections for nuisances and building hazards	3.0	13%
City and County government offices would be closed five Fridays a year	2.1	12%

What Services To Cut

Thinking beyond cutting administrative costs and doing things more efficiently, what advice do you have for the city and county as to what specific services should be cut to deal with the effects of the budget shortfall? (open)

Response Category	Percentage
Reduce spending/unnecessary administrative costs	14%
Reduce government employee salaries/benefits	10%
Transportation planning	6%
Parks and recreation including adult, child, and senior community programs and maintaining neighborhood parks	5%
Arts and culture	5%
Bicycle paths	3%
Economic development/job creation	3%
Paving/potholes	3%
Ordinance violations including neighborhood livability, traffic and parking violations	3%
Enforcing the law including gang and drug programs	3%
Community involvement programs and services	3%
Adult recreation programs	3%

What Services To Cut (cont.)

Thinking beyond cutting administrative costs and doing things more efficiently, what advice do you have for the city and county as to what specific services should be cut to deal with the effects of the budget shortfall? (open)

Response Category	Percentage
Preventing criminal activity with patrol and neighborhood services	2%
Supporting children's educational success through programs like after-school programs and human services for children/families	2%
Supporting affordable housing and reducing homelessness	2%
General infrastructure upkeep	2%
Maintaining natural resources and open spaces	2%
Educational programs/expenses	2%
All other responses	< 2%
Nothing/none	16%
Don't know	20%

What Services To Cut—Comments

"I don't have experience in this. I don't have an opinion."

"I guess the building permit program. Enforcing codes and stuff like that."

"Agriculture, there is enough of it. Transportation, the roads are fine."

"I guess we need our roads paved but we don't really need to pay much attention to them either unlike dealing with education programs an services."

"Parks-general maintenance-less of it."

"I would say that where there's private money to fill in. Those programs should receive cuts."

"Manage everything the best they can and make cuts across the board."

What Services NOT To Cut

Now, thinking beyond cutting administrative costs and doing things more efficiently, what advice do you have for the city and county as to what specific services should not be cut to deal with the effects of the budget shortfall? (open)

Response Category	Percentage
Preventing criminal activity with patrol and neighborhood services	30%
Educational programs/expenses	23%
Serving vulnerable populations including the elderly, disabled, people with development disabilities, and victims of domestic violence	17%
Responding to fires and fire prevention	15%
Providing health care	15%
Emergency management and disaster response	9%
Enforcing the law including gang and drug crimes	7%
Supporting affordable housing and reducing homelessness	7%
Treating people with mental health and addiction problems	6%

What Services NOT To Cut (cont.)

Now, thinking beyond cutting administrative costs and doing things more efficiently, what advice do you have for the city and county as to what specific services should not be cut to deal with the effects of the budget shortfall? (open)

Response Category	Percentage
Economic development/job creation	4%
Supporting children's educational success through programs like after-school programs and human services for children and their families	3%
Transportation planning	3%
Reducing spending/unnecessary administrative costs	3%
Paving/potholes	2%
Reducing poverty	2%
General infrastructure upkeep	2%
Community involvement programs and services	2%
All other responses	< 2%
None/nothing	5%
Don't know	9%

What Services NOT To Cut—Comments

"Everything related to the low income assistance. They should not be cut."

"The level of law enforcement should be kept up because it's a necessity. If there isn't adequate law enforcement, then those people that choose not to live by society's rules will cause chaos."

"Senior service like the meals on wheels program."

"Anything with education, children, or healthcare."

I don't think they should make any cuts in areas like support for mental health and also for elderly assistance.

"Public safety. Where I live public safety is what makes it livable."

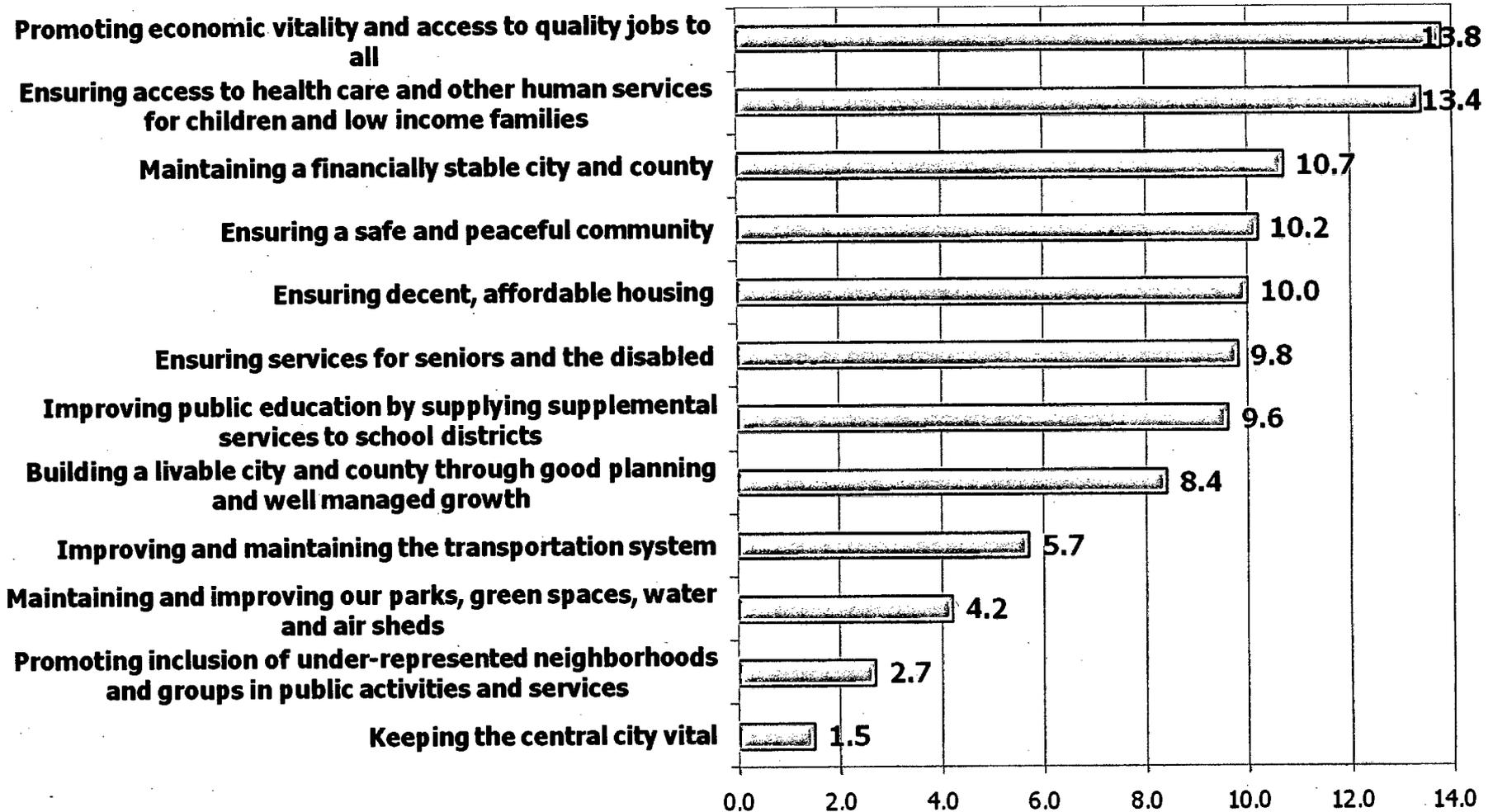
"Programs that benefit the most people."

"Public safety should not be cut. Neither should education."

"Anything that has to do with the safety of children."

MaxDiff Relative Ranking

Among the following items, which is most...least important for your local government officials to fund with taxpayer dollars?



Health and Human Services—Service Urgency

I'm going to read to you a list of specific services...I'm then going to ask you to name the service you feel is most urgent, second most urgent, and third most urgent.

Response category	Most urgent %	Most, 2 nd , 3 rd most urgent combined
Providing health care	30%	49%
Serving vulnerable populations including the elderly, disabled, people with developmental disabilities, and victims of domestic violence	26%	69%
Supporting affordable housing and reducing homelessness	17%	50%
Treating people with mental health and addiction problems	8%	35%
Drug and alcohol sobering and detox services	8%	37%
Reducing poverty	7%	31%
Resolving community health issues	3%	15%
Don't know	1%	1%

**Sample Group 2
N=113**

Your County, Your Choice—Multnomah Co,
March 2009

Public Safety: General—Service Urgency

I'm going to read to you a list of specific services...I'm then going to ask you to name the service you feel is most urgent, second most urgent, and third most urgent.

Response category	Most urgent %	Most, 2 nd , 3 rd most urgent combined
Enforcing the law including gang, drug crimes, and person and property crimes	31%	64%
Responding to fires and fire prevention	17%	41%
Reducing crime through such programs as alcohol and drug treatment and mental health treatment for offenders	15%	48%
Preventing criminal activity with patrol and neighborhood services	13%	65%
Emergency management and disaster response	12%	28%
Holding offenders accountable with the work of District Attorney, courts, jails, and restitution programs	10%	48%
Don't know	0%	0%

Sample Group 1

N=128

Your County, Your Choice—Multnomah Co,
March 2009

Public Safety: Enforcing the Law—Service Urgency

I'm going to read to you a list of specific services...I'm then going to ask you to name the service you feel is most urgent, second most urgent, and third most urgent.

Response category	Most urgent %	Most, 2 nd , 3 rd most urgent combined
Gang related crimes	40%	82%
Person crimes	24%	52%
Drug crimes and sobering and detox services	20%	59%
Property crimes	9%	64%
Ordinance violations including neighborhood livability, traffic and parking violations	6%	25%
Removing abandoned autos	0%	8%
Don't know	2%	2%

**Sample Group 2
N=113**

Your County, Your Choice—Multnomah Co,
March 2009

Public Safety: Holding Offenders Accountable—Service Urgency

I'm going to read to you a list of specific services...I'm then going to ask you to name the service you feel is most urgent, second most urgent, and third most urgent.

Response category	Most urgent %	Most, 2 nd , 3 rd most urgent combined
Alternatives to jail or detention	26%	50%
Adult jails	17%	37%
Courts	16%	37%
Juvenile detention facility and programs	14%	60%
Neighborhood court programs and services	12%	44%
Restitution	9%	35%
District Attorney's office	2%	24%
Don't know	4%	4%

Sample Group 3
N=135

Public Safety: Reducing Recidivism—Service Urgency

I'm going to read to you a list of specific services...I'm then going to ask you to name the service you feel is most urgent, second most urgent, and third most urgent.

Response category	Most urgent %	Most, 2 nd , 3 rd most urgent combined
Family services for juvenile offenders	32%	76%
Mental health treatment for offenders	24%	59%
Re-entry programs for offenders including housing and jobs	16%	49%
Alcohol and drug treatment for offenders	12%	58%
Parole and probation for offenders	7%	20%
Don't know	10%	10%

**Sample Group 4
N=124**

Neighborhood Livability—Service Urgency

I'm going to read to you a list of specific services...I'm then going to ask you to name the service you feel is most urgent, second most urgent, and third most urgent.

Response category	Most urgent %	Most, 2 nd , 3 rd most urgent combined
Supporting children's educational success through programs like after-school programs and human services for children and their families	45%	74%
Maintaining natural resources and open spaces	13%	39%
Parks and recreation including adult, child, and senior community programs and maintaining neighborhood parks	10%	59%
Library services and access	10%	34%
Community involvement programs and services	8%	26%
Noise/nuisance control	4%	17%
Arts and culture	0%	10%
Animal control services	0%	14%
Don't know	8%	8%

Sample Group 4, N=124



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 04/21/09
Agenda Item #: B-4
Est. Start Time: 11:00 AM
Date Submitted: 04/15/09

Agenda Title: **Briefing on Current Revenue Issues: Historic Property Tax Limitation Reform, Property Tax and Visitors Development Initiative and Fund**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date: April 21, 2009 **Amount of Time Needed:** 1 hour
Department: Non-Departmental **Division:** McKeel, Shiprack
Contact(s): Corie Wiren, Matthew Lashua
Phone: 503 988 4105 **Ext.** 84105 **I/O Address:** 503/600
Rhys Scholes, Chair Wheeler's Office; Randy Walruff, Senior Program Manager, Assessment & Taxation; Corie Wiren, Commissioner McKeel's Office and Peggidy Coffman-Yates, Chair Wheeler's Office
Presenter(s):

General Information

- 1. What action are you requesting from the Board?**
None - Informational Only
- 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**
Currently, Historic Property Tax Limitation Reform legislation is being considered by the Oregon Legislature. This briefing will update the board on this effort.

Property Tax Equity Reform is also being considered in Salem. This briefing will update the board on that effort.

Finally, VDI/VDF changes will soon be considered by the Board. This briefing will be an opportunity for the Board to gain more knowledge about the complexities of the Visitors Development Initiative and ask questions.

3. Explain the fiscal impact (current year and ongoing).

N/A

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

N/A

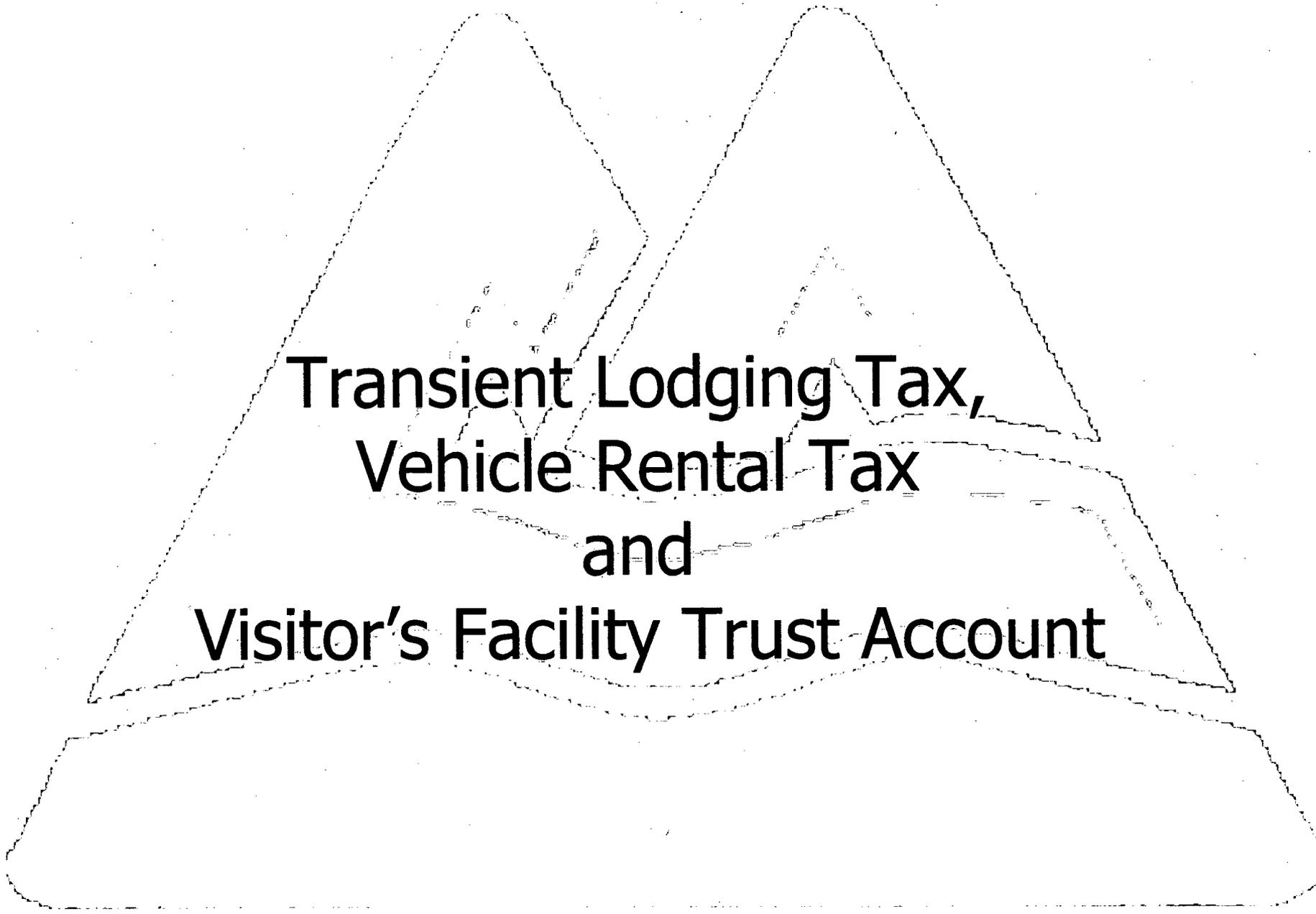
Required Signature

Elected Official or
Department/
Agency Director:

Diane McKeel

Date: 4/15/2008

JC Shiprack



**Transient Lodging Tax,
Vehicle Rental Tax
and
Visitor's Facility Trust Account**

Transient Lodging Tax, Vehicle Rental Tax and Visitor's Facility Trust Account

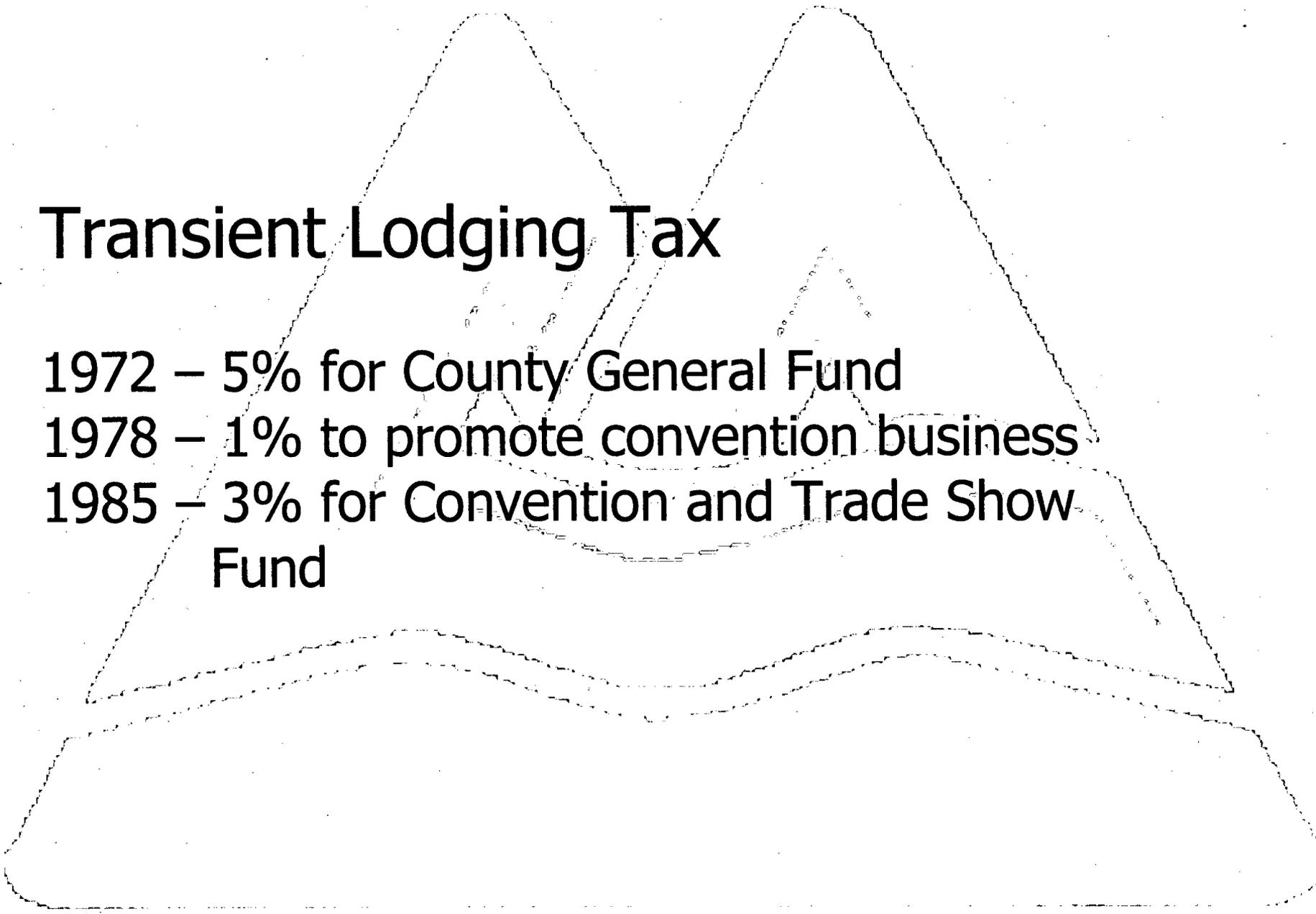
- Background and Outline
 - Provide Brief History of Funding Streams
 - Show Source and Use of Funds
 - Project Funding Streams
 - Visitor Development Trust Account and Headquarter Hotel
 - Questions and Priorities of Taxes
 - Next Steps



Acronyms

- TLT – Transient Lodging Tax
- MVRT or MVT – Motor Vehicle Rental Tax
- VDI – Visitor Development Initiative
- VDF – Visitor Development Fund
- VFTA – Visitor Facilities Trust Account
- OCC – Oregon Convention Center
- PCPA – Portland Center for Performing Arts
- PGE Park – Civic Stadium
- HH – Headquarter Hotel



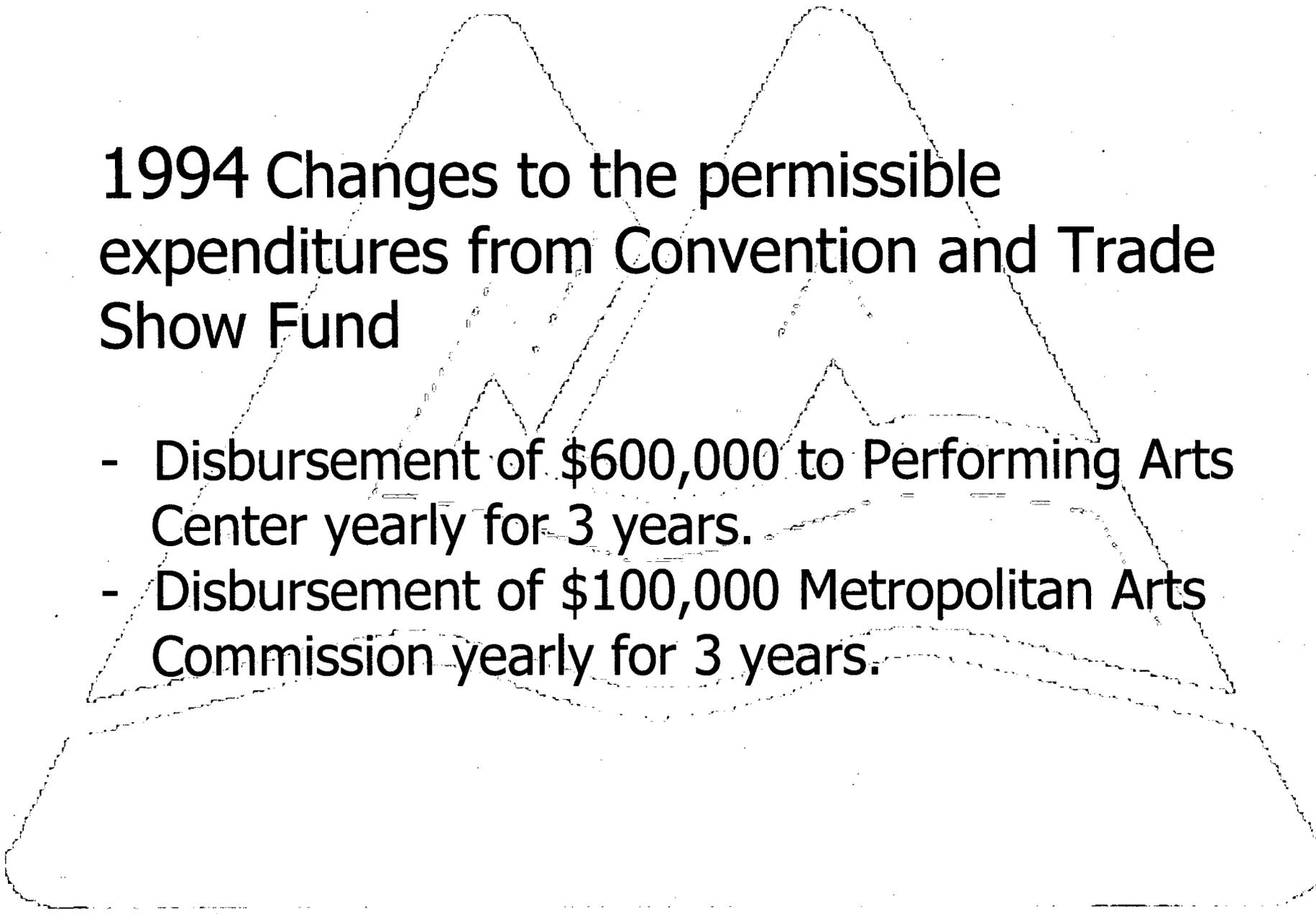


Transient Lodging Tax

1972 – 5% for County General Fund

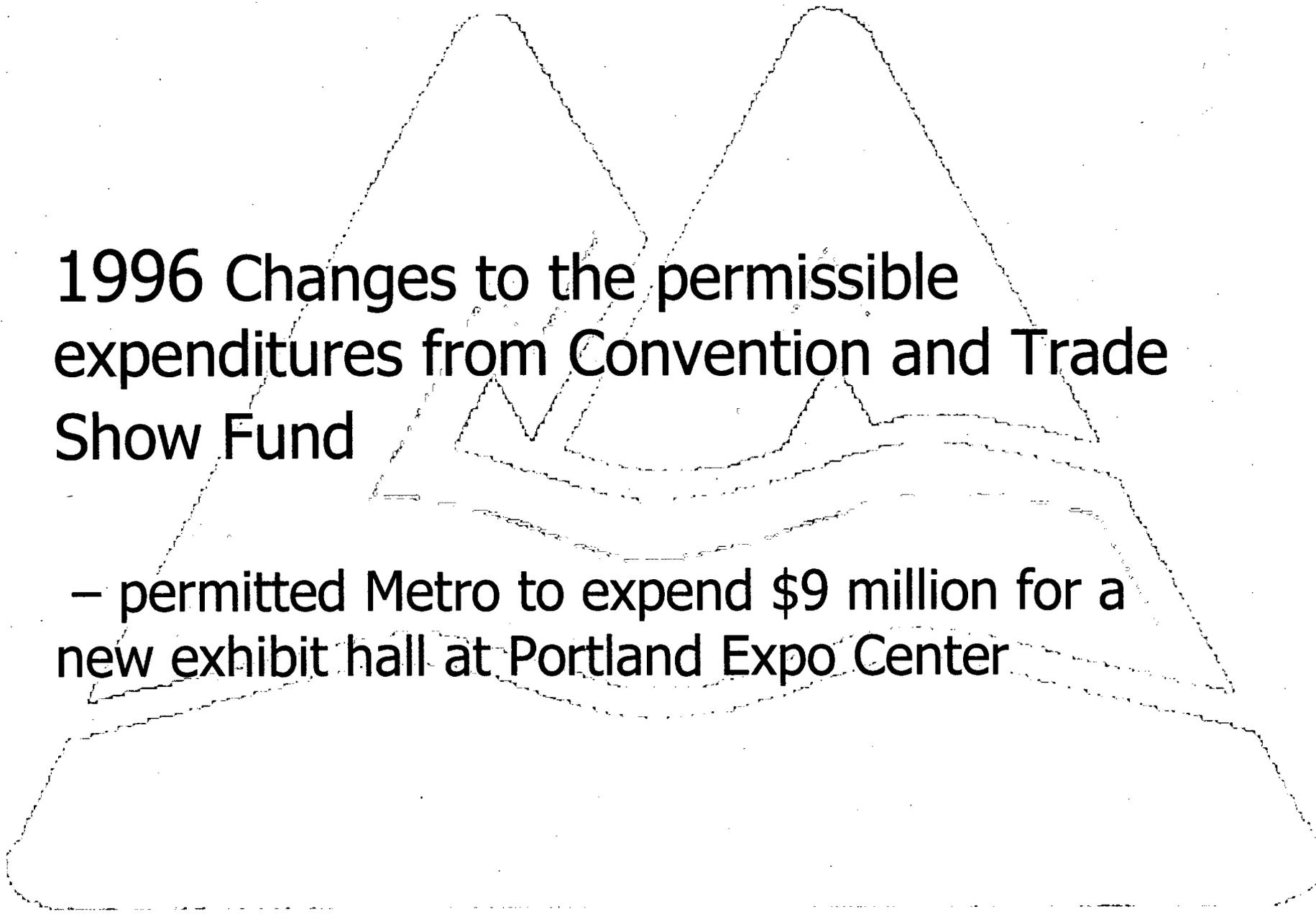
1978 – 1% to promote convention business

1985 – 3% for Convention and Trade Show
Fund



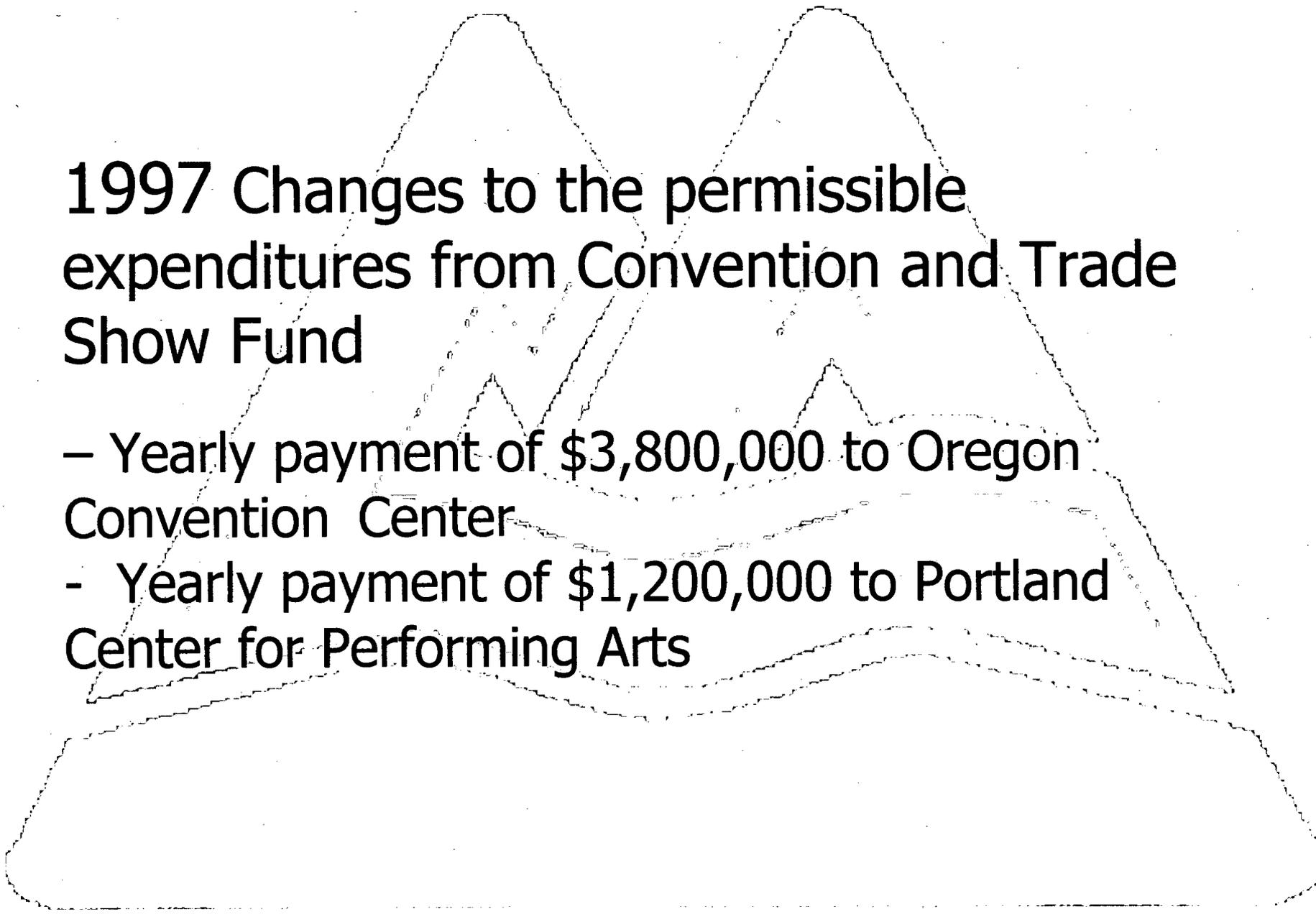
1994 Changes to the permissible expenditures from Convention and Trade Show Fund

- Disbursement of \$600,000 to Performing Arts Center yearly for 3 years.
- Disbursement of \$100,000 Metropolitan Arts Commission yearly for 3 years.



1996 Changes to the permissible expenditures from Convention and Trade Show Fund

- permitted Metro to expend \$9 million for a new exhibit hall at Portland Expo Center



1997 Changes to the permissible expenditures from Convention and Trade Show Fund

- Yearly payment of \$3,800,000 to Oregon Convention Center
- Yearly payment of \$1,200,000 to Portland Center for Performing Arts

1997 Changes (cont.)

-Yearly payment of \$200,000 for cultural tourism

-yearly payment of up to \$200,000 to Regional Arts and Culture Council

Payments to be reassessed by the Board every five years.

Visitor Facilities MOU – 1997

Parties

- Multnomah County
- City of Portland
- Metro
- Tri-County Lodging Assn
- National Rental Car Companies
- Car and Truck Rental & Leasing Assn
- Portland Oregon Visitors Assn
- Portland Development Commission
- Tri-Met

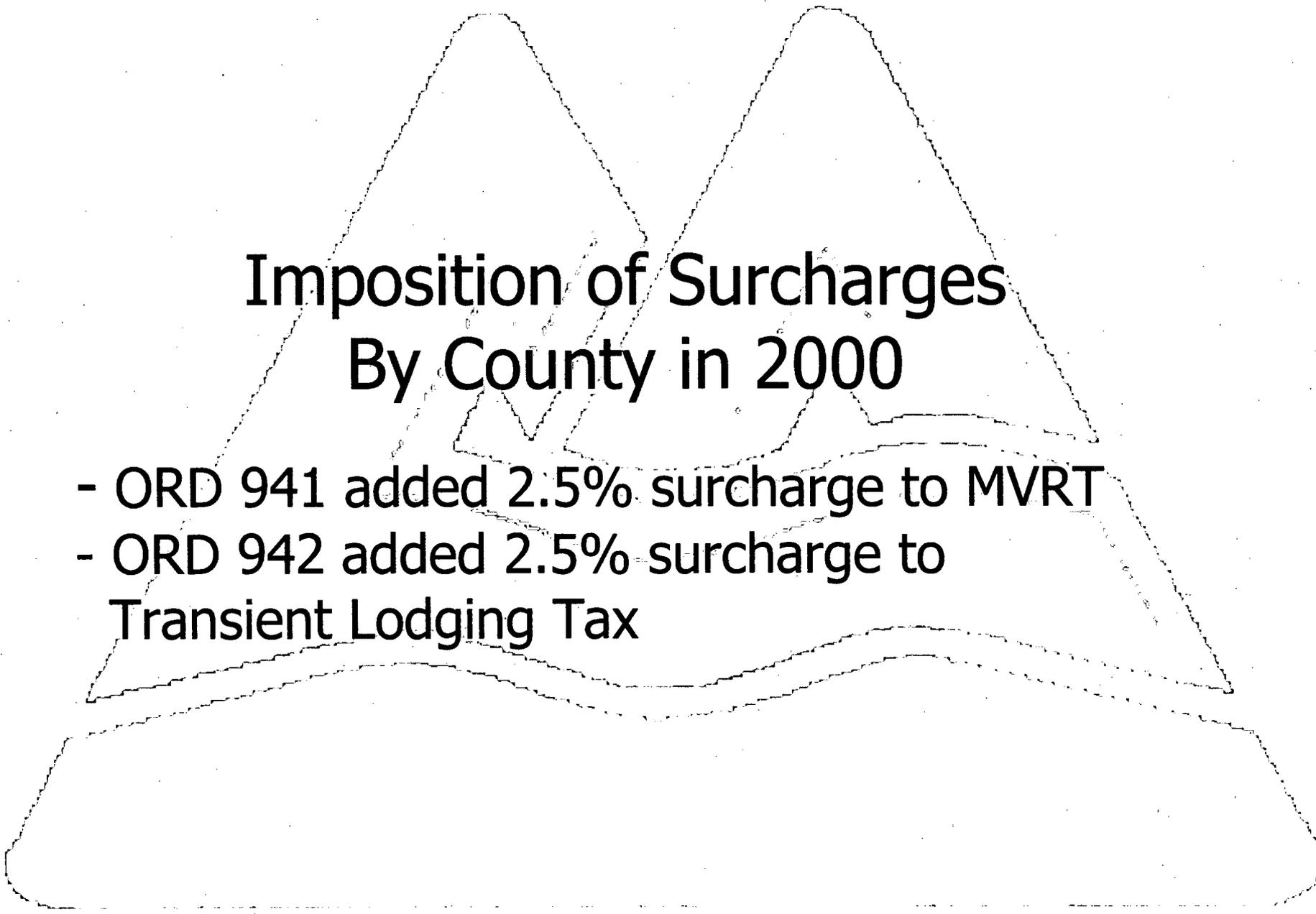
Visitor Facilities MOU

Collaborative effort to modernize and stabilize the operations of public facilities

- Expansion of Convention Center
- Renovation of Civic Stadium
- Renovation of Portland Center for Performing Arts
- Extension of Fareless Square to Lloyd Center
- Stabilize funding of Performing Arts Center

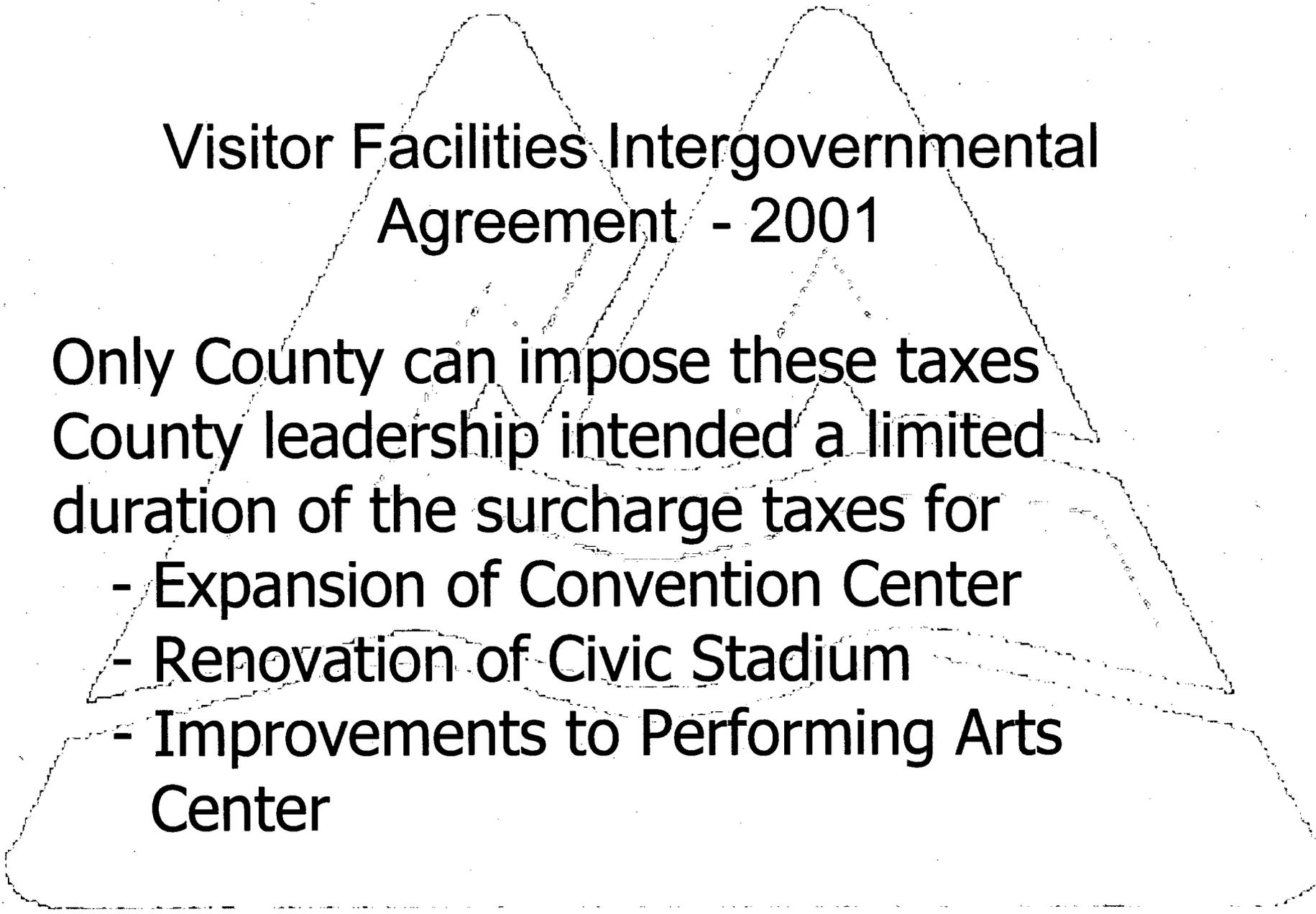
Visitors Facilities MOU

- County would impose 2.5% surcharge to Transient Lodging and 2.5% surcharge to Motor Vehicle Rental Taxes
- County would pledge new surcharge taxes to the payment of bonds for the three facilities
- City would issue the bonds



Imposition of Surcharges By County in 2000

- ORD 941 added 2.5% surcharge to MVRT
- ORD 942 added 2.5% surcharge to
Transient Lodging Tax



Visitor Facilities Intergovernmental Agreement - 2001

Only County can impose these taxes
County leadership intended a limited duration of the surcharge taxes for

- Expansion of Convention Center
- Renovation of Civic Stadium
- Improvements to Performing Arts Center

Visitor Facilities Trust Account Intergovernmental Agreement

- County pledged the revenues from the surcharge taxes to the payment of the bonds, and to disburse the remainder according to priorities
- The Agreement terminates when the bonds are paid, estimated 2026
- The taxes terminate when the Agreement terminates

Transient Lodging Tax, Motor Vehicle Tax and Visitors Facilities Trust Account

(in millions)

11.5% Transient Lodging Tax		County	Metro MERC	Other
5%	Base Tax to Cities and Counties Portland Gresham Troutdale Fairview Multnomah County			\$16,380 \$,580 \$,400 \$,040
		\$,005		
1%	Travel Portland Promotion Surcharge Promotion of County Convention Business and Tourism			
3%*	Visitor Development Fund for Oregon Convention Center and PCPA • OCC Operations • PCPA Operations • Travel Portland • Regional Arts and Culture Council (RACC) • Metro Managed Facilities Capital		\$6,440 \$1,378	\$,230 \$,200 \$,844
2.5%	Visitors Facilities Trust Account			\$8,403

12.5% Motor Vehicle Rental Tax		County	Metro MERC	Other
10%	General Fund	\$12,890		
2.5%	Visitors Facilities Trust Account			\$3,370

Visitor Facilities Trust Account				
Source	County	Metro MERC	City	Other
Transient Lodging Tax	\$8,403			
Motor Vehicle Rental Tax	\$3,370			
Total	\$11,773			
Use of funds				
Bond Payments				
• Oregon Convention Center Bonds (\$100M) ¹			\$5,567	
• PCPA Bonds (\$2.1M) ²			\$,171	
• PGE Park/Civic Stadium (\$35M) ³			\$1,990	
Operations				
• OCC Operating Deficit				\$,396
• OCC Marketing				\$,340
• TriMet Fareless Square				\$,563
• Visitor Development Fund				
• Enhanced PCPA Support		\$,563		
• OCC Operating deficits in excess		\$,400		
Beginning Balance Revenue Stabilization Account				\$1,297
Ending Balance Revenue Stabilization Account				\$3,100
Set Aside to Redeem 2001 OCC Bonds				
Visitor Development Fund Administrative Fee	\$,082			

Excise Tax Fund Contract Participant
- Metro
- Multnomah County
- City of Portland

Note: The amounts specified in subsection (2) above are subject to review by board every five years

¹Debt retired 2030
²Debt retired 2021
³Debt retired 2023

VISITOR FACILITIES TRUST ACCOUNT

CURRENT IGA (2001-Present)

Order of Priority

1. OCC 2001 Bond (\$100M) -
2. PCPA 2001 Bond (\$2.1M)
3. PGE Park Bond (\$35M)
4. OCC Operations (\$8.84M to FY '05/'06 then VDF)
5. OCC Marketing \$350K+CPI

6. TriMet Fareless Sq (\$300K+CPI)

7. Visitor Development Board (\$500K+CPI)
8. PCPA (\$500K+CPI)
9. OCC Op Deficit (Until end FY'05/'06)
10. Revenue Stabilization Acct (RSS)

11. Set Aside to Redsem 2001 OCC Bonds

12. Visitor Development Board

PERMANENT IGA OR PROPOSED INTERIM

Order of Priority

1. OCC 2001 Bond (\$100M)
2. PCPA 2001 Bond (\$2.1M)
3. PGE Park Bond (\$35M)
4. Govt' Debt Service Reimbursement for 1-3 if insufficient funds
5. OCC Operations (\$800K+CPI)

6. OCC Marketing (\$600K+CPI)

7. Visitor Development Board (\$650K+CPI)
8. PCPA (\$650K+CPI)
9. TriMet Fareless Sq (\$350K+CPI)
10. HH Pre-D Payment Reimbursement \$1M/Yr+CPE - To Metro
11. Revenue Stabilization Account (Maintain at \$3M+CPI)
12. Remainder divided between 12a-12c as follows:
 - OCC Operations 40%
 - Convention Enhanced Marketing 30%
 - Visitor Development Board 30%

PROPOSED IGA FOR HH

Order of Priority

1. Refinanced OCC Bonds
2. Refinanced PCPA Bonds
3. PGA Park Bond (\$35M)
4. HH 2010 Bonds Indanture (Not to Exceed \$3M/Yr) -If needed
5. HH 2010 Bond Indenture Fund for debt service (Not to Exceed \$3M/Yr) - If needed & replenish when used
6. Government Debt Service Reimbursement- Reimburse Metro & City for bond service if insufficient funds in VRTA to pay bond debt
7. OCC Operations (\$800K+CPI)
8. OCC Marketing (\$650K/Yr+CPI)
9. Visitor Development Board (\$675/Yr+CPI)
10. PCPA (\$675K/Yr+CPI)

11. Tri-Met Fareless Sq (\$375K/Yr+CPI)

12. Revenue Stabilization Account for 1 - 4 (Maintain \$5M+CPI)
13. Remainder divided between 12a-12c as follows:
 - OCC Operations 40%
 - Convention Enhanced Marketing 30%
 - Visitor Development Board 30%

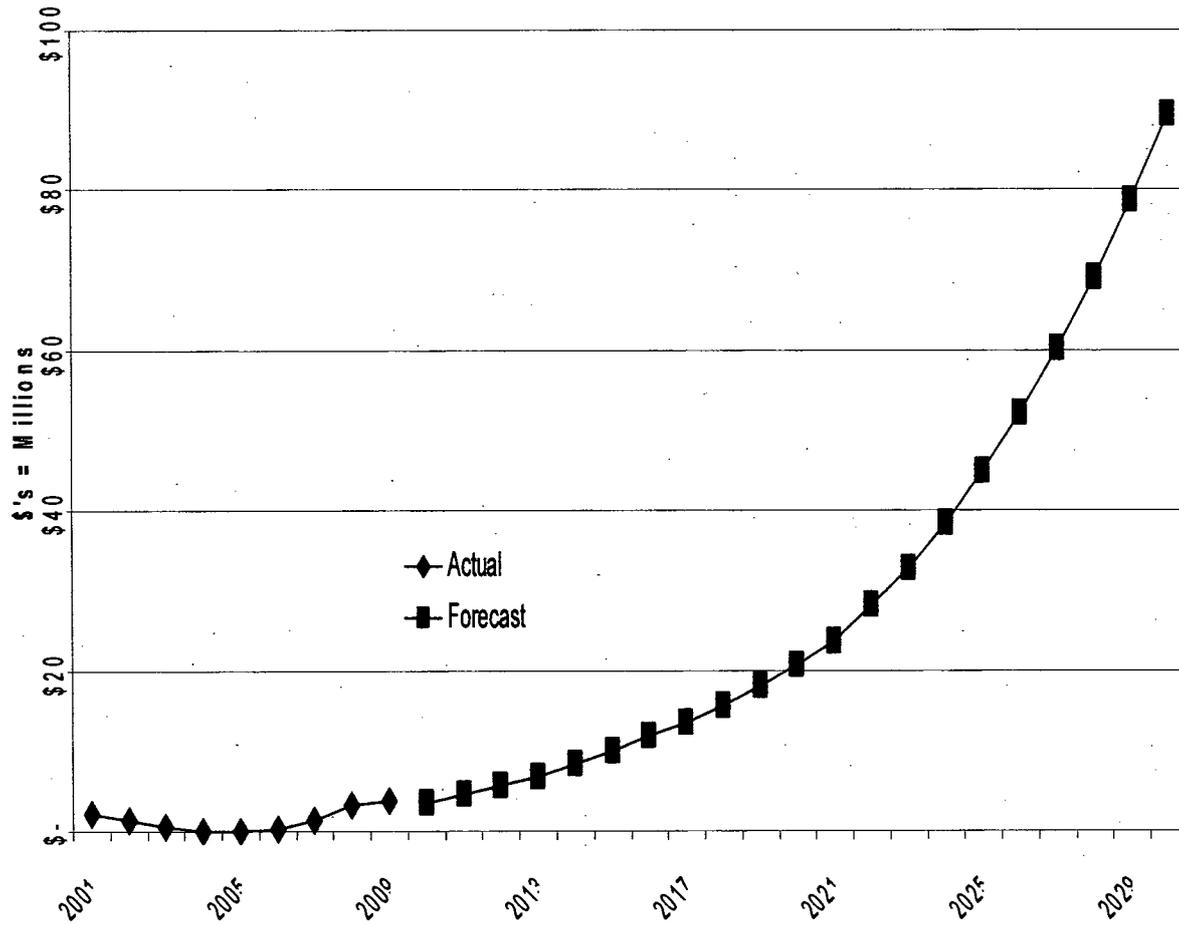
Expiration Dates of Bonds:

- OCC: 2030
- PCPA: 2021
- PGE: 2023

4/28/2009



VDTF - Revenue Stabilization Fund
Forecast Balance Based on Current Agreement



VFTA Policy Issues

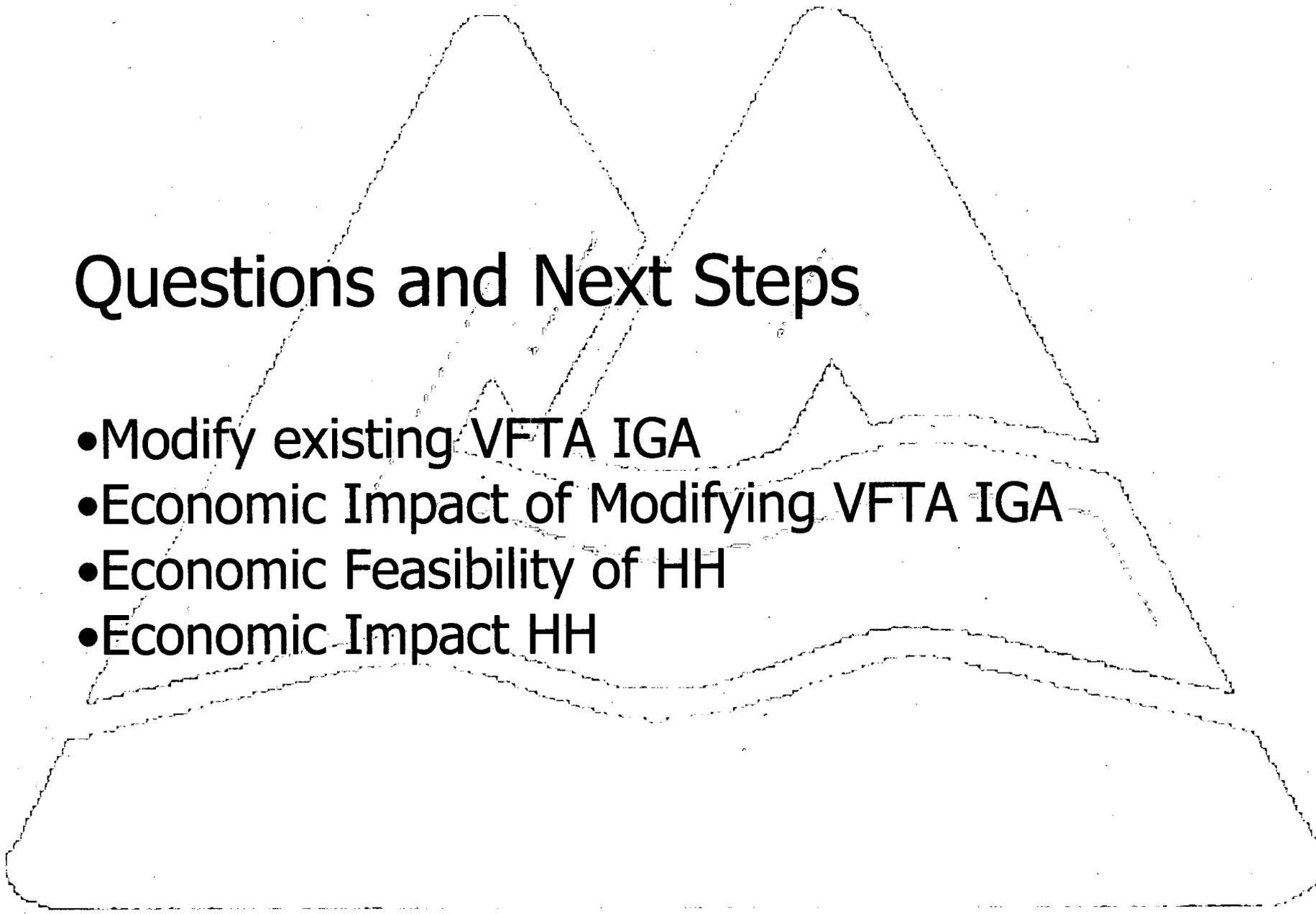
- Intent – Bond payment and Support Tourism
- Duration of VFTA
- Obligation
- Funding Priorities
- Impact on VFTA partners

Proposed "Interim" IGA

- Permanently binds future boards
- If HH not constructed becomes permanent
- Repayment of Pre-Development Expenses of approximately \$11M-\$12M
- If insufficient funds available for debt service City/Metro pay then reimbursed
- Revenue Stabilization Account capped at \$3M then excess distributed to OCC and marketing
- County exercise right to review TLT 3% Excise Tax every 5 years

VFTA Headquarter Hotel IGA

- If HH is constructed the VFTA IGA becomes City and Metro control the decision process
- VFTA duration of obligation to HH over life of bonds or "at risk" period
- Request other regional partners that benefit incorporated into agreement
- HH sold to private entity specific funds set aside for to meet refinancing of OCC and PCPA refinancing



Questions and Next Steps

- **Modify existing VFTA IGA**
- **Economic Impact of Modifying VFTA IGA**
- **Economic Feasibility of HH**
- **Economic Impact HH**