

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 00-104

Adoption of the Homeless Families Plan for Multnomah County: Five Year Roadmap for Service Development

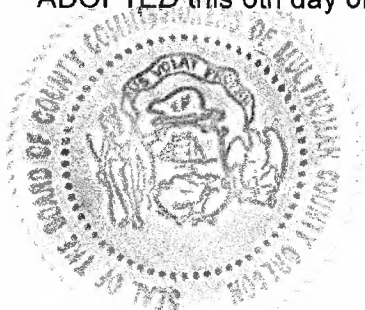
The Multnomah County Board of Commissioners Finds:

- a. Expanding service options to homeless families is a priority of the Board of County Commissioners.
- b. Multnomah County Board has identified as three of its urgent benchmarks: Reduced Number of Children Living in Poverty, Increased High School Completion, and Reduced Crime.
- c. An extensive planning process was initiated by the Division of Community Programs and Partnerships involving stakeholders, including Adult and Family Services, the Multnomah County Health Department, the faith community, the Housing Authority of Portland, advocates, the City of Portland, service providers, and the Community Development Network.
- d. Significant steps have been taken to identify best practices, to include information from consumers of service, and to incorporate feedback from focus groups representing diverse populations.

The Multnomah County Board of Commissioners Resolves:

1. The Board adopts the attached plan entitled *Homeless Families Plan for Multnomah County: Five Year Roadmap for Service Development* as Multnomah County's strategy for expanding services to homeless families in the County.
2. To prevent duplication of services, the County will collaborate with available community resources to assist homeless families and further develop a formal relationship with crucial partners.

ADOPTED this 6th day of July, 2000.

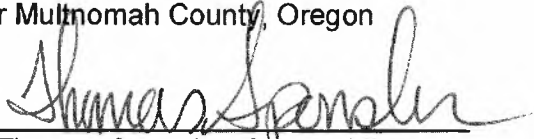


BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Beverly Stein, Chair

REVIEWED:

Thomas Sponsler, County Attorney
For Multnomah County, Oregon

By 
Thomas Sponsler, County Attorney

Homeless Families Plan for Multnomah County: Five Year Roadmap For Service Development

Developed by the Ad Hoc Committee
Under Auspices of
Multnomah County Department of Community and Family Services
Division of Community Programs and Partnerships

July 7, 2000



For Information on this *Homeless Families Plan*, contact:
Multnomah County Department of Community & Family Services
Division of Community Programs & Partnerships
Donna Shackelford, 988-3999 extension 28402

TABLE OF CONTENTS

Executive Summary	Page 1
Section I: Introduction	3
• Impetus for Plan	3
• Planning Process	4
Section II: Overview of Current System	
• Continuum of Housing and Services	5
• Client Characteristics	8
• Funding	9
• Outcomes	10
Section III: Five Year Plan	
• Overview	11
• System Values	12
• Outcomes and Logic Model	14
• System Policies	16
• Overview of Program Model	18
• Comparison of Systems	34
• Funding Plan	35
Section IV: Continuing Issues	38
Charts	
A. Current Family Shelters	6
B. Current Transitional Housing Units	7
C. Homeless Families Funding: 1999-2000	10
D. Planned System Capacity at One Point In Time	11
E. Logic Model: Multnomah County Homeless Families System	13
F. Homeless Families System in Multnomah County: Outcomes Overview	15
G. Flow Chart	19
H. Comparison of Current to Planned System	34
I. Funding Priorities	35
J. Current, Revised and Enhanced Budget	36
Appendix	40
A. Ad Hoc and Interested Parties Committee Roster	41
B. Focus Group Notes	42
C. Map of Current Housing and Shelter Sites	45
D. Criteria for Evaluating Program Model	46
E. Culturally-Based Small Group Notes	47
F. Children's Services Small Group Notes	49

EXECUTIVE SUMMARY

The *Homeless Families Plan for Multnomah County: Five Year Roadmap* (June, 2000) is a comprehensive, strategic plan for the revision and expansion of services to help homeless families in Multnomah County leave the state of homelessness and become self-sufficient members of this community. The *Plan* builds on the strengths and experiences of a system that for over 10 years has developed and made available resources for homeless families in this county.

Capacity and Funding

The *Plan* calls for increased and stabilized funding to address the needs of an increasing number of families with children who cannot find, afford, and maintain housing. It is projected that a homeless families system will need \$4,222,810 annually to be able to help an estimated 270 families at any point in time leave the state of homelessness, 79 families to prevent homelessness each year, and 80 families receive only limited emergency services.

The current homeless families system is funded at \$2,571,562, with a significant amount of that amount coming from Federal McKinney grants. The *Plan* calls for an additional \$2,939,341 of ongoing local funding to support the revised service system. This includes local funding to stabilize federal grant programs.

The total funding level of \$4,222,810 is a minimum estimate of system operating costs. It does not account for the millions of dollars needed to build and/or renovate shelters and housing affordable for households earning less than 60% of median income, nor does it include the funding for community services which are available to homeless families through other service systems, e.g., alcohol/drug treatment, mental health services, income and employment support, federal housing subsidies, etc. It is assumed that these community systems will continue to be strong partners in assisting homeless families engaged in the homeless family system.

Critical Decision Points

The Ad Hoc Committee made several critical decisions in the course of its planning:

Limited Capacity: The *Homeless Families Plan* is not designed to serve all of the homeless families in the community. There are an estimated 622 families homeless in Multnomah County at any one time; this is known to undercount the situation due to the difficulties in finding and counting the “hidden homeless.”¹ The *Plan* calls for serving approximately 43% of the needy families, with an expectation that approximately 50% will move through the continuum to self-sufficiency.

Emphasis on Self-Sufficiency: The Ad Hoc Committee emphasized progress toward self-sufficiency as a system goal, with a de-emphasis on emergency shelter as the main service

¹ Counting the homeless populations is a problem nationally, and to date, there has not been a fully scientific or efficient solution. Local estimates are based on the twice-a-year One Night Shelter Count (ONSC), with an extra 25% added to reflect homeless families not accessing the shelters or housing programs participating in the ONSC.

available to homeless families. A priority was put on developing and maintaining housing resources and assistance for families in accessing and staying in affordable housing.

Alcohol/Drug (Non-Compliance) Issues: The homeless families system focuses on families trying to get out of the state of homelessness. The *Plan* recognizes but does not address the needs of families who cannot or will not make progress toward self-sufficiency. The system is not designed or funded to continue long-term services for this population.

Baseline Funding Level: The Ad Hoc Committee envisioned a comprehensive service system and continuum. However, when the funding discussions occurred, the Committee presented a funding plan that was conservative, baseline, and reasonable. There are no luxury items included in the proposed homeless services plan.

Program Model Features

The program model included in the *Plan* builds on the strengths of the current service system while calling for areas of significant change to improve on the existing structures. Important features of the revised program model include:

Improved Access: Access and intake into a continuum of services will be through a single, centralized service, where standard eligibility criteria, information, and resource connections will assure consistency and quality of access for homeless families. The access and intake service will also respond to the continuing need to track families in the system, regardless of where they are served and the services they receive.

Expanded Continuum of Services: Additional funding needs and service options have been identified to help expand the availability of resources for homeless families. For instance, emphasis has been placed on having year-round shelters for families, and on having families move quickly to permanent housing with supportive services in addition to the transitional housing options. Another example is the inclusion of culturally and ethnic specific services to assist families that represent the increasing diversity of our community. The needed expansion addresses not only the growing population of homeless families but also the historical scarcity of housing and support services for this population.

Increased Family Approach to Services: The *Plan* stresses the need to address the family unit holistically and identifies services for the children of homeless parents as a key component for helping the families achieve stability and self-sufficiency.

Increased Responsiveness to Alcohol/Drug Issues of the Homeless Families: Based on the information collected over the last decade of homeless services operations, the *Plan* identifies the need to accommodate homeless families where alcohol abuse and/or drug use are severely affecting the ability of the family to benefit from services. Adding a system-wide Drug & Alcohol Intervention Specialist to provide assessment, placement, and advocacy for clients and training to the providers responds to this need. However, the *Plan* acknowledges that the resource needs of this population exceed the capacity of this revised service system, and further public policy discussions need to occur on the level of public responsibility for addressing this issue.

SECTION I: INTRODUCTION

Impetus for Plan

This report reflects the efforts of a community-based planning process to create a five-year plan for the restructuring, enhancement, and expansion of a system to reduce homelessness among families in Multnomah County.

A system to serve this population has been operating for over ten years, yet significant environmental changes have occurred that make a review of the current system timely and strategic. These factors include:

- ***An Increase in the Numbers of Homeless Families:*** Greater numbers of families are becoming homeless in Multnomah County and are seeking help from public and private non-profit resources. A five-year summary of the semi-annual *One Night Shelter Count*² indicates that there were 38% more known homeless families in 1998 than in 1993. In March 1998, there were 498 families, comprising of 1,237 individuals, reported homeless in the *One Night Shelter Count*. With a 25% increase to adjust for undercounting, there are estimated to be 622 homeless families in this area. The greater numbers are occurring for several reasons, primary among them the escalating housing costs in the Portland Metropolitan area and the lack of living wage jobs.
- ***An Instability of Federal Grant Funding:*** Fifty-three percent of the current homeless families system is funded with McKinney Act Supportive Housing Program funds. These funds pay for a significant portion of the housing services. Over the last five or more years, the Multnomah County area has been very successful in bringing these funds to the local community. However, the need for funds to maintain the programs is exceeding the available grant allocations. Federal funding is being reduced while local competition for available funds has increased. This places McKinney Funded services for homeless families in jeopardy.
- ***Needed Improvements Identified in a Portland/Multnomah County Performance Audit:*** A January 1997 joint City/County audit of the local housing system –“*Housing: Clarify Priorities, Consolidate Efforts, Add Accountability*”- concluded that the local housing delivery system was complex and fragmented, and that access to housing resources was difficult. The audit called for systemic change in the housing service delivery system, particularly by adopting a single entry access system.

Planning Process

² The *One Night Shelter Count* is a count taken on a designated day twice a year, in November and March, of all homeless people occupying shelters, motel vouchers, and transitional housing, and of all people turned away from these resources on that day. The count primarily reflects system capacity rather than absolute numbers of homeless people, but it is a consistent indicator of demand for service.

In October, 1998, a community-based, ad-hoc planning committee was formed to develop a philosophical foundation and service delivery recommendations for a homeless family system. Committee members represented organizations that had an interest in issues related to homeless families. Committee meetings were open and were attended by other interested parties. (See Appendix A for a committee roster.)

The Ad Hoc Committee developed system values, outcomes, criteria for program model development, service system policies, and priorities for funding. The Committee also recommended that several major policy issues be referred to a process that involved longer-term and broader community dialogue.

The Committee's plan for the homeless families system was based on these philosophical and theoretical discussions plus analysis of data, including:

- Small work group sessions around the service delivery model, ethnic and culturally specific issues, and early childhood education issues.
- Input from ten focus groups representing: homeless families receiving services; direct service staff of agencies providing services; families who are risk of homelessness; mid-managers of agencies providing services; the Commission on Children, Family and Community Poverty Advisory Committee; and individuals from a variety of community service programs (including Touchstone, Housing Authority of Portland, Mental Health agencies, public health nurses and ethnic access agencies). Focus groups involving consumers were conducted throughout Multnomah County, including Southwest, Northeast, North and Southeast. A summary of the focus group findings is included as Appendix B.
- "Best practices" research of six jurisdictions, an internationally acclaimed program, *Beyond Shelter*, from Los Angeles, California, and information from an additional 18 cities made available from the City of Seattle, which had also recently undertaken a survey regarding homeless family service systems.

SECTION II: OVERVIEW OF CURRENT SYSTEM

Continuum of Housing and Services

The Multnomah County Division of Community Programs and Partnerships (DCPP), within the County's Department of Community and Family Services, is the coordinator and funder of services for families who are homeless. The homeless family service system currently funded through Multnomah County consists of the following³:

- **Access, Case Management, Information/Referral, and Support Services:** These core social services are provided by six Community and Family Service Centers.⁴ These centers are geographically based and also provide anti-poverty services for housed, low-income people as well as other services to families. The current centers are:
 - ❖ East County: Eastwind
 - ❖ Mid-County: Family Works – Lutheran Family Services
 - ❖ Southeast Portland: Portland Impact
 - ❖ Northeast Portland: Volunteers of America
 - ❖ North Portland: Peninsula Affiliates, Inc.
 - ❖ West Side: West Side Community Services, Inc.
- **Night and Weekend Access:** An initial telephone screening and access to motel vouchers are provided after usual business hours. Callers receive temporary assistance and are referred to an appropriate service provider for next day or Monday contact.
- **Motel Vouchers:** Access to immediate shelter for up to one month may be authorized through approximately 40 service providers. Vouchers and vouchering agencies are not limited to homeless families but also serve homeless youth, survivors of domestic violence, and single adults. The current voucher program serves approximately 450 families per year, with referrals from agencies not included in the current homeless family system.
- **Rent Assistance:** Time-limited subsidy for rent and deposits may be available to homeless households moving to permanent housing or to households at risk of losing their housing and

³ The *Plan* addresses the system of services that is funded through Multnomah County. Other service systems provide both financial support and a myriad of services to homeless families, including, but not limited to: the Housing Authority of Portland (HAP) including its RASP program, programs for victims of domestic violence, the Oregon Division of Vocational Rehabilitation, alcohol/drug treatment systems, mental health agencies, Adult and Family Services (AFS), Services to Children and Families (SCF), school based programs, food banks, and the faith community.

⁴ During FY1999-2000, the Community Action Service Center system blended with the Family Center system into a geographically based Community and Family Service Center system serving families, individuals, youth, and children. A question before the Ad Hoc Committee was whether the homeless families component of the Community Action system automatically joined this new configuration or was defined separately and expected to collaborate for the enhancement of services for homeless families. The decision was to keep the systems separate for definition but to require interface and collaboration.

becoming homeless. Rent assistance is accessed through approximately 40 service providers and, like vouchers, is not limited to homeless families.

- **Year-Round Shelter:** There are three year-round emergency shelter options available in the continuum of resources for homeless families. Two of these shelters offers 24 hour shelter, the third shelter has day services available at a location different than where guests spend the night.
- **Winter Shelter:** Three faith-based shelters, mostly volunteer-run, operate at night during the winter months, generally November through March. A day shelter is also funded for this time period, for use by guests of the various winter shelters. Several shelters have expressed an interest in expanding to more months or to a full year, subject to need for funding, zoning restrictions, and limitations of the volunteer base.

Chart A: Current Family Shelters

Name of Shelter/Sponsor	Location of Shelter	Beds Capacity	Open Period
Goose Hollow/First United Methodist Church	SW 18 th and Jefferson (near West Burnside)	24 individuals (~8 families)	Nov-Mar, Night Only
Sunnyside Centenary United Methodist Church	Inner Southeast Portland	10 individuals (~2 families)	Nov-Mar, Night Only
Reedwood Shelter	Southeast Portland	8 individuals (~2 families)	Nov-Mar, Night Only
Salvation Army - Door of Hope	Inner Downtown Portland	15 families, 45 beds	365 days a year
Day Shelter	Inner Downtown Portland		Nov-Mar, Day Only
SafeHaven Family Shelter/YWCA	North Portland	9 families, 28 beds	365 days a year
Metro East Portland/Interfaith Hospitality Network	East County	3-5 families, 14 beds	365 days a year
Total		129 beds; ~41 families at any one time during winter months.	

- **Community/Scattered Site Transitional Housing:** Housing units located in apartments or houses throughout the community are accessed through the Homeless Family Service

Providers, which offers case management support, housing location and placement, and follow-up services. These units may be leased by the agencies from the private market or Housing Authority of Portland, or they may be owned by the agency. In some cases, the families control the lease but may get a rent subsidy and support services.

- **Facility-Based Transitional Housing:** Facility-based housing refers to transitional housing units located together in one building or complex and operated as a program. These facilities usually offer case management and other support services. Currently three facilities serve homeless families⁵:
 - ❖ **Willow Tree Inn:** Gresham, 9 units. Originally a nursing home remodeled as an emergency shelter, Willow Tree Inn now functions as group site transitional housing. It is owned by the Housing Authority of Portland and operated by Human Solutions.
 - ❖ **Richmond Place:** SE Portland, 20 units. This is a mixed-use residential and commercial facility offering an alcohol and drug free community environment. It is owned by the Housing Authority of Portland and operated by Portland Impact.
 - ❖ **Turning Point:** SW Portland, 24 units. This is a complex of small apartments owned by the Housing Authority of Portland and operated by Neighborhood House.

Chart B: Current Transitional Housing Units

Geographic Area	Name of Service Provider	Number of Community Based Transitional Housing Units	Number of Facility Based Transitional Housing Units
East County (82 nd East)	Human Solutions, Inc.	24 – 26	Willow Tree 9 units
Southeast Portland	Portland Impact, Inc.	5	Richmond Place 20 units
Northeast Portland	Albina Ministerial Alliance, Inc.	14	None
North Portland	YWCA – St. John’s Emergency Services	18	None
Northwest Portland	Friendly House, Inc.	11	None
Southwest Portland	Neighborhood House, Inc.	10	Turning Point 24 units
TOTAL		82 – 84 units	53 units

Appendix C is a map illustrating the geographic distribution of shelter and transitional housing locations.

- **Permanent Housing Follow-up:** The Community and Family Service Centers are required to follow up with families exiting services for permanent housing, at 3, 6, 9, and 12 month intervals, to determine whether the families are remaining stable. Often, families will be

⁵ A fourth McKinney funded complex, Sunrise Place, serves homeless families in an alcohol/drug free environment as a continuation of treatment and recovery. This facility is considered part of the Alcohol/Drug System. Jeans Place, a fifth facility, serves single women.

provided case management and other supportive services for up to six months after moving into permanent housing.

- **Culturally/Ethnic Specific Services:** The existing system has limited capacity to provide services to people from specific populations and cultures. Currently, five out of the six agencies have bi-lingual, bi-cultural staff. All of the current County contractors have a cultural competency plan in place.

Client Characteristics

The planning process for the new homeless family system has defined a family as:

“At least one parent or guardian age 18 or older with at least one child under the age of 18, a verified pregnant woman, or a homeless individual in the process of securing legal custody of any person whom has not attained the age of 18 years”

where “homeless” is defined as⁶:

- *Sleeping in places not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings.*
- *Sleeping in emergency shelters.*
- *Living in transitional or supportive housing for homeless families but who originally came from the streets or emergency shelters.*
- *Being evicted within the week from private dwelling units and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing.*
- *Forced to leave their housing because of unsafe situations.*
- *Forced to leave their housing due to overcrowding and/or lease or zoning violation.*
- *Living in unstable housing circumstances that result in frequent changes of residence.*

While it is recognized that families may be survivors of domestic violence or be headed by a teen parent, these specific populations are served primarily, but not exclusively, through other service systems and are not, therefore, the focus of this *Homeless Families Plan*.

Currently, the Multnomah County homeless families system serves approximately 450 families per year, representing approximately 1,400 individuals, with approximately 144 families (averaging 432 individuals) served at any one point in time during the winter months. This number accounts for families served by the six Community and Family Service Centers and those served with motel vouchers who do not progress on to permanent housing and stability. It represents approximately 23% of the estimated 622 homeless families in Multnomah County at any one time.

Characteristics of these homeless families include:

⁶ The Ad Hoc Committee expanded upon the definition of “Homeless” used by HUD McKinney Act to include being forced to leave their housing due to lack of safety or overcrowding or living in an unstable environment. Because federal funding would not consider those conditions eligible for homeless services, local funding would be needed to supplement services for families deprived of housing for these conditions.

- 77% of homeless families are single, female-headed households.
- 68% of homeless family members are under the age of 18.
- 45% of the children in homeless families are under 5 years of age.
- Heads of household average 29 years old and are accompanied by two children.
- 20 – 25% are of an ethnic minority or race (disproportionately high relative to the overall population composition in the area).
- 50% of the primary parents do not have a high school diploma or GED at entry in the system.
- Many have experienced chronic or long-term homelessness.
- Most of the families have a number of significant barriers to stabilization in permanent housing:
 - ❖ 77% of families entering the local homeless service system are unemployed and most of those who are employed do not have sufficient employment income to sustain the family;
 - ❖ 80% are in debt and have a poor credit history
 - ❖ 53% of the households have backgrounds of domestic violence, sexual abuse and/or physical abuse;
 - ❖ 41% self declared they are suffering from alcohol/drug dependencies or addictions, or have used hard drugs the past year

The challenges for these families are frequently compounded and aggravated by problems the children exhibit, which are often related to stress and the economics of being homeless. These families face a lack of living wages, affordable housing, safe and affordable child-care, and employment benefits that allow them to meet their basic living needs.

Funding

Current funding administered through Multnomah County for homeless families totals an estimated \$2,762,354. The estimate is due to the amounts allocated for motel vouchers and rent assistance, which are pooled and open for all homeless and at-risk people. These amounts do not include funds administered through other agencies such as the Housing Authority of Portland, the City of Portland, the City of Gresham and individual service providers.

Chart C: Homeless Families Funding: 1999-2000

Service Element	Local Funds (includes state)	McKinney Funding	TOTAL
Access/Intake	\$ 34,146	\$ -0-	\$ 34,146
Facilities	\$ 211,426	\$147,590	\$ 359,016
Facility Case Management	\$ -0-	\$161,723	\$ 161,723
Case Management	\$190,792	\$289,020	\$ 479,812
Scattered Site Housing	\$ 88,804	\$320,988	\$ 409,792
Support Services	\$ 40,957	\$ 90,176	\$ 131,133
Overflow Shelter	\$ 94,727	\$ -0-	\$ 94,727
Emergency Year-round shelter	\$ 51,040	\$ -0-	\$ 51,040
Housing Relocator	\$ -0-	\$230,700	\$ 230,700
Vocational Rehabilitation Pathfinders/employment	\$ -0-	\$233,420	\$ 233,420
Mental Health Services	\$ -0-	\$ 36,345	\$ 36,345
Vouchers	\$381,500	\$ -0-	\$ 381,500
Rent Assistance	\$159,000	\$ -0-	\$ 159,000
Children's Services	\$ -0-	\$ -0-	\$ -0-
TOTAL	\$1,252,392	\$1,509,962	\$2,762,354

Of the current funding administered through Multnomah County, 53% is federal McKinney grant funds. These funds are competitive, time-limited grants under severe competition not only locally but nationally as well. In the last two years of McKinney applications, funding for homeless family programs have been reduced and shortened in total grant time; these funds are not considered stable.

Outcomes

The current system tracks the following outcomes:

- % of families permanently housed
- % of families still permanently housed 6 months after exit from system
- % of families who increased or maintained income.

FY1998/99 data show that in general, 70% of homeless families exited services to permanent housing; 86% remained stable for one year, and 50% increased or maintained incomes.

SECTION III: FIVE YEAR PLAN

Overview

The *Homeless Families Plan* resulting from the community planning process and described in this report calls for:

- 270 families to be served at any point in time (includes households receiving preventative rent assistance), with 350 families expected to be served throughout the year with turnover. This calculates to approximately 1,225 individuals and compares to the approximate 144 families currently served at any point in time during the winter months.
- A fuller continuum of housing and services, consisting of:
 - ❖ A single telephone number for access and intake
 - ❖ An non-complex, interactive client data system enabling the County to report, evaluate and define the system
 - ❖ Year-round shelters including day shelter capacity
 - ❖ Limited motel vouchers
 - ❖ Assessment and case management
 - ❖ Multiple housing options, including services for families responsible for their own housing
 - ❖ Social and health supportive services, including alcohol/drug and mental health assessments and treatment, employment assistance, education and training, income assistance, and child care
 - ❖ Services for children, including mental health support, childcare, education, health and development screening and follow-up, and school and friendship support.
- A system costing \$4,222,810 annually.
- A funding plan to reduce dependency on Federal McKinney grants funding.
- A funding plan to fill gaps in the continuum first with further increases distributed proportionately, to the degree possible.
- Data collection and analysis, evaluation, and continued discussion about community and system issues.

Chart D: Planned System Capacity at One Point In Time

Service Component	Planned Capacity	Notes
Shelter	55	104 Families Receiving Intake and Connection to Case Management
Overflow Shelter	41	
Motel Vouchers	8	
Facility-Based Housing	53	240 Families Receiving Case Management
Supported Scattered Site Housing	90	
Permanent Housing w/Services	90	
Rent Assistance	5	Primarily prevention services
Total	342	

System Values

The following guiding values and principles provide the framework for the *Homeless Families Plan* and all services and programs funded through it.

System Values and Principles

- **Family Well Being:** We value family units of all types where adults care for children in positive ways to support healthy development of the child as a citizen in the community. The family unit, however defined, should be every child's first source of love and support.

We value community with sufficient safe, affordable housing, as well as adequate clothing, transportation, health care, education and employment available to all families.

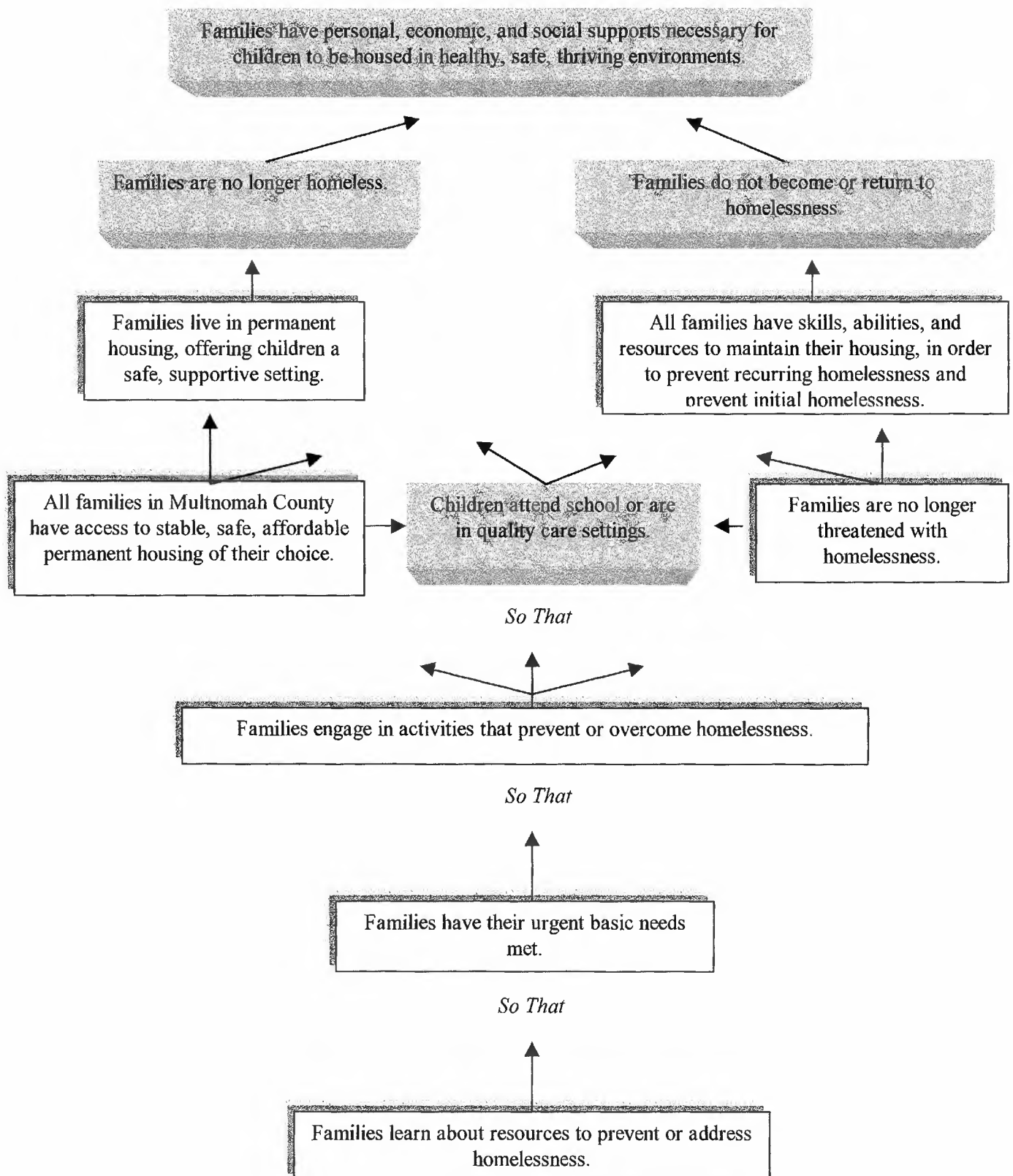
We value the right of all families to access safe, affordable housing.

- **Self-Reliance:** We value each individual's power and resources. Housing and service should be designed to encourage self-reliance and independence.
- **Sense Of Community:** We value programs and neighborhoods that welcome homeless families' participation in community life.
- **Strength-Based:** We value a collaborative approach, recognizing the unique strengths and experience of families and individuals that supports resiliency and empowers the making of their own decisions.
- **Creative Freedom:** We value a climate that encourages innovation, development of creative capabilities and a free and stimulating exchange of ideas.
- **Diversity:** We value a system that welcomes and respects the individuality, unique talents and contributions of all people regardless of age, race, gender, ethnicity, sexual orientation, religion, physical or mental ability, or history of being poor.
- **Accountability:** We value a system that requires all stakeholders (i.e. service providers, funders and service recipients) to be responsible and answerable for their actions and results of those actions.
- **Prevention:** We value a continuum of care that recognizes prevention and intervention services to break the cycle of homelessness. All children must receive safe, healthy, good quality care that enhances early childhood growth and development.

Access: We value opportunities for families who have previously accessed services to re-enter the system.

We value the family to access the services most appropriate to their needs.

Chart E: Logic Model: Multnomah County Homeless Families System



Outcomes and Logic Model

Outcomes for this system were established to address the needs of families without housing and families at risk of becoming homeless (or who have previously been homeless). The outcomes respond to three urgent benchmarks adopted by the Multnomah County Board of Commissioners. These benchmarks are:

- Reduced number of children living in poverty
- Increased high school completion
- Reduced crime.

System outcomes were developed to impact three different and distinct target populations:

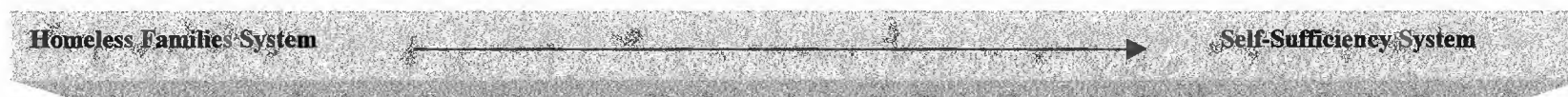
- Families who are homeless
- Families who have been homeless
- Families who are not (and have not been) homeless but are at-risk of becoming homeless.

Three types of outcomes have been developed for the homeless families system:

- **Family Achievement Outcomes**
 - ❖ Families have personal, economic, and social supports necessary for children to be housed in healthy, safe, thriving environments.
 - ❖ Families learn about resources to prevent or address homelessness.
 - ❖ Families have their urgent basic needs met.
 - ❖ Families engage in activities that prevent or overcome homelessness.
 - ❖ Children attend school or are in quality care settings.
- **Service Provision Outcomes**
 - ❖ All families in Multnomah County have access to stable, safe, affordable permanent housing of their choice.
 - ❖ Families live in permanent housing offering children a safe, supportive setting.
 - ❖ Families are no longer homeless.
- **Prevention Outcomes**
 - ❖ Families do not become or return to homelessness.
 - ❖ All families have skills, abilities and resources to maintain their housing, in order to prevent recurring homelessness and prevent initial homelessness.
 - ❖ Families are no longer threatened with homelessness.

Two depictions of the homeless family system outcomes are included in this document: a logic model (Chart E) and *Chart F: Homeless Families System In Multnomah County: Outcomes Overview*.

Chart F: HOMELESS FAMILIES SYSTEM IN MULTNOMAH COUNTY: OUTCOMES OVERVIEW



Families Homeless Right Now <i>Crisis to Vulnerability</i>	Families Who Have Been Homeless <i>Vulnerability to Stability</i>	Families Who Are Not & Have Not Been Homeless But Are At-risk Of Homelessness <i>Maintenance of Stable/Healthy State</i>
<p><i>Outcomes</i></p> <ul style="list-style-type: none"> • Families learn about & access resources <i>so that</i> they have their urgent basic needs met. • Families engage in activities to overcome homelessness <i>so that</i> they gain the personal, economic, & social supports necessary for children to be housed in healthy, safe, thriving environments. 	<p><i>Outcomes</i></p> <ul style="list-style-type: none"> • Families have access to stable, safe, affordable permanent housing of their choice. • Children attend school or are in quality care settings. • Families have skills, abilities, & resources to maintain their housing. 	<p><i>Outcomes</i></p> <ul style="list-style-type: none"> • Families learn about & access resources <i>so that</i> they can engage in activities that avert homelessness. • Families have skills, abilities, & resources to maintain their housing <i>so that</i> they do not become homeless.
<p><i>Focus of Services</i></p> <ul style="list-style-type: none"> • To help families obtain a steady income. • To help families become A&D free . • To help families address any mental health concerns & link to treatment resources, as needed. • To get children to school & help them be successful. • To support children being children 	<p><i>Focus of Services</i></p> <ul style="list-style-type: none"> • To help families locate & move into housing they can afford & where they want their children to grow up. • To help families work on issues that contributed to &/or resulted from homelessness. • To work toward long term retention of housing. • To address needs of children so that they can become successful in school. 	<p><i>Focus of Services</i></p> <ul style="list-style-type: none"> • To help families address the economic & social factors that are jeopardizing their stability. • To support the family's needs so children can have a secure environment.
<p><i>Services</i></p> <ul style="list-style-type: none"> • Assessment & short term stabilization planning • Linkage to resources • Shelter & short-term housing • School supports (transportation, tutoring, homework assistance) • Developmentally appropriate child care & play time • Emergency basic needs 	<p><i>Services</i></p> <ul style="list-style-type: none"> • Home-based case management • Specialized housing relocation & landlord liaison • Linkage to support systems • School support services for children • Community integration supports • Developmentally appropriate child care & child-oriented services • Linkage to Community & Family Service Centers for long term neighborhood support • Housing Subsidies 	<p><i>Services</i></p> <ul style="list-style-type: none"> • Crisis intervention, assessment, and prevention planning • Linkage and access to supportive systems & resources • Connection to community resources and informal support systems • Financial assistance (rent assistance, access to emergency basic needs, energy assistance) • Landlord mediation services • Child care & children's support services

System Policies

The *Homeless Families Plan* is formulated on the tenets that:

- Most family homelessness basically results from a lack of livable wage income combined with a lack of housing affordable for low-income families. It becomes the role of local government and community to develop and make accessible the resources needed for these families to get out of homelessness.
- Some families have illnesses, such as alcoholism or mental illness, or make choices that contribute to behaviors that result in homelessness. The role of local government and community is to help these families address these conditions and behaviors in order to enable them to become self-supporting, productive members of the community.
- Some people have long-term disabilities and conditions, such as people with developmental disabilities, which will prevent their ever becoming self-sufficient in American society with its economic structure as we know it. The role of local government and community is to assure access to long-term support and housing services that provide the highest level of independent living possible.

Based on these tenets, the Homeless Families system will be a:

- Systematic Effort to Reduce Homelessness:
 - ❖ It operates as a system, with consistent eligibility and assessment criteria, service system philosophies, outcomes, and sharing of information.
 - ❖ It operates with shared expectations for staff performance and levels of training.
 - ❖ It maintains a continuum of housing and services offering a menu of choices, including but not exclusively, environments that are alcohol/drug free, and support services with varying levels of case management.
 - ❖ It is focused on outcomes and is value-based.
 - ❖ It operates through a 24-hour single telephone access and screening process to assure consistent and available access for homeless families.
- Resource to help homeless families off the streets and out of homelessness:
 - ❖ It offers shelter first to get children off the streets, with recourse to motels when shelter capacity is maximized.
 - ❖ It emphasizes housing where families can integrate into the community.
 - ❖ It connects case management and transitional housing together as a comprehensive service package.
 - ❖ It provides a balance of emergency shelter, transitional, and long-term housing and self-sufficiency support for families, in order to assure smooth transition along the continuum of housing and services.
 - ❖ It addresses the income potential of the families, in order to help the families generate income needed to become self-sufficient.
 - ❖ It provides assurances that children of homeless families are safe.
 - ❖ It serves the entire family to move them from a state of homelessness to a state of stability.
- Collaborative system that maximizes all community resources available for families:

- ❖ It fully implements formal linkages with other service systems, including employment (One-Stops and Workforce Systems, Inc. programs), income maintenance and other services (AFS), child welfare (SCF), health (Health Department and Oregon Health Plan), alcohol/drug treatment programs, mental health programs, child care and education systems (Head Start, Metro CCR&R, PCDS programs), education and training programs (community colleges, GED programs, etc), corrections, food resources (Oregon Food Bank, meal sites), non-profit housing organizations, etc.
 - ❖ It builds on strengths and assets of current service systems while promoting systemic change and improved service access.
 - ❖ It operates as a full system which may be, but is not necessarily, a component of the Community and Family Service Center system, with expectations for demonstrating efficient and effective connections with that Community and Family Service Center system.
 - ❖ It uses a variety of program models to serve homeless families of ethnic minority populations, including increased funds for ethnic programs functioning as distinct programs that operate as part of the full system and for special focused programs within the larger assessment/case management programs.
 - ❖ It provides emergency shelter services for a limited period of time for immigrants without documentation, in order to provide time to help the family identify options and seek resources.
- System that values family responsibility:
 - ❖ It serves families that demonstrate commitment to working out of homelessness, no matter how long that may take.
 - ❖ It establishes consequences for families that do not make that level of commitment.
 - ❖ It supports a collaborative advocacy effort with Services for Children and Families (SCF) to assure SCF attention and intervention in cases where homeless children are living on streets, in cars, or in otherwise non-safe locations because their parents are unable or unwilling to care for their children.
 - System that is planned and planful:
 - ❖ It will collect and analyze data, report on, and evaluate the performance, achievements, outcomes, and responsiveness of the system and its components in terms of system values.
 - ❖ It will continue community dialogue about unresolved issues and issues raised for revisitation.
 - ❖ It will provide a roadmap for resource generation and allocation, with an understanding that opportunities may arise that support plan objectives but need a more immediate response than anticipated during plan development.
 - ❖ It will establish and continue a community dialogue around how ethnic minority populations should be served in service systems, with topics to cover including but not limited to: how to identify and prioritize specially designated populations; how best to address the needs in terms of special providers, parallel systems.

Overview of the Program Model

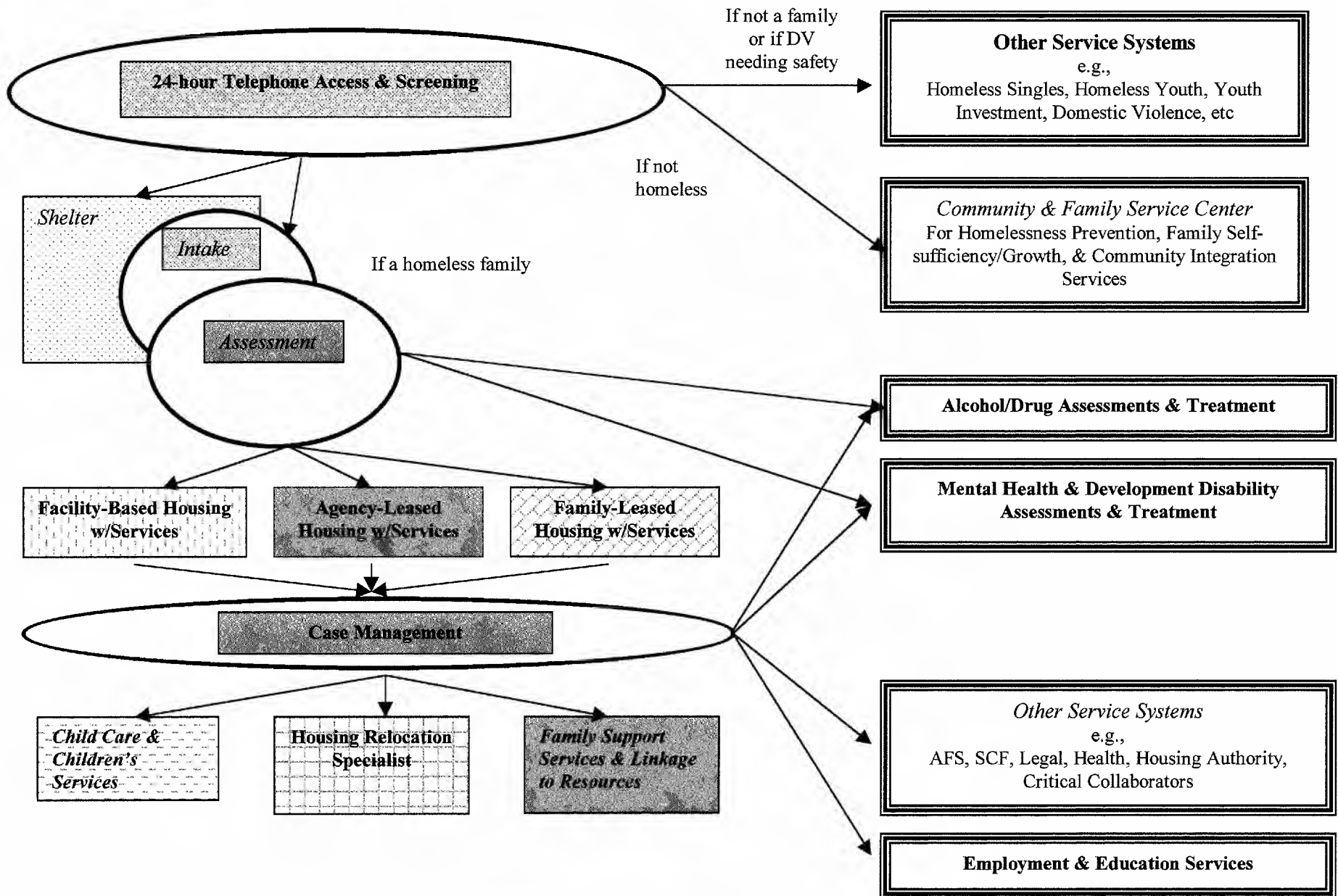
The planned program model builds on the values, principles, outcomes, and policies developed by the Ad Hoc Committee. The service components of the model are described below. The dollar amounts requested for the service components are calculated on the estimated cost needed to

bring the system to a basic funding level and an additional 25% (enhanced) that will result in additional families served.

There are three charts applicable to this section:

- **Chart G:** *Multnomah County Homeless Families System Flow Chart* depicts the service system.
- **Chart H:** *Comparison of Current to Planned* identifies changes that will occur with the revised service system, and
- **Chart I:** *Funding for New and Expanded Services* identifies the increases needed in the system.
- **Chart J:** *Current, Basic, and Enhanced Budgets by Service Element* identify the system components and funding levels currently, as a basic system, and with a 25% enhancement to serve more families.

Chart G: Multnomah County Homeless Families System Flow Chart



The homeless families system will consist of the following components:

A. Single 24-Hour Telephone Access/ Intake and Client Database

A 24 hour 1-800 telephone number will be staffed by trained screening, intake, and assistance personnel (includes volunteers) who screen callers for eligibility for the homeless families service system, provide information, assistance, and referral as appropriate, and authorize immediate placement in a shelter or motel for a limited period of time (up to 3 days). An intake worker will meet with the family to identify family and system resources, options, and choices, link the family to the appropriate Homeless Families Program, and collaborate with the Program case managers to complete intake and assessment. The intake process takes as short a time as possible but may extend up to 30 days or so.

The phone system will guarantee access to foreign language speakers, through the language line or other means. The phone system will also comply with the American's with Disabilities Act to insure access to services for persons with disabilities.

Goal: To get homeless families into shelter and connected to resources and to be able to track shelter capacity and system/family outcomes.

Outcomes: Homeless families learn about resources.
Homeless families access resources.
Homeless children get off the streets.

Functions/Services:

- 24 hour phone and in-person information and assistance; referral to food banks, etc.
- Screening for homelessness and intake into homeless families service system.
- Crisis intervention counseling.
- Authorization of emergency shelter or motel vouchers for up to 3 days (continued authorization is in collaboration with Homeless Families Program).
- Transportation to shelter as needed.
- Linkage of family to Homeless Families Program during those 3 days.
- Data collection on families.
- Inventory of shelter capacity and availability.
- Inventory of housing capacity and availability.

Optimal Design:

- 1-800 phone number (long distance blocked; 800 capacity allows local phone calls from phone booth without charge) with live people answering phone, ability to respond in foreign languages and ability to respond to the needs of persons with disabilities. No message machines as primary response (may use dial options if someone wants to leave messages).
- Data system will be connected with the *Pathways* technology to build upon current system and encourage a comprehensive service access component that includes opportunities beyond shelter and housing.

Process:

- Provides 24 hour phone and in-person information and assistance with trained personnel, may be volunteers.
- Screens for homelessness, using standard eligibility questions (to be developed by system).
- May provide crisis intervention counseling to help family settle down.
- Arranges for emergency shelter or vouchers for up to 3 days, to get the family off the streets. Access is to all shelters in system.
- Arranges for transportation to shelter as needed.
- Provides intake, by working with family to collect family information, review resource options and family choices, and identify next steps. Intake process should be expeditious, approximately 3-5 days.
- Connects family to the Homeless Families Program linked to housing option, during those 3-5 days.
- Collaborates and coordinates with Homeless Families Program assessment staff to transition family out of shelter and into housing option. Intake period should be as short as possible, but may take up to 30 days or more depending on availability of housing. Authorization of shelter/voucher is collaborative with intake and assessment staff.
- Works with families living with others or in cars, to provide intake and access to housing options. Intake process works similarly to shelter based services but may occur in office or other location.
- Receives coordination and linkage assignments back from Homeless Families Program when/if a family doesn't work out in the selected housing option and needs another resource.
- Receives referrals from other providers, including Homeless Families Program, if family shows up at one of those sites. Also receives referrals from Alcohol/Drug residential treatment programs, with expedited intake, assessment, and placement in housing options.
- Maintains inventory of funded shelter capacity and current availability of housing units.
- Collects and reports data on families.

Estimated Cost: Equipment \$50,000; Annual Cost \$273,760 (basic); \$304,700 (enhanced)

of Providers: 1

Capacity: 900 calls /month

Staffing:

Phone access: at least 2 screeners during daytime; at least 1 available at all times.

Intake: 1:15 families

B. Homeless Families Program—Assessment, Case Management Support

Designated neighborhood service providers will provide assessment and case management support, access to transitional housing options, necessary family and children support services, and long-term case management support for homeless families relocated to permanent housing. These service providers receive referrals from the Single Telephone Access and Intake Service, assess family needs, develop service and outcome plans, arrange for supportive assistance, monitor family progress, and provide personalized assistance as needed (case management).

Services may be provided for as long as family needs them, although services past 2 years must be approved as special exceptions. The intent is to get families rooted into a stable housing and neighborhood setting as quickly as possible.

Goal: To get families connected to resources and engaged in overcoming issues of homelessness.

Outcomes: Homeless families become engaged in service programs.
Homeless families learn self-sufficiency skills and gain access to self-sufficiency resources.
Families access permanent housing; children attend school or child care, and families develop skills and resources to maintain housing.

Functions/Services:

- Assessment and service/outcome planning to assure appropriateness of resources.
- Access to alcohol/drug and mental health assessments.
- Follow-up authorization of shelter/voucher services to gain time for openings.
- Placement in transitional or permanent housing.
- Case management support for families in housing, including emphasis on income development.
- Arrangement for, provision of, or linkage to other services and systems, including child care, adult education and training, employment, alcohol/drug treatment, mental health, health, income support, etc.
- Arrangement for, provision of, or linkages to children's services, including childcare, school, tutoring, mental health, developmental activities, etc.
- Collaboration with other systems, as part of short and long term support for family.
- Data collection and follow-up services to assure engagement of family and progress through outcomes.

Optimal Design:

- Neighborhood-based to support neighborhood integration of families and children.
- Provision of a menu of service options to reflect and support family diversity.

Process:

- Meets with families within 3-5 days of contact with Access and Intake Service, to assess needs, choices, plans, using standard eligibility and assessment criteria. Works closely with Intake workers in this process. Has alcohol/drug expertise or brings it in during assessment period.
- Authorizes services, links to resources, including extended stays in shelter/vouchers as needed.
- Arranges for movement of family to permanent housing option; assists with settling in.
- Case manages the families, including continual assessment, service planning, progress tracking, service coordination, life-skills training, etc. Level of case management is determined by family need and may be very limited or intensive.
- Offers case management in collaboration with other systems, as part of short and long term support for family.
- Arranges for income development, children's services, and other needed services.

- Provides tracking and follow-up services to assure engagement of family and progress through outcomes.
- Helps transition families to more self-sufficient service options, primarily permanent housing.
- Connects with Single Access and Intake on behalf of homeless families not already in system, to link to appropriate resource and assure consistency of data collection. Families assessed by other systems should also go through Single Access and Intake on an expedited timeline.
- Coordinates and collaborates with shelter operators and Single Access and Intake to assure smooth access to resources for homeless families.
- Collects and reports data on families and their outcomes.
- Works closely with system providers around families falling out of services, to determine whether there would be better options for family.

Estimated Cost: \$ 673,612 (basic); \$842,015 (enhanced)

of Providers: 6, 1 in each of the service districts defined by Division of Community Programs and Partnerships

Capacity: 113 families point in time (basic); 141 families (enhanced)

Staffing: 1 case manager; 12 transitional and 3 permanent housing families

C. Ethnic/Cultural Specific Services

Cultural and language differences offer a wide variety of barriers for families to access and benefit from services offered by various service providers. To effectively address the myriad of identified barriers, designated culturally based service providers will provide technical assistance, training, appropriate assessment and co-case management support in formal partnership with other homeless family service providers to assist homeless families to relocate to permanent housing. Ethnic populations served include, but are not limited to, Hispanic, Asian, Native American and Eastern European. The ethnic specific partnerships will reflect neighborhood demographics and the needs of the community. Services may be provided for as long as family needs them, although services past 2 years must be approved as special exceptions. The intent is to get families rooted into an appropriate stable housing and neighborhood setting as quickly as possible.

Goal: To get families with diversified cultural and ethnic backgrounds connected to appropriate resources and engaged in overcoming issues of homeless.

Outcomes: Homeless families become engaged in service programs.
Homeless families learn self-sufficiency skills and gain access to self-sufficiency resources.
Families access permanent housing; children attend school or child care, and families develop skills and resources to maintain housing.

Functions/Services:

- Assessment and services/outcome planning to assure appropriateness of resources.
- Access to culturally appropriate alcohol/drug and mental health assessments.
- Follow-up authorization of shelter/voucher services to gain time for openings.
- Placement in transitional or permanent housing.

- Culturally appropriate case management support for families in housing, including emphasis on income development.
- Arrange for, provision of, or linkage to other services and systems, including child care, adult education and training, employment, alcohol/drug treatment, mental health, health, income support, etc.
- Arrangement for, provision of, or linkages to appropriate children's services, including childcare, school, tutoring, mental health, developmental activities, etc.
- Collaboration with other systems, as part of culturally appropriate short and long term support for family
- Data collection and follow-up services to assure engagement of family and progress through outcomes.

Optional Design:

- Neighborhood-based to support neighborhood integration of families and children.
- Provision of a menu of culturally appropriate service options to reflect and support family diversity.

Process:

- Culturally appropriate personnel contact meets with families within 3-5 days of contact with Access and Intake Service, to assess needs, choices, plans, using standard eligibility and assessment criteria. Works closing with Intake workers in to process to assure culturally appropriate services are available.
- Authorizes services, links to appropriate resources, including extended stays in shelter/vouchers as needed, in partnership with homeless family service provider.
- Instrumental in arranging for movement of family to permanent housing option; provides appropriate assistance with settling in.
- Case manages, or co-case manages, the families, including continual assessment, service planning, progress tracking, service coordination, life-skills training, etc. Level of case management is determined by family need and may be very limited or intensive.
- Offers appropriate case management in collaboration with other systems, as part of short and long term support for family.
- In partnership with homeless family service provider, arranges for income development, children's services, and other needed services.
- Provides tracking and follow-up services to assure engagement of family and progress through outcomes.
- Helps transition families to more self-sufficient service options, primarily permanent housing.
- Connects with Single Access and Intake on behalf of homeless families not already in system to link to appropriate resource and assure consistency of data collection. Families assessed by other systems should also go through Single Access and Intake to assure smooth access to resources for homeless families.
- Collects and reports data on families and their outcomes.
- Works closely with system providers around families leaving services, to determine whether there would be more appropriate options for family.

Estimated Cost: \$190,000 (basic) \$237,000 (enhanced)

of Providers: 4

Capacity: 72 ethnic families point in time (basic) 90 ethnic families (enhanced)
Staffing: 1 FTE case manager: 12 transitional and 3 permanent housing ethnic families

D. Emergency Year Round Shelter Options

Facilities that offer 24-hour, 7-day a week shared and/or individual sleeping rooms, shared baths, and living space should be available year round. Shelters should be dispersed throughout county, with, optimally, at least one per service district. The Single Telephone Access and Intake System authorizes beds in all the shelters, based on space and basic eligibility criteria; intake is conducted at the shelter the family is staying at by Single Access and Intake staff.

Intake staff will authorize limited stays up to 3 days, to allow time for intake information to be collected and connection to be made to the geographically/culturally-based assessment staff. If transitional housing or other appropriate services are not readily available, further stays may be authorized by agreement of intake and assessment staffs for up to 30 days.

Refusal of a family to work with intake and assessment staff will result in termination of shelter stay. (term limit = 30 days)

Shelters will optimally be able to meet the needs of persons with disabilities and will comply with the Federal Americans with Disabilities Act.

Goal: To provide a safe and secure shelter for homeless families, where they can begin to focus of how to leave the state of homelessness.

Outcomes: Homeless families get off the streets.
Homeless families begin to engage in service programs.
Homeless families learn about & access resources so that they have their urgent basic needs met.

Functions/Services:

- 24-hour access through the Single Access and Intake program.
- Safe, sanitary sleeping and personal hygiene accommodations.
- Space for meetings with Intake and Assessment staff.
- Space and equipment for meals.
- Emergency personal hygiene supplies, food, clothing, diapers, etc.
- Limited activity space, unless a day center operation is located there.

Optimal Design

- Shelter units/beds limited to 15 to 20 to retain a cost effective, human, manageable scale without significant neighborhood impact. However, acquisition of shelters will depend on the real estate opportunities that become available.

- Basic shelter with access to neighborhood based service programming; it is not the intent to make the shelters comfortable for long-term stays.
- Shelter within the system will be appropriate to meet the individual needs of persons with disabilities.

Estimated Cost: \$422,080 (each shelter) \$1,266,240 (for three)

of Shelters: 3 shelters over a 5 year time frame

Capacity: 55 families

Staffing: 1 shelter manager; 2 additional staff on three shifts, plus weekend and holiday coverage (7 staff total plus relief staff)

E. Overflow Shelters

Overflow shelters open intermittently, usually in the winter. They are frequently sponsored by faith organizations, open only at night, and use primarily volunteers for operations. At least one-day shelter needs to be available to support service access for residents of overflow shelters.

Intake to overflow shelters is through the Single Access and Intake service. The Homeless Family Service Programs provide assessment and case management.

Goal: To provide safe and secure shelter for homeless families, where they can begin to focus on how to leave the state of homelessness.

Outcomes: Homeless families get off the streets or other unsafe living environments.
Homeless families begin to engage in service programs.

Functions/Services:

- Access through the Single Access and Intake program.
- Usually only available during evening and night hours.
- Safe, sanitary sleep and personal hygiene accommodations.

Optimal Design:

- Shelter beds limited from 9 to 24 to accommodate facility and siting issues.
- Overflow shelter with access to neighborhood based service programming; it is not the intent that shelters will be utilized for long-term stays.

Estimated Cost: \$72,727 day shelter & 15 rooms (basic)

of Shelters: 6

Capacity: 41 families at any one time; 51 families enhanced

Staffing: No additional staff required

F. Motel Vouchers

Motel vouchers pay for rooms in authorized motels. Based on funding source requirements, stays are limited to a maximum of 4 weeks per year. Vouchers may be used if there is no room available in shelters.

Immediate access to vouchers will be through the Single Access and Intake service, for up to 3 days; the voucher process is managed via County Clearinghouse. Follow-up vouchers may be authorized collaboratively by Intake and Assessment/Case Management staff, for families cooperating with intake procedures.

Goal: To provide shelter for homeless families, where they can begin to focus on how to leave the state of homelessness.

Outcomes: Homeless families get off the streets.
Homeless families begin to engage in service programs.

Functions/Services:

- Access through Single Access and Intake program.
- Private motel or hotel rooms for families.

Optimal Design:

- Clearinghouse authorized motels must meet prescribed standards .
- Basic motel services with access to neighborhood based service programming; it is not the intent to make motels long-term housing options.

Estimated Cost: \$381,500

of Vouchers: This will be based on shelter capacity. The committee recommends reallocating voucher funding to pay for shelters, if additional funding can not be identified and accessed.

Capacity: Approximately 446 families were served in FY98-99. Plan is for approximately 8 families to be vouchered at any one time. Again, the number of families served would vary depending on shelter development.

Staffing: No additional staff required

G. Short-term Housing Facilities

Transitional, or short-term housing facilities offer individual apartment units or rooms within a complex or facility. They are open year round; the units are leased by the month. Generally, there are support services and case management linked to the housing as a full-service package.

Goal: To provide safe, stable, affordable temporary living environment for families where they can continue to work to resolve issues that has resulted in homelessness.

Outcomes: Families engage in activities to overcome homelessness

Functions/Services:

- Access through shelter/voucher service.
- Separate family apartments, including cooking facilities and restrooms.
- Common space for recreation, social and other activities.
- Laundry facilities available.
- Families pay no more than one-third of their income for rent.

Optimal Design:

- Apartment complexes limited to 20-25 units to retain cost effective, human, manageable scale with limited neighborhood impact.
- Case management, client assistance and additional supportive services that will aid the family in their effort to obtain and maintain permanent housing are provided.
- Housing located on public transportation lines, in walking distance of shopping and located in proximity to local schools.

Estimated Cost: \$359,016

of Providers: 3

Capacity: 53 families

Staffing: One resident manager per facility; case management and other support staff funded elsewhere in the system.

H. Community-based (Scattered Site) Short Term Housing

Connected to the case management service at the Homeless Families Program is funding for community-based short-term (transitional) housing. The housing consists of apartment units or houses leased by families or agencies from the open market, which includes Housing Authority of Portland housing, units owned by Community Development Corporations, and apartments owned by the agencies. A variety of housing options is encouraged, including alcohol and drug free housing.

Goal: To provide temporary safe, stable, affordable living environments for families where they can continue to work to resolve issues that have resulted in homelessness.

Outcomes: Families engage in activities to overcome homelessness

Functions/Services:

- Access through shelter/voucher service.
- Individual housing units, either in multi or single family dwellings, including cooking facilities and restrooms.
- Families pay no more than one-third of their income for rent.

Optimal Design:

- Housing located throughout residential neighborhoods.
- Case management, client assistance, and additional supportive services provided that would aid the family in their effort to obtain and maintain permanent housing.

- Housing located on public transportation lines, and in close proximity to shopping as well as local schools
- Name of sponsoring agency on the rental agreement

Estimated Cost: \$512,242 (basic); \$640,302 (enhanced)

of Providers: 6

Capacity: 90 families (point in time); 112 families (enhanced)

Staffing: N/A

I. Transitional Services with Permanent Housing

Families lease their own permanent housing with assistance from housing relocation specialist to locate appropriate and affordable accommodations. Intensive home-based case management, to help the families with long-term adjustment to stability and neighborhood integration, is provided by the Homeless Families Programs for up to a year after placement in housing. Support is provided to landlords who have concerns or questions about the clients placed into their units or the program for up to one year after placement in housing.

Goal: Families move into and stabilize in decent, affordable, permanent rental housing in residential neighborhoods.

Outcomes:

- Families engage in activities to overcome homelessness
- Families have access to stable, safe, affordable permanent housing of their choice
- Children attend school or are in quality care settings
- Families have skills, abilities & resources to maintain their housing

Functions/Services:

- Access through shelter/ voucher service
- Families move to permanent individual housing units, either in multi or single family dwellings, by-passing transitional housing
- Families pay 100% of the rent

Optimal Design:

- Housing located throughout residential neighborhoods
- Name of family on rental agreement
- Case management, client assistance, and additional supportive services provided that would aid the family in their effort to maintain permanent housing
- Support provided to landlords with concerns about clients and/or the program

Estimated Cost: \$ 327,600 (basic); no enhancement recommended

of Providers: 6

Capacity: 90 families (revised point in time)

Staffing: 1 case manager: 15 families

J. Housing Relocation

Specialized housing liaisons work with realtors and landlords to assist with relocation of families into decent, affordable rental housing, and to conduct landlord/tenant mediation. This service is separate from Case Management but works closely with the families' case managers, to coordinate housing placement, stability, and security. Housing Relocationists need expertise in housing development, landlord relations, and property management. These specialists will be geographically dispersed at the Homeless Families Programs.

Goal: To locate and negotiate additional transitional and permanent housing options for families involved in the system.

Outcomes: Families have access to stable, safe, affordable permanent housing of their choice.

Functions/Services:

- Develop relationships with local landlords and property managers, with an emphasis on direct contact and negotiation with owners of low-cost rental housing.
- Collaborate with the Housing Authority of Portland.
- Maintain a "hotline" for landlords with questions and concerns about the program or their tenants.
- Educate homeless clients on how to search for, secure and maintain permanent affordable housing.
- Ensure landlords will treat clients/tenants fairly.

Optimal Design:

- One housing relocater per geographic service area.
- Housing located throughout residential neighborhoods.
- Units located are overall suitable to meet the family's needs; suitable meaning decent housing in an environment that will be conducive to the family's stability in permanent housing.

Estimated Cost: \$326,600 (basic); no enhancement recommended

of Providers: 6

Capacity: 90 – 120 families

Staffing: 1 housing relocationist: 15 – 20 additional units secured annually

K. Support Services

Support services include: alcohol and drug treatment, mental health, detoxification, employment assistance, adult education and training, child care, rent assistance, food, clothing, emergency basic needs, etc. as needed by families. Collaborations are expected with case managers from other systems, including protocols for accessing housing resources.

Funding should be available to buy services in addition to services accessed and paid for through other funding streams and systems, e.g., Head Start, Oregon Vocational Rehabilitation, Mental Health Services, Alcohol & Drug, and the Oregon Health Plan.

Goal: To provide appropriate support services for all household members that will assist movement toward housing stability and self-sufficiency.

Outcomes: Families learn about & access resources
Families engage in activities to overcome homelessness

Functions/Services:

- Formal linkages are arranged throughout the social service system
- Case manager conducts a comprehensive family needs assessment
- Case manager links family with appropriate services
- Case manager is advocate for family to receive appropriate assistance available in the community

Optimal Design:

- Homeless family system advocates for funding and support for services from tangent systems
- Family members/head-of-household agree to participate in case plan and supportive services
- Case manager authorizes expenditures for supportive services that will aid family in their effort to obtain and maintain permanent housing
- Critical collaborative relationships are developed throughout the service provision community to insure service availability for homeless families
-

Estimated Cost: \$400,898 (basic); \$501,122 (enhanced)

of Providers: 8 homeless family providers; infinite collaborative partners

Capacity: 200 families (basic); 225 families (enhanced)

Staffing: No additional staff required

L. Drug and Alcohol Interventionist

This system-wide drug & alcohol interventionist will conduct assessments, make appropriate referrals and perform as an advocate for homeless family members who are in need of drug and alcohol treatment and other services. This specialist will also provide training for system providers in identifying symptoms of addiction as well as making appropriate service referral.

Goal: To provide specialized support that will assist people to discontinue behavior that had previously contributed to their state of homelessness.

Outcomes: Families engage in activities to overcome homelessness

Functions/Services:

- Referral made by Intake Worker or Case Manager
- Conduct drug & alcohol assessments for any appropriate family member
- Divert family to services
- Identify potential treatment recommendations
- Locate treatment resources
- Advocate for family members to access appropriate treatment

Optimal Design:

- One Interventionist system-wide
- Intervention occurs before family is placed in transitional housing
- Day treatment is preferred over residential
- Coordinate and collaborates with intake worker and case managers

Estimated Annual Cost: \$54,600 (basic); no enhancement funding recommended

Capacity: 200 Families Annual

Staffing: 1 Specialist

M. Children's' Services

Support for children to address developmental, school, alcohol and drug and mental health issues, will be provided through funding and linkages with other community resources. These services include childcare, activities, health screening, 24-hour child care/respite care, etc.

Goal: To provide special support and services for children who have experienced homelessness

Outcomes: Children attend school or are in quality care settings

Functions/Services:

- Services are accessed via referral from homeless family system case manager
- Specialized children's needs assessment conducted
- Formalized linkages are established

Optimal Design:

- Community & Family Service Centers will provide the necessary outreach and supportive services to accommodate the children of homeless families in their early childhood program

- The Homeless Family Service system will advocate for the Commission on Children, Families & Community to fund specialized services for homeless children
- The Multnomah County Relief Nursery will be able to provide minimal respite care

Estimated Cost: \$115,000 (basic); \$143,750 (enhanced)

Capacity: 300 children

Staffing: No additional staffing required

N. Rent Assistance

Rent assistance pays for part or all of a family's rent. Based on funding source requirements, there is a limit of \$2,000 in a 12-month time frame. Rent assistance is used when a family can demonstrate that it will be able to stabilize with limited assistance. This service is a prevention of homelessness function. Access to rent assistance is through 40 community based service providers. The rent assistance process is managed via the County Clearinghouse.

Goal: To provide assistance to families at risk of losing their housing.

Outcomes: Families do not become or return to homelessness.
All families have skills, abilities and resources to maintain their housing.
Families are no longer threatened with homelessness.

Functions/Services:

- Access through community based service providers.
- Service providers refer to Multnomah County Clearinghouse.
- Families provided with case management to support housing stability.

Optimal Design:

- Multnomah County Clearinghouse provides final authorization for service.
- Families stay in their housing with limited financial assistance.

Estimated Cost: \$159,000 (basic); \$198,750 (enhanced) (This does not include the approximate \$271,050 of RASP rent assistance available through the Housing Authority of Portland)

Capacity: 79 families, estimated 5 families at any one point in time

Staffing: No additional staff required

Comparison of Systems

The *Homeless Families Plan* builds on and expands the current service system funded through Multnomah County with several significant differences in philosophy and type of resources. Specifically, access and intake will be through a single (centralized) telephone access that will screen for eligibility, find immediate shelter, provide intake functions, connect families to the resources they will need to begin their progression through the service continuum, and coordinate the inventory of vacancies for efficient matching and placement of the families in resources of their choice. This process has been done through a decentralized system. The single phone access will also have a client database to enable tracking of clients, reporting and evaluation of the program. Another difference is the focus away from motel vouchers to family shelters; this community had, in the past, selected against family shelters. The preference now is for small, geographically dispersed shelters.

Chart H lists the differences and similarities of the current and planned homeless families systems.

Chart H: Comparison of Current to Planned System

Current System	Planned System
Client Performance Outcomes Driven	System and Client Outcomes Driven
Decentralized Access to Services	Centralized Access to Services
Limited Data Collection	Client Tracking, & System Reporting
Motel Based Emergency Housing	Shelter Based Emergency Housing
Services Focused on Adults in Family	Services Focused on Both Adults & Children
Limited Services for Ethnic Specific Populations	Specialized Services for Ethnic Specific Populations
Limited Permanent Housing with Supportive Services Model	Expanded Permanent Housing with Supportive Services Model
Insufficient Drug & Alcohol Intervention	System-wide Drug & Alcohol Interventionist
Limited Formal Collaborative Relationships	Increased Formal Collaborative Relationships

Funding Plan

In order to be able to implement the new plan for homeless families, additional funding must be invested in the system. Listed below in Chart I: Funding for New and Expanded Services are the new and expanded services essential to execution of this plan. *Chart J: Current, Basic, and Enhanced Budgets by Service Element* shows the total system funding. The ad-hoc committee made strong recommendations that the entire system needs to be fully funded at the basic level, as a reasonable and conservative estimate of costs.

The following funding charts **do not include** funding needed to support development of permanent, affordable housing. Increased attention to this area is critical but is seen as beyond the purview of this *Plan*.

Chart I: Funding For New and Expanded Services

Service	Estimated Annual Cost
Stabilize Present System (Replacement of Federal Grant Funding)	\$1,509,962
Centralized Access & Intake & Client Data Base*	\$217,614
24-hour Family Shelters	\$371,040
Ethnic Specific Services	\$190,000
Children's Services ⁷	\$115,000
Transitional Services with Permanent Housing	\$327,600
Increased Short Term Housing	\$102,450
Housing Relocation Specialists	\$57,675
Alcohol & Drug Interventionist	\$48,000
Total, New Funding Needed	\$2,939,341

*\$22,000 of current overflow shelter funds has been proposed for reprogramming toward the intake process.

Funding Comparison

Following is a chart that depicts current, revised and enhanced funding recommendations. The revised funding reflects what is needed to implement the new system.

⁷ The ad-hoc committee determined that it is the responsibility of other systems to fund services for children. The recommendation is that representatives of the homeless family system strongly advocate with the Multnomah County Commission on Children, Families & Community to fund enhanced childcare and other services for the children of homeless families. If funds cannot be identified from other sources, funding should be allocated directly to the homeless families system.

Chart J: Current, Basic, and Enhanced Budgets by Service Element

Svc	Service Element	Current Funding			Basic Funding			Enhanced Funding		
		McKinney	Local	Total	McKinney	Local	Total	McKinney	Local	Total
A	Access/Intake		\$34,146	\$34,146		\$273,760	\$273,760		304,700	304,700
B-1	Case Management	289,020	190,792*	479,812	289,020	214,783	503,803	231,216	398,538	629,754
B-2	Facility Case Mgt	161,723		161,723	161,723	8,086	169,809	129,378	82,883	212,261
C	Culturally Based Assistance					190,000	190,000		237,000	237,000
D	Emergency Year-Round Shelter		51,040	51,040		422,080	422,080		1,266,240	1,266,240
E	Overflow Shelter		94,727	94,727		72,727	72,727		72,727	72,727
F	Vouchers		381,500	381,500		381,500	381,500		381,500	381,500
G	Housing in Facilities	147,590	211,426	359,016	147,590	211,426	359,016	118,072	240,450	359,016
H	Scattered Site Hsg	320,988	88,804	409,792	320,988	191,254	512,242	256,790	383,512	640,302
I	Case Mgmt W/Hsg					326,600	326,600		326,600	326,600
J	Housing Relocation	230,700		230,700	230,700	57,675	288,375	184,560	103,815	288,375
K-1	Support Services	90,176	40,957	131,133	359,941	40,957	400,898	287,953	213,169	501,122
K-2	Voc Rehab Services	233,420		233,420						
K-3	Mental Health	36,345		36,345						
L	Drug & Alcohol Intervention					48,000	48,000		48,000	48,000
M	Children's Services					115,000	115,000		143,750	143,750
N	Rent Assistance		159,000	159,000		159,000	159,000		198,750	198,750
	Total	1,509,962	1,252,392	2,762,354	1,509,962	2,712,848	4,222,810	1,207,969	4,401,634	5,609,603

* The \$190,792 in 1999/2000 contracts for case management will not be available to designate for homeless families case management in upcoming years.

Footnotes for *Chart J: Current, Basic, and Enhanced Budgets by Service Element*

- (a) **"Current Funding"** amounts are derived from Fiscal Year 99/00 and 98/99 contracts.
- (b) **"Basic Funding"** shows amounts needed to fund the basic, revised service system:
- A. Access/Intake: start up equipment and annual operating costs.
 - B-1. Case Management: 5% increase in staff costs.
 - B-2. Facility Case Management: 5% increase in staff costs.
 - C. Culturally based Assistance: Adds technical assistance and co-case management component
 - D. Emergency Year-Round Shelter: Add annual operating cost for new shelter opportunity and double amount for existing shelter.
 - E. Overflow Shelter: Reduce amount by transferring cost of intake staff to A.
 - F. Vouchers: It is recommended to reallocate a significant portion of these funds to shelters if additional funding to develop shelters can not be obtained
 - G. Housing in Facilities: No revision.
 - H. Scattered Site Housing: Increase to serve 90 families.
 - I. Case Management with Permanent Housing: Add case management.
 - J. Housing Relocation Specialist: 5% increase in staff costs.
 - J-1. Support Services: Increase the total by transferring J-2 and J-3 to Support Services.
 - J-2. Vocational Rehabilitation/Employment: Transfer amount to J-1. State is obligated to supply vocational rehabilitation and employment services.
 - J-3. Mental Health: Transfer amount to J-1. State is obligated to supply mental health services.
 - K. Drug and Alcohol Interventionist: Add necessary component.
 - L. Children's Services: Add necessary component.
 - M. Rent Assistance: No revision.
- (c) **"Enhanced Service"**: Service levels and staff costs have been increased by 25% as follows: A. Access/Intake; B-1. Case Management; B-2. Facility Case Management; B-3. Culturally based Assistance; D. Overflow Shelter; G. Scattered Site Housing; J-1. Support Services; L. Children's Services; and M. Rent Assistance. Additional enhancements were made as follows:
- C. Emergency Year-Round Shelter: A third year round shelter is added.
 - G. Scattered Site Housing: Increased 25% to provide for more transitional housing.
 - H. Case Management with Permanent Housing: Doubled, assuming additional permanent housing obtained by Housing Relocation Specialists.

The projected amount of McKinney funds awarded under "Enhanced Funding" is reduced to 80% of the current level due to the downward trend and unpredictable nature of funding by Congress.

SECTION IV: CONTINUING ISSUES

The Ad Hoc Committee recommended that the Department of Community and Family Services, Division of Community Programs and Partnerships establish and maintain community-planning processes to assure a continuing dialogue around several issues identified below. The process should include all relevant stakeholders, including policymakers at the state and local level, as applicable. Issues for continuing dialogue include:

- **System Evaluation:** As with any new or revised service system, there is a need to evaluate the progress made toward the identified goals, including funding levels, to determine whether the planning assumptions were on target, funding has become available, and the approaches taken during the planning process are still relevant in the existing environment.
- **Homeless Child Protection:** There is a need to develop policy and procedures for assuring safety of children whose homeless parents have not engaged in programs to help them overcome their homelessness. This issue is not only a concern for the Homeless Family System but transcends all services funded by Multnomah County. The necessity for entering into a formal dialogue with the leadership of the State Office of Service for Children and Family with the goal of developing a standard response to protecting neglected children in homeless families is emphasized.
- **Culturally-Based Services:** The homeless families system must respond to the special needs of ethnic minority homeless families. The workgroup has developed recommendations to integrate culturally specific services with the “mainstream” system. The committee identified and recognized the unique needs of families with language barriers and from different cultural background that mandates specialized services. The recommendation from the work group was that an on-going evaluation be conducted concerning how effective the proposed system delivers services to homeless families from different cultures and ethnicity.
- **Collaborative Work with Employment Systems and Adult and Family Services:** Relationship development and a commitment from these two systems is essential for this continuum of care to be effective and to insure long term housing stability.
- **Need for More Housing:** The *Homeless Family System Plan* is dependent on more affordable housing being made available. To insure the flow of families moving through the system into appropriate housing, approximately 780-1,500 units of additional transitional and permanent housing must be accessible each year. If increased housing is not available, families will be forced to remain in shelter longer than ideal, thereby closing access to the shelters for newly homeless families. Affordable housing is defined as a unit for a family earning less than 60% median family income that pays no more than 30% of their income for housing.

As a means to provide the needed additional units, the *Homeless Families System Plan* proposes the following strategies:

- Emphasize that the role of community based housing relocators will be to locate 15 – 20 units of additional appropriate housing in each year.
- In partnership with the Housing Authority of Portland, apply for funds that will be designated exclusively for vouchers/certificates to be used in the Homeless Families System, in addition to other permanent housing opportunities.
- Encourage the three jurisdictions (Multnomah County, City of Portland, and the City of Gresham) to support rehabilitation of existing affordable units and to adopt policies to retain or replace existing affordable housing. Affordable housing meaning affordable to persons earning below 60% medium family income.
- Advocate for the three jurisdictions to support the construction of new affordable housing.

APPENDICES

Appendices A

Ad Hoc and Interested Parties Committee Roster

Committee Members

Jeanine Carr
Multnomah County Health Department

Jean DeMaster
Community Action Service Providers

Dave Flock
State of Oregon, Adult & Family Services

Richard Harris
Community Development Network

Janet Hawkins
Multnomah Commission on Children, Families
and Community

Marilyn Miller
Community Action Service Providers

Kay Mattson, MSW
Housing Authority of Portland

Dick Pomeroy
Interfaith Homeless and Housing Coalition

Oscar Lopez
OHDC Hispanic Access Center

Rachael Silverman
City of Portland
Bureau of Housing & Community Development

Rick Ukena
Community Action Service Providers

Jean Wagner, MSW
Early Childhood Care & Education Council
of Multnomah County

Committee Alternates

Sara Arnold
State of Oregon, Adult & Family Services

Jim Clay
Multnomah Commission on Children,
Families, and Community

Cassandra Garrison
Community Action Service Providers

Judi Pitre
Housing Authority of Portland

Janet Range
OHDC Hispanic Access Center

Interested Persons

Chuck Currie	Marge Ille
Major Neal Hogan	Ramsay Weit

Multnomah County Staff

Cathy Hughley	Cilla Murray
Kathy Millard	Donna Shackelford
	Pete von Christierson

Appendices B

Focus Group Summary

Homeless Family System Planning
Focus Group Summary
June 10, 1999

Ten focus groups were conducted. The participants of these groups included homeless families receiving services, direct service staff of agencies providing services, families who are at risk of homelessness, mid-managers of agencies providing services, the CCFC Poverty Advisory Committee, and individuals from a multitude of programs (including Touchstone, HAP, Mental Health agencies, public health nurses; Ethnic Access agencies). The focus groups involving consumers were conducted throughout Multnomah County, including Southwest; Northeast; North and Southeast.

Each of these meetings were "focused" on specific topics including access to services, emergency services, prevention and children. What follows is a summary of comments, suggestions and concerns.

Access to Services

The unanimous consensus is that accessing services in the present system is difficult, if not nearly impossible. Three different models were presented as talking points:

- One model highlighted a single, central Information and Referral telephone number. Most people liked the idea of being able to get current, consistent information from one source. The major concern is that it is not helpful to provide people with a list of resources when there are no services available because of lack of capacity. Another concern addressed the sheer number of calls the telephone line would receive. It would become a central I&R number for all emergency services, regardless of housing status.
- Another model highlighted a single, central I&R, assessment and access telephone number. The advantage of this system is that everyone would have an equal opportunity to access services that are available. This model would also give an opportunity to track the numbers of requests for services. Again, there are concerns about the number of calls this number would receive. To be effective, there would also need to be staff trained fully in all of the services, their criteria, as well as how to identify issues such as domestic violence. Another issue is that assessments conducted over the telephone are not effective.
- The third model highlighted a coordinated system that could be accessed through several telephone numbers and the caller would receive information about services and service availability throughout the county. A major advantage to this model is that would build capacity to an already existing system. It would also be an opportunity to follow families that access more than one service from several sources. A concern is that resource availability can change in mere seconds and that individuals staffing the telephones and computers would not be able to input data accurately or in a timely manner. There is also a concern that the person calling for assistance may not know how to articulate their needs over the telephone.

People who have accessed services recommended a broad public information effort to assist families in finding the telephone number they need to locate services. Several people recommended a full-page ad in the telephone book that listed all services in the tri-county area that are available to homeless people. Consumers felt strongly that there needed to be a single way to learn about services and availability. The most severe situation was a woman with a teenage son who called 40 places in the tri-county area before finding services.

Another point of interest was having the capacity for a “service provider” to go to where the family is located to do an assessment and offer service options.

A theme in all of the models discussed was that staff needed to be bi-lingual or multi-lingual and culturally competent.

Emergency Housing/ Services Models

This discussion included the three options presently available for emergency shelter: Vouchers; Faith Based Shelter and 24-hour family shelter. The consensus is that all three options are vital to the system. It is important to give families choices as to where they want to be.

An advantage to providing vouchers to house families into motels is that they can receive almost immediate shelter. Families have privacy; they can access their room 24-hours a day; personal possessions can remain with the family and the system only pays for service space used. The primary disadvantage is the lack of quality motels that accept vouchers. The majority of the motels that accept vouchers are considered to be unsafe and unsanitary. There are limited (if any) cooking facilities. This results in a lack of hot nutritious food and it is costly for families to eat. One focus group participant noted discrimination against people of color and from different cultures. Another concern is that the family can't be closely observed drug usage, child abuse, etc can happen unnoticed.

The advantages of 24-hour family shelter with supportive services include the structured setting of the shelter and its availability to help families who want to resolve their homelessness. Families have access to their rooms 24 hours a day and shelter staff can discover the family's strengths and skills. Disadvantages include its expense and an overly structured environment for some people.

The Faith Based Shelters (Church based) provide a warm, dry place for families to sleep, are very cost efficient, and encourage community involvement with issues relating to homeless families. Disadvantages include the requirement that families leave the shelter during the day, the lack of personal hygiene facilities and place to keep personal possessions, and limited understanding some volunteers have of the needs of the population.

Consumers of the services also gave input regarding the quality of day shelter services. They want a day shelter that is safe for their children, has quality child-care offered and a safe place for children to play. Several consumers mentioned that small children are terrified of showers and need another way to bathe.

Emergency Services to Meet Basic Needs

The consensus of the focus groups is that there needs to be a minimum of one “day center” that families without housing can access for services and referrals. Ideas for services include safe, consistent childcare, a place to store personal possessions, the opportunity to shower and do laundry, access to telephones (and voice mail), and a place to receive mail. The day center also needs have access to health care, employment opportunities, and housing information. One theme that repeated numerous times was that kids need a chance to be kids, with the opportunity to play with other children in a safe, supportive environment and age appropriate activities.

Prevention

There were several recommendations to help prevent families from becoming homeless. One common theme was to increase the availability of short-term rental assistance for emergency situations and develop more affordable housing opportunities. Below are some additional recommendations:

- Educate tenants in how to talk with landlords
- Educate tenants in basic conflict resolution skills

- Educate tenants on their Rights and Responsibilities as tenants
- Encourage service providers to create teams to provide services, including a “prevention specialist”
- Assist families to create a 3-6 month plan to establish priorities for maintaining their housing

Housing

A strong message was also consistently given that our community needs to develop more housing opportunities for low-income families. This includes more shelter, transitional housing and affordable housing. If there were enough housing for low-income people, the numbers of homeless families would be considerably lower. One participant from the community nurse group stressed that ten years ago homeless families in her caseload were a rarity. Today, she considers this issue to affect a significant number of the families she sees.

Other areas of concern

Several additional comments and concerns were expressed: They include:

- There needs to be a public awareness campaign focused on the issues of homeless families
- Services must be offered in culturally appropriate standards and in different languages
- Remember to address the needs of people with disabilities
- Shelters won’t take families with teenagers – this needs to change
- Educate the schools on the how being homeless impacts kids and how to effectively work with homeless children
- This system must develop a strong linkage with other systems, the plan must address what linkages will be made and how they will be made

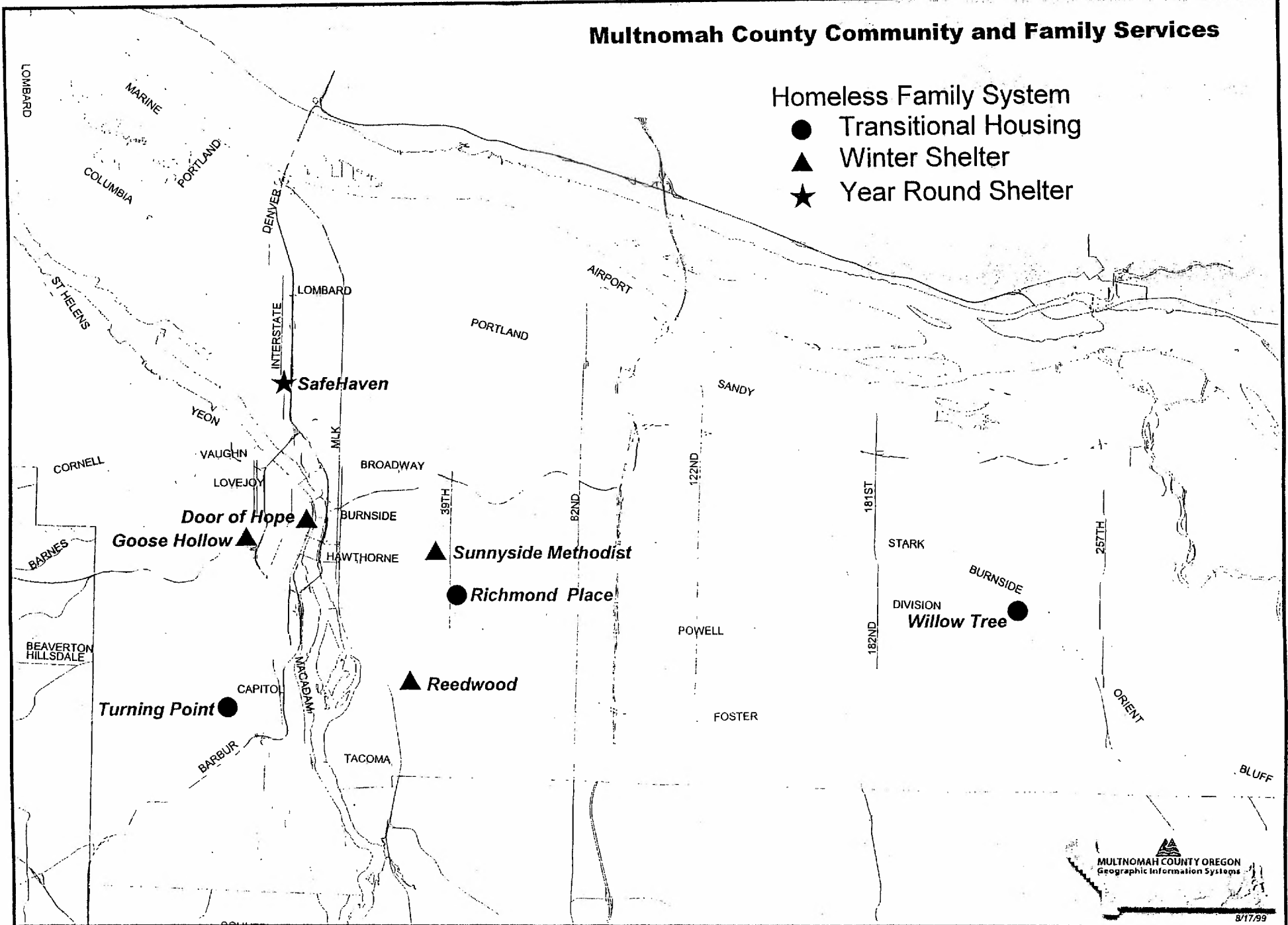
Focus Groups Conducted by Donna Shackelford
Notes Prepared by Donna Shackelford

Insert Map

Multnomah County Community and Family Services

Homeless Family System

- Transitional Housing
- ▲ Winter Shelter
- ★ Year Round Shelter



Appendices D

Criteria for Evaluating Program Model

Homeless Family System Planning
Ad-Hoc Committee

Criteria for Evaluating Models and Making Plan Decisions:

- ◆ Systems approach
- ◆ Based on adopted *Outcomes*
- ◆ Based on adopted *Values and Principles*
- ◆ Is cost effective and saleable to the community
- ◆ Builds on strengths and assets of the current system
- ◆ Reflects systemic change
- ◆ Results in an improved access system
- ◆ Results in reduction or prevention of homelessness by having family move away from the state of homelessness
- ◆ Deals with entire family – inclusive of all members, adults & children

Appendices E

Culturally Based Small Group Notes

Homeless Family System Planning
Cultural/Ethnic Issues Workgroup
July 12, 1999

In Attendance:

Oscar Sweeney Lopez	OHDC/Access
Kay Mattson	HAP
Cassandra Garrison	OFB/CASP
Jackie Mercer	NARA
Norma Cabllero Lopez	El Programa Hispano
Donna Shackelford	Multnomah County

The meeting started with introductions.

Donna and Oscar gave an overview of the planning process to date.

A conversation ensued regarding how the homeless family system might most effectively serve persons from different cultures and ethnic backgrounds.

The group agreed that there is a difference between an individual being bi-lingual /culturally competent and an individual being bi-cultural. There is an issue of trust within cultures. Some people from different cultures will forgo services if they haven't established a level of trust with the service provider.

Members of the work group also agreed that it is important that persons from different cultures needed to learn how to access services throughout the community. It is not always in the best interest of people to

Recommendations

- A guarantee that the central access telephone number be able to respond to callers in all languages (ATT language line)
- All publicity on how central access and other programs work be written in several languages (also any oral publicity)
- Three culturally specific intake and assessment centers be funded (Hispanic, Native American and Asian)
- A family shelter be developed that is sensitive to the culture and needs of Hispanic families. This shelter would be available to all families in the community.

- A formal connection of culturally specific programs with the intake and assessment centers to include co-case management agreements and other specialized services that persons from various cultures require.
- One of the questions in the request for proposal would be for the applicant to identify significant ethnic populations within their geographic area and address how they would analyze and overcome barriers people in these populations might experience.
- Have persons from different cultures read the responses to the request for proposals
- A formal process for on-going evaluation of the system, including dialogue and discussion regarding how services for homeless families from different ethnic groups

Committee members agreed to continue meeting, to be prepared to review the draft plan when it becomes available for comment and to respond with any additional recommendations during the comment period. Committee members also determined to be prepared to make final recommendations before the system goes for bid.

Appendices F

Children Services Small Group Notes

Early Childhood Care and Education Council of Multnomah County

Best Practices Committee Minutes Input to Homeless Family System Planning 7/7/99

Attending: Nancy Anderson, Multnomah Early Childhood Program
Donna Shackelford
Janet Hawkins
Ann Warren, Raphael House
Gene Trowbridge
Lynn Jenkins, SCF
Wendy Lebow
Jean Wagner, Mt. Hood Head Start

The committee reviewed the planning process and went over several planning documents—Values and Principles, outcomes and services identified in 6/17 proposal and Program Model.

Identified goals as they relate to young children (birth to 8 years old):

- Enter school “ready to learn”.
- Positive, stable experience in school.
- Children are valued as children—be a child, not a parental caregiver. Understand the family situation without self-blame.
- Children are resilient (see Emmy Werner article).
- Children are up to date in immunizations, well child, and dental care.
- Experience personal empowerment.
- Children experience at least one relationship that is consistent, unconditional and supportive.

Services needed to reach these goals:

- ***Child/family assessment and treatment***
A comprehensive screening and assessment to include health and development, dental, immunizations, vision, hearing, speech and mental health. Plans for any needed treatment and follow up.

Family assessment of strengths and needs—looking at family system. Identify needs and provide support such as support for parenting skills.

Mental health assessment and treatment on-site, including child and family therapy. These mental health therapists would provide consultation to staff, as well.
- ***Facility***
A center that is child friendly for parents and children to go for respite and one stop services such as health clinic, etc.

- ***Transportation***

Vans at each shelter to transport children to child care/ school—keep children in schools they already attend.

Use vans to transport families to dentist, doctor, etc.

- ***Collaboration with schools, child care***

Keep children in school/child care they are enrolled in to support relationships.

Better communication with school districts. Work out transportation by districts. Schools provide a “homeless liaison”—pool funding and provide one for Multnomah County.

Develop relationships with schools near shelters.

- ***Support services***

Child care for parents during parenting classes.

Attach food to everything.

Clothes, diapers, personal hygiene products provided.

Washers and dryers need to be readily available.

- ***Mentor programs***

Mentor relationship available on continuing basis for children of all ages.

--Community Asst. service model (SCF)

--Friends of children (County funded)

--Letty Owings House model

--Parent mentor—assist with agencies (AFS, SCF, etc.)

--Beyond Shelter model

- ***Children’s Service Coordination***

Individualized plan and ongoing involvement for each child based on strengths/needs.

Utilize “Partners” model of multiple organizations pooling funds, be used flexibly on behalf of young children/families.

- ***Child care***

Expand child care to be comprehensive; beyond group meetings in shelters.

On site services to support family.

Contract relationships with caregiver organizations.

Per slot payment for children on site (AFS payment by slot).

Registered in home provider option.

Transportation to and from care.

Child care as part of case plan—individualized plan for child.

Tri-met child care/transportation study (funding from City of Portland).

SCF funds to prevent children to coming into state placement.

Respite care—could be at Family Nursery.

Who needs to be involved?

State and local government
Police
Mental health
Schools
Head Start
Child care system
Parks and recreation
AFS
SCF
Health department
Faith community
Community colleges

Input re: Families using/abusing drugs and alcohol in shelter

- Children need intervention.
- Provide training to (non-county) shelters.
- SCF is key—shelters need to maintain close relationship with them. Staff need on-going training on child abuse/neglect as well as regular consultation. Best to encourage voluntary treatment.
- Get specialists to come into shelter.

Homeless Children Services
Early Childhood Care and Education Council of Multnomah County
Meeting Notes
8/9/99

Question:

How to serve children in families who are unable/unwilling to commit to getting out of homelessness but are unable to provide shelter for their children?

Response:

These are the same families who are likely not being responsive and are not benefiting from services in other systems. This is a larger issue than the homeless family system, and will require the involvement of systems within and outside the county.

“Programs that are successful in reaching and helping the most disadvantaged children and families typically offer a broad spectrum of services. Successful programs recognize that they cannot respond to these ‘untidy basketfuls of needs’ without regularly crossing traditional professional and bureaucratic boundaries. **Successful programs see the child in the context of family, and the family in the context of its surroundings.** Professionals in these programs are perceived by those they serve as people who care about them and respect them, people they can trust. Programs see to it that services are coherent and easy to use.” These programs all have found that they need to reach beyond traditional boundaries to achieve successful outcomes with their clients.⁸

Our goal for any policy developed is to ensure that protective factors are in place:⁹

1. Children’s needs for health and mental care are met.
2. Children have secure attachments, with at least one person in their lives, preferably a parent. This person provides stable care with adequate and appropriate attention (practices that encourage trust, autonomy and initiative).
3. External support systems that reinforce competence and provide children with a positive set of values.

Suggestion: Since this question cannot be answered without involvement of other systems, we recommend a process that pulls in partners to develop relevant policies.

Partners in this policy development would include SOSCF, Early Childhood Care and Education Council, Health Dept., AFS, Head Start, schools, parents, among others.

⁸ Lisbeth Schorr, *Within Our Reach: Breaking the Cycle of Disadvantage*, 1989.

⁹ Emmy Werner, “Protective factors and individual resilience”, *Handbook of Early Childhood Intervention*, 1990.

Early Childhood Care and Education Council of Multnomah County
Best Practices Committee
Homeless Families System Planning
Children's Services Recommendations
August 9, 1999

1. All shelters need a dedicated **children's environment** on site.
 - An after school program for school age children offered daily, offering esteem building/mastery activities as well as academic assistance.
 - Parent involvement in children's programming.
 - Keep children in programs they are already enrolled in when feasible. Use vans to transport children.
2. Free, quality **child care** needs to be available for all children 6 weeks to 6 years old.
 - A professionally staffed early childhood program offered five days a week, 7a.m. – 6p.m.
 - The center could be on-site at the shelter, or a centralized child care center could be developed to serve multiple shelters/transitional housing sites.
3. A system to **track homeless children** county-wide (modeled after the Partner's Program).
 - "Mentors" who follow homeless children (families) – voluntary program.
 - Schools, government, agencies pool resources to hire staff to "follow" children – track homeless children in the county and assessing resources for them – i.e. transportation to programs, mental health counseling, etc.
 - Keep children in programs they are already enrolled in. This system assists with this.