



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GRETCHEN KAFOURY • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

AGENDA OF

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

October 23 - 27, 1989

- Tuesday, October 24, 1989 - 9:30 AM - Informal Briefings . Page 2
- Tuesday, October 24, 1989 - 1:30 PM - Informal Meeting . . Page 2
- Wednesday, October 25, 1989- 8:30 AM - Policy Development Page 2
Committee Meeting
Blue Lake Lakehouse
Justice Services
- Thursday, October 26, 1989 - 9:00 AM - Executive Session . Page 3
9:30 AM - Work Session . . . Page 3
10:15 AM - Formal Page 3

NOTE: DIFFERENT STARTING TIME FOR FORMAL

Tuesday, October 24, 1989 - 9:30 AM

Multnomah County Courthouse, Room 602

INFORMAL BRIEFINGS

1. Briefing regarding recommendations regarding the urban services PMCoA they believe the City of Portland should fund, and the human services they feel the County should be responsible for funding - Jim McConnell, Channey Briggs Rescheduled from Tuesday, October 17, 1989
2. Quarterly briefing by Metropolitan Community Action on policy issues related to poverty and the homeless in the County - Lou Savage
3. Report and discussion of innovative approaches to Adolescent Alcohol and Drug Treatment - Gretchen Kafoury, Duane Zussy

Tuesday, October 24, 1989 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL

1. Informal Review of Formal Agenda of October 26, 1989

PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS

Wednesday October 25, 1989 - 8:30 AM

POLICY DEVELOPMENT COMMITTEE

BLUE LAKE LAKEHOUSE

Further discussion Justice Services and General Services follow-up and wrap up

Thursday, October 26, 1989 - 9:00 AM

EXECUTIVE SESSION

Executive Session regarding status of pending litigation [allowed under ORS 192.660 (1)(h)]

WORK SESSION 9:30 AM

To answer questions and obtain direction for further efforts on the topic of retiree insurance - Darrell Murray

Thursday, October 26, 1989, 10:15 AM

Multnomah County Courthouse, Room 602

Formal Agenda

REGULAR AGENDA

BOARD OF COUNTY COMMISSIONER

- R-1 In the matter of presentation of National Association of Counties (NACo) 1989, County Achievement Awards to Black Youth Advocates Program/Court Watch; Special Needs Housing Program; Community Coalition for Homeless Youth; Housing Opportunity Program: "Lincoln Place Homes"; Film Permits; Aging Services Division Metal Health Program; Women's Transition Programs; Citizen Involvement Community Programs
- R-2 In the matter of the appointments to the Children and Youth Services Commission, Professionals: Cornetta Smith, Judge Bergman, Dr. Sarojini Budden, Frank McNamara, Rev. Don Frazier, Adam Lee Po Cha, Sharon McCluskey; Lay Citizens: Jillene Lamb, Consuelo Saragoza, Duncan Campbell, Shirley Hamilton, Muriel Goldman, Bill Prows, Jan Johnson, Jarold Gillham

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-3 Budget Modification DES #5 requesting creation of position of Administrative Technician which will relieve employees in higher classifications of some administrative responsibilities

DEPARTMENT OF HUMAN SERVICES

- R-4 Budget Modification DHS #22 requests approval to increase various SSD budgets, DD Operations increased \$7,865, DD Contracts increased \$12,843, MED Contracts increased \$363,678 and A&D Contracts increased \$31,060, a net total of \$415,596 to reflect action in Amendment #6-R to the State Mental Health Grant

- R-5 Budget Modification DHS #23 decreases the Aging Services Division, Community Action Program FY 89-90 Materials and Services budget by \$291; adds 1.34 FTE to the FY 89-90 budget, and adds \$2,686 to the General Fund contingency
- R-6 In the matter of ratification of intergovernmental agreement with seven (7) school districts, Centennial, David Douglas, Dexter McCarty, Gordon Russell, Gresham/Barlow, Parkrose and Portland Public, to provide consultation and counseling services

DEPARTMENT OF JUSTICE SERVICES

- R-7 Budget Modification DJS #7 requests to transfer \$20,772 from Community Corrections Contracts to add one FTE Community Projects Leader in the Community Services Gorge Project funded by CCA Enhancement Grant
- R-8 Notice of Intent to file grant application with the Bureau of Justice Assistance for an Innovative Drug Prosecution Interjurisdictional Demonstration Project for \$197,252, for demonstration on the investigation of and prosecution of methamphetamine manufacture and distribution

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and reconvene as the Public Contract Review Board)

- R-9 Order in the Matter of Exempting from Public Bidding of a contract for weatherization services at the Broadmoor Hotel by Central City Concern
- R-10 Order in the Matter of Exempting from Public Bidding the purchase of twelve hand-held computer inspection systems from Oregon Digital System

ADJOURN

Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:
Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Friday, 6:00 PM, Channel 27 for Rogers Multnomah East subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date OCT 24 1989

Agenda No. _____

#1

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: PMCoA Briefing on Urban Services/Human Services

Informal Only* Tuesday 10/24/89
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services

DIVISION Aging Services

CONTACT Jim McConnell

TELEPHONE x3646

*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD Jim McConnell, Channey Briggs PMCoA Chair

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

The PMCoA wishes to brief the Board on their recommendations regarding the urban services they believe the City of Portland should fund and the human services they feel the County should be responsible for funding.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

- INFORMATION ONLY
- PRELIMINARY APPROVAL
- POLICY DIRECTION
- APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

PERSONNEL

FISCAL/BUDGETARY

General Fund

Other _____

1989 OCT 17 PM 3:25
 CLERK OF COUNTY COMMISSIONER
 MULTNOMAH COUNTY
 OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Nussy (M)

BUDGET / PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

**PROPOSED
MUNICIPAL SERVICE PRIORITIES FOR THE ELDERLY
FOR THE
THE CITY OF PORTLAND**

BACKGROUND:

During the preparation of the City's budget for FY 89/90, the Mayor proposed the elimination of City funding for Aging Services Division. This was predicated on the basis that under Resolution A of 1983 the County accepted responsibility for providing human and justice services while the City assumed responsibility for police, fire, parks, and other municipal services. The Mayor's proposed allocation of no funds for Aging Services Division reflected a belief that Multnomah County should be entirely responsible for funding the human service programs provided by Aging Services Division. However, the City/County Intergovernmental Agreement for the operation of aging services adopted in December 1983 and renewed annually calls for an equal sharing of funding by the local jurisdictions.

In the absence of a renegotiated policy regarding local funding for Aging Services Division, sufficient funds were not available in the County budget to continue aging services at the current level without City support. Three hundred advocates and recipients of services attended public hearings on the City's budget to testify regarding the City's responsibility to serve frail and isolated elders who had contributed so much to their community during their lives.

In response to the crisis during the recent budget process, Aging Advocates and Service Providers have convened to identify a list of municipal service needs of elders for future attention by the City of Portland.

WHEREAS, the CITY and COUNTY are committed through the Aging Policy for Portland and Multnomah County of 1982 to provide services and programs accessible and available to the elderly.

WHEREAS, the City's and County's senior citizens have made and will continue to make valuable contributions to the well-being of this community.

WHEREAS, needs of individuals for functional assistance increases sharply with age and the need for services and community supports is greatest and most acute among the oldest of the old.

WHEREAS, persons 75 years and older are the nation's fastest growing age group and locally will climb from 35% to 41% of the total population of elders by the year 2000.

WHEREAS, the CITY and COUNTY have a responsibility to use aging policy and long-range planning to guide the future development of services and programs to meet the needs of this growing population of elders.

NOW, THEREFORE BE IT RESOLVED, that,

Priority #1: Local funding for the aging services system be maintained by the City and County at a level sufficient to support current services provided by Aging Services Division (ASD) and its contractors.

Priority #2: The City of Portland provide for the safety, housing, transportation, and recreation needs of seniors.

I. Contract Municipal Services for which funds should be allocated by the city and implemented under contracts with community service agencies are:

1. Funding for space, facility and operations.

City funds should be allocated for construction, renovation, and maintenance costs for multi-purpose community centers that would provide space for senior services in safe and convenient locations.

Space should be provided for key programs to be co-located including:

- o ASD funded services such as district service centers, senior nutrition sites, ASD branch offices and district advisory committees on aging.
- o Programs funded by the City of Portland such as recreation and education programs; crime prevention programs, victim assistance and self defense training; neighborhood association advocacy.
- o Privately funded programs such as training and employment placement for seniors; child care to increase access by minority elderly who are primary care providers for their families.

2. Funding for staff. City funds should be provided to hire staff to coordinate neighborhood based services, to improve and publicize access by seniors to municipal services, and to develop new arrangements and resources for seniors.

3. Funding For Services. City funds should be allocated to provide:

- a. Transportation for shopping and errands, to recreation and educational facilities.
- b. Expansion of county-wide Gatekeeper Program to include Gatekeeper training for appropriate City Bureaus and agencies.
- c. Escort and yard maintenance services as crime prevention measures.

II. Enhanced Direct Municipal Services for which funds should be allocated/reallocated by the City, or policy changes should be made.

1. Involve senior advocates in the development of all programs and policies that impact elders.
2. Increase protection and safety for elders including:
 - ◆ develop specialized elder abuse investigators within Police Bureau to respond to referrals from Aging Services Division and the public.
 - ◆ develop specialized training in elder abuse law for emergency personnel.
 - ◆ improve coordination of police/9-1-1 with Aging Services Division regarding elder abuse identification and investigation for evenings and weekends.
 - ◆ improve system for identifying and tracking statistics on elder abuse reports.
 - ◆ provide fire inspections of adult foster homes.
3. Provide resources for construction and renovation to expand the number and range of housing options for elderly including:
 - ◆ increase availability of low cost housing.
 - ◆ expand congregate housing options.
 - ◆ make zoning code more flexible to promote the development of assisted living facilities.
 - ◆ fund home maintenance and repair services.
 - ◆ develop and enforce accessibility standards for single/multi residences and long-term-care facilities.
 - ◆ develop and implement safety security standards in housing for seniors.
4. Incorporate accessibility standards to meet the needs of seniors and disabled persons into existing and future transportation policy and develop resources to expand transportation options:
 - ◆ increase accessible bus stops
 - ◆ locate crosswalks and/or traffic signals sufficient to allow safe crossing of street at reasonable distances for elders.
 - ◆ increase funds for door-to-door transportation.
 - ◆ promote development of overall financing of mass transit.
 - ◆ provide uniform curb cuts in all sidewalks.

Proposed by:

Association of Aging Service Contractors
Aging Services Division
Portland/Multnomah Commission on Aging
Aging Advisory Committees

8/4/89

DATE SUBMITTED _____

(For Clerk's Use)
Meeting Date OCT 24 1989
Agenda No. #2

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: QUARTERLY BRIEFING OF BCC BY METROPOLITAN COMMUNITY ACTION

Informal Only* 10-24-89
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Aging Services

CONTACT Bill Thomas TELEPHONE 248-5464

*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD Lou Savage, MCA Board Chair

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Quarterly briefing of the Board of County Commissioners by Metropolitan Community Action on policy issues related to poverty and the homeless in the County.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

INFORMATION ONLY PRELIMINARY APPROVAL POLICY DIRECTION RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 20 minutes

IMPACT:

- PERSONNEL
- FISCAL/BUDGETARY
- General Fund
- Other _____

See Attached for Signature

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1989 OCT 17 PM 3:27

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: _____

BUDGET/PERSONNEL _____ / _____

COUNTY COUNSEL (Ordinances, Resolution, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK, 5TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3646

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy, Director *Duane Zussy (v)*
Department of Human Services

FROM: Jim McConnell, Director *Jim McConnell*
Aging Services Division

DATE: October 9, 1989

SUBJ: Attached Request for Placement

The Aging Services Division (ASD), Department of Human Services requests that twenty (20) minutes of the Board of County Commissioners' time on the informal agenda of October 24, 1989, be allocated to Metropolitan Community Action (MCA).

As the County's administering board for community action, MCA is charged with presenting quarterly to the Board of County Commissioners, acting as the governing board for community action, an informational briefing on issues relating to poverty and homelessness within the County.

This will represent MCA's first such briefing. Appearing before the Board on behalf of MCA will be Lou Savage, MCA Board Chair. Other MCA Board members will also be in attendance.

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(For Clerk's Use)
Meeting Date _____
Agenda No. _____

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Informal Only* 10-24-89
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Aging Services

CONTACT Bill Thomas TELEPHONE 248-5464

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Lou Savage, MCA Board Chair

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IMPACT:

- PERSONNEL
- FISCAL/BUDGETARY
- General Fund
- Other _____

1989 OCT 18 PM 3:45
CLERK OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Tussy (M)

BUDGET/PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolution, Agreements, Contracts) _____

OTHER _____
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MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK, 5TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3646

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
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MEMORANDUM

TO: Gladys McCoy
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METROPOLITAN COMMUNITY ACTION

October 19, 1989

Don Clark
Housing Authority of Portland
1605 NE 45th
Portland, OR 97213

Dear Don,

MCA has currently begun the process of evaluating some of our Homeless Assistance Programs. One issue that has recently surfaced has to do with the deposits required to get "no income" families or individuals into a conventional HAP unit.

We currently have an allowance in our voucher program which pays this deposit for singles on a limited basis. More and more, we are seeing the value of getting people, especially families, into permanent housing as a more cost effective option than simply providing one week in a too often questionable hotel/motel environment.

However, one of our primary obstacles has to do with Federal restrictions. FEMA funds specifically disallow the payment of housing deposits. Is there any way we could create a special provision for clients who are case managed in a recognized homeless program to either waive the HAP deposit requirement or to call it something like an "emergency entrance fee," so we could use FEMA funds?

**Executive
Director**

Michael Jans

**Executive
Committee**

Louis Savage
Chair

Marty Lemke
Vice Chair

Al Jamison
Secretary

Worth Caldwell
Treasurer

Pat McCrann
Carole Murdock
Leslie Weaver

Brothy Rothrock
Chair, Planning
Committee

Claire Levine
Chair, Advocacy
Committee

In addition, it would be very helpful to the system if deposits that are paid for by homeless assistance funds could go into a revolving fund instead of being returned to the client. There have been some cases in which we pay a deposit to get a client into permanent housing and they move the next month only to take the deposit money with them!

I look forward to your thoughts about these suggestions. Let me know if you have questions or would like to get together to talk more about the issues.

Sincerely



Marcia Moskowitz
Policy Analyst

housauth.ltr/mm

METROPOLITAN COMMUNITY ACTION

EMERGENCY SERVICES AND COMMUNITY ACTION



PLAN SUMMARY

1989

METROPOLITAN
COMMUNITY
ACTION

July 28, 1989

Dear Friend,

On behalf of the Board of Directors of Metropolitan Community Action, I am pleased to present this Emergency Services and Community Action Plan Summary. The Plan contains a strategy for streamlining our service delivery system, as well as 32 recommended actions aimed at strengthening and improving programs throughout Multnomah County which serve low income and homeless residents.

We have placed an emphasis on programs that resolve homelessness and serve families with children, as well as an active advocacy effort to obtain more permanent, low-income units, and to provide information which will raise public awareness about the existence and nature of poverty throughout our community.

We appreciate the input, advice and assistance we received from the many people and organizations who met with us or submitted their views on particular aspects of the problems of homeless and low-income people. We want to thank Mayor Bud Clark and the Board of County Commissioners for their ongoing support and commitment to relieving the stresses of poverty and ending homelessness.

**Executive
Director**

Michael Jans

This Plan is a starting point, and is meant to be a guide for planning and allocation decisions over the next three years. A yearly updated report will be submitted to local funders noting progress made in meeting goals and policies as well as identifying any changing social needs.

**Executive
Committee**

Louis Savage
Chair

We hope this Plan will be a useful tool in our continuing efforts to respond to the challenge of homelessness and poverty in a humane and effective manner.

Marty Lemke
Vice Chair

Al Jamison
Secretary

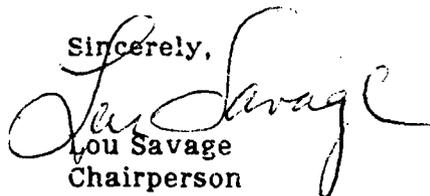
Worth Caldwell
Treasurer

Pat McCrann
Carole Murdock
Leslie Weaver

Dorothy Rothrock
Chair, Planning
Committee

Claire Levine
Chair, Advocacy
Committee

Sincerely,



Lou Savage
Chairperson

planpres.lou/mm/7-20-89



METROPOLITAN COMMUNITY ACTION is the agency responsible for Planning, Management, Coordination and Advocacy of emergency services and community action programs for Multnomah County.

The agency's mission is to reduce poverty and ensure that low-income and homeless people receive accessible, effective services which meet their basic needs and empower them toward self-sufficiency and self-determination.

To accomplish this mission, MCA works closely with Multnomah County, the City of Portland, United Way, the Housing Authority of Portland and social service agencies in the community to provide services to people who have few other resources.



For copies of the entire Emergency Services and Community Action Plan, please write to Metropolitan Community Action, 812 SW Washington, Portland, Oregon 97205

**METROPOLITAN COMMUNITY ACTION
EMERGENCY SERVICES AND COMMUNITY ACTION**

EXECUTIVE SUMMARY

The MCA Emergency Services and Community Action Plan is a starting point for attaining a coordinated system to serve clients who are impacted by homelessness and poverty. It is also a guide for allocating existing and new resources available in our community.

Because of the enormous increase in homeless families and individuals throughout the nation, the majority of the programs which will be funded in 1989-90 have a greater emphasis on emergency needs than traditional community action programs, which focus more on empowerment and self-sufficiency. However, the MCA Board believes it is time to begin to evaluate existing programs based on their ability to "resolve" homelessness and move clients to greater levels of independence. Emergency needs are often a result of complex social issues such as drug and alcohol abuse, domestic violence, child abuse, mental illness, dysfunctional families etc. Solving these problems requires more time, resources and comprehensive programs than simply making a few days of emergency shelter and food available.

The MCA Plan contains a detailed list of actions to guide public policy and actions over the next three years. All of the actions in the Plan are incorporated in the following four goals:

- 1. Without disrupting the existing array of emergency services in our community, there should be movement towards developing and supporting comprehensive services aimed at breaking the cycle of homelessness and encouraging self-sufficiency for low income people.*
- 2. The existing system should be consolidated around 7 neighborhood based multi-service centers, and supplemented by special needs programs for populations which cannot appropriately be served in multi-service centers.*
- 3. Programs and policies should be developed and supported which serve families with children and promote long range family integrity.*
- 4. The system should continue to be coordinated through a centralized system which emphasizes program evaluation, public education and advocacy.*

MCA
EMERGENCY SERVICES AND COMMUNITY ACTION
1989-90
PLAN SUMMARY

EXISTING SERVICES

The existing emergency services system is based upon a tiered intervention approach of meeting basic needs through programs such as mass shelters and working towards self-sufficiency through various programs such as transitional housing, case management, energy and rent assistance, transportation, child care, job training, money management, parenting classes or self esteem workshops.

- Mass Shelters: Dormitory type shelter. Currently 495 beds available, 390 receive public support through MCA. Serves approximately 5,000 single men, women and couples per year.
- Church Shelters: Volunteer supported program linked to case management and support services through multi-service centers. Usually 2-4 shelters available at any one time with bed spaces for 60-80 individuals. Primary population are families with children.
- Voucher Program: Emergency shelter providing 1-2 weeks in either a motel hotel or non-profit shelter. Serves approximately 4,000 households per year. When possible clients are linked to case management and more intensive programs.
- Transitional Housing: Longer term emergency housing, usually 3-18 months coupled with intensive case management and other support services. Approximately 300 units available serving 1200 Households per year.
- Case Management: A person working directly with a client to plan for self-sufficiency through an individualized plan of action. Services can include linking a person to other community resources, providing counselling, advocacy, training and emotional support.
- Energy Rent Assistance: Federal funds are available to help low income households with heating bills and to either prevent homelessness or transition homeless people into permanent housing with rent assistance.
- General: Other support services necessary to transition out of Homelessness, such as bus tickets, child care, personal hygiene items, clothing, diapers, medical referrals, job training, referrals, etc.
- Community Action: Programs specifically designed to promote empowerment and self-sufficiency for low-income, working poor and homeless people. Existing activities include money management, self-esteem workshops, family support groups, advocacy related to minority needs, etc.

PROFILE OF LOW INCOME HOUSEHOLDS

In Multnomah County 1989

	<u>Total # For One Year</u>	<u>% of Total Population</u>
# Low Income Households (Total household income under \$15,000)♣	70,944	29%
# Individuals Living in Subsidized Housing	14,755	3%
# Homeless Individuals (estimated) ♣♣	11,000	2%
# Households receiving Food Stamps	23,500	10%
# Households receiving Income Assistance		
ADC	8,000	3%
GA	1,500	1%
# Households receiving Energy Assistance	15,000	6%
# Households needing Housing Assistance (i.e. paying over 30% of income to rent:	15,000	6%

Total households in Multnomah County based on 1985 census data 241,400 (562,000 individuals)

♣ Reflects Federal 125% poverty guideline of family of 4 with household income of \$14,999 or under.

♣♣ Reflects 20% increase to 1986 EBNC Shelter Advisory Committee Report and current contract goals.

fund5-15.rpt.wp/mm

SERVICES TO BE PROVIDED IN FY 89-90

<i>PROGRAM</i>	<u>#INDIVIDUALS SERVED</u>	
	<i>CURRENT 88-89</i>	<i>GOAL PROJECTED 89-90</i>
<i>o Emergency Shelter Individuals</i>	<i>5,000</i>	<i>5,000</i>
<i>o Emergency Shelter & TH Youth</i>	<i>800</i>	<i>1,000</i>
<i>o Emergency Shelter Vouchers</i>	<i>9,000</i>	<i>7,000</i>
<i>o Church Shelter: Families & Couples</i>	<i>1,200</i>	<i>1,500</i>
<i>o Transitional Housing - All populations</i>	<i>1,800</i>	<i>2,000</i>
<i>o Case Management</i>	<i>3,000</i>	<i>4,500</i>
<i>o Energy Assistance</i>	<i>15,000</i>	<i>15,000</i>
<i>o Rent Assistance</i>	<i>1,000 HH</i>	<i>450 HH</i>
<i>o Community Action Programs (Self Empowerment Activities, Homeless Prevention, Advocacy)</i>	<i>6,000</i>	<i>10,000</i>
<i>o Emergency Support Services (Bus tickets, clothing, food, personal hygiene items, diapers, referrals etc.)</i>	<i>12,000</i>	<i>12,000</i>

numbers represent the services supported through MCA contracts.

summ4-11.rpt/wp/mm

PRIORITIES FOR SERVICES 89-90

I *Services which should be expanded or enhanced, primarily with new or variable funding sources are:*

- A.** *Case Management* (40-50 new positions needed)
- B.** *Transitional Housing* (400-600 units needed)
- C.** *Self-Sufficiency programs*
- D.** *Rent/Assistance*

II *Services which should be maintained or modified but not expanded, primarily with existing funds are:*

- A.** *Mass Shelters*
- B.** *Emergency Services*
- C.** *Voucher Program*

III *The following populations have been identified as priority categories for new or enhanced programs.*

- *Domestic/Sexual violence victims*
- *Families with children*
- *Recovering, Drug/Alcohol Abusers*
- *Street Youth/Homeless Teen Parents*
- *Working poor*

Other populations such as the mentally ill, minorities, physically disabled, teen parents and multi-problem homeless singles should continue to receive services with existing funding and better intra-system coordination should be provided.

Note: *Programs and populations identified as priorities for new or variable funding will continue to receive existing funding as well.*

REVENUE

Administered through MCA

Sub-contracted for Direct Services

<u>SOURCE</u>	1989-90
CSBG	534,430
SHAP	552,000
CGF-Linkage	202,395
CGF/General	53,251
City Emergency	116,200
ESG	20,200
ECSBG	38,295
FEMA	368,728
LIEAP	2,909,422
TOTAL	4,792,921

Support for MCA Coordination

Multnomah County	184,889
City of Portland	50,000
United Way	36,000
LIEAP	23,542
OPIE	<u>3,887</u>
TOTAL	298,318

Assuming the same basic level of funding for 1990-91, agency service contracts will be RFP'd with the following formula to support the foundation of the existing system:

21.5%	reserved for special need populations & programs
73.0%	to support multi-service centers
5.5%	reserved for system-wide programs such as Red Cross Clearinghouse

RECOMMENDATIONS

GOAL

I. DEVELOP "QUALITY" SERVICES AIMED AT BREAKING THE CYCLE OF HOMELESSNESS AND ENCOURAGING SELF-SUFFICIENCY FOR LOW INCOME PEOPLE

Actions

- *The City of Portland and Multnomah County and MCA should work with the Housing Authority of Portland to promote new subsidized housing options especially for families with children and in SRO hotels.*
- *Local government should actively advocate for increased funding of the State Homeless Assistance Program and more low income housing options.*
- *Continue to fund mass shelters for adult men and women to ensure a minimum of 300 bed spaces are available on any given night.*
- *Continue funding the voucher program but conduct an evaluation and promote the development of more non-profit run shelters instead of motels/hotels.*
- *Priority should be given to funding for follow-up programs which can track and document client progress toward stabilization.*
- *Priority should be given to funding for additional transitional housing units for families and alcohol free housing, and victims of domestic and sexual violence.*
- *Provide funding for case management to any household in a transitional housing program.*
- *MCA should work with the Private Industry Council to ensure job training is available to homeless clients, especially families with children*
- *Encourage County drug/alcohol programs be expanded to address needs of substance abusers with children.*
- *Strengthen communication and coordination with Emergency Food networks.*
- *Pass all funding for the voucher program through MCA to ensure adequate coordinating and monitoring.*

GOAL

II. CONSOLIDATE THE EMERGENCY SERVICES SYSTEM TO ENSURE BEST POSSIBLE SERVICE TO CLIENTS

Actions

- Consolidate the existing service delivery system around 7 geographically based multi-service centers.
- Core Services will be offered at each multi-service center including shelter, case management, energy assistance, and for case managed clients transportation, child care, self-help programs, clothing, personal hygiene items, etc.
- Special Needs programs will be funded for populations which cannot be appropriately served at multi-service centers such as a domestic violence victims, street youth and homeless teen parents, disabled, or designated minority groups.
- Ensure adequate funds are available to support agency administration for emergency service related programs.

GOAL

III. STRENGTHEN PROGRAMS AND POLICIES WHICH PROMOTE FAMILY INTEGRITY

Actions

- Enhance and expand emergency services for family related programs.
- Promote qualified case managers who have access to special programs for children and training in advocacy for children for any family shelters or transitional housing programs.
- Public support for family related programs should be focused in neighborhoods and not in the Downtown/Burnside area.
- Emergency Service Programs for families should include child care assistance.
- More transitional units and support programs should be provided for homeless street youth and teen parents.
- Advocacy should occur with AFS to provide child care support for families in training programs and minimum wage jobs.
- Pending available resources a program for substance abusers with children should be established where people can receive treatment while keeping their children with them.

MCA defines Family as one or more adults with one or more dependents including children and/or elderly or disabled adults.

GOAL
IV.

CONTINUE CENTRALIZED COORDINATION THROUGH AN EMPHASIS ON PROGRAM EVALUATION AND ADVOCACY

Actions

- Support MCA to continue performing work recommended in the 1987 EBNC Plan.
- Involve low-income people in advocacy and planning and public information activities.
- Develop specific campaigns and programs which will raise awareness about the existence and nature of poverty in Multnomah County and increase understanding of poverty in the state and nation.
- Serve as an information and activity center for anti-poverty organizations in Multnomah County.
- Play a central role in encouraging government agencies and elected officials to support anti-poverty programs.
- MCA should conduct a systematic evaluation of the voucher program.
- MCA should evaluate and develop clear standards for case management programs.
- MCA contractors should begin to use standardized intake, statistics, and budget forms.
- Subcontractors should begin to document repeat users and initiate follow-up or exit plans.
- City of Portland and Multnomah County and MCA should actively advocate for programs which incorporate follow-up and evaluation.
- MCA should work with the County and providers to eliminate and reduce unnecessary paperwork and reporting.
- MCA should work with the City of Portland, Multnomah County and United Way to update homeless statistics and develop a reliable data base.
- Future funding for emergency service programs should give priority to programs which can demonstrate that they help to resolve homelessness and promote stability instead of merely prolonging victimization and dependency.

Metropolitan Community Action

Community Services

Final Report

September 1989

Prepared by

Marcia Moskowitz, Policy Analyst

John Pearson, Contracts Manager
Diane Hess, Advocacy Coordinator
Judy Norinsky, Office Manager

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I. Contractor Performance

- *Planning & Coordination*
- *Advocacy*
- *Resource Management*

PLANNING AND COORDINATION

Final Report

Planning and coordination activities for program year 88-89 included developing an emergency services and community action Plan to initiate a new focus for our service delivery system as well as to provide a guide for allocating existing and new resources available in our community. Development of the Plan included a needs assessment survey, continuing a provider involvement process initiated by the Emergency Basic Needs Committee (EBNC), and identifying a series of actions for the MCA Board and staff to promote public policy and actions aimed at resolving homelessness and reducing the stresses of poverty.

Coordination activities focused on the creation of a contractors association to ensure ongoing participation from MCA sub-contractors, and the creation of a community services advisory committee made up of representatives from the City of Portland, Multnomah County, Housing Authority of Portland, United Way, Adult and Family Services and MCA. This body has had a key voice in recommending various policies, program guidelines, and funding allocation decisions which impacted the community action and emergency services system.

Following is a summary of activities and accomplishments:

I. Development of MCA Emergency Services and Community Action Plan

- Needs Assessment survey
- Transition staff to Service Delivery Team
- Conducting five public hearings on Plan
- Writing Plan Summary which included a priorities-for-service chart
- Inventorying all existing shelter and transitional housing programs
- Working with Issues Resolution Team to reach final community endorsement of Plan
- Developing various budget projections to determine future allocations methods

II. Actions on ongoing Planning Issues

- Identified priority projects for McKinney funding
- Allocation decisions on ESG, ECSBG and FEMA funds
- Initiation of voucher program evaluation
- Initiation of development of standardized case management
- Initiation of future joint planning and assessment activities with United Way
- Creation of a Non-profit medical voucher facility through BCC
- Evaluation of shelter needs of Homeless teen parents
- Submittal of HAP application for Bootstraps program
- Liaison to NE neighborhood revitalization social services task force

III. Coordination Issues

- *Staff assistance to 12 Community Service Contractors Association meetings*
- *Staff support and technical assistance to 15 Community Service Advisory Committee meetings*
- *Technical Assistance to Coalition for Homeless Families*
- *Member of TAC for Neighborhood Revitalization*
- *Member of committee investigating option of Homeless School*
- *Technical Assistance to Church Shelter network*

METROPOLITAN COMMUNITY ACTION

CS-AC

Summary of Issues Addressed

Sept. '88 - June '89

1. - Created roles and responsibilities of CS-AC
2. - Reviewed McKinney Planning process. Identified Alcohol-Free housing and treatment facility for substance abusers with children as priority projects.
3. - Approved FEMA Allocation Plan
4. - Identified Domestic Violence Shelter as priority for new funding which would replace current dependency on voucher program.
5. - Voucher Task Force established. Report and Recommendations presented to FAC 1/89.
6. - Created allocation sub-committee.
7. - Amended FEMA Plan to increase food allocation.
8. - Revised Rent Assistance guidelines.
9. - Allocation of ESG and ECSBG funds.
10. - Approval of East County Shelter program plan and designation of SHAP funds for shelter.
11. - Approval of program proposal for Oregonian funds.
12. - Endorsement of BCC McKinney proposal
13. - Initiation of voucher and rent assistance program evaluation surveys.
14. - Endorsement of HAP SRO McKinney application.
15. - Identification of substance abuse housing program for families with children as priority for 89-90 McKinney funding.
16. - On going input on development and suggested fine-tuning of MCA Plan.
17. - Review of City land use policies affecting church shelters.
18. - Discussion of need for facility which can provide Emergency Shelter to homeless people released from Hospitals.
19. - Identification of alcohol-free housing as priority for City Emergency funds.
20. - Review of United Way needs assessment and initiation of future coordinated activities.
21. - Endorsement of EMO Job Training McKinney Application.
22. - Preparation of planning for LEAP 10% transfer.

**Executive
Director**

Michael Jans

**Executive
Committee**

Louis Savage
Chair

Marty Lemke
Vice Chair

Al Jamison
Secretary

Worth Caldwell
Treasurer

Pat McCrann
Carole Murdock
Leslie Weaver

Dorothy Rothrock
Chair, Planning
Committee

Claire Levine
Chair, Advocacy
Committee

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ADVOCACY

Program year 1988-89 was a year for defining and developing MCA's advocacy role. An advocacy committee was formed with representatives from the MCA Board, delegate agencies, interested community members and, most recently, Multnomah County. The committee is supported by a half-time staff person. The committee focused on advocacy and community education efforts related to emergency services, community action and broader anti-poverty issues, and targeted at the state and federal levels. A standard process and criteria was developed to determine when to take on issues. Outside guests were frequently invited to meetings to provide information and advise the committee.

Summary of committee and staff accomplishments:

- I. *Developed networks and mechanisms to disseminate advocacy information to agencies, clients and interested parties and to encourage and participation in advocacy efforts:*
 - *Produced five issues of MCA Advocacy Update to a mailing list of 200*
 - *Held "Beyond Frustration" workshop for over 70 agency staff. Workshop covered relevant legislative and electoral issues and strategies for involving staff, volunteers and clients in advocacy efforts. Workshop was organized in cooperation with staff from Oregon Human Rights Coalition and Human Solutions, Inc.*
 - *Organized a series of issue briefing/letter writing parties for low-income clients in the downtown area. These parties were organized in cooperation with staff from Sisters of the Road Cafe, Burnside Projects, NW Pilot Project and Burnside Community Council.*
 - *Cooperated closely with other low-income advocacy networks to disseminate information.*

- II. *Advocated on emergency services and community action issues in the legislature. Activities included testifying, bringing clients to Salem to testify, coordinating testimonies at hearings, writing letters, organizing letter writing and phoning campaigns, meeting with legislators and actively participating in advocacy coalitions. Issues targeted by MCA included:*
 - *the 10% LIEAP transfer*
 - *expanding the State Homeless Assistance Program*
 - *maintaining two parent public assistance*
 - *maintaining the New JOBS program*
 - *expanding access to basic health care*
 - *identifying a state commitment to fight poverty and designating State Community Services as the coordinating body for anti-poverty efforts*
 - *Commemorating the 25th anniversary of the Economic Opportunity Act*

- III. *Convened, co-chaired and staffed Economic Opportunity Act Anniversary Planning Committee with the director of the Clackamas County Social Services*

Division:

- *Organized public events*
 - *Coordinated community outreach and facilitated coordination of media outreach*
 - *Raised funds*
 - *Solicited endorsements, resolutions and proclamations*
- IV. *Initiated Oregon Housing Now Coalition (OHNC) and provided support to coalition. OHNC is part of national effort to restore federal housing funds cut since 1980. MCA staff is working closely with staff from Burnside Projects and other agencies to oversee this effort:*
- *Organized initial kick-off event*
 - *Co-organized press conference*
 - *Co-chaired events organizing committee*
 - *Participated on steering committee*
 - *Served as central communication and coordination point for coalition activities and as link to national office and other local coalitions*
- V. *Served as liaison to local Census Bureau Office and participated on statewide Census Advisory Committee. Gathered data and developed proposals to improve census plan to count homeless and migrant workers. Organized community meeting to provide input to Census Bureau on the homeless count.*
- VI. *Researched Federal housing bills and served as local liaison to National Low income Housing Coalition.*
- VII. *Provided technical assistance to agencies, organizations and individuals.*
- VIII. *Coordinated volunteers to assist in various projects.*

RESOURCE MANAGEMENT

Final Report

Program year 1988 - 89 was a year of transition fro resource management activities. This year was the first under a new contract with Multnomah County. While the new relationship with Multnomah County did not significantly change MCA's role in resource management for emergency and community action services the new relationship did create a year - long period of adjustment.

A summary of the activities and accomplishments for 1988 - 89 includes the following:

- * Management of about \$2,147,694 in funds from: CSBG, SHAP, Linkage, County General Funds, ECSEBG, ESG, LIEAP, FEMA, Migrant, OPIE, and City Emergency Services funds.
- * Management of twenty - seven (27) subcontracts for emergency and community action serevices. (See Exhibit B)
- * Development of a new subcontract format, terms, and conditions to conform to and pass on funder requirements.
- * Development and implementation of allocation formulas and contract terms customized for each funding source.
- * Provision of technical assistance to subcontractors, MCA staff, and funders in the development of budgets and workplans.
- * Coordination and management of energy assistance funds which provided 16,000 persons with about \$2,783,918 in direct energy and utility assistance funds from three (3) revenue sources.
- * Approved and processed vouchers for utility and shelter assistance totaling approximately \$70,000.
- * Submitted seven (7) workplans and budgets allocating resources to neighborhood service providers, summarized budgets and workplans for all subcontractors under each funding source, and responded to State and Federal requirements.

Fiscal monitoring activities included performing audits, fiscal reviews and providing technical assistance to contractors. MCA succeeded in meeting the majority of its fiscal monitoring goals for fiscal year 1989. Community Service contractors funding totalled approximately \$2,400,00 for the fiscal year of which we monitored \$2,400,000. Of the seven contractors we did not monitor, two we no longer contract with, one has its main office in California and four have been placed at the beginning of the monitoring schedule for the next fiscal year.

When fiscal monitoring was completed, exit interviews were held, reports were sent to the contractor and Board Finance committee, corrective action plans were developed and follow-up was performed.

II. Program Statistics and Sub-Contractor performance.

- *Summary of program service data*
- *Sub-contractor monitoring reports*

1988-89

System-Wide Service Statistics

SHAP -	72,688 bednights	7,716 Ind.	5,211 HH
ECSBG -	4,476 bednights	169 Ind.	169 HH
CSBG -	14,921 bednights	1,492 Ind.	1,492 HH
ESG -	4,206 bednights	421 Ind.	460 HH
ESG (WESN)* -	9,813 bednights	994 Ind.	994 HH
City/County -	<u>3,210 bednights</u>	<u>136 Ind.</u>	<u>60 HH</u>
Total:	109,314 bednights	10,928 Ind.	8,386 HH
Church Shelter	7,842 bednights	664 Ind.	260 HH
OPIE Pilot			55 HH
LIEAP			15,746 HH

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COMMUNITY SERVICES
ANNUAL MONITORING REPORT
July 1, 1988 - June 30, 1989

On Site Contractor Introductory Visits

The purpose of the contractor introductory site visits was to gain an orientation of the services and programs provided under each contract, clarify any questions regarding the contractors workplan, provide the contractor with an orientation of MCA's monitoring methods and procedures and solicit information from contractor staff regarding the unmet needs of their service population. The following on site visits were made:

Northwest Pilot Project - August 5th

Urban League - August 9th

Oregon Human Development Corp. - August 10th

Outside Inn - August 10th

Burnside Projects - August 16th

Friendly House - August 18th

Native American Rehabilitation Association - August 22nd

Raphael House - August 25th

Burnside Community Council - August 30th

Neighborhood House - August 30th

Albina Ministerial Alliance - September 7th

Access Oregon - September 7th

Council For Prostitution Alternatives - September 12th

Bradley-Angle House - September 13th

St. Johns YWCA - September 13th

Downtown YWCA September 14th

Portland IMPACT - September 14th

Human Solutions - September 20th

Mental Health Services West - September 23rd

American Red Cross - September 28th

SUMMARY OF SUB-CONTRACTOR MONITORING

Albina Ministerial Association - A site review of Albina Ministerial Association's contract for CSBG services was held on April 6, 1989. General findings indicated the lack of documentation of services, eligibility and client assessments and progress. One client file was not located. Records of information and referral services to clients needing day care were well documented. Corrective Action was requested. A corrective action plan was developed and approved. A follow-up site review was conducted on May 18, 1989. Follow-up review findings indicated case files contained copies of high school students attendance records, the missing file was found, eligibility criteria was clearly indicated and program reports now reflect the required unduplicated monthly and year to date numbers of individuals served. Corrective action has been successfully completed.

Bradley Angle House - On April 7, 1989 a site review was conducted of Bradley Angle House's contract for SHAP, Linkage and ESG services. Review findings indicate the need for improved documentation of Linkage services to clients in 8 transitional housing units. Records of services provided at the battered women's shelter were very good. However client intakes in both locations lacked a signed self-declaration indicating they were homeless. Corrective action was recommended. A corrective action plan was developed and approved on April 12, 1989. A follow-up site review will be conducted during the next contract period to determine whether corrective action has been successfully completed.

YWCA Downtown - A site review was conducted on April 21, 1989 of the YWCA Downtown's contract for Linkage and SHAP services. General findings indicated Linkage services provided for transitional housing were very well documented. Records indicated good case notes and outcomes, where possible. However more attention needs to be given to the development of case plans and hours of Linkage Services in case files. Files did not contain adequate eligibility documentation and monthly program reports did not indicate unduplicated numbers of individuals and households served. Corrective action was requested. The corrective action plan was developed and approved.

Neighborhood House - The site review of Neighborhood House's contract for Linkage, SHAP and CSBG services was conducted on April 20, 1989. Findings indicated good documentation of services, including detailed case notes and follow-up services. No problems were identified during the review. Completion of contract goals were on schedule. No corrective action was requested.

Access Oregon - On April 25, 1989 a site review was conducted of Access Oregon's contract for SHAP and Linkage services. Findings indicated documentation of referrals services and agency coordination was very well done. Centralized case files were not kept on each client. Eligibility and hours of case management documentation was appropriate. Corrective action was requested to develop individual case files for all clients receiving linkage/case management services. The corrective action plan has been submitted and approved and is proceeding on schedule.

Council For Prostitution Alternatives - On April 27, 1989 site review was conducted of Council for Prostitution Alternative's contract for Linkage III services. Findings indicated case files included clearly developed case plans for clients to achieve self-sufficiency. Hours of Linkage services and client progress was appropriately indicated. Corrective action was requested to develop summaries of case plan outcomes and a masterlist of unduplicated clients served. There are no anticipated problems in the development and/or implementation of corrective action.

Oregon Human Development Corporation - A site review for the Oregon Human Development Corporation's contract for CSBG services was conducted on May 5, 1989. Findings indicated contract goals were being met or exceeded. Client eligibility and services provided were well documented. No corrective action was recommended.

American Red Cross - A site review of the American Red Cross contract for SHAP, ECSBG and FEMA was performed on May 10, 1989. Findings indicated client tracking, coordination of services and the record keeping systems are accurate and efficient. All contract goals have been met or exceeded. No corrective action was recommended.

Human Solutions - A site review was conducted of Human Solution's contract for for SHAP, Linkage and CSBG services. Findings indicated HSI is providing and broad range of services to low income and homeless individuals. Corrective action was requested to address problems in client confidentiality and program reporting. Technical assistance was provided during the site review process. Staff have a good understanding of the needed corrective action. No problems are anticipated in the development and/or implementation of the corrective action plan.

Rita's Place: A site review of Rita's Place's contract for SHAP services was held on May 31, 1989. Findings indicated the contractor's performance was unsatisfactory. There was a break in services from March 12, 1989 - April 28, 1989. Program reports were inaccurate. Fiscal reimbursement reports were incomplete. MCA requested the contractor to resubmit fiscal reports for payment. The contractor did not comply. No MCA funds have been paid to the contractor. The contractor failed to submit a proposal to MCA to provide SHAP services for the contract period beginning July 1, 1989. No future funding is recommended for this project.

Note: Because the program monitoring position is .5 FTE, additional corrective action follow-up will be conducted during the following contract period.

Urban League - A site review was performed at Urban League on November 9, 10, 16, 1988. Programs reviewed included SHAP, Linkage III and CSBG. Generally services provided under this contract have been well done. Problems identified included inaccurate reporting of services, the SHAP transitional housing goal appeared unrealistically high in the proposed number of clients to be served and more attention needs to be given to documenting client eligibility for services. A Corrective Action Plan was developed and signed by MCA and the contractor. A follow-up site review was conducted on May 15, 1989. Findings indicated monthly program reports were revised to indicate the correct unduplicated number of individuals and households served in the four SHAP transitional units funded by MCA. Client intake forms now include signed self-declarations of income and/or homelessness. SHAP goals have been amended to reflect the individuals and households actually served in the MCA funded transitional units. Corrective action has been satisfactorily completed.

Outside In - A site review was performed of Outside In's SHAP and Linkage III contract on December 5, 1988. Programs reviewed included SHAP and Linkage III. Generally, services provided under this contract have been very well done. Records of services indicated program reports were accurate. Client eligibility was well documented. Case management services were well recorded with the exception of hours under the Linkage III component. Though corrective action was requested and a plan developed and signed, it should be noted that services were well documented and staff have demonstrated consistent and appropriate provision of services to clients.

Mental Health Services West - A site review was conducted at Mental Health services West on December 6, 8, 1988. Programs reviewed included SHAP and Linkage III. The contractor was found out of compliance in the following areas:

1. Program reports were delinquent and computer data used for reporting services did not reflect the actual number of services provided.
2. All clients receiving SHAP and/or Linkage III services did not have a signed self-declaration stating they were homeless.

3. Case file review indicated most files did not have adequate case plans and follow-up services were not noted in file.

4. At the time of the site review only three of the seven transitional shelter units were occupied by clients.

A detailed corrective action plan was developed and agreed upon. A follow-up site review was held on February 8, 1989 to determine if implementation of the plan was on schedule. Findings indicated completion and correction of delinquent program reports. Changes in the computer system used to gather reporting data resulted in more accurate accounting of services. Though occupied at the time of the review, an earlier review indicated occupancy in only three units. Client interviews indicated general satisfaction with the services received. Corrective action has been satisfactorily completed.

Northwest Pilot Project - A site review was conducted on January 12, 13, 1989. Programs reviewed included SHAP, Linkage III and CSBG services. General findings indicated services provided were clearly documented in client files. Corrective Action was recommended to obtain unduplicated reports of individuals served, records of linkage service hours in client files and required client self-declarations of eligibility. Though corrective action was recommended, it is important to note that Northwest Pilot Project is doing an excellent job serving their clients. Corrected program reports have been submitted to MCA, amended client intake forms reflect eligibility requirements, procedures for documenting hours of linkage in client files have been completed. Corrective action is proceeding on schedule.

Friendly House - A site review was held on January 24, 1989. Programs reviewed included SHAP, Linkage and CSBG. General findings indicated clear documentation of services. Interviews with staff and clients indicated that service providers went out of their way to meet the emergency needs of clients. Problems needing corrective action included incorrect program reporting and the lack of follow-up case management services. Following the review, corrected program reports were submitted to MCA. Corrective action is on schedule for this contractor.

St. John's YWCA - MCA conducted a site review of St. John's YWCA SHAP, Linkage and CSBG projects on January 30, 1989.. Case File reviews indicated appropriate documentation of services provided, eligibility and hours of Linkage services. Corrective action requests included plans to address the need for unduplicated year to date program report statistics, increased follow-up for linkage services and developing accurate masterlists of individuals and households served. The corrective plans has been submitted and approved.

International Refugee Center of Oregon - IRCO's CSBG project was reviewed on February 3, 1989. Services under this contract include information and Referral and on site interpretation services to provide low income refugees with access to needed mainstream services. Reviews included staff interviews, and service documentation. Corrective action requests included clearer and more detailed service logs and documentation of client eligibility through signed self-declarations of income. The corrective action plan has been approved and is on schedule for completion.

Burnside Projects - Dates of the Burnside Projects site review included, January 26, March 7, 16, 1989. The combination of CSBG, SHAP, Linkage, ESG, FEMA, City Emergency Services and County General Funds support many diverse contract services. Services include, Emergency night shelter services, transitional drug and alcohol free housing, the clean up center, case management for the dual diagnosis program and clients receiving emergency housing vouchers, a winter sleeping bag and jacket program and food for clients at the emergency youth shelter. Due to the complex nature of the project, a customized program report was suggested. The corrective action request included the development of a new reporting document, eligibility documentation at the night shelter, corrections in data gathering to reflect an unduplicated count of the number served by funding source and documentation of hours of linkage services in case files. The report document has been completed and is currently utilized by Burnside Projects. Other corrective action is proceeding on schedule.

Portland Impact - The on site review of this contract was completed on February 28, and March 1, 1989. Services under this contract included SHAP, Linkage, CSBG and ESG. General findings indicated appropriate service documentation in case files and required client eligibility records. Client interviews were of a positive nature. Staff interviews reflected an emphasis on client self-sufficiency. Corrective action requests included documenting hours of case management in case files, amending the contract goals to reflect the actual MCA supported services under the Youth and Senior Service Centers, and accurate reporting of year to date unduplicated individuals and households served. Portland Impact's corrective action plan has been submitted and approved.

Native American Rehabilitation Association - A site review of NARA's contract for CSBG services was completed on March 9, 1989. Services provided included Information and Referral and emergency housing linkage services. Findings indicated the need for improved service documentation, program reporting and development of client masterlists. Technical assistance was provided during the on site visit. The corrective action plan has been submitted, approved and is proceeding on schedule.

Raphael House - The review of Raphael House was completed on March 15, 1989. Findings indicated contract funds have been spent and services completed. A total of 25 families of homeless women and children received a total of 552 nights of emergency shelter services. Eligibility and services were clearly documented in case files. Program reporting information was accurate. Client interviews indicated Raphael House provides comprehensive services to women and children who are victims of domestic violence. All contract goals have been met. No corrective action was recommended.

Burnside Community Council - A site review of Burnside Community Council's Linkage, SHAP and County General Funds was conducted on March 24, 1989. Services provided by BCC include emergency shelter, transitional shelter and linkage services to homeless single men. Long term transitional shelter and linkage III services for homeless single women are provided at the West Women's and Children Shelter. Client interviews indicated satisfactory responses. Findings indicated program reports reflected a duplicate count of persons rather than the required unduplicated. Hours of Linkage services were not indicated in client files. Corrective action was recommended. It is important to note that the contractor has submitted corrected program reports to MCA and corrective action is proceeding on schedule.

Client Interviews: The following are examples of lists of comments made by clients interviewed during site reviews:

1. When asked how services could be improved, clients had the following suggestions:

- "It would be nice if the shelters had more room."
- "They need to centralize services so you can meet your needs in one place".
- "They need a client advisory panel so they can get the client's opinions."
- "Offer a program on self-esteem building."
- "They need to get some of these empty buildings and use them to help people stay off the streets."
- "Expand the program to help more people".

2. When ask what they liked best about the services they received, clients had the following comments:

- "Clients at a youth shelter said the staff trust the kids and don't act like authority figures."
- "The way the case manager helped me when I went to the social security office. She told me if I got scared, look at her. They don't carry you here, they help you carry yourself."
- "The staff care and listen good."
- "They helped me put my life back together".
- "They treat me like a human being."
- "There is always someone here to talk to. Everybody wants to give you support. When I get my own place and need someone to talk to, they said I can still come back here."
- "The sisters are so kind and they really talk to us. They took good care of me. I was so nervous when I got here. They made me feel safe."
- They are not so bureaucratic here. I liked the positive attitude of the case manager. They treated me with respect and dignity".

Additional Activities

- o Notified all contractors of the of the eligibility documentation requirements under SHAP, Linkage III and CSBG programs.
- o Developed and implemented procedures for contract program amendments. Recommended approval or disapproval of all program amendment requests.
- o Participated in a CSBG monitoring site review done by the State Community Services Administration.
- o Provided ongoing on site and written technical assistance to MCA contractors in the areas of program eligibility documentation, reporting requirements, contract clarification and other information and assistance to contractors.
- o Met with Community Services Contractors to clarify monitoring procedures.
- o Participated in the planning and helped staff the first annual poverty conference in Oregon.

SUMMARY OF CONTRACT SERVICES

Access Oregon

Linkage III - 750 hours of service to 140 handicapped homeless individuals.

SHAP - Transitional housing to 20 handicapped homeless individuals.

Albina Ministerial Association

CSBG - Enables 12 low-income individual teen parents to continue to attend highschool by providing them with daycare. Also provides referrals to 249 individuals for daycare services.

American Red Cross

SHAP - Provides vouchers for alcohol free transitional housing for 232 homeless individuals totaling 7,670 bed nights. Also supports the Clearinghouse and tracks vouchers supported by other agencies serving the homeless. ECSBG - Provides 140 homeless individuals with 4,000 bed nights of alcohol free transitional housing.

Bradley-Angle House

Linkage III - 882 hours of service to 552 homeless battered women (276 hh).

SHAP - Provides 240 individuals, 120 hh with 2,640 nights of emergency safe housing and 922 hours of linkage services.

ESG - Provides emergency shelter to 20 homeless battered women (10 hh), 280 bed nights.

BURNSIDE COMMUNITY COUNCIL

SHAP - Provides transitional housing to serve 6 homeless individuals with a total of 540 bed nights and provides emergency shelter to 5,775 individuals at Baloney Joes for 10,800 bed nights.

Linkage III - Provides 65 individuals (50 hh) with 1,108 hours of linkage III services.

Burnside Projects

Linkage III - 2,080 hours of services for 206 homeless individuals.

SHAP - Provides 548 individuals with 15,704 nights of shelter

CSBG - Provides 560 individuals with 13,023 nights of shelter.

County General Fund - Provides 2,500 individuals with a total of 28,700 showers, 1,250 individuals with 14,350 clothing exchanges, and 209 individuals with 250 delousings.

Council For Prostitution Alternatives

Linkage III - 541 hours of services for 96 homeless survivors of prostitution.

Friendly House

SHAP - Provides transitional housing to 35 homeless individuals (54hh) with 2,598 bed nights.

Linkage III - Provides 100 homeless individuals (66hh) with 850 hours of linkage services.

CSBG - Provides 828 low-income individuals (552hh) with prescreening and screening for rent asst., transportation asst., food boxes, and services to help the homeless access shelter.

Human Solutions Inc.

SHAP - Provides 3 transitional housing units serving 101 homeless individuals (29 hh) with 1,080 shelter nights.

Linkage III - Provides 1,490 hours of linkage services to 675 homeless individuals (194 hh).

CSBG - Supports Wheatherization services for 450 individuals (200 hh). Publishes agency newsletter 5 times per year.

Provides information, referrals and advocacy to 230 welfare client households (600 individuals). Provides workshops on entitlement programs and issues for other agencies to help clients obtain maximum entitled benefits. Provides housing casemanagement and support services to 180 homeless families (450 individuals). Provides I & R counseling on housing for 300 households (750 individuals). Provides 4 workshops for 50 low-income clients and staff of agencies on housing rehab. opportunities and landlord/tenant rights. Provides 4 workshops for 25 other agency staff on mortgage counseling/fair housing issues. Clerical support to LIEAP, enabling 2,000 LIEAP clients (5,000 hh) to obtain LIEAP. Responds to 75 hh (200 individuals) energy crisis emergencies with crisis intervention counseling, referrals, advocacy and direct assistance. Provides information, counseling and advocacy to 300 hh (700 individuals) to assist them to obtain the maximum food stamp benefit. Provides basic I & R to 5,000 callers.

International Refugee Center of Oregon

CSBG - Provides information and referral services to 700 low-income refugees and immigrants, trains bilingual interpreters and works with other agencies to advocate for clients special needs.

Mental Health Services West

SHAP - Provides emergency shelter to 100 homeless individuals with serious psychiatric disturbances totaling 950 bed nights.

Linkage III - Provides 2,370 hours of linkage services to 75 homeless mentally ill individuals.

Native American Rehabilitation Association

CSBG - Provides 200 low-income Native American individuals with information and referral to help them gain access to needed services and alleviate their problems.

Neighborhood House

SHAP - Provides transitional housing for homeless individuals totaling 798 bed nights.

Linkage III - Provides 750 hours of linkage services to 80 homeless individuals (17hh). Supports 2 emergency shelters which serve 50 individuals with 142 bed nights.

CSBG - Provides supplemental resources to LIEAP, Linkage and SHAP programs, information and referral, rent asst. and food boxes, which assist a total of 3,528 individuals (1,008 hh).

Northwest Pilot Project

SHAP - Provides transitional housing and level III linkage to 12 homeless men, women and /or childless couples.

Linkage III - Provides 979 hours of linkage services to 104 homeless chronically mentally ill individuals.

CSBG - Provides services such as bus tickets, food boxes, meal vouchers, laundry vouchers and information and referral to 3,000 low-income individuals.

Oregon Human Development Corporation

CSBG - Provides 120 units of counseling services, 180 units of Referral services to an average 40 low-income primarily Hispanic individuals per month.

Outside In

SHAP - Provides 60 homeless youth with transitional housing and linkage services.

Linkage III - Provides 1,700 hours of linkage services to 150 homeless youth.

Portland IMPACT

SHAP - Provides transitional housing to 135 homeless individuals (45 hh), Including 648 bed nights and 1,122 hours of linkage services.

Linkage III - Provides 1,516 hours of linkage services to 135 homeless individuals (45 hh).

CSBG - Family Resource Center: 900 individuals with 140 hours of case management services and 7,000 bed nights; Southeast Senior Center: 360 hours of case management services to 1,000 low-income elderly individuals; Southeast Youth Center: Provides counseling, training, employment services to 60 low-income youth who are primarily Hispanic and Native American.

Raphael House

SHAP - Provides 50 individuals (24hh) with emergency shelter for a total of 553 bed nights.

Rita's Place

SHAP - Provides 12 homeless families headed by women with 474 bed nights of transitional housing and other casemanagement services.

Urban League

SHAP - Provides transitional housing to 522 homeless individuals (174 hh).

Linkage III - Provides 1,700 hours of linkage services to 360 homeless individuals (144 hh).

CSBG - Provides 3,600 low-income individuals (1,200 hh) with services such as food, dental assistance and LIEAP advocacy and referral.

YWCA Downtown

SHAP - Provide 25 homeless woman (12 households) with case management services at the Rose Transitional housing complex and support the shelter costs for the Women and Children in crisis center, providing 702 bed nights.

Linkage III - Provides 850 hours of linkage services to 17 homeless victims of domestic violence (12 hh).

YWCA St. Johns

SHAP - provides emergency shelter to homeless households including 500 hours of linkage services and 864 bed nights.

Linkage III - Provides 700 hours of linkage services to 60 homeless individuals (20 hh).

CSBG - Provides emergency Housing Coordination, rental assistance, access to homeless programs to 500 low-income individuals (250hh). Provides clothing to 250 low-income pregnant women and children (100 hh).

sersum/dh

*III. Program/Policy Decisions of
MCA Board*

Final Report

POLICY ACTION SUMMARY

Community Service Decisions

- I. Adoption of Summary Plan Document*
- II. Endorsement of the elimination of the State Statutory spending limit.*
- III. Adoption of policy on public information activities:*
 - A. MCA's public information efforts will be directed to all interested parties, including the general public, public officials, delegate agencies, other agencies and advocacy groups, low-income people, etc.*
 - B. Low-income people should be a targeted group for public education and advocacy efforts. client empowerment, self-determination and the creation of client-oriented involvement programs have been identified as agency goals. furthermore, low-income people are often the best resource for issue advocacy. MCA is committed to promoting low-income involvement in community and advocacy activities.*
 - C. MCA will continue to carry out public education and advocacy activities in concert with delegate agencies, other service providers and other advocacy groups. All public education efforts directed at low-income clients will be conducted in consultation with delegate agencies.*
- IV. Endorsement of Commissioner Bauman's recommendations to establish a negotiating team to reach resolution of unresolved Plan issues.*
- V. Endorsement of Chamber of Commerce Master Plan Agreement*
- VI. Letter sent to county commissioners regarding proposed budget cuts to aging programs.*
- VII. Endorsement of the continuation of the New Jobs pilot programs and support efforts of the Oregon Human Rights Coalition to maintain such programs.*
- VIII. Supported recommendation from service contractors that implementation of MCA Plan be on a transitional basis, and that contract not be RFP'd until 1/90.*
- IX. Endorsement of monthly Advocacy Update report initiated by MCA staff.*
- X. Adoption of reallocation of FEMA funds to offset substantial loss of USDA commodities*
 - Decrease Rent Assistance and Voucher program allocations equally by \$32,500, adding this \$65,000 to Oregon Food Bank allocation.*

- XI. *Endorsement of ballot measure to tax all property transfers above \$40,000 to be used for Homeless programs.*
- XII. *Action approving Draft MCA Plan be submitted to Board of County Commissioners.*
- XIII. *Endorsement of resolution urging Oregon Dept. of Human Resources to adopt policy that reduction in federal anti-poverty funds be family distributed to state agencies and various countries as an across the board reduction, and that no CAA in State receive a reduction in CSBG, LIEAP or other federal anti-poverty funds that is larger than the percentage that the allocation with such funds to the State has been reduced.*
- XIV. *Add advocacy for two parent welfare to MCA Legislative agenda.*
- XV. *Approval of initial FEMA allocations Plan:*
 - rent assistance \$172,000*
 - Shelter vouchers 178,000*
 - Food 11,000*
- XVI. *Directing staff to resolve new state requirements related to LIEAP program which caused problems to agencies.*
- XVII. *Approval of legislature priorities*
 - A. Leadership role*
 - 1. increase State Homeless Assistance Program (SHAP) from 2.4 million to 4 million over the biennium*
 - 2. supplement Community Service Block Grant (CSBG) through the 10 percent LIEAP transfer*
 - B. Involvement role*
 - 1. raise Oregon's minimum wage*
 - 2. supplement low income weatherization program*
 - C. Endorsement*
 - 1. establish universal access to basic health care*
 - 2. expand New Jobs Program to 50 percent of State*
 - 3. formalize State Community Services and CAP network in statute*
 - 4. pass joint memorial commemorating 25th anniversary of Economic Opportunity Act*
- XVIII. *Action to brief County Commissioners on CSBG "Floor" issues and urge them to intercede on our behalf*
- XIX. *Adoption of new name Metropolitan Community Action*

RECOMMENDED ACTIONS

■ *MCA Summary Plan*

MCA PLAN

RECOMMENDATIONS

GOAL

I. DEVELOP "QUALITY" SERVICES AIMED AT BREAKING THE CYCLE OF HOMELESSNESS AND ENCOURAGING SELF-SUFFICIENCY FOR LOW INCOME PEOPLE

Actions

- *The City of Portland and Multnomah County and MCA should work with the Housing Authority of Portland to promote new subsidized housing options especially for families with children and in SRO hotels.*
- *Local government should actively advocate for increased funding of the State Homeless Assistance Program and more low income housing options.*
- *Continue to fund mass shelters for adult men and women to ensure a minimum of 300 bed spaces are available on any given night.*
- *Continue funding the voucher program but conduct an evaluation and promote the development of more non-profit run shelters instead of motels/hotels.*
- *Priority should be given to funding for follow-up programs which can track and document client progress toward stabilization.*
- *Priority should be given to funding for additional transitional housing units for families and alcohol free housing, and victims of domestic and sexual violence.*
- *Provide funding for case management to any household in a transitional housing program.*
- *MCA should work with the Private Industry Council to ensure job training is available to homeless clients, especially families with children*
- *Encourage County drug/alcohol programs be expanded to address needs of substance abusers with children.*
- *Strengthen communication and coordination with Emergency Food networks.*
- *Pass all funding for the voucher program through MCA to ensure adequate coordinating and monitoring.*

GOAL

II. **CONSOLIDATE THE EMERGENCY SERVICES SYSTEM TO ENSURE BEST POSSIBLE SERVICE TO CLIENTS**

Actions

- Consolidate the existing service delivery system around 7 geographically based multi-service centers.
- Core Services will be offered at each multi-service center including shelter, case management, energy assistance, and for case managed clients transportation, child care, self-help programs, clothing, personal hygiene items, etc.
- Special Needs programs will be funded for populations which cannot be appropriately served at multi-service centers such as a domestic violence victims, street youth and homeless teen parents, disabled, or designated minority groups.
- Ensure adequate funds are available to support agency administration for emergency service related programs.

GOAL

III. **STRENGTHEN PROGRAMS AND POLICIES WHICH PROMOTE FAMILY INTEGRITY**

Actions

- Enhance and expand emergency services for family related programs.
- Promote qualified case managers who have access to special programs for children and training in advocacy for children for any family shelters or transitional housing programs.
- Public support for family related programs should be focused in neighborhoods and not in the Downtown/Burnside area.
- Emergency Service Programs for families should include child care assistance.
- More transitional units and support programs should be provided for homeless street youth and teen parents.
- Advocacy should occur with AFS to provide child care support for families in training programs and minimum wage jobs.
- Pending available resources a program for substance abusers with children should be established where people can receive treatment while keeping their children with them.

MCA defines Family as one or more adults with one or more dependents including children and/or elderly or disabled adults.

GOAL
IV.

CONTINUE CENTRALIZED COORDINATION THROUGH AN EMPHASIS ON PROGRAM EVALUATION AND ADVOCACY

Actions

- *Support MCA to continue performing work recommended in the 1987 EBNC Plan.*
- *Involve low-income people in advocacy and planning and public information activities.*
- *Develop specific campaigns and programs which will raise awareness about the existence and nature of poverty in Multnomah County and increase understanding of poverty in the state and nation.*
- *Serve as an information and activity center for anti-poverty organizations in Multnomah County.*
- *Play a central role in encouraging government agencies and elected officials to support anti-poverty programs.*
- *MCA should conduct a systematic evaluation of the voucher program.*
- *MCA should evaluate and develop clear standards for case management programs.*
- *MCA contractors should begin to use standardized intake, statistics, and budget forms.*
- *Subcontractors should begin to document repeat users and initiate follow-up or exit plans.*
- *City of Portland and Multnomah County and MCA should actively advocate for programs which incorporate follow-up and evaluation.*
- *MCA should work with the County and providers to eliminate and reduce unnecessary paperwork and reporting.*
- *MCA should work with the City of Portland, Multnomah County and United Way to update homeless statistics and develop a reliable data base.*
- *Future funding for emergency service programs should give priority to programs which can demonstrate that they help to resolve homelessness and promote stability instead of merely prolonging victimization and dependency.*

IRT Report

RECOMMENDATIONS TO THE MCA BOARD
From the Issues Resolution Team (IRT)

For the RFP's to be issued in January, 1990:

I. SEVEN REGIONAL MULTI-SERVICE CENTERS

A. Should provide the following Core Services:

Shelter
Food
Energy assistance
Case management
Self-help/community action services

And for Case Managed Clients:

Transportation
Child care
Self-help
Clothing
Personal Hygiene

B. The Centers should provide a balance between emergency services and community action services based on the needs of the people in the geographic region. They should serve the homeless and the poverty population in the geographic area to the extent resources allow.

II. SPECIAL NEEDS POPULATIONS

A. Funds should be reserved to separately fund certain services to special populations as follows:

1. Victims of Domestic/Sexual Violence

For all core services including linkage to provide a continuum of services.

2. Homeless Youth

All core services
Includes street youth and homeless teen parents

3. Physically Disabled

Only for Linkage/IL services

4. Ethnically Diverse (Continue to use current definition which consists of Native Americans, Hispanics and Refugees)

For Linkage I, II and III services

B. The IRT is recommending that the following populations no longer be regarded as special needs populations:

1. Mentally ill,
2. Alcohol and Drug Dependent individuals in treatment, and
3. Multi-problem individuals

Individuals in these categories who are without services can receive assistance at appropriate multi-service center to the extent resources allow. Services to individuals in these categories are the responsibility of the Multnomah County Department of Human Services and its sub-contractors.

The characteristic that made these groups special needs populations in the past was the large numbers of homeless among them. These two populations are present in all of the multi-service center regions, although in differing proportions. Core services can be provided to these populations by multi-service centers.

To account for the differing proportions of the homeless in the different areas, the basis for funding the centers should include a homeless factor based on the number of people sheltered and in transitional housing. Special needs is a problem of "kind"; homeless is a problem of "degree".

III. ALLOCATION FORMULA - Multi-service/Special Needs

A. The relative proportion currently existing between the separately funded services to special populations as defined above and those to be provided by multi-service centers should be the basis for the 1990 allocation formula. The initial goal is relative stability in funding levels. The percentage formula will safeguard the relative level of funding.

B. To calculate this existing proportion (in 1989 allocations), funds from the following sources were included, based on the thinking that HCA has some control over these funds and they represent the current sources of funds for the multi-service and special needs allocations:

1. CSBG
2. SHAP
3. LINKAGE

4. ESG
 5. ECSEB
 6. County General Funds, but not including Cleanup Center and Transition funds
 7. City Emergency Funds
- C. The recommended funding allocation of the above resources for 1990-91 is:

21.5% reserved to special needs populations;
73.0% to multi-service centers; and,
5.5% reserved for system-wide funding.

(See attached "Distribution of 1989-90 Funds Contracted Through MCA" for calculations.)

- D. New and system-wide funds should be allocated based on the Plan. New funds include \$100,000 in County General Set Aside plus LIEAP Transfer funds. Dialogue should continue among groups represented on the IRT regarding implementation of this recommendation.

IV. ALLOCATING MULTI-SERVICE CENTER FUNDING

- A. Should be allocated so as to keep a foundation of a base of services in each geographic area, based on the new boundaries as defined in the Plan.
- B. Should be allocated among the geographic areas in the same relative proportion as are the current (1989-90) funds.
- C. MCA should make the necessary adjustments from the current allocations to determine the relative proportions for the geographic areas whose boundaries have been changed. This should be done with input from providers and by using the best data available to reflect the current rather than the 1980 populations.
- D. Take a count of all people sheltered and housed throughout the County three or four times per year to assist in future allocations.

V. ALLOCATING SPECIAL NEEDS FUNDING

- A. Should be done by contract rather than by a voucher system.
- B. Relative levels of funding should be maintained for each special needs population, although services within the population may shift somewhat.

VI. PRINCIPLES USED IN MAKING RECOMMENDATIONS

- A. Goal of Plan is to beef up multi-service centers to accommodate the need for core services.
- B. This should not be done at the expense of special needs populations.
- C. Some of the funds for these services may come from other systems and should be leveraged along with emergency system funds to provide the full range of core services.
- D. This is a one-year allocation formula proposal.
- E. These recommendations are short term; long term recommendations might include shifting some needs to other funding sources; need to work with funders; need to find new funds.
- F. Immediate goal is not to disrupt the foundation of services which we have; we still need to identify and address unmet needs in the system and long range issues.

VII. OTHER RECOMMENDATIONS

- A. Find the dollars to fund a study of what it actually costs to provide the services outlined in the plan.
- B. Develop an agreed upon process for adding or deleting special needs categories.
- C. Link an evaluation into this process. The evaluation should look at the whole system - where the \$\$ start (funders), how they flow through the system to the service providers and to the clients - to assess whether the intent is being carried all the way through.
- D. These recommendations and the Plan contain broad policies which require clarification and implementation. The IRT recommends that the CS-AC continue meeting, with all reps participating in order to assist in this clarification and implementation.

Page - 5 - IRT RECOMMENDATIONS

These recommendations are respectfully submitted by the Issues Resolution Team, which was comprised of:

MCA Board Representatives:

Carole Murdock
Lou Savage
Bonnie J. Webster

Contractor Representatives:

Jean DeMaster
Don Eckton
Rev. Mitchell Jacover
Marilyn Miller

Funders' Advisory Council Representative:

Don Ballinger

Commissioner Bauman's Representative:

Fred Christ

City BCD Representative:

Howard Cutler (Rachel Jacky, substitute)

The IRT was advised and assisted by MCA Staff members, Michael Jans and Marcia Moskowitz, and by Bill Thomas from Multnomah County Department of Human Resources.

The IRT meetings were facilitated by Elizabeth Normand and Elaine Hallmark of Confluence Northwest.

DISTRIBUTION OF 1989-90 FUNDS CONTRACTED THROUGH MCA

	CSBG	SHAP	CGF LINKAGE	SUBTOTAL	CGF	ECSBG	ESG	CITY EMERGENCY	SUB TOTAL	GRAND TOTAL

DOMESTIC VIOLENCE										

BCC-WEST	0	7676	2070	9746	7210	0	0		7210	16956
BRADLEY ANGLE	0	8283	9121	17404	0	0	0		0	17404
COUNCIL PROST. ALT.	0	5595	0	5595	0	0	0		0	5595
RAPHAEL HOUSE	0	5521	0	5521	0	0	0		0	5521
YWCA- DOWNTOWN	0	35312	0	35312	0	0	0		0	35312
UNALLOCATED		1947		1947						1947

HOMELESS YOUTH										

OUTSIDE IN	0	67650	38728	106378	3013	10640	0	8800	22453	128831
AMA	9422	0	0	9422	0	0	0	0	0	9422

PHYSICALLY DISABLED										

ACCESS OREGON	0	3143	8790	11933	0	0	0	0	0	11933

MINORITIES										

IRCO	0	0	10911	10911	0	0	0	0	0	10911
KARA	0	0	21816	21816	0	0	0	0	0	21816
OHDC	0	0	21816	21816	0	0	0	0	0	21816

COLA		7200		7200						7200

TOTAL	9422	142327	113252	265001	10223	10640	0	8800	29663	294664

PERCENT OF GRAND TOTAL										21.52

SYSTEM WIDE										

ARC		21615		21615					0	21615
COLA		1200		1200						1200
EMERGENCY SERVICES								52300	52300	52300

TOTAL		22815	0	22815	0	0	0	52300	52300	75115

PERCENT OF GRAND TOTAL										5.52

GRAND TOTAL	534430	550000	143812	1228242	13236	38295	20200	68000	139731	1367975

DISTRIBUTION OF 1989-90 FUNDS CONTRACTED THROUGH MCA

MULTISERVICE CENTERS

	CS86	SHAP	CGF LINKAGE	SUBTOTAL	CGF	ECS86	CITY ESS EMERGENCY	SUB TOTAL	GRAND TOTAL
BURNSIDE PROJECTS	74434	80268	21727	176429	0	0	0	0	176429
BCC-BALONEY JOES	0	59605	0	59605	3013	0	0	3013	62618
NEIGHBORHOOD HOUSE	29648	13131	0	42779	0	0	6000	6000	48779
FRIENDLY HOUSE	25894	13131	0	39025	0	5934	0	5934	44959
URBAN LEAGUE	69764	31284	0	101048	0	0	0	0	101048
HUMAN SOLUTIONS	181706	33412	0	215118	0	10765	8200	18965	234083
PORTLAND IMPACT	75972	59920	8833	144725	0	0	0	6900	151625
ST. JOHN'S YWCA	47698	13131	0	60829	0	10956	0	10956	71785
NORTHWEST PILOT PROJEC	12585	13810	0	26395	0	0	0	0	26395
ALCOHOL FREE HOUSING	0	44000	0	44000	0	0	0	0	44000
EAST COUNTY SET ASIDE	0	20873	0	20873	0	0	0	0	20873
COLA	7307	2293	0	9600	0	0	0	0	9600
XX HOUSING ALTERNATIVE	0	0	0	0	0	0	6000	6000	6000
TOTAL	525008	384858	30560	940426	3013	27655	20200	6900	998194
PERCENT OF GRAND TOTAL									73.01

DEFINITION OF LINKAGE SERVICES

Introduction

In 1987 the Emergency Basic Needs Committee adopted a report on Linkage Services which identified five levels of intervention for case management services, with levels I, II & III related to the provision of Emergency Basic Needs. Levels IV & V are focused on more intensive counseling for such specialized programs as mental health, Alcoholabuse, or in-depth family therapy.

Following are the existing definitions of Levels I, II & III. During 1989 a committee reviewing case management standards has suggested these levels are not always useful since case management in most situations involved all three levels of invention. Alone Linkage I or II should not be considered a case managed service. Further recommendations from this task force will be prepared before a final RFP is developed.

Linkage I - Information and Referral - minimal client contact - minimal recording of service provided. No client file kept.

Linkage II - Short-term intervention - Assisting a client who needs more than information, but whose needs are relatively uncomplicated. Often involves intervention or advocacy with a third party such as a letter or phone call. Should be able to complete assistance within 30 minutes per client. Logs with names and type of assistance provided should be kept on file.

Linkage III - Case planning, intervention, monitoring, advocacy.

Developing an individualized case plan with multiple services provided and ongoing assessment of client progress and service needs. Should assist clients in reaching self-sufficiency.

Should involve a well documented case file for every client, which describes the elements and outcomes of each phases of the client's plan. Length of service may range from one week to 90 days or more if follow-up is part of service plan.

Any funding earmarked for Case Management/Linkage service must address all three levels of Linkage.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the matter of the Metropolitan Community Action Emergency Services and Community Action Plan.) RESOLUTION)

WHEREAS Metropolitan Community Action (MCA) has undertaken to consolidate homeless and anti-poverty service delivery based on geographically based multi-service centers with additional programs to meet the needs of populations with special needs; and

WHEREAS MCA and the Funders Advisory Committee has held numerous public meetings with agency directors, line staff, policy makers, clients, and funders of homeless and related services since April of 1988 to develop the MCA Emergency Services and Community Action Plan; and

WHEREAS the MCA Emergency Services and Community Action Plan is designed to develop quality services aimed at breaking the cycle of homelessness, consolidating the existing emergency services system, strengthening programs and policies which promote family integrity, and continuing centralized coordination through emphasis on program evaluation and advocacy; and

WHEREAS MCA has held five public hearings on the Plan and received public comment that was broadly supportive of the Plan; and

WHEREAS the Funders Advisory Committee has endorsed the Plan and urged MCA to move as rapidly as possible toward implementation through Requests for Proposals based on the concepts in the Plan; and

WHEREAS this Board has adopted the Emergency Basic Needs Committee's recommendations incorporated into the MCA Plan in Resolution 88-25;

NOW, THEREFORE BE IT RESOLVED that:

1. The Board commends Metropolitan Community Action and its Board for responding to its charge and for producing a plan which has achieved support from broad sectors of the community.

2. The Board adopts the MCA Plan as a guide with the following exception(s):

[a) References to weatherization programs should be deleted from the Plan until current contractual complications are resolved.

[b) A new funding formula should be negotiated by representatives of providers, the Board of County Commissioners, the MCA Board of Directors, and the Funders Advisory Committee. Geographic boundaries of the multi-service centers may be part of these negotiations.]

[c) The special needs populations of chronically mentally ill and teen parents should be included in this Plan.]

3. The Board directs MCA, working with providers and funders, to resolve the outstanding issues of funding, allocation formula, inclusion of special needs populations, and flexibility within neighborhood centers and report back to the MCA Board of Directors for their recommendation to us by September 1, 1989.

This Board will make a decision based on that recommendation by September 30, 1989.

4. Requests for Proposal for each multi-service center and identified special needs populations should be developed, advertised and sent to interested agencies no later than January 1, 1990.

5. The plan herein adopted as a guide is to be implemented by July 1, 1990.

ADOPTED THIS _____ DAY OF MARCH, 1989.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

GLADYS MCCOY
MULTNOMAH COUNTY CHAIR

REVIEWED:

Laurence Kressel, County Counsel
Multnomah County, Oregon

By: _____

DATE SUBMITTED 10-17-89

(For Clerk's Meeting Date Agenda No. 007 2 4 1989
13)

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Report National Conference on Adolescent Alcohol and Drug Treatment

Informal Only* 10-24-89
(Date)

Formal Only _____
(Date)

DEPARTMENT Non Departmental -BCC

DIVISION Commissioner G. Kafoury

CONTACT Ramsay Weit/Margaret Bax

TELEPHONE 248-5275 / 248-5239

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Kafoury, Jaeger, and Zussy

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Report and discussion of innovative approaches to Adolescent Alcohol and Drug Treatment.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

- INFORMATION ONLY
- PRELIMINARY APPROVAL
- POLICY DIRECTION
- APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 30 minutes

IMPACT:

PERSONNEL

FISCAL/BUDGETARY

-General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Letcher Kafoury/mson

BUDGET / PERSONNEL _____ / _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

1989 OCT 17 PM 2:49
MULTI-COUNTY CLERK
OREGON
COUNTY COMMISSIONER

GRETCHEN KAFOURY
Multnomah County Commissioner
District 2



605 County Courthouse
Portland, Oregon 97204
(503) 248-5219

TREATMENT OF ADOLESCENTS WITH ALCOHOL, DRUG ABUSE,
AND MENTAL HEALTH PROBLEMS
Radisson Mark Plaza Hotel
Alexandria, Virginia
October 2-4, 1989

An Overview of the Family Tract: A Family Systems Approach to
Adolescent Treatment.

Family Centered Therapy has not happened in the past because:

- A. It's different /change
- B. It's not consistent with punishment concept of much treatment of adolescent misbehavior.
- C. It's scary - more visible and the "therapists" or case workers are more vulnerable.

However, data seems clear that family centered treatment is far superior to traditional "isolation of the adolescent" treatment.

Juvenile Offender Data (Dr. Jim Alexander - Utah)

	<u>1 yr/recidivism</u>	<u>up to 3 yrs. siblings recidivism</u>
No treatment	50%	66%
Client Centered	47%	59%
Dynamic (Church)	73%	63% ?
* Functional Family Therapy	26%	20%

Some key points:

1. Kids are getting lots of messages about drugs and need to clarify what acceptable behavior is and what parental and system expectations are. These are best presented as doable tasks.

- A. Lines of authority
- B. Sanctions for misbehavior
- C. Decision-making
- D. Attitudes about drugs and alcohol

2. Treatment involves closing the gap between:

Who we are and Who we should be

3. Family centered treatment involves humor and tolerance, and views therapy as an exchange, not a lecture.

4. Much of traditional treatment has focused on separating the adolescent from their families, should bring them back to their families.

5. Some ways to keep the family at the center of the mental health system are:

A. Encourage the family to do self assessments.

B. Involve all the contacts in a therapy exchange - schools, AFS or CSD workers, juvenile court counselors, medical personnel and therapists.

C. Basic assessments involve:

1. Residential
2. Educational
3. Social/Recreational circumstances
4. Vocational plans
5. Psychological assessment
6. Medical/nutritional
7. Legal
- *8. Family relationships-
(Members, roles, communication, decision-making, problem solving, resources, cohesion, emotional tone.)

6. Minority Youth Focus:

A. Working with minority youth is extremely critical. They are an endangered species because of:

- racism
- discrimination
- economic disadvantage

B. We need to remember that the majority of young blacks are doing OK and aren't involved with drugs.

C. New morbidity refers to kids who die from social causes rather than the previous leading cause of death - accidents.

D. Keys are culturally relative training for workers and new services models including jobs, education, child care, housing and health care.

E. Need some basics in working with these kids -- respect, trust, compassion and contact, i.e., go where the kids are!

7. Probably the most important single factor in working effectively with kids and families is a non-judgemental attitude.

8. Family therapy approaches can be used in all types of _____ intervention

- in the home
- in detention
- in hospitals

and by all types of service providers (schools, outpatient, inpatient, hospitals).

9. There are creative programs in many of the 50 states using family centered and coordinated approaches to treating youth.

10. There are many ways that medicaid can be used to match the models that a state choses to use. (Illinois and Florida are two very different models).

11. Evaluation is critical to success of programs. Key question is "Did what you want to occur happen?"

Evaluation check list:

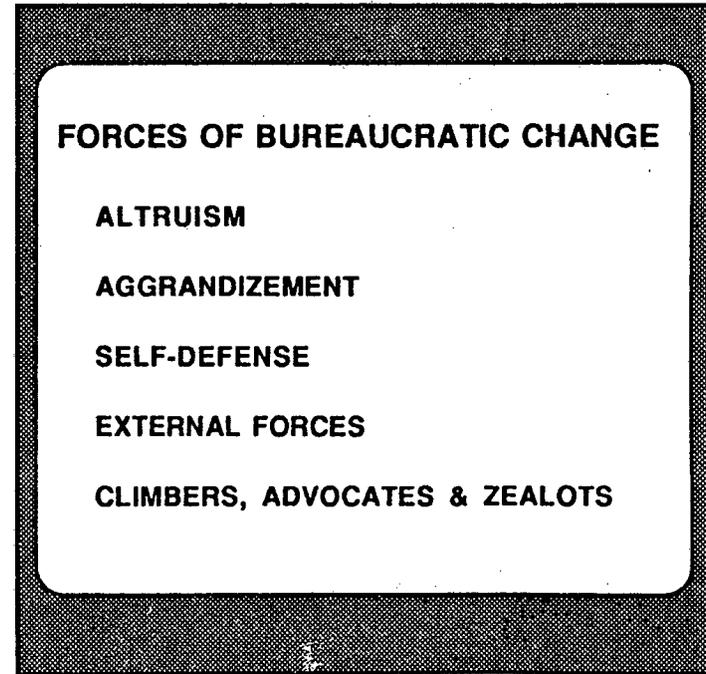
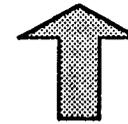
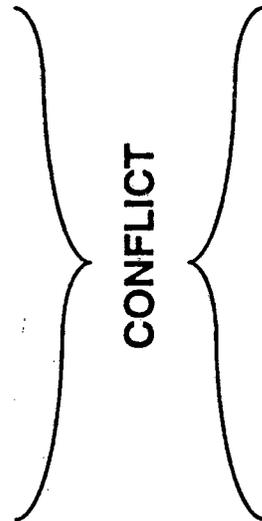
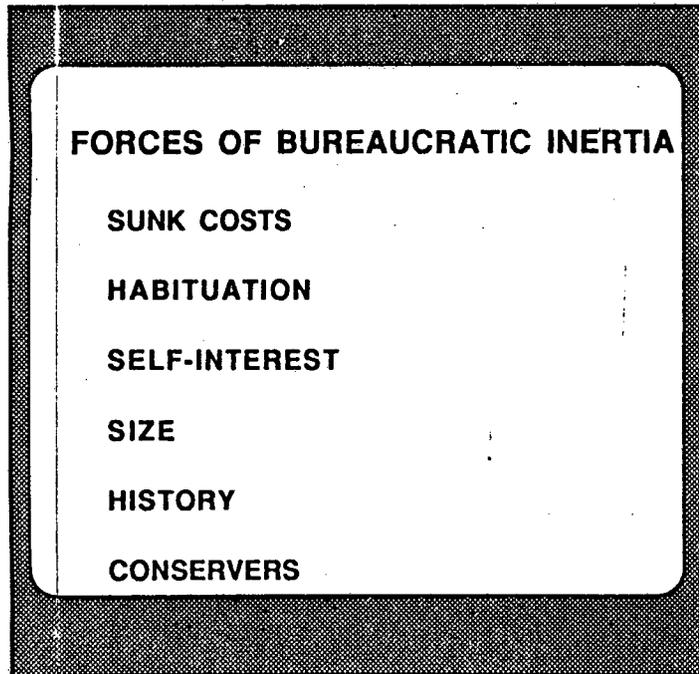
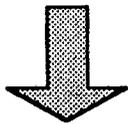
1. Include processs (numbers) and results
2. Relates to major program goals.
3. Specific/narrow focus
4. Measurable (to clients, family, funder)
5. Time limited

12. Evaluation can be either processs oriented (i.e. number of other chances, time spent at task, etc.) or results oriented (60% had no recidivism for 6 monthts).

Also, evaluation should include self reporting and objective, observed data.

13. Innovation is the bureaucracy involves resolving conflict between forces of bureaucratic inertia and bureaucratic change. (see chart).

OPPOSING FORCES IN THE DYNAMICS OF BUREAUCRATIC INNOVATION



X

FAMILY TRACK AT ADAMHA CONFERENCE ON ADOLESCENT TREATMENT

October 2-4, 1989

Important Information for Registrants

Overview

In order to assist conference participants with their choices for registration for specific panels we present here a brief overview and description of twelve panels that constitute a "Family Track." (These panels were organized by the Association for Marriage and Family Therapy Research and Education Foundation under contract with ADAMHA.) An integrated series of twelve panels are offered which present family systems approaches in adolescent ADM theory and research, models of treatment and the financing and organization of services. Those conference participants who are especially interested in an in-depth learning opportunity on family approaches to these problems may wish to register for a number of panels in this family track. Brief description of the 12 panels are on pages 3 & 4.

The Family Track was organized in response to the emerging conviction of a growing number of mental health and substance abuse professionals and administrators that the family context exerts a powerful influence upon adolescents and that the most effective therapeutic interventions are those which work with the family and community systems. Many also believe that the family-centered approach promises to provide a constructive and cost effective alternative to the present system of categorical, fragmented services that are too often biased in the direction of highly expensive, institutional care. The purpose of the family track panels at the ADAMHA conference is to:

- * Clarify the meaning of a family systems approach to adolescent treatment and explore its base in research.
- * Identify and describe a variety of innovative and promising models of family therapy and family-oriented adolescent programs operating in different settings and review what is known about their effectiveness.
- * Examine the financial and organizational barriers to family-centered treatment in the public and private sector and present some ways in which they can be overcome.

Basic Assumptions of a Family Systems Approach to Adolescent Treatment

- * Family therapists define family in a broad sense to include significant kin who may or may not be living in the household and are, or can be, an important resource in diagnosis and treatment, such as parents and step-parents, siblings, grandparents, aunts, uncles, and so forth.
- * While schools, peers and the media are all important influences on teenagers, the most powerful influence by far remains their families. Adolescents' families are the source of their most enduring relationships. They continue to provide them with shelter, food, and financial support—often for many years into adulthood. Significantly, 75% of minority jobless youth, ages 18-25, live with their parents or other relatives. Families are frequently the best available resource for helping a troubled teenager overcome, or cope better with, his or her problems.
- * A family systems approach to adolescence integrates bio-psycho-social-cultural explanations about the nature of health and illness. It considers families to be complex and dynamic systems which evolve and change over their life cycle. And it assumes that adolescent illness and problem behaviors are best under-

stood and treated within the family, cultural, and community context.

- * ~~There are both ethical and societal reasons for providing treatment, education and support services to~~ family members. The presence of a seriously troubled adolescent in the family creates enormous pressures on the family system that require clinical attention and programmatic support.
- * A growing body of research documents the family factors in the etiology of adolescent problems, in the course of illness and disease, and in the maintenance of problem behavior. Many of these factors can be modified by the family's involvement in the adolescent's treatment. These factors include genetic transmission, parenting styles, parent modeling of behavior, communication patterns, family goals, beliefs, and value systems, family organization and function, and family conflict. In addition, many adolescent problems emerge due to, or are exacerbated by, the difficulties some families have in renegotiating relationships necessitated by their teenager's transition to adulthood. And adolescents are especially vulnerable to stress within families caused by death, illness, divorce, job loss and relocation, and so forth.
- * Whereas a strong research and clinical rationale exists to support family systems treatment, there have been few carefully controlled outcome studies that address the efficacy of such an approach. However, a number of new, well-designed studies are producing dramatic evidence of the efficacy and cost effectiveness of family therapy approaches. These include studies of family involvement in psycho-educational treatment of schizophrenia, family and community-based treatment of adolescent substance abuse, and systems/behavior therapy with juvenile delinquents.
- * Thus, family therapy and family systems approaches show considerable promise for addressing some of the major current problems in adolescent treatment: prevention of unnecessary hospitalization, shortening hospital stays, and reducing recidivism and re-hospitalization rates. Further, many innovative family treatment models strive to respect and empower parents and other family members and help them confront the fragmentation of categorical services. Families can become, in effect, case managers, working in collaboration with professionals to coordinate the maze of needed services for the benefit of their adolescent.
- * Parents need to be involved in policy development, program planning and the delivery and evaluation of services: too often parents and family members' experience and expertise are a much neglected resource in adolescent treatment.

Post-Conference Monograph

Following the ADAMHA Conference, the American Association for Marriage and Family Therapy Research and Education Foundation will prepare a monograph, Families and Adolescent Alcohol, Drug Abuse, and Mental Health Treatment (working title). The monograph will be designed to be a practical resource for state ADM Directors and their constituencies, program directors, and staff. It will summarize and synthesize information presented at the Family Track panels, describe innovative treatment models, list selected references and videotapes, and will include a listing of individuals in the states available to provide training, consultation and technical assistance in family systems assessment and treatment and organization of services. The monograph will be published by ADAMHA in the summer of 1990.

Brief Descriptions of Panels in the Family Track

MONDAY MORNING, OCTOBER 2, 1989

C3 - An Overview of the Family Track—A Family Systems Approach to Adolescent Treatment. 10:15 - 12:00.

This panel will provide a rationale for, and an overview of, a family systems approach: theory, research, and implications for adolescent treatment and the financing and organization of services. Specific topics include: family systems and adolescent mental illness, delinquency and alcoholism, and the organization and delivery of adolescent services.

Steven Preister, D.S.W. (Moderator), Charles Fishman, M.D., James Alexander, Ph.D., Michael Elkin, M.A., Lee Combrinck-Graham, M.D.

C2 - Family and Cultural Factors in the Development and Maintenance of Adolescent Mental Disorders and Substance Abuse. 10:15 - 12:00.

This panel will review the research on family, racial, and cultural factors in adolescent alcohol, drug abuse, and mental health problems, including the intergenerational transmission of alcoholism, and panelists will discuss some treatment and service implications.

W. Robert Beavers, M.D. (Moderator), Thomas Campbell, M.D., Peter Steinglass, M.D., Nancy Boyd-Franklin, Ph.D., William Quinn, Ph.D.

MONDAY AFTERNOON, OCTOBER 2, 1989

T19 - Family Systems Treatment Models with Troubled Adolescents. 1:15 - 3:00.

This panel will present innovative and successful family systems models for treatment of adolescents with alcohol, drug abuse, and mental health problems.

Howard Liddle, Ed.D. (Moderator), Michael Elkin, M.A., Thomas C. Todd, Jr., Ph.D., Diane Holder, M.S.W.

T20 - Focusing on Change: Effective Family Systems Approaches with Adolescents with Social Disorders. 1:15 - 3:00.

This panel will present innovative family therapy models for treatment of adolescents with social disorders such as delinquency, teenage pregnancy, sexual abuse and run-aways, including work with hard core adolescents in multi-problem families.

Neil Schiff, Ph.D. (Moderator), Harry Aponte, A.C.S.W., James Alexander, Ph.D., Cloe Madanes, L.Psych.

R13 - Financial Barriers to Family and Community Centered Treatment. 3:15 - 5:00.

Both public and private financing and reimbursement systems erect barriers to family-centered and community-based treatment, and include economic incentives which create a bias toward expensive inpatient institutional treatment. This panel will outline these problems, suggest short term and longer term solutions that states and private managed care systems are taking and review research on the cost effectiveness of family-centered treatment.

Mark Ginsberg, Ph.D. (Moderator), W. Robert Beavers, M.D., Donald A. Kates, M.B.A.

TUESDAY MORNING, OCTOBER 3, 1989

C1 - Adolescence as a Stage in the Family Life Cycle and the Impact on the Family of Adolescent Acute or Chronic Disorders. 8:30 - 10:15.

This panel will present a state of the art overview of research and theory about adolescence as a stage in the family life cycle and how substance abuse, mental illness and behavior problems emerge at this stage. Panelists will also focus on adolescent bio-psycho development and problem behavior within the family context.

H. Charles Fishman, M.D. (Moderator), Jay Haley, M.A., Jeri A. Doane, Ph.D., A. John Sargent, M.D.

R5 - Transforming the System—Part I: A Family Focus for Public Agencies. 8:30 - 10:15.

This two-part panel will present how public agencies and programs at the state, county and city levels have used family systems consultation and training to catalyze systems change to become more family- and community-centered. Among the panelists are public administrators who contracted for consultation and training and the family systems consultants and trainers. Presentations will include a discussion of the levels and components of systems change to include administrative, organizational, financial and in-service training and evaluation.

Jorge Colapinto (Moderator), Patrick McCarthy, Ph.D., Peter Luongo, M.S.W., Anne Gonzalez, M.S.S.W.

T23 - Effectiveness of Family Systems Treatment in Adolescent Alcohol, Drug Abuse, and Mental Health Problems. 10:30 - 12:00.

This panel will focus on outcome/intervention research: what is known about the effectiveness of family systems treatment in general, and specifically with family/community interventions, hospitalization, and family/behavioral treatment modalities.

Peter Steinglass, M.D. (Moderator), Howard Liddle, Ph.D., Jeri Doane, Ph.D., James Alexander, Ph.D.

TUESDAY AFTERNOON, OCTOBER 3, 1989

T22-Family Systems Approaches Across A Continuum of Care. 1:30 - 3:25.

This panel will focus on family systems approaches across a continuum of care, to include family oriented services in outpatient treatment settings, intensive in-home and neighborhood networking interventions, partial hospitalization, brief hospitalizations, longer term therapeutic communities and deinstitutionalization. Presentations will illustrate various types and levels of family/community involvement and cost effectiveness issues.

Lee Combrinck-Graham, M.D. (Moderator), John Zarski, Ph.D., A. John Sargent, M.D., Kevin McEaney, Kalman Flomenhaft, Ph.D.

R4-Transforming the System-Part II: Methods of Training. A Key Component to a Family Focus for Public Agencies. 3:30 - 5:30.

Family therapists have successfully provided agency staff with training on how to work with troubled families. This panel of trainers and public administrators will present how family therapists, utilizing videotapes, live supervision and other methods, train public and private sector agency professionals and paraprofessionals in family-oriented approaches to intake, assessment, treatment, and other key functions of agencies.

Kalman Flomenhaft, Ph.D. (Moderator), Marion Lindblad-Goldberg, Ph.D., Lenora Stern, Kenneth Stewart Ph.D., Harry Aponte A.C.S.W. Peter Urquhart, Jay Haley, M.A.

WEDNESDAY MORNING, OCTOBER 4, 1989

T21 - Family Oriented Assessment and Early Intervention in Different Points of Entry: the School, Juvenile Justice, Protective Services and Community Mental Health Center Systems. 8:30 - 10:15.

Adolescents receive mental health and substance abuse services in many different systems, for example, the school and the justice systems. Often the point of entry determines the next level of services. This panel will discuss the difference family-oriented assessment can make re: types and levels of intervention, service coordination and recidivism.

Carroll Dammann, Ph.D. (Moderator), Howard Weiss, Ph.D., Jorge Colapinto, Clinton Deveaux, J.D., Peter Luongo, M.S.W.

R6 - Parent's Roles in Policy, Program Development and Treatment Services for Troubled Adolescents . 10:30 - 12:00.

This panel will present an opportunity to hear directly from representatives of parents themselves about how families and parents can be used as resources and partners in policy development, program planning and evaluation, and delivery of ADM services.

Theodora Ooms, M.S.W. (Moderator), Barbara Cottman Becnel, Sue Rusche, Glenda Fine