

# Outcome Team Basic Living Needs

## FY 2008 Budget Priority Setting MULTNOMAH COUNTY OREGON

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### **I. Priority – *Result to be realized, as expressed by citizens* –**

#### **All Multnomah County residents and their families are able to meet their basic living needs.**

We are fortunate to live in a community where most people are able to meet their basic living needs. Health, housing, food, and the income to obtain and maintain these basic living needs provide the foundation for people to create a vibrant community, a thriving economy, and other societal benefits.

However, there will always be vulnerable people in our community and any one of us could fall victim to an accident or other misfortune. Our goal is to ensure that every member of our community is able to meet their basic living needs. Multnomah County government plays a vital role in providing access to information, assistance with temporary needs, and ongoing assistance to vulnerable people with no other means of support.

Several assumptions underlie the selection strategies that follow.

- “Care” is defined very broadly to include all aspects of physical, dental and mental health, and addictions treatment.
- Vulnerable community members are defined as people with physical and mental disabilities, people with chemical dependencies, the elderly, the seriously and persistently mentally ill, children with special needs and those at risk of neglect and abuse, low income individuals and families, and others needing ongoing care.
- Although each factor is listed as a column or band, the interconnectivity of each factor must be recognized as contributing to the goal of ensuring basic needs.
- Basic living needs are interconnected with the other priority outcome teams.
- Multnomah County has chosen to assume stewardship for the federal and state resources available for vulnerable individuals with no other means of support.
- Families are a key resource for vulnerable individuals; public social investments are necessary and contribute to healthy and successful families.
- Information and referral should be easily available to all.

## II. Indicators of Success – *How the County will know if progress is being made on the result*

The following indicators were chosen in previous years because they: 1) were readily measurable; 2) contained data elements currently collected; 3) allowed comparison with other jurisdictions; 4) were consistently cited by experts and referenced materials reviewed; and 5) were recognized as accepted national standards in the health and social service fields.

### 1. ***Percentage of community members not living in poverty by using Census data to evaluate the number and percentage of people in Multnomah County with incomes above 185% of the Federal Poverty Level.***

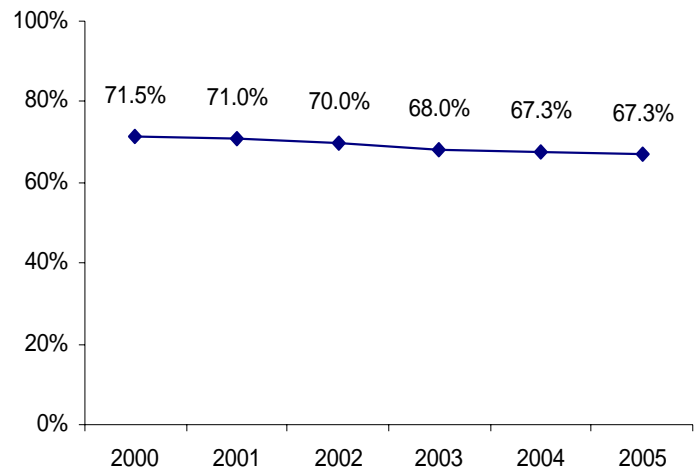
This indicator establishes an income standard consistent with federal guidelines and at least approaches what might be considered a living wage.

Most social scientists believe that the federal poverty standards established in 1964 are too low to accurately gauge “poverty.” Entitlement programs typically use the Federal Poverty Level (FPL) plus XX% to determine eligibility for services. For example, a commonly used measure of children living in poverty is statistics collected for the Free & Reduced Lunch Program. Children receive a free lunch at school if their family income level is below 130% of the FPL; they receive a reduced-price lunch if their family income level is below 185% of the FPL.

The chart shows the percentage of Multnomah County residents whose earnings put them at 185% of the federal poverty level or above. It is intended to show the percentage of residents with adequate means for basic living.

The most current data available (through 2005) show stabilization during the past three years with a decline of 6 percent between 2000 and 2005. This indicates that compared to 2000, fewer residents are earning at least 185% of the federal poverty level.

**Percent of Multnomah County Residents At or Above 185% of the Federal Poverty Level**



Source: Census Bureau's American Community Survey

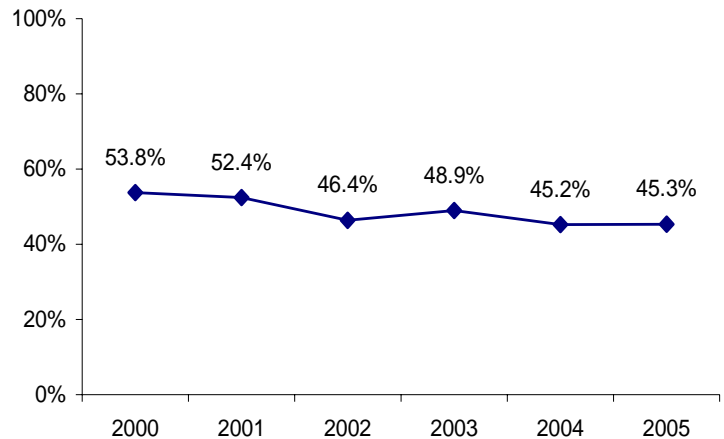
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## 2. Percent of renting households paying less than 30% of income for housing.

This indicator is intended to measure the affordability of local housing, with particular focus on rentals. Spending less than 30% of income on housing is generally considered affordable.

The percentage of Multnomah County households that pay less than 30% of their income on rent dropped significantly (16%) between 2000 and 2005, remaining stable from 2004 through 2005. This could mean that rental housing is less affordable for the county's households compared to 2000.

Percentage of Renting Households in Multnomah County  
Paying Less Than 30% of Their Incomes for Housing



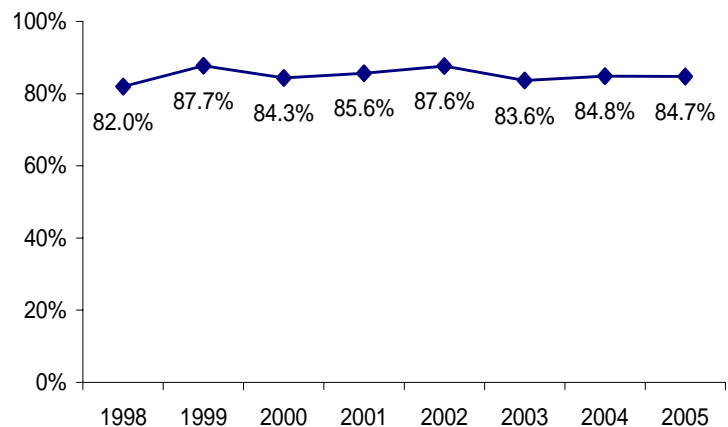
Source: Census Bureau's American Community Survey

## 3. Residents' perception of their own health.

The state of Oregon conducts an annual survey that asks residents to respond to a number of health related questions. This measure shows the percentage of respondents reporting that their health is good, very good, or excellent.

Between 1998 and 2005, the most current years available, this measure fluctuated between a low of 82% to highs of nearly 88%. Currently, just under 85% of respondents report good or better health.

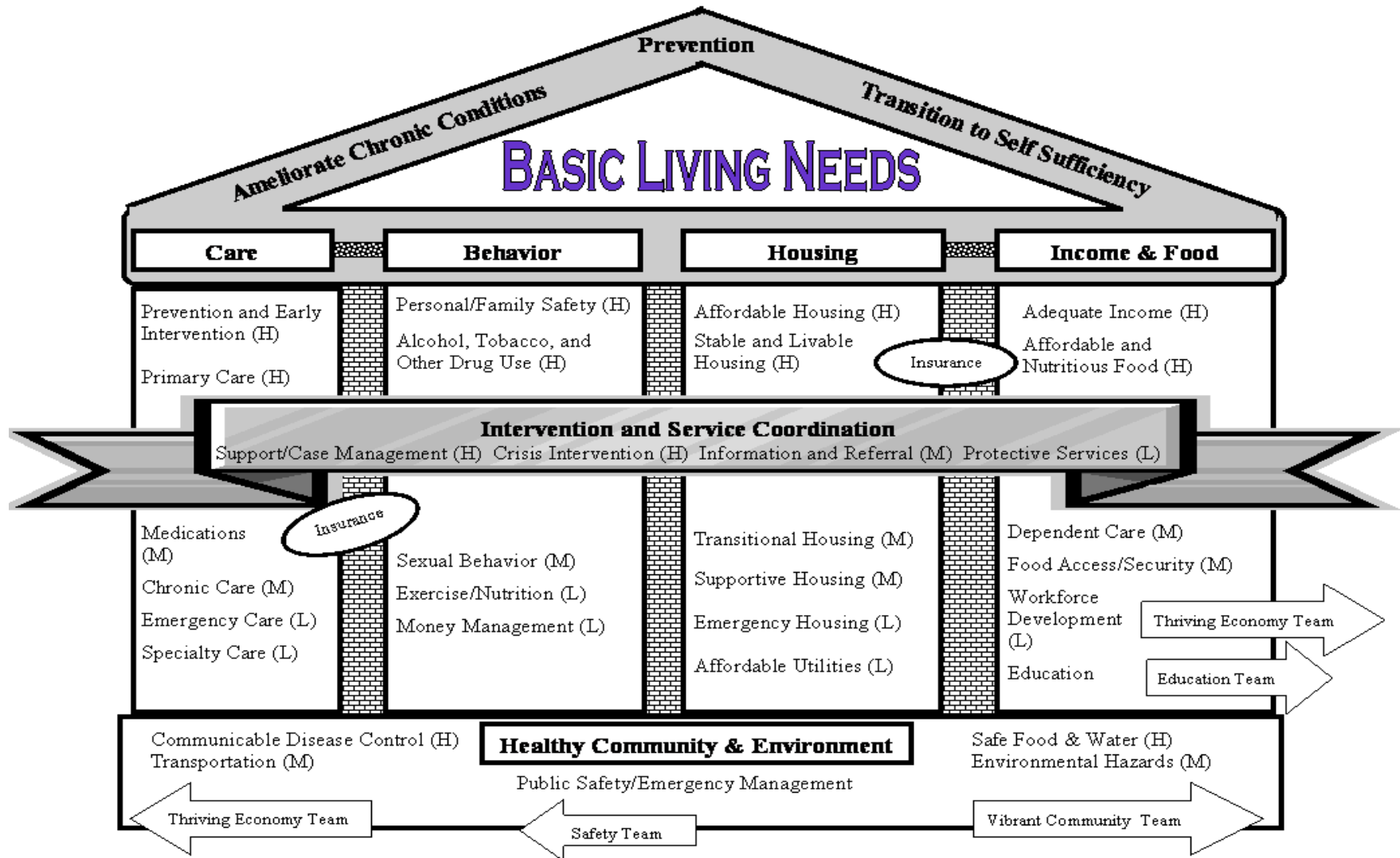
Multnomah County Residents Reporting Their  
Health is Good, Very Good, or Excellent



Source: Behavioral Risk Factor Surveillance System,  
Oregon Department of Human Services

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## III. Map of Key Factors – Cause-effect map of factors that influence/ produce the result



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Our map represents a paradigm shift for how we understand basic living needs. It looks holistically at the needs of citizens who need assistance to prevent problems, to address a crisis, or for ongoing care. Implicit in this holistic approach is a focus on coordinated service that address the multiple and often complex needs of the whole person and families.

The Basic Needs factors are complex and interrelated because individual circumstances are complex and highly nuanced. The Basic Living Needs Priority Map represents six primary factors which are **interconnected** for the best outcomes. Within the primary factors, secondary factors are identified as contributing to the Basic Living Needs Priority result. At any given time, depending upon the needs of the individual or family, one or more of the factors may be most important to meeting a person's basic living needs. Those factors include:

- Intervention and Service Coordination
- Environmental and Community Health
- Care
- Behavior
- Housing
- Food and Income

Two of the primary factors are fundamentally associated with health (broadly defined): Care, and Behavior. Two are primarily focused on other basic sufficiency needs: Food and Income, and Housing. Environmental and Community Health and Intervention and Service Coordination cross both health and basic sufficiency.

Within each of the primary factors, there are secondary factors that suggest prevention, intervention/transition, and emergency approaches. Behavior is primarily a prevention focused factor. Care, housing, income and food balance intervention, transition, crisis approaches, as well as prevention. While on the map, our ideal is prevention or transition to self-sufficiency, our strategies suggest a mix of approaches to address realities of the community's needs.

## **Intervention and Service Coordination**

Intervention and Service Coordination is the ribbon that binds the other factors together. This factor is represented as a horizontal band in the center of the map to represent its connectivity and importance to the other factors. The highest priority is given to support and case management because our most vulnerable community members frequently require assistance or support across multiple primary basic living needs.

## **Environmental and Community Health**

Environmental and Community Health is the foundation at the bottom of the map upon which the basic needs factors are based. The highest priority is given to the prevention and control of communicable diseases because they are potential threats for which the whole community could be at risk.

Linkages are made within this priority to the Public Safety Team, Thriving Economy, and Vibrant Community.

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## Care

This factor represents all aspects of physical, dental and mental health care, and addictions treatment. The secondary factors reflect a continuum of care services for vulnerable individuals. This continuum applies to physical and behavioral health, as well as addictions treatment. The highest priority is given to prevention and early intervention because detecting risk factors and treating problems have a more substantial impact. Access to primary care is a priority because it helps assure integrated and accessible care, a partnership between providers and clients, and care provided in the context of family and community.

## Behavior

Individual behaviors are responsible for about 70% of all premature deaths in the United States. By promoting positive personal behaviors we can reduce the burden of illness, enhance quality of life, and promote an individual's ability to meet their own basic living needs. Because behavior is a new factor on the Basic Living Needs map, we provide the explanation of the secondary factors:

**Personal and family safety** includes both interpersonal violence and unintentional injury. Injuries are the leading cause of death for children ages 1-9 years. Injuries, homicide, and suicide are the leading cause of death for adolescents and young adults between 10 – 24 years of age in Multnomah County.

**Alcohol, illicit drug use, and cigarette smoking** are associated with preventable disease and death, violence, injury, HIV infection and criminal activity. They are associated with child and spousal abuse; sexually transmitted diseases, teen pregnancy, school failure, motor vehicle crashes, escalating health care costs, low worker productivity, and homelessness.

**Sexual behaviors** can lead to unintended pregnancies and sexually transmitted diseases, including infection with HIV. Half of all pregnancies in the United States are unplanned or unwanted at the time of conception.

A **healthy diet and regular physical activity** reduce the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, arthritis, respiratory problems, and certain types of cancers, and may reduce the risk of depression and anxiety.

**Money management** is a critical factor in individuals being able to meet their basic living needs. Financial literacy skills can help people move out of poverty or keep them from falling into poverty during a time of crisis.

## Housing

The highest priority is given to stable, livable, and affordable housing so that people don't have to choose between where they live and meeting their other basic living needs. According to HUD, housing is "affordable" when a household pays no more than 30 percent of its annual income on housing costs. Stable and livable housing is not only safe and has heat, water, cooking facilities, and proper plumbing for sanitation needs, but also allows a family or individual to maintain their residence without having to move.

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## **Income and Food**

The highest priority factors under the Income & Food factors were adequate income and affordable/nutritious food. “Adequate income” encompasses income from earnings, public entitlement programs, and tax credit programs. Affordable and nutritious food is a priority for addressing hunger and inadequate nutrition in our community. Dependent care includes care provided for children as well as aging family members.

Education and workforce development are vital to meeting basic needs. However, these factors are more thoroughly and appropriately addressed by the Education and Thriving Economy outcome teams.

## **Insurance**

Insurance is identified twice on the map because they are important considerations in meeting or maintaining basic living needs. Insurance impacts all of the factors on the map.

## **The Roof!**

The roof represents three approaches in meeting basic living needs. Ideally, we could focus on prevention and services that help people transition out of poverty and toward wellness. For some populations, self-sufficiency is not a realistic goal. Sometimes the best we can do is ameliorate conditions by offering services and supports that help people cope and not deteriorate. This map illustrates that together, these approaches assure Multnomah County residents meet their basic living needs.



## **IV. Selection Strategies and Request for Offers – *Focused choices to realize results***

### **Selection Strategies**

Provision of basic living needs ensures that all Multnomah County residents have access to the economic, social, and educational resources of our community. The basic needs map reflects all of the factors that contribute to people and communities meeting their basic needs. Each factor on the basic needs map is vital for healthy people and healthy communities. The County cannot affect all factors equally, therefore, our emphasis should be on program offers that fill gaps and maximize the County's leverage.

Program offers will be rated on their ability to support one or more of the following strategies:

- 1. Provide intervention and coordination of services that meet basic needs.**  
Coordination and intervention is the ribbon that holds all of our strategies together; we encourage offers that combine the elements of intervention and service coordination. Case management, crisis intervention, information and referral, and protection of vulnerable people are all examples of activities that could support this strategy.
- 2. Maintain a Healthy Community and Environment.**  
We recognize the importance of each of the factors related to a healthy community and environment but acknowledge that the County may not have great leverage in these areas since other government agencies are typically responsible for these functions. Areas the County could address include offers that prevent or control the spread of communicable diseases, ensure a safe supply of water and food, and which identify and reduce exposure to environmental hazards in the home.
- 3. Ensure care for vulnerable members of the community.**  
Care is defined very broadly to include all aspects of physical, mental health, and oral health care and addiction treatment. This strategy could be addressed by offers that provide vulnerable populations with access to care and address their chronic and urgent care needs, that emphasize prevention and early intervention to avoid emergencies and more intensive and costly care, and that provide access to medications.
- 4. Promote healthy behaviors.**  
It is our belief that the prevention of unhealthy behaviors through health promotion will not only improve the quality of life for Multnomah County residents but will ultimately result in cost-savings to the County by decreasing the need for ongoing public assistance and more expensive care. Responses to this strategy could include offers that empower people to avoid or escape victimization, violence, and unintended injury, to eliminate the use of alcohol, tobacco and other drugs, and to increase individual skills and knowledge of financial strategies to eliminate poverty and avoid financial crises.



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**5. Assist in obtaining permanent and livable housing.**

This strategy could be addressed with offers that assist people in obtaining and keeping supportive, affordable, and permanent housing.

**6. Provide access to income and food to every member of our community.**

Responses to this strategy could include offers that help individuals achieve financial and food self-sufficiency, provide ongoing food/income support for those who are unable to meet their basic needs, and that provide emergency support.

**Request For Offers -- *Focused choices to realize results***

Multnomah County provides a wide array of services to ensure that all residents are able to meet their basic living needs. Funding is never adequate in relation to need and Federal, State, and grant funding sources for basic needs services are often highly targeted or restricted. The result can be a service delivery system with gaps, overlaps, and, at times, inefficiencies that are challenging to overcome. In addition, years of repeated budget cuts have also led to a “thinning of the soup” that has resulted in many programs having inadequate resources to achieve their intended purposes. To begin addressing this situation, the County must lay the groundwork for more planned, results-driven, collaborative, and leveraged approaches in the future. An increase in collaboration and integration is essential to this effort.

The Requests for Offers (RFOs) outlined below are not intended to cover all of the work the County does to help County residents can meet their basic living needs. We expect and encourage offers that address needs and factors outlined in our Results Map and the aforementioned strategies. Instead, the RFOs are intended to encourage responses in specific areas which we believe need greater emphasis.

The County must change its focus in the provision of basic living needs. The County’s challenge is to balance current essential services with the emphasis suggested in the following RFOs. We believe these emphases will improve the County’s leverage, effectiveness, efficiency, and ability to avoid larger problems in the future.

In addition, the team expects that **all program offers** will:

- Reflect the principles of “The Policy Framework For Cultural Competency” which aims to ensure that the County provides culturally responsive, appropriate, and effective services to their clients.
- Reflect a consistent and meaningful application of Evidence Based Practices. With limited funding and increasing demands, we must give priority to efforts which have been proven to be effective.
- Re-examine staffing needs and resources to maximize program effectiveness and client outcomes.
- Demonstrate measurable results.

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## 1. We are looking for offers that promote innovation.

It is our belief that the demands for current services will typically take precedence over planning and creative strategizing unless we consciously provide the needed time, resources, and opportunity. The budget process allows for some smaller-scale innovation but system-wide, larger-scale thinking requires sustained effort and the active support of County leadership. Priority will be given to program offers that:

- Provide a clear framework policy or plan for the delivery of future services particularly in areas such as Alcohol and Drug treatment and Mental Health services which currently span multiple departments and jurisdictions.
- Focus on the total needs of the individual rather than on how to deliver an array of separate services.
- Will deliver plans and strategies for more effective programs which could be implemented relatively quickly – preferably through the FY 2009 budget process.
- Propose “pilot” programs which, if successful, will result in better outcomes for clients. When appropriate, pilot programs should seek one-time only or non-recurring funding which we believe is government’s best source of research and development funding.

## 2. We are seeking offers that create or enhance the infrastructure that supports the provision of basic living needs services.

Over the last 5+ years, the departments that deliver basic living needs services have experienced large scale changes in funding and personnel. Additionally, many of the information systems that support the work of these departments are based on outdated technologies and are overly decentralized. A strong and efficient infrastructure, from data systems to use of Evidence Based Practices (EBP), will allow for innovation, seamless delivery of services and advanced leveraging of State and Federal funds. Priority will be given to offers that:

- Find ways to share existing data to make maximum use of what we already have.
- Invest in the knowledge, skills and abilities of personnel in the areas of data analysis, reporting, Quality Assurance and Quality Improvement.
- Implement standardized, user friendly information systems and software programs that can be used to seamlessly share client information between County departments and programs. For instance, adopting a case management software and/or data system that could be used across all County departments reducing duplication.

## 3. We are looking for program offers that promote healthy behaviors.

Studies demonstrate that behavior plays a crucial role in the leading causes of death and disability. Promoting healthy behaviors is a cost-effective method in mitigating and preventing injury, chronic or communicable diseases, addiction, mental illness, unintended pregnancy, birth defects and developmental disorders, homelessness and/or poverty. It is our belief that the **prevention** of these conditions through promotion of healthy behavior will not only improve the quality of life for Multnomah

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County residents, it will ultimately result in cost-savings to the County by decreasing the need for ongoing public assistance and care. Priority will be given to offers that:

- Empower individuals, families, and communities to take greater control over their well-being through education, self-management, life skills and leadership development, and community mobilization.
- Employ prevention strategies and behavior change models aimed across communities (e.g. media advocacy, social marketing, etc.<sup>1</sup>), in addition to those implemented with individuals or groups, to target pervasive conditions.
- Utilize methods that will identify the factors that influence actions and reduce the barriers to desired behavior change.
- Promote approaches or partnerships (e.g. interdepartmental, State, school districts, community-based organizations, etc.) that support broad-based health promotion and wellness practices.
- **Prevent Illicit Drug and Tobacco use among Adolescents** – the team is concerned about illicit drug and tobacco use among youth in Multnomah County. Current data shows that illicit drug and tobacco use has increased among adolescents in the last 15 years with a corresponding increase in kids using County alcohol and drug treatment services. The early prevention of illicit drug, alcohol, and tobacco use among youth should, by principle, reduce the future treatment burden among adolescents and adults.

#### **4. We are seeking program offers that ensure care for members of the community who need basic living needs services.**

As stated before, care is broadly defined to include all aspects of physical, mental and oral health care and addictions treatment. The team recognizes that there is a great range in the types of people who will need these services. We will give priority to offers that:

- Prevent people from entering into more costly care (e.g., jail, emergency rooms), including increased access to medications and early diagnosis and intervention as effective means to prevent more serious complications.
- Address gaps in services to clients who have lost health care coverage (due to incarceration, financial misfortune or some other situation).
- Encourage and advocate the availability of insurance to a broader range of individuals.

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<sup>1</sup> *Media advocacy* - “the strategic use of mass media (public information campaigns, etc.) to enhance environmental change or a public policy initiative”. *Social marketing* – “the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups or society as a whole.”

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**5. We are seeking program offers that reduce the percentage of adults who use illicit drugs and abuse alcohol.**

Alcohol and Drug use is consistently identified by citizens as one of the biggest problems in Portland neighborhoods (Citizen Survey 2006, Multnomah County Auditor). In addition, it is linked to myriad other basic needs issues including increased health care costs, homelessness, and criminal activity. We will give priority to offers that:

- Reduce the waitlist for A&D Outpatient Treatment – by providing more cost efficient services or alternative treatments that have as good or better outcomes.
- Prioritize treatment of populations so that the greatest benefit is provided.
- Provide better coordination and resource management for all types of A&D treatment.
- Incorporate dual diagnosis treatment in order to better serve clients with mental health and substance abuse issues.

**6. We are seeking program offers that assist people in obtaining permanent, affordable and livable housing.**

Many chronically homeless people have a serious mental illness like schizophrenia and/or substance abuse issues. Most chronically homeless individuals have been in treatment programs, sometimes on dozens of occasions. Research shows that other types of treatment often fail if clients lack dependable, livable, and affordable housing. We will give priority to offers that:

- Move people from transitional housing to permanent and affordable housing
- Increase the availability of permanent, supported housing for homeless individuals
- Make it easier to get into housing
- Improve outreach to homeless people (for example, bringing services to the City's new SAFE homeless center).
- Increase economic opportunities and self-sufficiency for homeless people by collaborating with the City of Portland, community partners, and businesses to offer workforce development and/or assistance.