Human Services Plan for Lane County	
Primary Focus Area	Human Services
Secondary Focus Area(s)	Housing Transportation Public Health Economic and Utilities Assistance Children, Families and Seniors
Type of plan (Functional, general, etc.)	Functional. The plan includes aspirational components but focuses on practical funding priorities developed through quantitative and qualitative research.
Motivation/Purpose for the Plan	Unmandated The plan is a long-range blueprint for human services with the goal of building a healthy more prosperous community. The plan is a strategic policy guide for the Human Services Commission (HSC) decision-making process. Priorities identified in the plan guide the distribution of operating funds for human service programs offered by community-based non-profit and public agencies. The HSC is a partnership of local public and private organizations funded by Lane County and the cities of Eugene and Springfield. Through the Human Services Fund, the HSC supports its nonprofit partners through the provision of approximately \$15 million of local, state and federal funds to support 65 local programs for all ages from infants to elders. The fund is designed to: • Meet community basic needs • Increase self-reliance • Improve health and well-being • Strengthen children and families • Build a safer community
Author/Organization	Author: Program and Policy Insight, LLC 2060 Alder Street Eugene, OR 97405 Contract supported by: Lane County Human Services Commission Public Service Building, 2 nd Floor 125 E. 8 th Avenue Eugene, OR 97401 (541) 682-3798
Plan Developer(s)	Program and Policy Insight, LLC 2060 Alder Street Eugene, OR 97405
Date Created	12/16/2009



Date Approved	Beginning Fiscal Year (FY) 2010
Date Updated	
(or scheduled to be	TBD
updated)	
Geographic Scope	Lane County boundary
	Meet community basic needs
Key Themes	Increase self-reliance
Key memes	3. Build a Safer Community
	4. Improve Access to Services
Location/URL	http://lanecounty.org/Departments/HHS/HSC/Documents/HSC_PLAN.pdf
Inputs	
	Qualitative:
What Inputs	Quantitative:
	Other:
	Human service priorities, including Priority Outcome Areas and Sub-
	outcome Areas were identified and prioritized using an iterative process
	that resulted in a three-tiered prioritization framework. The process
	included multiple steps as outlined below:
	Identify potential issue areas.
	Gather community input on issue areas.
	Review existing data about issue areas.
Input Analysis	Develop and review draft issue area priorities.
	Assign issue areas to Tiers I, II, or III.
	Identify Sub-outcome Area for each issue area.
	Group Sub-outcome Areas by Priority Outcomes.
	Assign Priority Outcome Areas to Tiers I, II or III
	Logic models represent the inputs in this plan.

continued

Qualitative Stakeholder interviews Interviewed key community stakeholders suggested by the HSC for their input on the economic and political climate and its impact on the development and delivery of human services. Nine community stakeholders interviewed. Focus groups Conducted five focus groups with a diverse range of stakeholders, including youth, seniors and persons with disabilities, families, singles and homeless individuals, and Latino individuals. Five focus groups conducted, representing over 50 focus group respondents. Quantitative **Review of Existing Data** Reviewed existing economic and service indicators to describe the context in Lane County during the planning process. 2006 Oregon Population Survey o American Community Survey: 2005-2007 American Community Survey 3-Year Estimates o Food for Lane County; 2006-2007 Annual Report Lane County Addiction and Mental Health Division Source Lane County Government: Proposed Budget; FY 2009-2010 LIEAP Coordinator for Lane County o Mayor's Blue Ribbon Committee to Finance Homelessness and Housing Programs: Report and Recommendations, Adopted April 2, 2008. National Low Income Housing Coalition County Data o Oregon DHS – 2006 Burden of Oral Disease in Oregon Oregon DHS – 2007 Primary Care Dental Survey o Oregon Health Sciences University: 2008-2009 Areas of Unmet **Health Care Need** o Oregon Labor Market Information System, Unemployment Rate Chart for Lane County o Oregon Progress Board Lane County Benchmark Report United Way of Lane County 2007 Community Assessment: Full Report, Community Needs and Assets Study US Census Bureau Quick Facts – 2008 Estimates Community Survey Developed and administered a stakeholder survey administered online and in writing via Project Homeless Connect, community forums, and project focus groups. 476 responses were collected Address TBL? Yes, Explicitly Yes, Implicitly

	Economic Economic
Ave any of the fallowing	Environmental
Are any of the following	Quality of life
impacts addressed?	Social
	Equity
	Inputs are logically presented to support prioritized outcome and sub-
	outcome tiers I, II and III.
	outcome delay, mana iii
	Inputs support the human services context in Lane County and is presented
	in the following outline:
	Demographic Profile
	o Population Overview
	Human Service Needs
Input presentation	o Economic Climate
	 Incidence of Poverty
	Families Living in Poverty
	Population Receiving Food Stamps
	 Housing Affordability and Homelessness
	 Access to Health Care
	 Lane County Resident Insurance Rate, 2007
	 Local Human Service and Housing Planning Efforts
	Policies in plan derive from plan inputs
Input leads to policies	Comments: Plan policies are directly derived from plan inputs highlighted
	above.
	All plan policies and actions appear related to the plan's stated inputs.
	The resource priority setting process synthesized the results from a review
	of existing data, multiple community input data collection methods and a
	review by HSC members to identify and confirm HSC service priorities.
	Initial prioritization criteria included the following:
	Contextual data
Policies/ Actions	Community survey
without supporting	Focus group/interviews
inputs	1 ocus group/interviews
inputs	These criteria were applied to each issue area, with initial assignments to
	Tiers I, II and III based on the following criteria:
	Tier I: Elements identified as a priority by three or more data collection methods
	Tier II: Elements identified as a priority by two data collection
	methods
	Tier III: Element identified as a priority by on data collection method
	Goals are supported by inputs.
	Comments: All goals, resource allocation priorities, Primary Outcome Area
Inputs and Goals	priorities and Sub-outcome Area priorities are equitably supported by plan
	inputs.

Input Scope	☑ Narrow ☐ Broad
	Comments: Inputs support priority tier outcomes.
	Public engagement
	☐ Input from Boards and Commissions
	Within topic area (if so, list them here)
	Outside topic area (If so, list them here)
	The plan implemented a multi-faceted planning process to meet the
	following two project goals:
	 Provide an assessment of human service priorities based on
	targeted community and stakeholder input; and,
	2. Provide a strategic framework for funding decisions in a variety of
	funding climates.
	Public involvement includes:
	Tuble involvement includes.
	Stakeholder interviews
Buld's land barrens and and	 Interviewed key community stakeholders suggested by the HSC for
Public Involvement and Consultation	their input on the economic and political climate and its impact on
Consultation	the development and delivery of human services.
	Nine community stakeholders interviewed.
	Focus groups
	Focus groups
	 Conducted five focus groups with a diverse range of stakeholders, including youth, seniors and persons with disabilities, families,
	singles and homeless individuals, and Latino individuals.
	Five focus groups conducted, representing over 50 focus group
	respondents.
	Community Survey
	Developed and administered a stakeholder survey administered
	online and in writing via Project Homeless Connect, community
	forums, and project focus groups.
	476 responses were collected
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Goals	
Key Goals/ Recommendations	Prioritize the support of prevention services across all Priority Outcome Areas (Primary Outcome Areas described below).
	Target 40% of resources to prevention services Target 30% of resources to crisis intervention services Target 30% of resources to treatment services
	Increase dollars allocated to prevention-related services as funding increases.
	Increase resources allocated to making services more accessible as funding allows.
Desired Outcomes	The plan organizes funding priorities into 3 consecutive Primary Outcome Area tiers. Each outcome tier is made up of a key theme and includes desired Sub-outcome Areas to meet tier priorities. Resource allocations align with Tier I as the highest priorities and Tier III as lowest priorities. Stakeholders encourage a focus on lower tiers as resources allow. Tier I: Meet community basic needs
	 Emergency housing and services Physical, oral and behavioral health services Emergency food and assistance Utilities assistance Transportation services
	Tier II: Increase self-reliance
	Tier II: Build a Safer Community
	Tier III: Improve Access to Services

Crossover Goals	TBD (Focus on Tier I Outcome Goals) – Potential links with housing,	
	economic development and transportation through social equity related	
	goals.	
Strategies		
Strategies and	TBD	
Action Items		
Strategies for Implementation	TBD	
	Strategies for Implementation accomplished regularly	
Policies and Capital or Program Investments		
Direction of policies and use of resources	 The plan includes detailed resource allocation scenarios with the goal of providing a strategic framework for the allocation of new, flexible funds. The scenarios enable the public, policymakers and service providers to envision and assess service levels in incremental revenue environments, from reductions in current funding to full funding. Resource allocation targets are responsive to community and HSC defined service priorities and goals set by other planning bodies Resource allocation scenario goals examine four potential funding environments: 1. Reduced: Assumes no new flexible funds and an estimated loss of \$1 million in existing flexible funds, yielding lower service levels. 2. Modest Increase: Assumes modest influx of new flexible funds, yielding a slight increase to service levels. 3. Action: Assumes influx of new flexible funds (but lower than optimal), yielding somewhat higher service levels. 4. Vision: Assumes influx of new flexible funds, yielding substantially higher service levels. 	
CIP Connections	TBD	
Investment Links	Do policy and investment recommendations incorporate linkages to policies and investments in other plans or across subject areas?	
Plan Performance and Maintenance		
Strategies for	TBD	
Maintenance	Strategies for Maintenance accomplished regularly	
Plan Performance	Performance metrics for measurable outcomes not identified	

Linkages and Connections with Other Plans and Agencies	
Connections to other plans	 Lane County 10-Year Plan to End Chronic Homelessness Eugene-Springfield Consolidated Plan City of Eugene Mayor's Blue Ribbon Committee on Homelessness United Way 2009 Community Assessment Lane County's Six-year Priorities for Planning Implementation and Measuring Results for Children, Youth and Families
Connections to other agencies	The Human Services Commission is innovative partnership of local public and private organizations funded by Lane County and the cities of Eugene and Springfield. Through the Human Services Fund, the HSC supports 65 local programs and nonprofit partners through \$15 million of local, state and federal funds.



1990 2000 2010

2009 – Plan published December 16, 2009 2010 – Plan affective beginning FY 2010 operating as alongrange plan 2012