



Human Services Commission

Human Services Plan for Lane County

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Submitted to:

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Foreward

The Human Services Commission of Lane County funds or provides services that empower our community members to address basic needs to live with dignity, self-reliance, and optimum health. In implementing the human service planning process, the HSC drew on invaluable input from community members and public officials who provided thoughtful feedback on human services in Lane County. More specifically, we express gratitude to:

- The many individuals who completed the community survey, as well as the local agencies and organizations who encouraged the individuals they serve to participate in the survey;
- Program participants and community members who participated in focus groups to provide greater context about human service delivery and experience in Lane County;
- Jurisdictions whose experience implementing and documenting their human service planning process greatly informed the Lane County process;
- Lane County human service agency providers who contributed important feedback throughout the process; and
- Lane County Human Services Commission and Community Action Advisory Committee members whose input improved the planning process and product.

Any inquiries or feedback on the Human Service plan should be directed to:

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Executive Summary

Introduction

The Human Services Commission (HSC) is an 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 its nonprofit partners in delivering essential services to Lane County residents.

In 2008, the HSC contracted with Program and Policy Insight, LLC (PPI) to help develop a long-range blueprint for human services with the goal of building a healthier, more prosperous community. The plan is intended to serve as a strategic policy guide for HSC decision making beginning in fiscal year 2010. Priorities identified in the planning process will guide the distribution of operating funds for human service programs offered by community-based non-profit and public agencies, on behalf of Lane County and the Cities of Eugene and Springfield.

The Planning Process

PPI implemented a multi-faceted planning process to meet the following two project goals: 1) 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.

PPI relied on a combination of primary and secondary data to inform the development of the plan, including the key data sources described in Exhibit A.

Exhibit A: Data Collection Sources

Review of existing data

- Reviewed existing economic and service indicators to describe the context in Lane County during the planning process.

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.

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.

Data analysis and priority-setting reflected a multi-step process. First, we gathered and synthesized survey, stakeholder, focus group, and contextual data. Issue areas were categorized into three tiers by applying a set of pre-determined prioritization criteria, with the highest priority issue areas identified as Tier I. PPI facilitated a working session with the HSC and Community Action Advisory Committee (CAAC) to review and refine proposed priorities. Finally, Priority Outcome Areas and Sub-outcome Areas were identified, defined, and assigned to Tiers I, II and III based on relevant issue area priorities.

Human Service Needs

Like other jurisdictions, Lane County faces a challenging human service environment. Local funding for human services is limited, especially, but not exclusively, under poor economic conditions. Lane County residents remain vulnerable to unemployment, poverty, lack of housing, mental illness, and related social issues. Information about the current and recent human service context, including multiple indicators of well-being, is critical to human service provision planning. Exhibit B provides a selection of Lane County indicators, illustrating the type and scale of human service needs experienced by low-income Lane County residents. These, and other similar indicators, informed the priority-setting and planning process, along with community input.

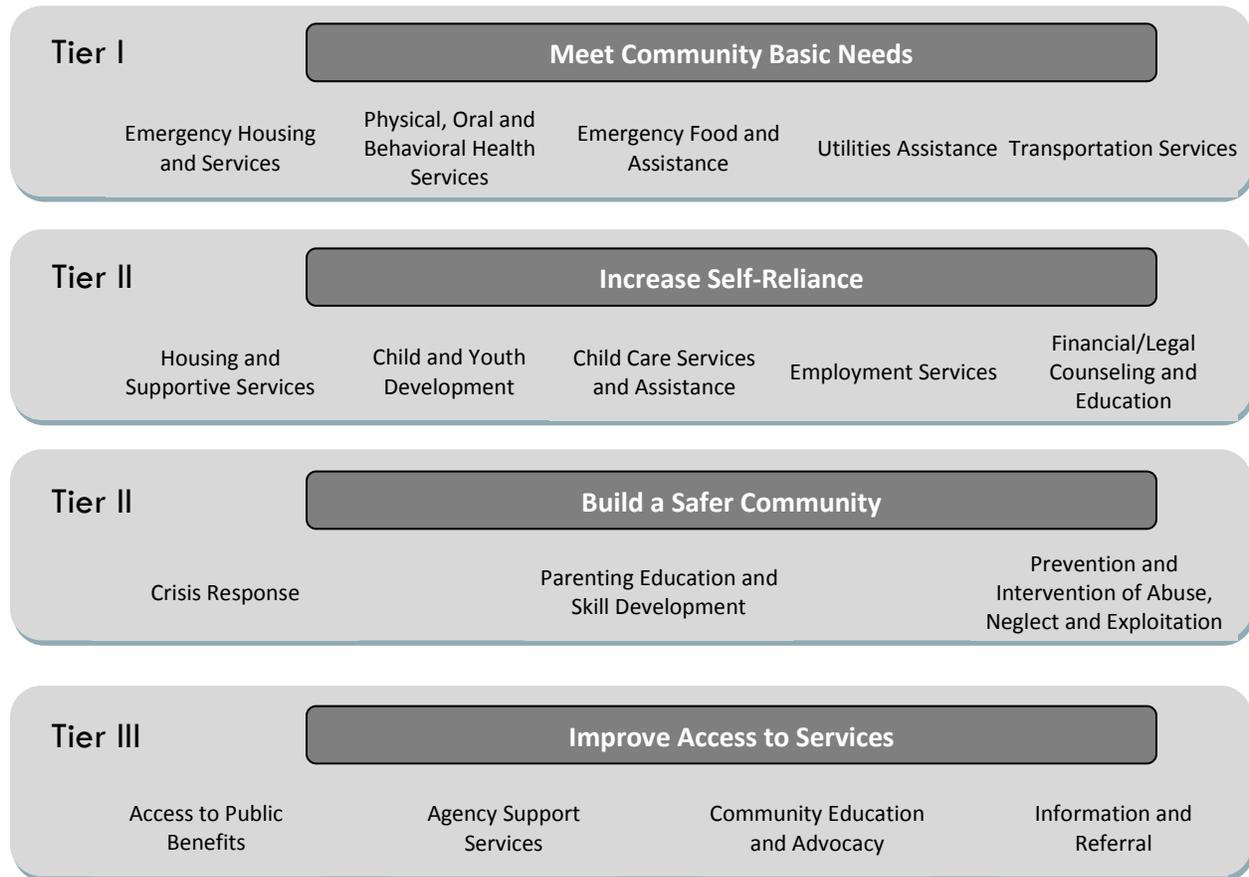
Exhibit B: Selected Human Service Indicators in Lane County

Unemployment	<ul style="list-style-type: none">• In 2009 Lane County unemployment rose 8 percent over 2008, reaching 14 percent in May 2009
Poverty	<ul style="list-style-type: none">• The percent of all people living in poverty in Eugene increased from 17 percent in 2007 to 20 percent in 2008
Housing	<ul style="list-style-type: none">• Fifty-two percent of Lane County renters were unable to afford fair market rent for a two bedroom apartment
Hunger	<ul style="list-style-type: none">• One in five households in Lane County experience food insecurity
Health	<ul style="list-style-type: none">• Twenty percent of Lane County residents had been uninsured for part or all of the previous two years.

HSC Human Service Priorities

Informed by the human needs context of Lane County and community input, the human service planning process identified specific HSC Priority Outcome Areas and related Sub-outcome Areas. The planning process also yielded information about the relative priority of these outcomes and sub-outcomes areas, which was used to identify resource allocation opportunities aligned with community priorities. Meeting Basic Community Needs emerged as the highest Priority Outcome Area, followed by Increasing Self-Reliance and Building a Safer Community. Improving Access to Services was identified as the lowest Priority Outcome Area; however, stakeholders encouraged a focus on these services as resources allow.

Exhibit C: HSC Priority Outcome Areas and Sub-outcome Areas



Prioritizing Prevention Services

Like other human service agencies across the county, the HSC is increasingly interested in supporting prevention services across all Priority Outcome Areas. Research suggests that well-defined and well-implemented prevention programs can provide significantly more benefits than costs. Furthermore, stakeholder survey results suggest support for HSC funding of prevention programs. When asked how the HSC should allocate resource across prevention, crisis intervention, and treatment services, respondents indicated that nearly 40 percent of resources should be targeted to prevention services, and 30 percent each to crisis intervention and treatment services. Finally, HSC members and staff expressed strong support for ensuring the availability of prevention services, and the HSC endeavors to incrementally increase dollars allocated to prevention-related services as funding increases.

Resource Allocation Scenarios

The human services planning process culminated in the development of Resource Allocation Scenarios, which provide a strategic framework for the allocation of new, flexible funds. This planning tool relies on two core principles:

- 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.
- The resource allocation targets set are responsive to the community- and HSC-defined service priorities and goals set by other planning bodies.

In these ways, the scenarios not only enable stakeholders to assess the impact of various funding levels, they align expenditures with community priorities.

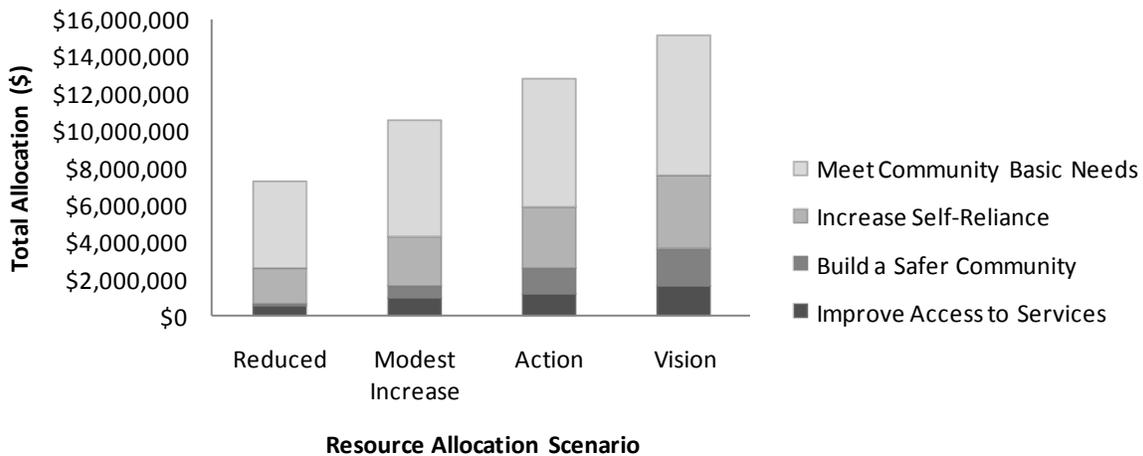
The Resource Allocation Scenarios examine four potential funding environments:

- **Reduced:** Assumes *no new flexible funds* and an estimated loss of \$1 million in existing flexible funds, yielding lower service levels.
- **Modest Increase:** Assumes modest influx of *new flexible funds*, yielding a slight increase to service levels.
- **Action:** Assumes influx of *new flexible funds* (but lower than optimal), yielding somewhat higher service levels.
- **Vision:** Assumes influx of *new flexible funds*, yielding substantially higher service levels.

For each revenue environment, the Resource Allocation Scenarios provide targets for allocation of new flexible funds among the HSC's four Priority Outcome Areas, based on the assigned tiers that resulted from the priority-setting process¹. Exhibit D illustrates overall allocation of funds to each Priority Outcome Area.

¹ The Reduced Resource Allocation Scenario provides targets for losses to services, rather than new funds, based on the results of the priority-setting process.

Exhibit D: Allocation of Flexible Funds by Resource Allocation Scenario



Detailed Resource Allocation Scenarios

The HSC Human Services Plan provides a detailed overview of funding allocation across each of the four resource scenarios. This executive summary highlights the key elements and assumptions, as well as the allocation rationale for each resource scenario.

Reduced Resource Allocation Scenario

The Reduced Resource Allocation Scenario assumes a \$1 million decrease from the 2009/2010 funding level due to the loss of existing flexible funds. The scenario assumes there will be no additional new flexible funds, and that other non-local revenues will remain relatively steady.

- In a reduced funding scenario, the HSC is compelled to focus resources on basic needs and crisis intervention.
- Depending on the flexibility of remaining funds, expenditures will be redirected to Tier 1 services such as Housing, Food, and Health Care when possible. However, lack of new funds will result in less flexibility.
- Reductions are based on a loose inverse of target allocations determined through the priority planning process; Tier 1 services receive smaller proportionate cuts relative to Tiers 2 and 3.

Modest Increase Resource Allocation Scenario

The Modest Increase Resource Allocation Scenario assumes the addition of \$2.4 million in flexible funds to replace potential losses and provide modest enhancement to service levels. Five percent of funds raised would be directed to administration, for a total of \$2,280,000 new flexible funds allocated.

- The majority of new flexible funds will be applied to services that meet community basic needs.
- Given the modest increase in funding, resources continue to be focused primarily on core services to meet basic needs.
- Build a Safer Community and Increase Self-reliance Priority Outcome Areas also see increases.

Action Resource Allocation Scenario

The Action Resource Allocation Scenario assumes a \$4.8 million increase in flexible funds. Five percent of funds raised would be directed to administration, for a total of \$4,560,000 new flexible funds allocated. The majority of new funds will focus on Tier 1 priorities areas such as housing, mental health, and basic needs, with nearly \$2 million of new funds allocated to housing and homeless related services.

- With additional funds, the HSC is able to continue to serve people in crisis while expanding services that prevent crisis situations.
- These include child abuse and domestic violence prevention programs, young parent education and support services, and substance abuse education and treatment.
- In this scenario, demand for basic needs and increasing self-reliance can be met in a reasonable fashion, providing a safety net and means to self-sufficiency for low income Lane County residents.
- Anticipated levels of new flexible funds in this scenario support modest increases related to improving access to services.
- With \$2 million in locally raised funds available for homeless prevention and supportive services, this scenario makes progress towards the Blue Ribbon Committee's goal of additional resources in these areas.

Vision Resource Allocation Scenario

The Vision Resource Allocation Scenario assumes \$7.3 million dollars raised in local, flexible funds. Five percent of funds raised would be directed to administration, for a total of \$6,935,000 new flexible funds allocated. This scenario allows more support for Tier 2 and Tier 3 services, including abuse prevention, health care, substance abuse treatment, and access assistance.

- With substantial additional funds, the HSC is able to continue to serve people in crisis while expanding services that prevent crisis situations.
- Likely program expansions include child abuse and domestic violence prevention programs, young parent education and support services, substance abuse education and treatment, and improved access to these services.
- In this scenario, demand for basic needs including emergency shelter, food, and health care can be met in a reasonable fashion, providing a safety net and means to self-sufficiency for low income Lane County residents.
- At the same time, the HSC is able to build a strong foundation for family and community functioning through comprehensive human service offerings.

- 
- This scenario achieves nearly \$3 million in locally raised funds for homeless prevention and housing, which makes considerable progress towards the Blue Ribbon Commission’s goals of increasing resources in these areas.

Exhibit E illustrates overall distribution of flexible funds to each Priority Outcome Area in each of the four Resource Allocation Scenarios, and demonstrates incremental changes from one Scenario to the next. Exhibit F illustrates key features of each resource allocation scenario.

Exhibit E: Allocations of Flexible Funding by Priority Outcome Area and Resource Scenario

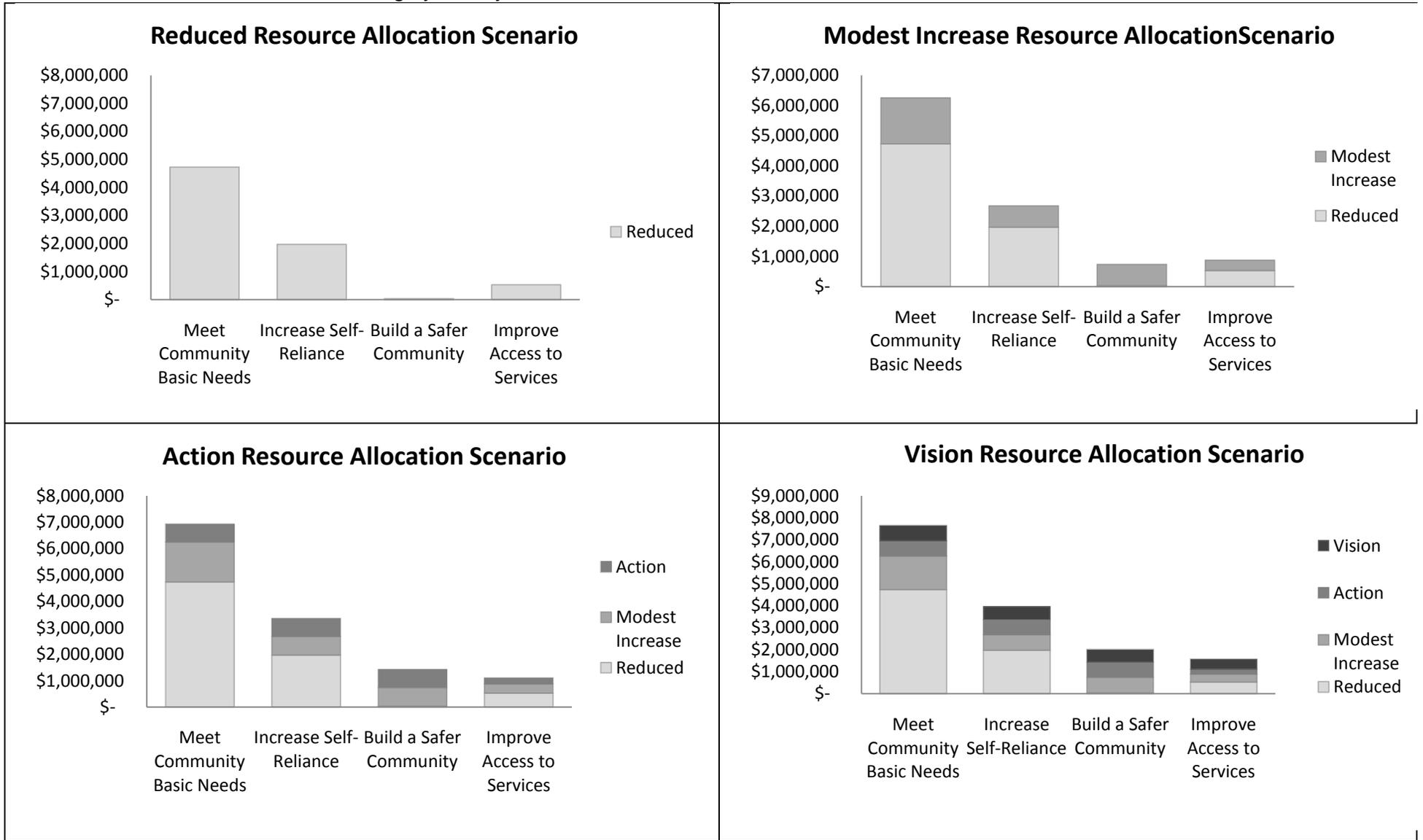


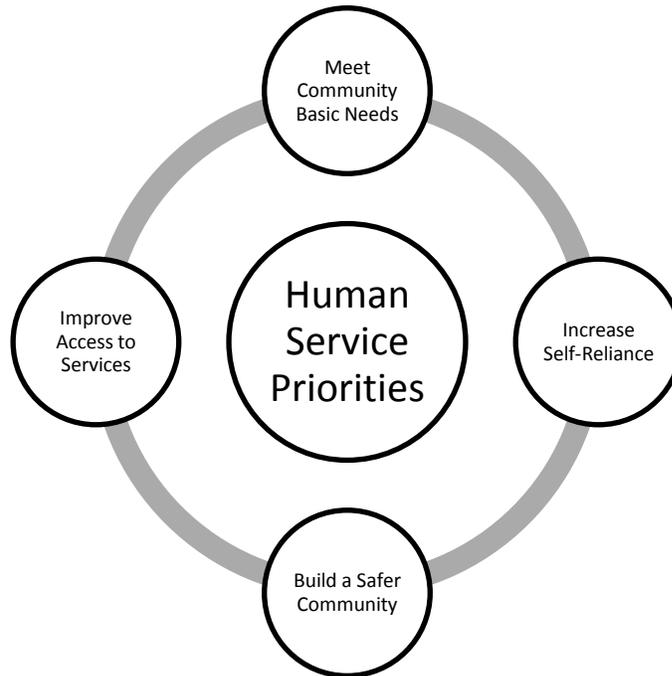
Exhibit F: Key Features of Resource Allocation Scenarios

	Reduced Scenario	Modest Increase Scenario	Action Scenario	Vision Scenario
	Low-income Lane County population has decreased access to a broad range of housing and human services.	Low-income Lane County population able to access human services at modest increase to current service levels.	Low-income Lane County population able to access increased and/or improved human services.	Low-income Lane County population able to access substantially increased and/or improved human services.
Key Elements	<ul style="list-style-type: none"> ■ Loss to Flexible Funds: -\$1,000,000 ■ New Flexible Funds Raised: \$0 ■ New Flexible Funds Allocated: \$0 ■ Total Flexible Funds Allocated: \$7,259,920 ■ Assumed Source of New Funds: N/A 	<ul style="list-style-type: none"> ■ Loss to Flexible Funds: \$0 ■ New Flexible Funds Raised: \$2.4 million increase ■ New Flexible Funds Allocated: \$2,280,000 ■ Total Flexible Funds Allocated: \$10,539,920 ■ Assumed Source of Funds: Potential passage of a Local Option Levy of approximately 0.10 cents per \$1,000 of assessed value (\$20 per year for a \$200,000 home) 	<ul style="list-style-type: none"> ■ Loss to Flexible Funds: \$0 ■ New Flexible Funds Raised: \$4.8 million increase ■ New Flexible Funds Allocated: \$4,560,000 ■ Total Flexible Funds Allocated: \$12,819,920 ■ Assumed Source of Funds: Potential passage of a Local Option Levy of approximately 0.20 cents per \$1,000 of assessed value (\$40 per year for a \$200,000 home) 	<ul style="list-style-type: none"> ■ Loss to Flexible Funds: \$0 ■ New Flexible Funds Raised: \$7.3 million increase ■ New Flexible Funds Allocated: \$6,935,000 ■ Total Flexible Funds Allocated: \$15,194,920 ■ Assumed Source of Funds: Potential passage of a Local Option Levy of approximately 0.30 cents per \$1,000 of assessed value (\$60 per year for a \$200,000 home)
Anticipated Outcomes	<ul style="list-style-type: none"> ■ Reductions in all service areas will result in longer waits for services, negative individual, family and community impacts (e.g. stress, violence, homelessness), and an increased frequency of low income residents turned away by over-subscribed service providers. ■ Depending on the flexibility of remaining funds, expenditures will be redirected to Tier 1 services such as housing, food, and health care when possible. However, lack of new funds will result in less flexibility. 	<ul style="list-style-type: none"> ■ Given the modest increase in funding, resources continue to be focused primarily on core services to meet basic needs. ■ Reflecting community and HSC priorities, basic needs such as housing, food, and health care will receive the bulk of new flexible funds. ■ Build a safer community and increase self-reliance priority outcome areas also see increases. 	<ul style="list-style-type: none"> ■ Infusion of funds into housing and behavioral health may result in more access to shelter beds with supportive services. ■ In this scenario, demand for basic needs and increasing self-reliance can be met in a reasonable fashion, providing a safety net and means to self-sufficiency for low income Lane County residents. ■ Anticipated levels of new flexible funds in this scenario support modest increases to improving access to services. ■ Nearly \$2 million of new funds are targeted towards housing and homelessness prevention. 	<ul style="list-style-type: none"> ■ In this scenario, demand for basic needs including emergency shelter, food, and health care can be met in a reasonable fashion, providing a safety net and means to self-sufficiency for low income Lane County residents. ■ At the same time, the HSC is able to build a strong foundation for family and community functioning through comprehensive human service offerings. ■ Nearly \$3 million of new funds are targeted towards housing and homelessness prevention. ■ Increased investments in parent education, abuse prevention and services for at-risk youth. ■ Reduced gap between the demand and supply of health-related services including physical health, oral health, and substance abuse treatment. ■ Increased capacity and improved service navigation.

Conclusion

As shown in Exhibit G, a multi-layered community planning process revealed broad consensus for HSC support of four key priority human service outcome areas:

Exhibit G: Key Priority Outcome Areas



Effective human services can promote healthy, safe, and productive communities, yet funding for human services is limited and often subject to economic conditions and availability of external resources.

Addressing human service needs in Lane County will require bold community action; new flexible funds will be required to meet the community's vision for providing fully responsive human services. Community support for innovative funding mechanisms could provide sufficient human services funding to sustain all Lane County residents, address the needs of our most vulnerable individuals, and promote a safe and healthy community.



I. Introduction

The Human Services Commission (HSC) is an 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 its nonprofit partners in delivering essential services to Lane County residents. In 2008, the Human Services Fund provided approximately \$15 million of local, state and federal funds to support 65 local programs for people of 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

The HSC is dedicated to helping our region's neediest residents achieve stability, improved health, greater independence and a higher quality of life, while strengthening our communities.

In 2008, the HSC contracted with Program and Policy Insight (PPI) to help develop a long-range blueprint for human services with the goal of building a healthy community. The plan is intended to serve as a strategic policy guide for HSC decision making beginning in fiscal year 2010. Priorities identified in the planning process will guide the distribution of operating funds for human service programs offered by community-based non-profit and public agencies, on behalf of Lane County and the Cities of Eugene and Springfield.

In the following sections, we describe the planning process and methodology, the human service priorities identified through the process, and resource allocation guidelines to help operationalize the human services plan. Detailed appendices related to methodology, data, and references are included under separate cover.



II. Planning Process and Methodology

The Planning Process

Overview

In developing the Human Services Plan for Lane County, the HSC drew on the experience of similar jurisdictions² that had successfully implemented a strategic planning process for human services.

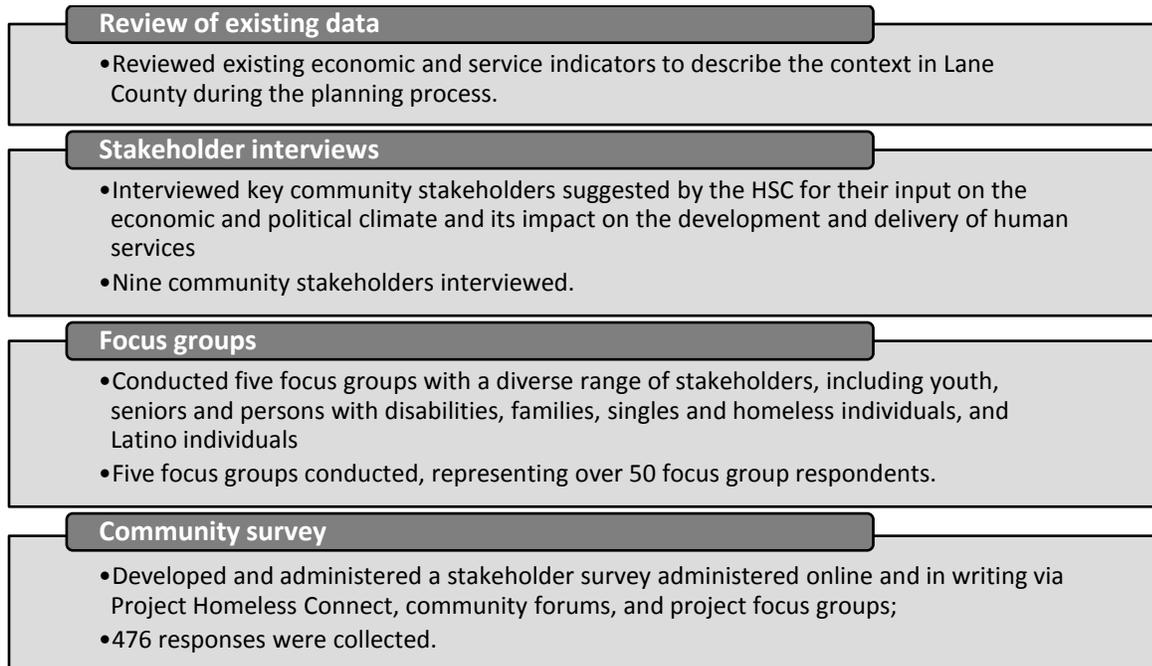
Program and Policy Insight (PPI) implemented a multi-faceted planning process to meet the following two project goals: 1) provide an assessment of human service priorities based on targeted community and stakeholder input; and 2) provide a strategic framework for funding decisions in a variety of funding climates. To this end, PPI collected data through a variety of methods, analyzed data to identify human service priorities, and developed resource allocation scenarios that align funding decisions with priorities in a variety of resource contexts. Each of these project components is described in brief in this section and in greater detail in following sections dedicated to each component.

Data Collection

PPI relied on diverse primary and secondary data to inform the development of the plan, including the key data sources described in Exhibit 1.

² See References section for references to similar plans developed in peer jurisdictions.
Lane County Human Services Commission Human Services Plan for Lane County

Exhibit 1: Key Data Collection Steps

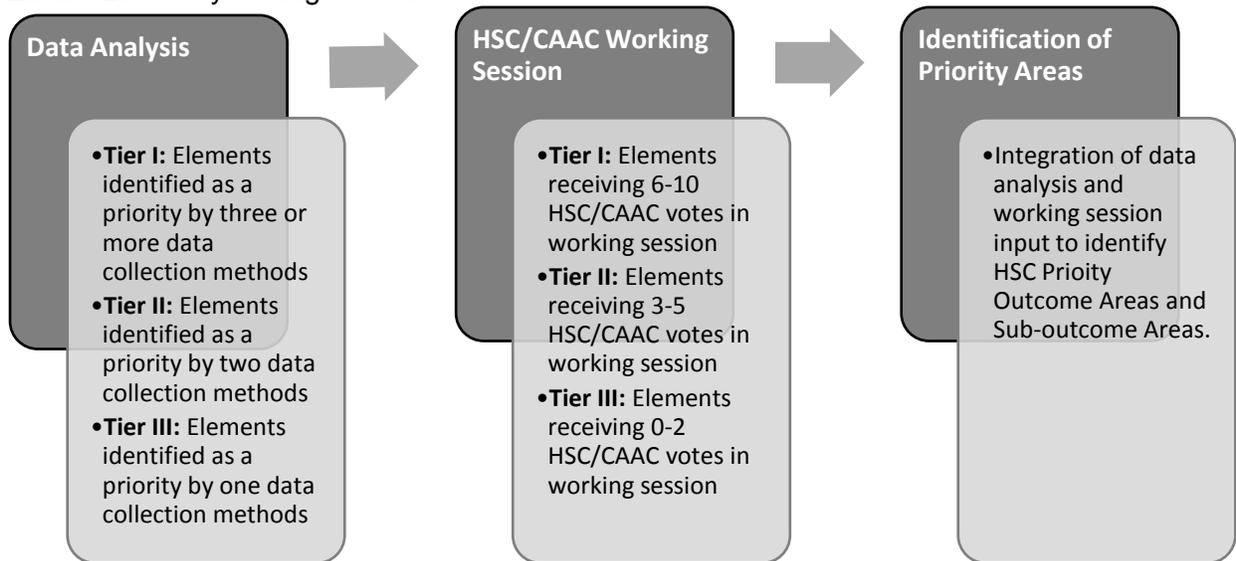


See Appendix A for a summary of data collection results.

Data Analysis and Priority-setting Process

Data analysis and priority-setting reflected a multi-step process. First, we gathered and synthesized survey, stakeholder, focus group, and contextual data. Issue areas were categorized into three tiers by applying a set of pre-determined prioritization criteria, with the highest priority issue areas identified as Tier I and the lowest Tier III. PPI facilitated a working session with the HSC and Community Action Advisory Committee (CAAC) to review and refine proposed priorities. Based on the HSC and CAAC input, prioritization of issue areas was further refined using an expanded set of criteria. Finally, Priority Outcome Areas and Sub-outcome Areas were identified, defined, and assigned to Tiers I, II and III based on relevant issue area priorities. The data analysis and priority-setting process is illustrated in Exhibit 2.

Exhibit 2: Priority-setting Process



See Section V below and Appendix B for a more detailed description of the priority-setting process and related prioritization results.

Resource Allocation Scenarios

After identifying priority outcome areas and sub-outcome areas to Tiers I, II or III, we developed a resource allocation framework responsive to potential reduced, current, action and vision funding environments.

III. Human Services Context in Lane County

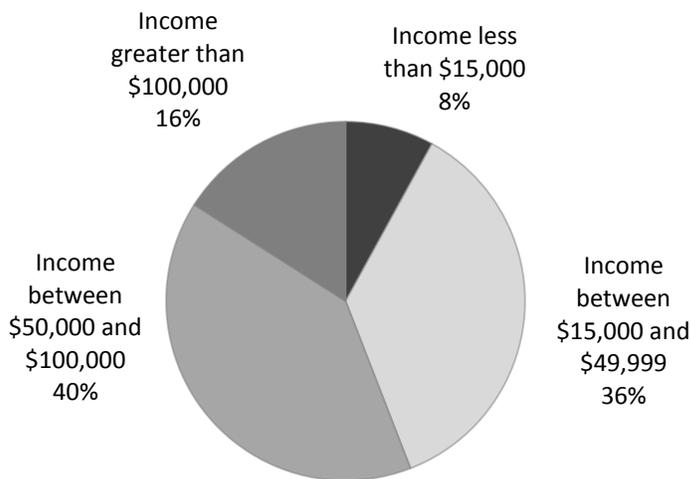
This section provides a brief overview of the human services context in Lane County, including a demographic profile, a description of human services needs, and a brief summary of local human service and housing planning efforts. A wide range of indicators and data were consulted to inform the planning process; below we provide a subset of select indicators that summarize the human service context. Detailed Lane County statistics considered in this process, along with state comparison data where available, are presented in Appendix B.

Demographic Profile

Population Overview³

The 2008 population estimate for Lane County, Oregon was 346,560 people.⁴ Five percent of the population is under age five, twenty percent is under age 18, and fourteen percent is over 65 years old. The mean household income in Lane County is \$56,211, compared to \$63,056 for the state. The per capita income in Lane County is \$23,530 compared to \$25,501 for the state and \$26,688 for the country. As illustrated in Exhibit 3, 44 percent of Lane County families had incomes less than \$50,000, and 40 percent were between \$50,000 and \$100,000. Sixteen percent of Lane County families had incomes above \$100,000.

Exhibit 3: Income Distribution of Lane County Residents



Ninety-two percent of the Lane County population is white, four percent is Asian, and three percent is Native American; the remaining percent is other ethnicities. Six percent of the population is of Hispanic or Latino background (these individuals may be various ethnicities). Six percent of Lane County residents are foreign born, and 4 percent are not US citizens. Ten

³ All cited data is from the American Community Survey: 2005-2007 American Community Survey 3-Year Estimates unless otherwise noted.

⁴ US Census Bureau Quick Facts: Lane County; Population, 2008 estimate. See <http://quickfacts.census.gov/qfd/states/41/41039.html>

percent of residents speak a language other than English at home, and just less than three percent speak English less than “very well”.

Human Service Needs

Economic Climate

Although Lane County’s annual unemployment rate for 2008 was 6.6, the unemployment rate rose steadily in 2009; the seasonally adjusted employment rate increased 8.4 percentage points over the previous year, reaching a high of 14 percent in May of 2009.⁵ Employment losses occurred in all industries sectors except health care, and the August 2009 unemployment rate was 12.7 percent.⁶ Key industries in Lane County are medical services, education, and government. The medical provider PeaceHealth is Lane County’s largest employer, followed by the University of Oregon and Lane Community College.⁷

Several education statistics provide insight on the workforce preparedness of the population. Ninety percent of Lane County residents completed high school, and 28 percent have at least a bachelor’s degree. Although 90 percent of Lane County children achieved third grade math and reading skills, only 67 percent of eight graders had achieved grade level reading skills, and 65 percent had achieved math grade level skills⁸.

Incidence of Poverty

Fourteen percent of Lane County residents are living below the federal poverty line; as shown in Exhibit 4, 17 percent of all families in Lane County with children less than five years old were living below the poverty level. In Eugene, the percent of all people living in poverty increased from 17 percent in 2007 to 20 percent in 2008.⁹

⁵ Oregon Labor Market Information System, Unemployment Rate Chart for Lane County: <http://www.qualityinfo.org/olmisj/ChartView?startyear=2005&area=4104000039&adj1=y&area2=0000000000&adj2=y&area3=4101000000&adj3=y&submit=View+Chart&graph=unemp>, September 22, 2009.

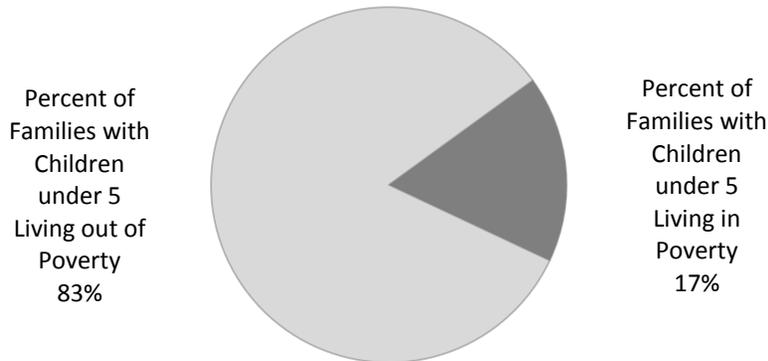
⁶ Oregon Labor Market Information System, Unemployment Rate Chart for Lane County: <http://www.qualityinfo.org/olmisj/ChartView?startyear=2005&area=4104000039&adj1=y&area2=0000000000&adj2=y&area3=4101000000&adj3=y&submit=View+Chart&graph=unemp>, September 22, 2009.

⁷ Lane County Government: Proposed Budget ; FY 2009-2010. See http://www.co.lane.or.us/CAO_Budget/Budget/FY0910ProposedBudget.htm

⁸ Oregon Progress Board Lane County Benchmark Report; see <http://benchmarks.oregon.gov/>

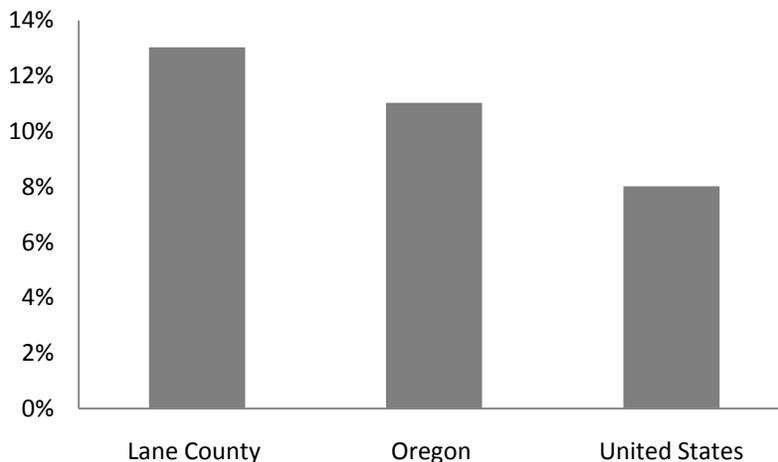
⁹ US Census Bureau, 2008 American Community Survey

Exhibit 4: Families Living in Poverty in Lane County



Two percent of households in Lane County received cash public assistance benefits within the preceding year; this figure is comparable to both state and national figures. Thirteen percent of Lane County households used Food Stamps within the past year as an income supplement, compared to 11 percent of all Oregon households and 8 percent of all national households. One in five households in Lane County experience food insecurity,¹⁰ and over one third of Lane County students receive free or reduced price lunches.

Exhibit 5: Percent of Population Receiving Food Stamps

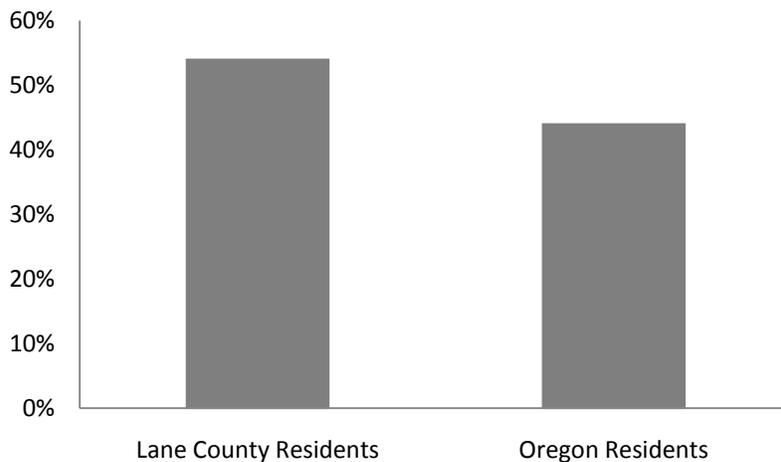


¹⁰ Food for Lane County; 2006-2007 Annual Report. See http://www.foodforlanecounty.org/images/uploads/files/annual_report_06-07.pdf
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Housing Affordability and Homelessness

Fifty-two percent of Lane County renters, compared to 44 percent of Oregon renters, were unable to afford the fair market rent for a two bedroom apartment.¹¹ Further, the median Lane County renter's income was \$29,377; renters would need 105 percent of this income to afford a two bedroom apartment in the county. The monthly rent affordable to a renter working at minimum wage is \$437, far less than the county fair market rent of \$768 for a two bedroom apartment. The hourly wage needed to afford a two bedroom apartment at fair market rent in Lane County is \$14.77.

Exhibit 6: Percent of Renters Unable to Afford Two-Bedroom Fair Market Rent



According to the Blue Ribbon Commission on Homelessness, there was an unduplicated count of 8800 homeless individuals receiving services.¹² Five percent of Lane County households were unable to pay for utilities.¹³

Access to Health Care

Existing data provided context on Lane County residents' health and access to care:

- As shown in Exhibit 7, twenty percent of Lane County residents had been uninsured for part or all of the previous two years¹⁴. In 2006, 17 percent of Lane County residents were uninsured.¹⁵

¹¹ National Low Income Housing Coalition County Data. Estimated by comparing the percent of renter median household income required to afford the two-bedroom FMR to the percent distribution of renter household income as a percent of the median within the state, as measured using 2007 American Community Survey Public Use Microdata Sample housing file. See

<http://www.nlihc.org/oor/oor2009/data.cfm?getstate=on&getcounty=on&county=11757&state=OR>

¹² Mayor's Blue Ribbon Committee to Finance Homelessness and Housing Programs: Report and Recommendations, Adopted April 2, 2008.

¹³ Mary Ellen Bennett, LIEAP Coordinator for Lane County at HSC (541) 682-7473 + household data from 2007 ACS. This is number of people requesting LIEAP.

¹⁴ United Way of Lane County 2007 Community Assessment: Full Report, Community Needs and Assets Study.

¹⁵ 2006 Oregon Population Survey.

Exhibit 7. Lane County Resident Insurance Rate, 2007¹⁶



- Lane County has an 11 percent gap in health care providers, and several geographic or population defined health provider shortage areas.¹⁷
- Seven percent of adults in Lane County experience a severe mental illness, compared to 11 percent for the state.¹⁸
- Twenty-eight percent of Lane County households reported having a person living in their household who has a long-term or chronic medical condition which interferes with daily living.¹⁹
- Sixty-six percent of the Lane County population has adequate access to oral health care, and forty-three percent of low income children had difficulty accessing a dentist from 2004 to 2006.²⁰

Local Human Service and Housing Planning Efforts

In addition to reviewing extant data sources to provide human service and economic context for the HSC plan, we reviewed several recent service plans from local agencies in Lane County,²¹ including the following documents:

¹⁶ United Way of Lane County 2007 Community Assessment: Full Report, Community Needs and Assets Study.

¹⁷ Oregon Health and Sciences University: 2008-2009 Areas of Unmet Health Care Need. Percentage was derived by taking the total population of the county service areas that received a score low enough to qualify as an area of unmet health care and dividing by the total county population. See http://www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/data/hcare_shortage.cfm

¹⁸ County data received from Jon Collins, Manager, Program Analysis & Evaluation Unit, Addiction & Mental Health Division.

¹⁹ United Way of Lane County 2007 Community Assessment: Full Report, Community Needs and Assets Study

²⁰ Oregon DHS Results of the 2007 Primary Care Dental Survey and 2006 Burden of Oral Disease in Oregon report (<http://www.orohe.org/pdfs/burden.pdf>)

²¹ See References section for references to local plans and related documents.

- 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

The *Eugene-Springfield Consolidated Plan* and the *Lane County 10-Year Plan to End Chronic Homelessness* both identify secure housing as a chief service priority. These plans have developed specific outcome measures and indicators to gauge progress in a continuum of housing services, such as increased permanent beds for the homeless, increased employment of homeless individuals, a stronger housing continuum of care, increased affordable housing units, and increased homeownership opportunities for moderate and low income individuals and families. Although the Human Services Plan did not articulate specific performance outcomes with each priority outcome and sub-outcome area, this will be an integral part of the implementation of the plan and will build on existing performance measurement activities undertaken by the HSC. The outcomes and indicators identified in the Consolidated Plan and the 10-Year Plan to End Chronic Homelessness align with HSC service provision objectives and intended outcomes.

Findings from the *City of Eugene Mayor's Blue Ribbon Committee on Homelessness* also align with those identified through the Lane County Human Services Plan. Similar to the HSC and community's interest in targeting prevention services, the Blue Ribbon Committee (BRC) concluded that proactively responding to homelessness would be more efficient and cost-effective than reacting to resulting issues. The BRC encouraged addressing the causes of homelessness through a focus on meeting individuals' basic needs.

The BRC also recommended immediate, short-term, and long-term funding dedicated to homelessness and related services. They suggest renewing current funding for these services in the immediate term, advocate for a public levy to provide \$5 million annually over the next five years, and recommend further pursuit of long-term funding streams and strategies for more comprehensive homelessness and housing services. Although the Lane County Human Services Plan resource scenarios, discussed in greater detail below, do not achieve \$5 million for direct housing and homelessness services, they make considerable progress towards this end (up to \$3 million in the Vision Resource Scenario), and provide additional supplemental funds for basic needs and related supportive services that align with overall BRC goals.

In 2007, the Lane County Commission on Children and Families (CCF) assessed community sentiments on issues related to children and youth. Similar to HSC's results, in *Lane County's Six-year Priorities for Planning Implementation and Measuring Results For Children, Youth and Families*, nearly all issues were considered "very important," with child abuse, hunger, health care, poverty, and teenage drug use at the top of the concerns. These results, in conjunction Lane County Human Services Commission Human Services Plan for Lane County



with other community input that prioritized early childhood and mental health resulted in three focus issues for Lane County: child maltreatment, early care and education, and teenage mental health. Similarly, HSC Human Service Plan community survey data prioritized prevention and intervention of abuse, neglect and exploitation, parenting education and skill development, and child and youth development. Child care services and assistance were prioritized as a need through existing data, and mental health services were prioritized through existing data, the community survey, and focus group and stakeholder interviews.

Additionally, the *United Way 2009 Community Assessment* (Community Assessment) data showed congruence with the HSC priority planning process. Providing services that address basic needs such as food insecurity, housing instability, and utilities instability were considered very important among HSC survey respondents. Relatedly, the 2009 Community Assessment found that these challenges had increased for households compared to previous surveys. For example, the number of households indicating problems affording food and clothing in the 2009 was higher than the previous four surveys. Additionally, more households reported problems affording basic living expenses across all categories in the 2009 Community Assessment than in all previous studies. Furthermore, 30 percent of households reported difficulty in affording housing costs, which was the highest rate ever reported, and one third of the households can pay one month or less of bills if the main source of income stops.

In addition to basic needs and housing, finding, paying, and managing physical, mental, and oral health were cited by HSC survey respondents as some of the top community challenges for which it is considered very important to provide services. Similarly, affordability of and access to healthcare were critical needs identified in the 2009 Community Assessment. For example, more than 35 percent of households reported a problem affording or accessing medical insurance. Moreover, the percent of respondents who have employer paid health insurance decreased from 52 percent in 2007 to 20 percent in 2009.

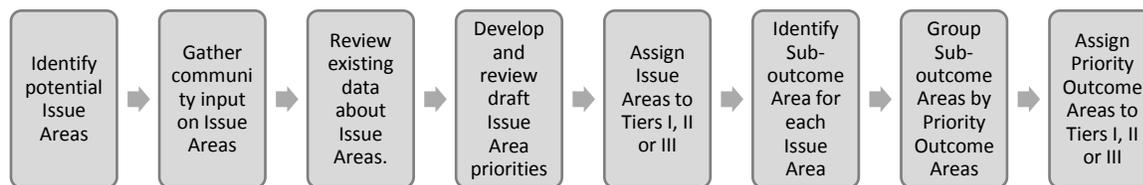
IV. Human Service Priorities and Considerations

The human service planning process identified specific HSC outcome areas and related sub-outcome areas organized according to the level of priority defined through the planning process. In this section, we describe the process used to identify priorities, introduce the HSC priority outcome and sub-outcome areas established through this process, and describe the benefit of funding prevention services across HSC outcome areas.

Overview

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 shown in Exhibit 8 and described in further detail below.

Exhibit 8: Priority-setting Steps



- **Identify potential Issue Areas.** In collaboration with the HSC, we identified a list of Issue Areas reflecting the types of potential challenges faced by low-income Lane County residents that might reasonably be addressed with HSC support.
- **Gather community input on Issue Areas.** We gathered community input about Issue Area service provision, including the importance of supporting services to address each Issue Area. Community input was gathered via a community survey, focus groups and stakeholder interviews.
- **Review existing data about Issue Areas.** We conducted a review of existing contextual data about the scale and severity of each Issue Area, including comparisons (where available) with Oregon and United States.
- **Develop and review draft Issue Area priorities.** We developed and applied a set of specific criteria for prioritizing Issue Areas based on community input and contextual data. The draft Issue Area priorities were reviewed by HSC members and selected community stakeholders, and feedback recorded.
- **Assign issue areas to Tiers I, II or III.** We assigned each Issue Area to Tier I, II or III (where Tier I represents the highest priority) based on two criterion-driven processes that incorporated both the initial prioritization and subsequent stakeholder feedback.
- **Identify Sub-outcome Area for each Issue Area.** For each Issue Area, we identified a representative Sub-outcome Area that reflects the types of services and outcomes that would be supported in order to address the Issue Area.

- **Group Sub-outcome Areas by Priority Outcome Area.** Sub-outcome Areas were grouped into Priority Outcome Areas that reflect four ultimate objectives for the services supported by the HSC. Sub-outcome Areas were assigned the same Tiers as their initial Issue Areas.
- **Assign Priority Outcome Areas to Tiers I, II or III.** Using a predetermined criterion-driven process, each Priority Outcome Area was assigned to Tier I, II or III (where Tier I represents the highest priority).

The resulting three-tiered prioritization framework of Priority Outcome Areas and Sub-outcome Areas²² was used to develop the Resource Allocation Scenarios.

Prioritization Criteria and Summary Results

As described above, the 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 – Service Area prioritized if:
 - Apparent **discrepancy** (negative) between Lane County and Oregon as a whole; *or*
 - A large-scale challenge – **more than 10%** of Lane County population directly affected.
- Community Survey – Service Area prioritized if selected as:
 - Very Important by at least **60%** of respondents; *or*
 - Best Use of Resources by at least **50%** of respondents; *or*
 - A Top 3 Challenge by at least **25%** of respondents.
- Focus Group/Interviews – Service Area prioritized if:
 - Emerged as a concern by at least **three** respondent groups, with respect to either Scale, Negative Impact or Availability/Effectiveness.

These criteria were applied to each Issue Area, with initial assignments to Tiers I, II and III applied 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:** Elements identified as a priority by one data collection methods

²² As part of the process of developing the Resource Allocation Scenarios, we also mapped the Sub-outcome Areas onto existing budget categories, or Strategic Service Areas. However, that process did not significantly change categorizations or prioritizations.

The assignments were subsequently reviewed by the HSC/CAAC, and tiering assignments were refined based on the following criteria:

- **Tier I:** Elements received **6-10** HSC/CAAC votes in working session
- **Tier II:** Elements received **3-5** HSC/CAAC votes in working session
- **Tier III:** Elements received **0-2** HSC/CAAC votes in working session

The resulting tiers were then applied to the appropriate Sub-outcome areas. Other Key Considerations, including subsequent HSC feedback and documents from other community agencies, were documented. While the process was flexible and reflected multiple discussions with the HSC, final assignment into tiers generally reflects the number of prioritizations received by each Sub-outcome Area (with Tier I Sub-outcome Areas showing the highest number of prioritizations).

The prioritization process yielded the Priority Outcome Areas and Sub-outcome Areas shown in Exhibit 9. Priority Outcome Areas and Sub-Outcome Areas are described in further detail below.

Exhibit 9: Priority Outcome and Sub-outcome Areas According to Priority Process

Priority Outcome Area	Sub-Outcome Area	Prioritized by Existing Data	Prioritized by Community Survey Data	Prioritized by Focus Group and Interview Data	Prioritized by Other Key Considerations
<i>Meet Community Basic Needs (Tier I)</i>	Emergency Housing and Services	●	●	●	●
	Physical, Oral and Behavioral Health Services	●	●	●	●
	Emergency Food and Assistance	●	●	●	
	Utilities Assistance		●		
	Transportation Services			●	
<i>Increase Self-Reliance (Tier II)</i>	Housing and Supportive Services	●	●	●	●
	Child and Youth Development		●		●
	Child Care Services and Assistance	●			
	Employment Services		●	●	
	Financial/Legal	●		●	

Priority Outcome Area	Sub-Outcome Area	Prioritized by Existing Data	Prioritized by Community Survey Data	Prioritized by Focus Group and Interview Data	Prioritized by Other Key Considerations
	Counseling and Education				
<i>Build a Safer Community (Tier II)</i>	Crisis Response				●
	Parenting Education and Skill Development		●		●
	Prevention and Intervention of Abuse, Neglect and Exploitation		●		●
<i>Improve Access to Services (Tier III)</i>	Access to Public Benefits				●
	Agency Support Services				●
	Community Education and Advocacy				●
	Information and Referral				●

See Appendix B for a more detailed description of the priority-setting process and related prioritization results.

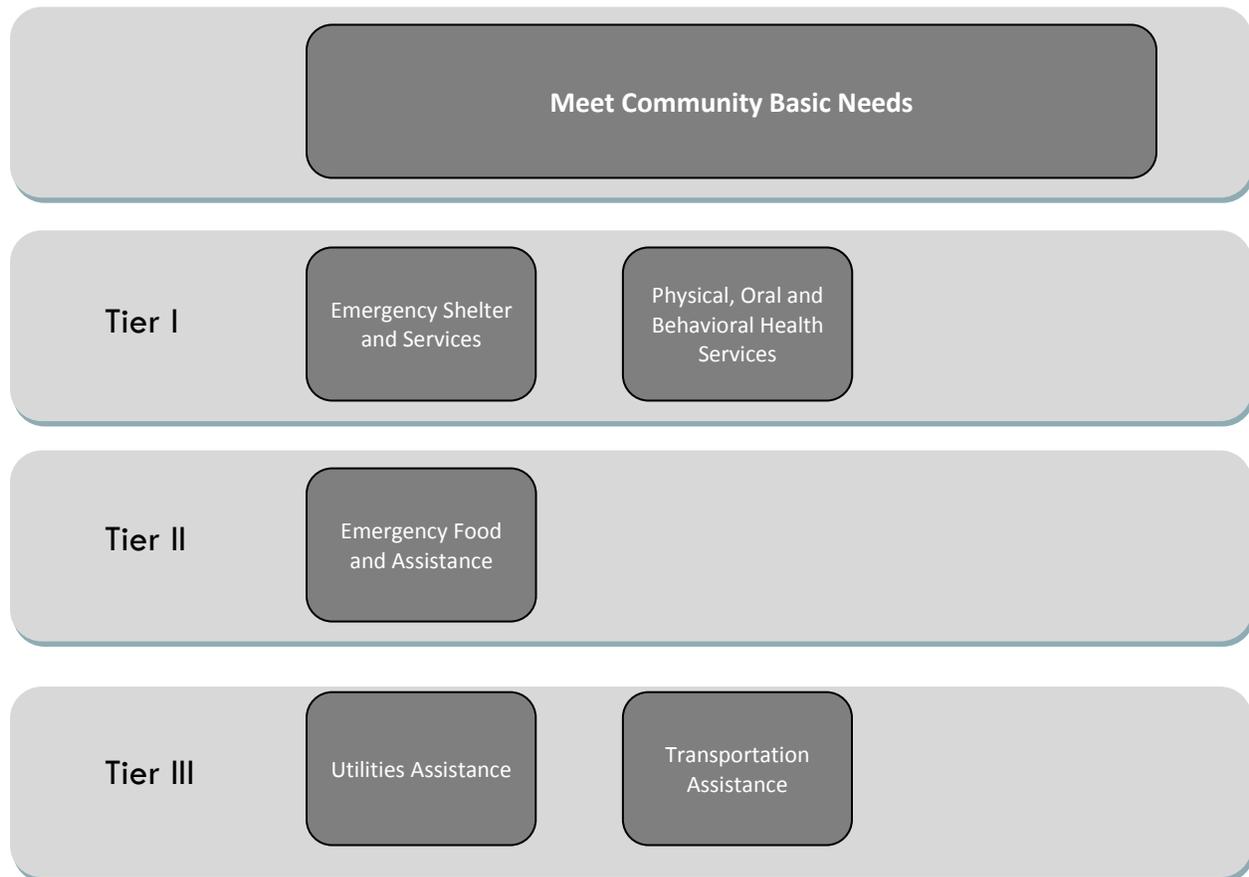
Priority Outcome Areas

As indicated earlier, the Priority Outcome Areas and Sub-outcome Areas reflect the results of existing data review and community input. We also noted strong alignment between the priority outcome areas identified by HSC, and those identified by other agencies within the jurisdiction, particularly in the area of housing and homelessness services, and children and family services.

Meet Community Basic Needs (Tier I)

Meet Community Basic Needs was identified as a Tier I Priority Outcome Area. Exhibit 10 illustrates the Sub-outcome Areas that comprise this Priority Outcome Area, organized by Tier.

Exhibit 10: Meet Community Basic Needs Sub-outcome Areas, by Tier



Sub-outcome Areas included in the Meet Community Basic Needs Priority Outcome Area reflect services that are expected to assist low-income Lane County residents meet basic needs and/or manage crises. Sub-outcome Areas include:

- **Emergency Shelter and Services.** Addresses basic needs related to housing instability, including finding and paying for quality housing, particularly for individuals and families facing a housing crisis. Types of program grants might include support for emergency homeless shelters, housing, and services.
- **Physical, Oral and Behavioral Health Services.** Addresses basic needs associated with physical, dental/oral and mental health issues, including finding, paying for or managing relevant health care services. May also address substance abuse issues, including finding, paying for or managing substance abuse care. Types of program grants might include funds for dental and medical clinical services, behavioral health services, and detoxification services.
- **Emergency Food and Assistance.** Addresses basic needs associated with food insecurity, including paying for food and groceries. Types of program grants might include support for food boxes and congregate or in-home meal services.

- **Utilities Assistance.** Addresses basic needs related to utilities instability, including paying for basic utilities, such as electric gas and telephone. Also addresses community energy conservation efforts. Types of program grants might include funds for energy assistance and improving home efficiency.
- **Transportation Assistance.** Addresses transportation barriers, including finding or paying for transportation to work, school or appointments. Types of program grants might include support for public and/or private transportation assistance.

Increase Self-Reliance (Tier II)

Increase Self-Reliance was identified as a Tier II Priority Outcome Area. Exhibit 11 illustrates the Sub-outcome Areas that comprise this Priority Outcome Area, organized by Tier.

Exhibit 11: Increase Self-Reliance Sub-outcome Areas, by Tier



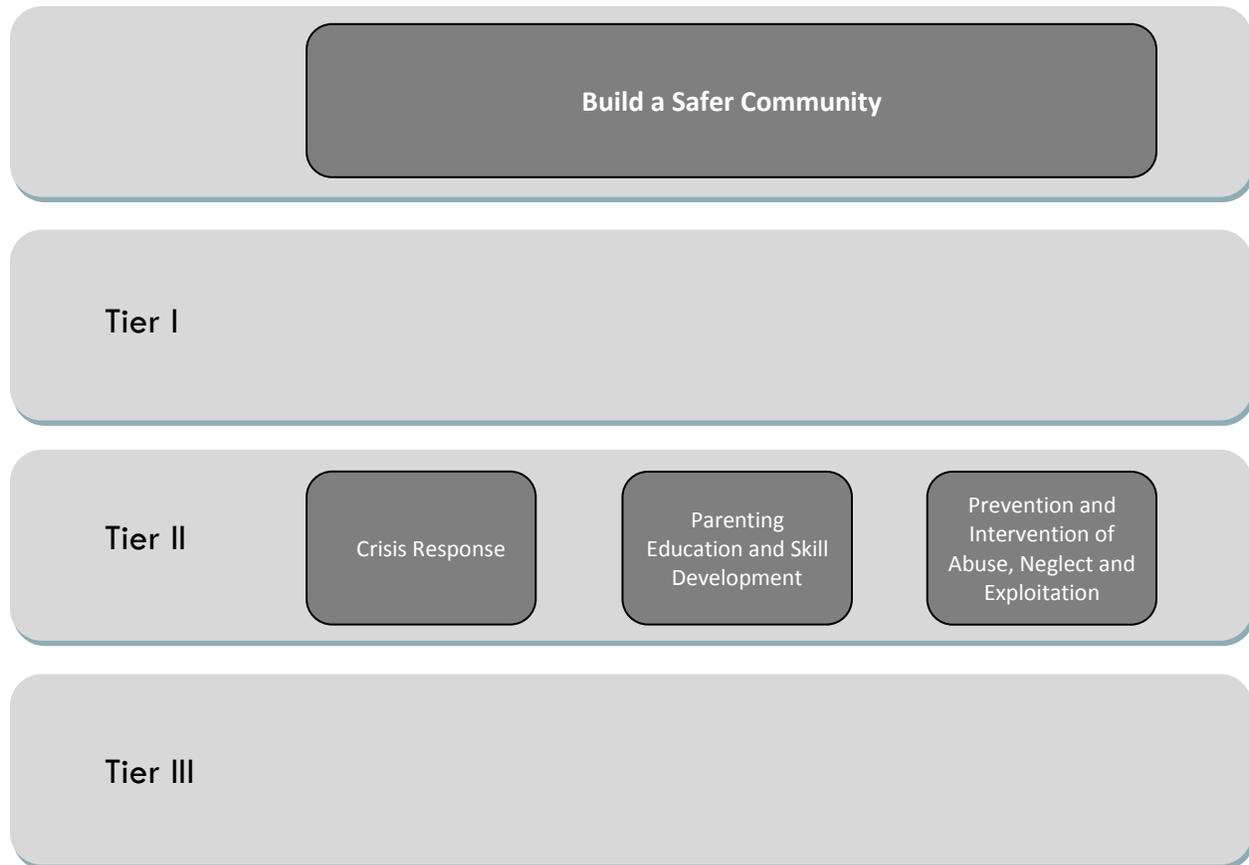
Sub-outcome Areas included in the Increase Self-Reliance Priority Outcome Area reflect services that are expected to assist low-income Lane County residents achieve self-sufficiency. Sub-outcome Areas include:

- 
- **Housing and Supportive Services.** Addresses challenges related to housing instability that negatively impact individuals' efforts to achieve self-sufficiency, including finding and paying for quality housing. Types of program grants might include support for transitional housing, permanent housing, and related case management services.
 - **Child and Youth Development.** Addresses various challenges experienced by at-risk children, youth and young adults that negatively impact their likelihood of achieving self-sufficiency as adults. Types of program grants might include support for case management services targeted at children, youth and young adults.
 - **Employment Services.** Addresses challenges related to unemployment and education or training opportunities, including finding or keeping a good job and getting education or skills training. Types of program grants might include support for employment services.
 - **Child Care Services and Assistance.** Addresses challenges associated with securing child care, including finding and paying for quality child care. Types of program grants might include support for child care assistance funds.
 - **Financial/Legal Counseling and Education.** Address challenges associated with financial and/or legal issues, including finding or paying for financial and/or legal services. Type of program grants might include support for legal assistance for released offenders, mediation services, and personal finance education.

Build a Safer Community (Tier II)

Build a Safer Community was identified as a Tier II Priority Outcome Area. Exhibit 12 illustrates the Sub-outcome Areas that comprise this Priority Outcome Area, organized by Tier.

Exhibit 12: Build a Safer Community Sub-outcome Areas, by Tier



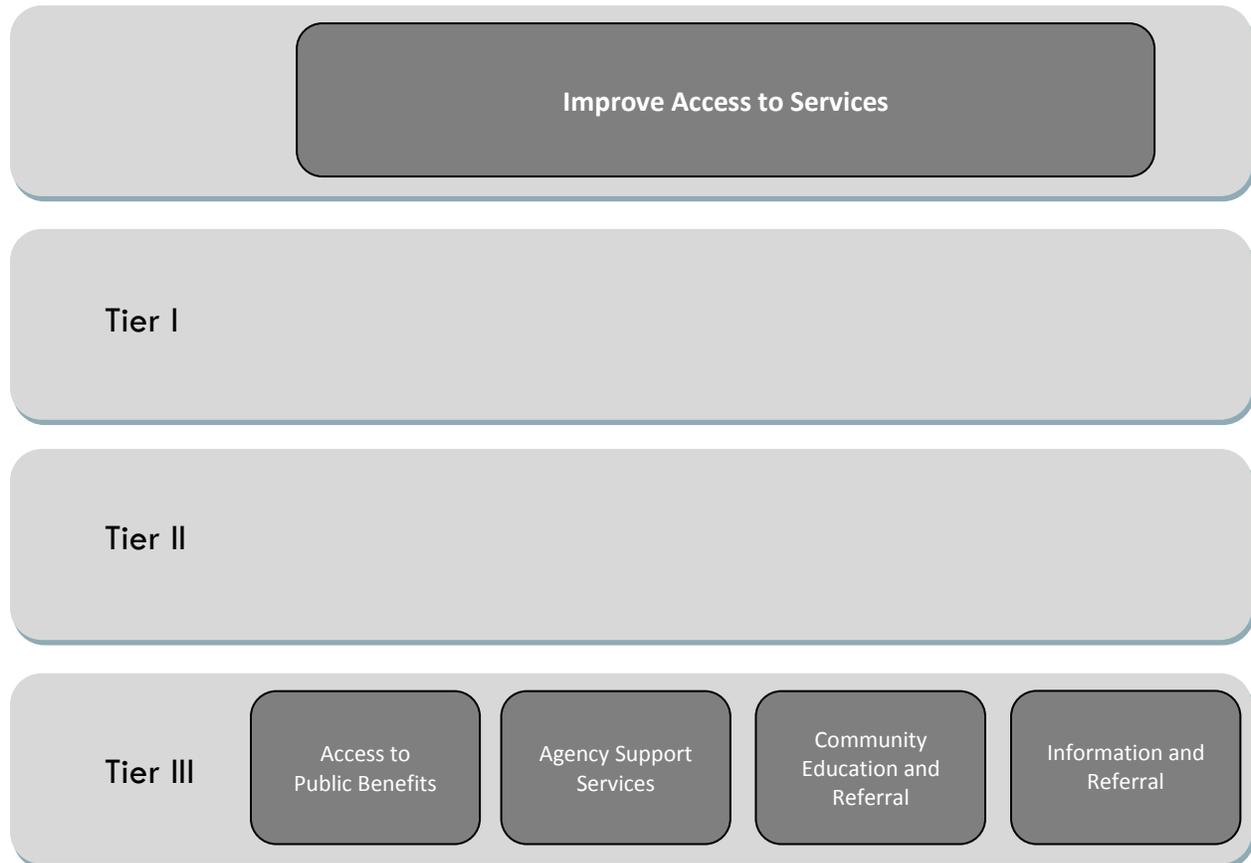
Sub-outcome Areas included in the Build a Safer Community Priority Outcome Area reflect services that are expected to address selected safety issues faced by low-income Lane County residents. Sub-outcome Areas include:

- **Crisis Response.** Addresses safety issues related to mental health, substance abuse and physical health issues. Types of program grants might include support for selected emergency response services.
- **Parenting Education and Skill Development.** Addresses safety issues related to poor parenting skills, including child abuse and neglect. Types of program grants might include support for parent education services and child abuse prevention programs.
- **Prevention and Intervention of Abuse, Neglect and Exploitation.** Addresses safety issues related to abuse, neglect, and exploitation of vulnerable populations. Types of program grants might include case management services for victims of abuse and neglect, support for domestic violence shelters, and stabilization services for victims of sexual assault.

Improve Access to Services (Tier 3)

Improve Access to Services was identified as a Tier I Priority Outcome Area. Exhibit 13 illustrates the Sub-outcome Areas that comprise this Priority Outcome Area, organized by Tier.

Exhibit 13: Improve Access to Services Sub-outcome Areas, by Tier



Sub-outcome Areas included in the Improve Access to Services Priority Outcome Area reflect services that are expected to improve low-income Lane County residents' access to human services. Sub-outcome Areas include:

- **Access to Public Benefits.** Addresses issues related to low-income Lane County residents' ability to identify and receive eligible public benefits. Types of program grants might include services that connect underserved low-income Lane County populations with public benefits.
- **Agency Support Services.** Addresses issues related to program grantees' capacity to provide services to low-income Lane County residents. Types of program grants might include training and technical assistance to program grantees that is intended to improve the access of low-income Lane County residents with human services.

- **Community Education and Referral.** Addresses issues related to program grantees' capacity to educate the public and potential service recipient about available services in the community. Types of program grants might include technical assistance related to marketing and strategic planning efforts by program grantees.
- **Information and Referral.** Addresses issues related to the availability of referral services for low-income Lane County residents. Types of program grants might include support for referral services to underserved low-income Lane County populations.

Prioritizing Prevention Services across HSC Priority Outcome Measures

Like other human service agencies across the county, the HSC is increasingly interested in supporting prevention services across all Priority Outcome Areas. Stakeholder survey results suggest support for HSC funding of prevention programs. When asked how the HSC should allocate resource across prevention, crisis intervention, and treatment services, respondents indicated that nearly 40 percent of resources should be targeted to prevention services, and 30 percent each to crisis intervention and treatment services. Furthermore, HSC members and staff expressed strong support for ensuring the availability of prevention services.

The Benefits of Prevention

Prevention services in the human service field include policies and programs that promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors.²³ More specifically, prevention programs are designed to provide individuals with the support, skills, and knowledge needed to prevent social problems from occurring.

Recent research suggests that well-defined and well-implemented prevention programs can provide significantly more benefits than costs. These benefits rely on estimates of savings over time that result from reduced demand for health and social services.^{24, 25} To achieve the greatest cost effectiveness when implementing prevention programs, it is critical to select proven prevention programs that have been rigorously evaluated and shown to have positive benefits^{26, 27}. It is also important to adhere to implementation guidelines to facilitate fidelity to the successful program model.

²³ State of Connection Governor's Prevention Budget FY2010-2011 Biennium.

http://www.ct.gov/opm/lib/opm/budget/2010_2011_biennial_budget/preventionbudget20102011.pdf

²⁴ Cost Benefit of Prevention: Review of research literature. Southwest Prevention Center; University of Oklahoma, October 2004. <http://swpc.ou.edu/doucments/publications/ResearchSummary10.04.pdf>

²⁵ Aos, Steve, and Roxanne Lieb, Jim Mayfield, Mama Miller, Annie Pennucci. Benefits and Costs of Prevention and Early Intervention Programs for Youth, Washington State Institute for Public Policy, July 2004.

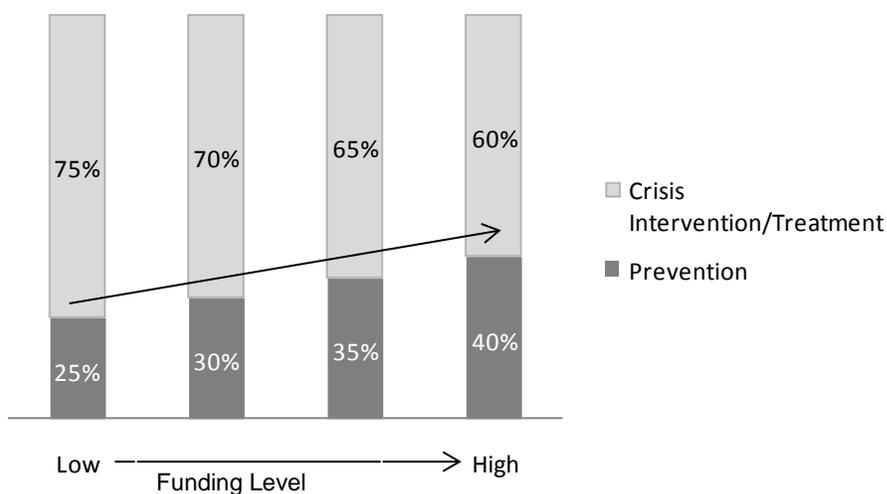
²⁶ Aos, Steve, and Roxanne Lieb, Jim Mayfield, Mama Miller, Annie Pennucci. Benefits and Costs of Prevention and Early Intervention Programs for Youth, Washington State Institute for Public Policy, July 2004.

²⁷ Biglan, Anthony, and Patricia Mrazek, Douglas Carnine, and Brian Flay. The Integration of Research and Practice in the Prevention of Youth Problem Behaviors.

Increasing Prevention Services

The HSC endeavors to incrementally increase dollars allocated to prevention-related services as funding increases. Exhibit 14 illustrates a hypothetical scenario for distributing proportionately more of total funds to prevention services under a continuum of funding scenarios. Despite evidence that investing in prevention saves money, in a reduced funding environment, resources would necessarily go to crisis intervention and treatment. Additional funding would enable more prevention services, with the expectation that prevention services would reduce demand for crisis intervention and treatment services.

Exhibit 14: Potential Scenario for Allocating Funds to Prevention vs. Crisis Intervention



There are several options for implementing prevention targets, including:

- Establish numeric goals for the percentage of funding that would be targeted to prevention services. These goals could serve as a general guide to HSC's increasing commitment towards prevention, or they could be more closely monitored to ensure that the target prevention goals are achieved.
- Identify and articulate best-practice based prevention strategies in each of the service areas to promote increased implementation of identified prevention practices. This option would not quantify the amount of funds to be directed towards these services, but would encourage implementation of such strategies.
- A third option is to request that agencies self-identify in their proposals the percentage of funds to be directed towards prevention services, without requiring each agency to meet any specific target figure. This would enable HSC to aggregate the total funds distributed towards prevention, but allow for variation among grants (e.g. some grants may already be largely prevention, others may be only minimally, but this variation may be appropriate if agencies are specializing in the services best suited to their capacity,



and the overall sum of funding towards prevention services is generally aligned with HSC goals).

Each option has advantages and disadvantages that the HSC will need to consider. Ultimately, the HSC has a great deal of flexibility with how to allocate and track prevention-related funds to best meet its goals.

V. Resource Allocation Scenarios

Overview

Resource Allocation Scenarios provide a strategic framework for the allocation of new, flexible funds. This planning tool relies on two core priorities:

- 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.
- The resource allocation targets set are responsive to the community- and HSC-defined service priorities and goals as discussed in Section 4.

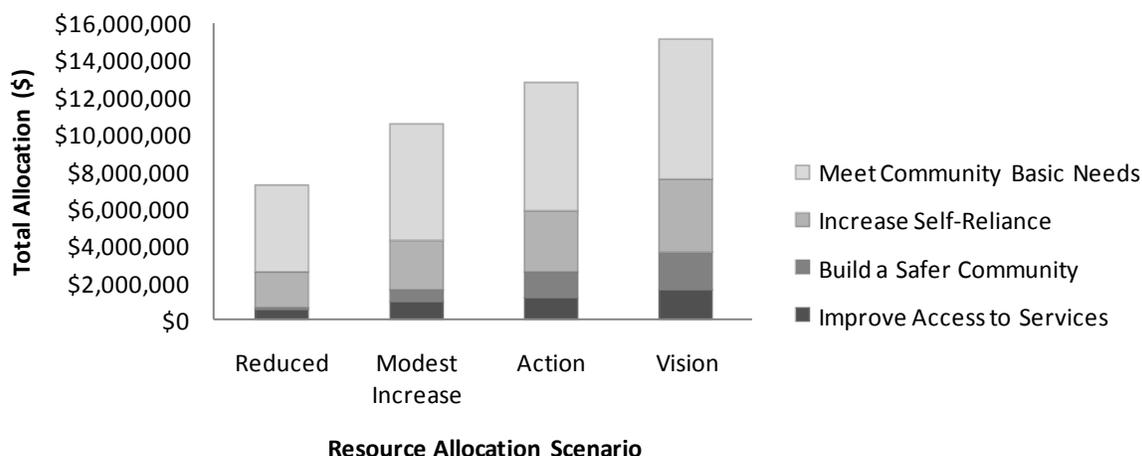
In these ways, the scenarios not only enable stakeholders to assess the impact of various funding levels, they align expenditures with community priorities.

The Resource Allocation Scenarios examine four potential funding environments:

- **Reduced:** Assumes *no new flexible funds* and an estimated loss of \$1 million in existing flexible funds, yielding lower service levels.
- **Modest Increase:** Assumes modest influx of *new flexible funds*, yielding a slight increase to service levels.
- **Action:** Assumes influx of *new flexible funds* (but lower than optimal), yielding somewhat higher service levels.
- **Vision:** Assumes influx of *new flexible funds*, yielding substantially higher service levels.

For each revenue environment, the Resource Allocation Scenarios provide targets for allocation of flexible funds among the HSC's four Priority Outcome Areas, based on the assigned tiering that resulted from the priority-setting process. A more detailed explanation of the target-setting process is available in Appendix C. Exhibit 15 illustrates overall distribution of funds to each Priority Outcome Area in each of the four Resource Allocation Scenarios, and demonstrates incremental changes from one Scenario to the next.

Exhibit 15: Allocation of Flexible Funds by Resource Allocation Scenario



Detailed Resource Allocation Scenarios

The subsequent matrices present a detailed overview of funding allocation across each of the four resource scenarios. Each section describes the following information for the pertinent resource scenario:

- Key elements and assumptions^{28 29};
- Allocation rationale;
- Distribution of new flexible funding to Priority Outcome Areas;
- Distribution of new flexible funding to Sub-Outcome Areas;
- Revenue considerations; and
- Anticipated outcomes.

The Resource Allocation Scenarios detailed in the following matrices are based on the 2009/2010 HSC payments to partners and HSC direct services budget, excluding short term American Recovery and Reinvestment Act (ARRA) funds³⁰. A more detailed description of the 2009/2010 HSC payments to partners and direct services budget can be found in Appendix C. The following scenarios assume that non-local funding will remain relatively stable. It is possible

²⁸ In the Modest Increase, Action, and Vision Resource Allocation Scenarios, five percent of new, flexible funding generated has been designated to Administration and is not distributed across priority outcome and sub-outcome areas. Thus, the total available new flexible funds to be distributed across priority areas is five percent less than the total new flexible funding raised.

²⁹ Potential levy outcomes provided in Resource Allocation Scenarios are based on analysis by Human Services Commission staff.

³⁰ In 2009 Lane County HSC received approximately \$1.8 million in short term ARRA funds. Because these funds were intentionally limited in duration they are not included in the baseline HSC budget used to develop incremental resource allocation scenarios. Based on HSC staff consensus, the baseline used also excludes administrative overhead reserve dollars and pass through funding for a targeted utility program.



that non-local funding may fluctuate or that the HSC experiences gains or losses in other designated or flexible funding streams. However, the target allocations provide a modest and gradual realignment of funding with stated priorities and are unlikely to require modification based on foreseeable changes. However, in the event of dramatic funding changes, target allocations at the Sub-Outcome Area may be warranted.

A detailed breakdown of the distribution of new flexible funding by priority outcome area and sub-outcome area for each of the four resource scenarios is provided in Appendix D.

REDUCED

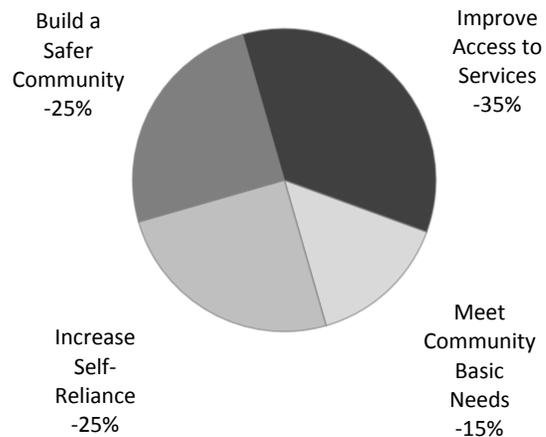
Resource Allocation Scenario

Key Elements and Assumptions	Allocation Rationale
<ul style="list-style-type: none"> ■ 2009/10 Funding Level: \$8,259,920 ■ Loss to Flexible Funding: -\$1,000,000 ■ New Flexible Funds Allocated: \$0 ■ Total Flexible Funds Allocated: \$7,259,920 ■ Source of New Flexible Funds: N/A ■ Assumptions: <ul style="list-style-type: none"> □ Levy fails and funding levels decrease by \$1,000,000. □ Non-local revenues remain relatively steady. □ No new funds are targeted to housing and homeless prevention. 	<ul style="list-style-type: none"> ■ In a reduced funding scenario, the HSC is compelled to focus resources on basic needs and crisis intervention. ■ Depending on the flexibility of remaining funds, expenditures will be redirected to Tier 1 services such as Housing, Food, and Health Care when possible. However, lack of new funds will result in less flexibility. ■ Reductions are based on a loose inverse of target allocations determined through the priority planning process; Tier 1 services receive smaller proportionate cuts relative to Tiers 2 and 3.

Distribution of Losses to Flexible Funds to Priority Outcome Areas

Priority Outcome Area	2009/10 Budgeted Funds	Estimated Losses	Total Available Funds
Meet Community Basic Needs	\$4,882,181	\$(150,000)	\$4,732,181
Increase Self-Reliance	\$2,218,267	\$(250,000)	\$1,968,267
Build a Safer Community	\$280,493	\$(250,000)	\$30,493
Improve Access to Services	\$878,979	\$(350,000)	\$528,979
TOTAL	\$8,259,920	\$(1,000,000)	\$7,259,920

Distribution of Reductions in Flexible Funds among Priority Outcome Areas:



Distribution of Estimated Losses to Sub-Outcome Areas*

<i>Meet Community Basic Needs (Tier I)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	Estimated Losses
Emergency Shelter and Services	\$1,394,970	N/A
Physical, Oral & Behavioral Health Services	\$205,703	N/A
Emergency Food and Assistance	\$293,792	N/A
Utilities Assistance	\$2,987,716	N/A
Transportation Services	\$0	N/A
TOTAL	\$4,882,181	\$ (150,000)

<i>Increase Self-Reliance (Tier II)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	Estimated Losses
Housing and Supportive Services	\$1,820,988	N/A
Child & Youth Development	\$373,262	N/A
Employment Services	\$0	N/A
Child Care Services and Assistance	\$0	N/A
Financial/Legal Counseling and Education	\$24,017	N/A
TOTAL	\$2,218,267	\$ (250,000)

<i>Build a Safer Community (Tier II)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	Estimated Losses
Prevention and Intervention of Abuse, Neglect & Exploitation	\$197,929	N/A
Parenting Education & Skill Development	\$58,904	N/A
Crisis Response	\$23,660	N/A
TOTAL	\$280,493	\$ (250,000)

<i>Improve Access to Services(Tier III)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	Estimated Losses
Community Education & Advocacy	\$76,770	N/A
Information & Referral	\$127,285	N/A
Agency Support Services	\$234,177	N/A
Access to Public Benefits	\$440,747	N/A
TOTAL	\$878,979	\$ (350,000)

* Loss allocations were not assigned to specific sub-outcome areas, to preserve budgeting flexibility in the face of funding losses (as indicated by "N/A"). It is expected that allocations of losses would reflect priorities described in this document.

See Appendix D for additional details about distribution of funds to Priority and Sub-Outcome Areas

Revenue Considerations
<ul style="list-style-type: none"> ■ Assumed Source of Funds: No new local funds raised ■ New Flexible Funds Raised: \$0 ■ Other Key Considerations: A local levy will be required to maintain existing service levels. No levy passage assumes \$1 million in cuts due to loss in local flexible funds.

Anticipated Outcomes
<ul style="list-style-type: none"> ■ Key Outcome: Low-income Lane County population has less access to a broad range of housing and human services ■ Outcomes for Specific Priority Service Areas: <ul style="list-style-type: none"> □ Reductions in all service areas will result in longer waits for services, negative individual, family and community impacts (e.g. stress, violence, homelessness), and an increased frequency of low income residents turned away by over-subscribed service providers

MODEST INCREASE

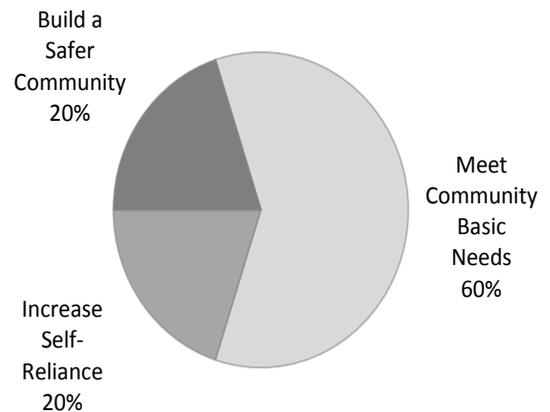
Resource Allocation Scenario

Key Elements and Assumptions	Allocation Rationale
<ul style="list-style-type: none"> ■ 2009/10 Funding Level: \$8,259,920 ■ Loss to Flexible Funds: \$0 ■ New Flexible Funds Allocated: \$2,280,000 ■ Total Flexible Funds Allocated: \$10,539,920 ■ Source of New Funds: Locally-raised, flexible revenues ■ Assumptions: <ul style="list-style-type: none"> □ Non-local revenues remain relatively steady □ New funds raised will provide modest enhancement to current service levels 	<ul style="list-style-type: none"> ■ The majority of new flexible funds will be applied to services that meet community basic needs. ■ Given the modest increase in funding, resources continue to be focused primarily on core services to meet basic needs. ■ Build a safer community and increase self-reliance priority outcome areas also see increases.

Distribution of New Flexible Funds to Priority Service Areas

<i>Priority Outcome Area</i>	<i>2009/10 Budget</i>	<i>New Flexible Funds</i>	<i>Total Available Funds</i>
Meet Community Basic Needs	\$4,882,181	\$1,368,000	\$6,250,181
Increase Self-Reliance	\$2,218,267	\$456,000	\$2,674,267
Build a Safer Community	\$280,493	\$456,000	\$736,493
Improve Access to Services	\$878,979	\$0	\$878,979
TOTAL	\$8,259,920	\$2,280,000	\$10,539,920

Distribution of New Flexible Funds to Priority Service Areas:



Distribution of New Flexible Funds to Sub-Outcome Areas

<i>Meet Community Basic Needs (Tier I)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	New Flexible Funds
Emergency Shelter and Services	\$1,394,970	\$793,000
Physical, Oral & Behavioral Health Services	\$205,703	\$164,000
Emergency Food and Assistance	\$293,792	\$274,000
Utilities Assistance	\$2,987,716	\$130,000
Transportation Services	\$0	\$7,000
TOTAL	\$4,882,181	\$1,368,000

<i>Increase Self-Reliance (Tier II)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	New Flexible Funds
Housing and Supportive Services	\$1,820,988	\$319,200
Child & Youth Development	\$373,262	\$91,200
Employment Services	\$0	\$2,280
Child Care Services and Assistance	\$0	\$2,280
Financial/Legal Counseling and Education	\$24,017	\$41,040
TOTAL	\$2,218,267	\$456,000

<i>Build a Safer Community (Tier II)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	New Flexible Funds
Prevention and Intervention of Abuse, Neglect & Exploitation	\$197,929	\$322,000
Parenting Education & Skill Development	\$58,904	\$96,000
Crisis Response	\$23,660	\$38,000
TOTAL	\$280,493	\$456,000

<i>Improve Access to Services(Tier III)</i>		
Sub-Outcome Area	2009/10 Budgeted Funds	New Flexible Funds
Community Education & Advocacy	\$76,770	\$0
Information & Referral	\$127,285	\$0
Agency Support Services	\$234,177	\$0
Access to Public Benefits	\$440,747	\$0
TOTAL	\$878,979	\$0

See Appendix E for additional details about distribution of funds to Priority and Sub-Outcome Areas

Revenue Considerations

- **Assumed Source of Funds:** Potential passage of a Local Option Levy of approximately 0.10 cents per \$1,000 of assessed value (\$20 per year for a \$200,000 home)
- **New Flexible Funds Raised:** \$2,400,000
- **Other Key Considerations:** If levy does not pass possible reductions up to or beyond the Reduced scenario would come into effect.

Anticipated Outcomes

- **Key Outcome:** Low-income Lane County population able to access human services at slightly increased service levels.
- **Outcomes for Specific Priority Service Areas:** Reflecting community and HSC priorities, basic needs such as Housing, Food, and Health Care will receive the bulk of new flexible funds in a more constrained funding environment such as this.

ACTION

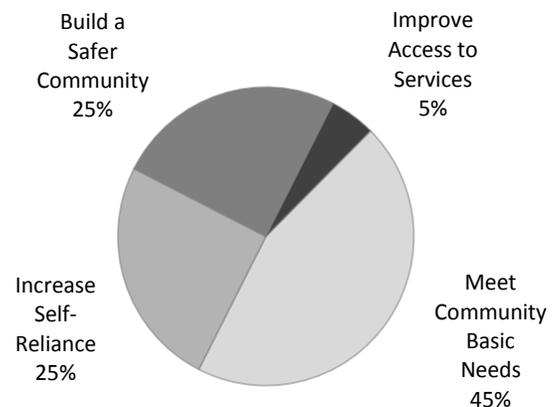
Resource Allocation Scenario

Key Elements and Assumptions	Allocation Rationale
<ul style="list-style-type: none"> ■ 2009/10 Funding Level: \$8,259,920 ■ Loss to Flexible Funds: \$0 ■ New Flexible Funds Allocated: \$4,560,000 ■ Total Flexible Funds Allocated: \$12,819,920 ■ Source of New Funds: Locally-raised, flexible revenues ■ Assumptions: <ul style="list-style-type: none"> □ Non-local revenues remain relatively steady □ A majority of new funds will focus on Tier 1 priorities such as emergency housing, physical, oral and behavioral health, and food security. □ Targets almost \$2 million of new funds to housing and homeless-related services 	<ul style="list-style-type: none"> ■ With additional funds, the HSC is able to continue to serve people in crisis while expanding services that prevent crisis situations. ■ These include child abuse and domestic violence prevention programs, young parent education and support services, and substance abuse education and treatment. ■ In this scenario, demand for basic needs and increasing self-reliance can be met in a reasonable fashion, providing a safety net and means to self-sufficiency for low income Lane County residents. ■ Anticipated levels of new flexible funds in this scenario support modest increases related to improving access to services. ■ With \$2 million in locally raised funds available for homeless prevention and supportive services, this scenario makes considerable progress towards the Blue Ribbon Committee's goal of additional resources in these areas.

Distribution of New Flexible Funds to Priority Outcome Areas

Priority Outcome Area	2009/10 Budget	New Flexible Funds	Total Available Funds
Meet Community Basic Needs	\$4,882,181	\$2,052,000	\$6,934,181
Increase Self-Reliance	\$2,218,267	\$1,140,000	\$3,358,267
Build a Safer Community	\$280,493	\$1,140,000	\$1,420,493
Improve Access to Services	\$878,979	\$228,000	\$1,106,979
TOTAL	\$8,259,920	\$4,560,000	\$12,819,920

Distribution of New Flexible Funds to Priority Outcome Areas:



Distribution of New Flexible Funds to Sub-Outcome Areas

<i>Meet Community Basic Needs (Tier I)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Emergency Shelter and Services	\$1,394,970	\$1,191,000
Physical, Oral & Behavioral Health Services	\$205,703	\$246,000
Emergency Food and Assistance	\$293,792	\$410,000
Utilities Assistance	\$2,987,716	\$195,000
Transportation Services	\$0	\$10,000
TOTAL	\$4,882,181	\$2,052,000

<i>Increase Self-Reliance (Tier II)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Housing and Supportive Services	\$1,820,988	\$798,000
Child & Youth Development	\$373,262	\$228,000
Employment Services	\$0	\$6,000
Child Care Services and Assistance	\$0	\$6,000
Financial/Legal Counseling and Education	\$24,017	\$102,000
TOTAL	\$2,218,267	\$1,140,000

<i>Build a Safer Community (Tier II)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Prevention and Intervention of Abuse, Neglect & Exploitation	\$197,929	\$804,000
Parenting Education & Skill Development	\$58,904	\$239,000
Crisis Response	\$23,660	\$97,000
TOTAL	\$280,493	\$1,140,000

<i>Improve Access to Services (Tier III)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Community Education & Advocacy	\$76,770	\$20,000
Information & Referral	\$127,285	\$33,000
Agency Support Services	\$234,177	\$61,000
Access to Public Benefits	\$440,747	\$114,000
TOTAL	\$878,979	\$228,000

See Appendix XX for additional details about distribution of funds to Priority and Sub-Outcome Areas

Revenue Considerations

- **Assumed Source of Funds:** Potential passage of a Local Option Levy of approximately 0.20 cents per \$1,000 of assessed value (\$40 per year for a \$200,000 home)
- **New Flexible Funds Raised:** \$4,800,000
- **Other Key Considerations:** If a lower levy is approved, the Modest Increased scenario is adopted.

Anticipated Outcomes

- **Key Outcome:** Low-income Lane County population able to access increased and/or improved human services.
- **Outcomes for Specific Priority Service Areas:**
 - Infusion of funds into housing and behavioral health may result in more access to shelter beds with supportive services.

VISION

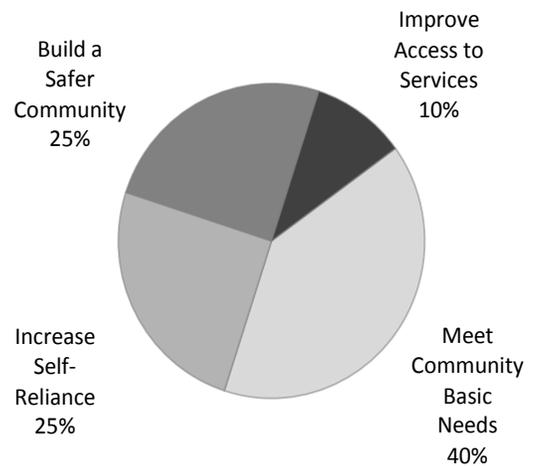
Resource Allocation Scenario

Key Elements and Assumptions	Allocation Rationale
<ul style="list-style-type: none"> ■ 2009/10 Funding Level: \$8,259,920 ■ Loss to Flexible Funds: \$0 ■ New Flexible Funds Allocated: \$6,935,000 ■ Total Flexible Funds Allocated: \$15,194,920 ■ Source of New Funds: Locally-raised, flexible revenues ■ Assumptions: <ul style="list-style-type: none"> □ Non-local revenues remain relatively steady □ Allows for more support for Tier II and III services, including supportive housing, abuse prevention, and child and youth development. □ Targets nearly \$3 million of news funds to housing and homeless-related services 	<ul style="list-style-type: none"> ■ With substantial additional funds, the HSC is able to continue to serve people in crisis while expanding services that prevent crisis situations. ■ These include child abuse and domestic violence prevention programs, young parent education and support services, substance abuse education and treatment, and improved access to these services. ■ In this scenario, demand for basic needs including emergency shelter, food, and health care can be met in a reasonable fashion, providing a safety net and means to self-sufficiency for low income Lane County residents. ■ At the same time, the HSC is able to build a strong foundation for family and community functioning through comprehensive human service offerings. ■ This scenario achieves nearly \$3 million in locally raised funds for homeless prevention and housing, which makes considerable progress towards the Blue Ribbon Commission’s goals of increasing resources in these areas.

Distribution of New Flexible Funds to Priority Service Areas

Priority Outcome Area	2009/10 Budget	New Flexible Funds	Total Available Funds
Meet Community Basic Needs	\$4,882,181	\$2,774,000	\$7,656,181
Increase Self-Reliance	\$2,218,267	\$1,734,000	\$3,952,267
Build a Safer Community	\$280,493	\$1,734,000	\$2,014,493
Improve Access to Services	\$878,979	\$693,000	\$1,571,979
TOTAL	\$8,259,920	\$6,935,000	\$15,194,920

Distribution of New Flexible Funds to Priority Outcome Areas:



Distribution of New Flexible Funds to Sub-Outcome Areas

<i>Meet Community Basic Needs (Tier I)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Emergency Shelter and Services	\$1,394,970	\$1,608,000
Physical, Oral & Behavioral Health Services	\$205,703	\$333,000
Emergency Food and Assistance	\$293,792	\$555,000
Utilities Assistance	\$2,987,716	\$264,000
Transportation Services	\$0	\$14,000
TOTAL	\$4,882,181	\$2,774,000

<i>Increase Self-Reliance (Tier II)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Housing and Supportive Services	\$1,820,988	\$1,213,000
Child & Youth Development	\$373,262	\$347,000
Employment Services	\$0	\$9,000
Child Care Services and Assistance	\$0	\$9,000
Financial/Legal Counseling and Education	\$24,017	\$156,000
TOTAL	\$2,218,267	\$1,734,000

<i>Build a Safer Community (Tier II)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Prevention and Intervention of Abuse, Neglect & Exploitation	\$197,929	\$1,224,000
Parenting Education & Skill Development	\$58,904	\$364,000
Crisis Response	\$23,660	\$146,000
TOTAL	\$280,493	\$1,734,000

<i>Improve Access to Services (Tier III)</i>		
Sub-Outcome Area	2009/10 Budget	New Flexible Funds
Community Education & Advocacy	\$76,770	\$61,000
Information & Referral	\$127,285	\$100,000
Agency Support Services	\$234,177	\$185,000
Access to Public Benefits	\$440,747	\$347,000
TOTAL	\$878,979	\$693,000

See Appendix E for additional details about distribution of funds to Priority and Sub-Outcome Areas

Revenue Considerations
<ul style="list-style-type: none"> ■ Assumed Source of Funds: Potential passage of a Local Option Levy of approximately 0.30 cents per \$1,000 of assessed value (\$60 per year for a \$200,000 home) ■ New Flexible Funds Raised: \$7,300,000 ■ Other Key Considerations: If a lesser levy is passed, the Action or Modest Increase scenario is adopted.

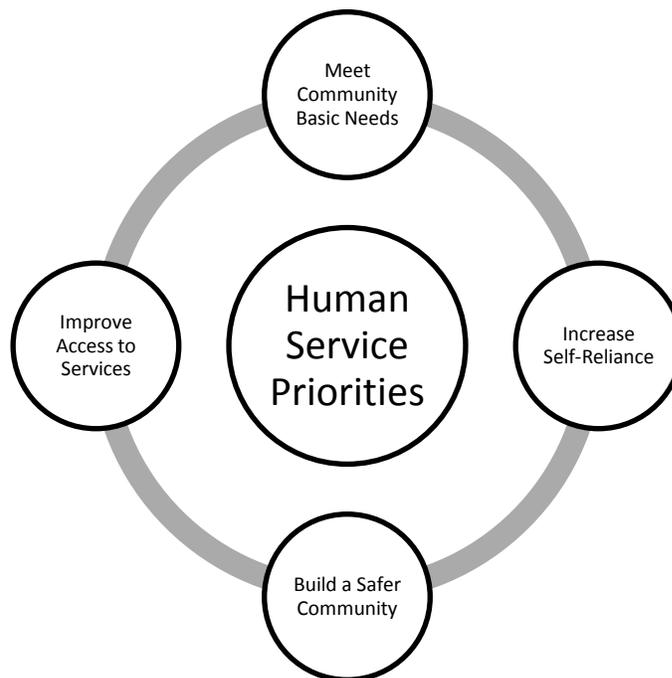
Anticipated Outcomes
<ul style="list-style-type: none"> ■ Key Outcome: Low-income Lane County population able to access vastly increased and/or improved human services. ■ Outcomes for Specific Priority Service Areas: <ul style="list-style-type: none"> □ Increased investments in parent education, abuse prevention and services for at-risk youth □ Reduced gap between the demand and supply of health-related services including physical health, oral health, and substance abuse treatment □ Increased capacity and improved service navigation

VI. Conclusion

Like other jurisdictions, Lane County faces a challenging human service environment. Local funding for human services is limited, especially, but not exclusively, under poor economic conditions. Lane County residents remain vulnerable to unemployment, poverty, lack of housing, mental illness, and related social issues.

As shown in Exhibit 16, a multi-layered community planning process revealed broad consensus for HSC support of four key priority human service outcome areas:

Exhibit 16: Key Priority Outcome Areas



Effective human services can promote healthy, safe, and productive communities, yet funding for human services is limited and often subject to economic conditions and availability of external resources.

Addressing human service needs in Lane County will require bold community action; new flexible funds are required to provide responsive human services. Community support for innovative funding mechanisms could provide sufficient human services funding to sustain all Lane County residents, address the needs of our most vulnerable individuals, and promote a safe and healthy community.

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