## Policy Considerations for HSC Board Retreat

Item	Why it's Important	Recommendation
Governance consolidation of advisory boards for poverty and homelessness.	<ul> <li>HUD requires that we have a board for Continuum of Care Board by August 2014.</li> <li>Eliminates need to staff an additional board.</li> <li>Eliminates potential duplication of effort by advisory groups.</li> <li>Recognizes the link between poverty and homelessness.</li> </ul>	To consolidate the Community Action Advisory Board (poverty board) and the Continuum of Care (homeless board), replacing the Community Action Advisory Committee, with a new Poverty and Homeless Commission.
<ul> <li>Priority Goals:</li> <li>Reduce homelessness;</li> <li>Promote and ensure nutrition and food security;</li> <li>Strengthen families;</li> <li>Increase self-sufficiency for Veterans and their families and other families and individuals in need;</li> <li>Improve service quality</li> </ul>	<ul> <li>Helps guide the allocation of resources</li> <li>Provides focused direction for outcomes and strategies</li> </ul>	To establish high-level funding priorities modifying what was approved by HSC 2010 Human Service Plan.
Bundling services geographically and by special populations	<ul> <li>Customer friendly One-Stop</li> <li>Minimizes need for additional referral</li> <li>Better Outcomes for those served</li> </ul>	To bundle homeless prevention and energy assistance services with Community Service Centers. To bundle rapid rehousing and shelter services with Access Centers. To require access to employment and substance abuse, mental health and other health care services.
Human Services role changed to improving the Social Determinants of Health rather than funding healthcare.	<ul> <li>Aligns healthcare with the Affordable Care Act and the CCO locally.</li> <li>Focuses on new role for human services to assist with access to health benefits, active referral to health care, and partnerships to improve patient's health status through housing and social services.</li> <li>Allows for redirection of limited funding towards priority goals.</li> </ul>	To not directly fund healthcare with Human Service Funds. To require that agencies inform and refer individuals to health care providers To work with CCO and healthcare providers on improving social determinates of patient health.

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Fully implements Coordinated Entry for Metropolitan Services for those at-risk of homelessness and the homeless.	<ul> <li>Customer service improvement and clarity on front doors to service.</li> <li>Improves efficiency by eliminating duplicate intakes and assessments</li> <li>Provides consistency that all homeless services sub- contractors and community partners participate in Coordinated Entry for both families and singles.</li> </ul>	To continue Coordinated Entry System piloted in 2013 for families to implement Coordinated Entry for singles in 2014. To require that contractors participate in ServicePoint and Coordinated Entry.
RFP for Specific Set of Services based on a Strategic Plan within the HSC Priority Goals and funding source requirements.	<ul> <li>Focuses and streamlines the contracting process and provides clarity to proposers.</li> <li>Assists staff in appropriately applying categorical grants and local matching funds.</li> </ul>	To RFP for a Specific Set of Services based on a Strategic Plan with the HSC Priority Goals.
Distribute funding based upon Poverty Population factoring municipal contributions to four County regions.	<ul> <li>Continues to equitable allow funding with need.</li> <li>Takes into consideration disparity in municipal contributions and where special population facilities are located.</li> </ul>	To allocate funding to services based upon poverty populations of four County regions to include: Eugene and north Lane County, Springfield and East Lane County, South Lane County, and West Lane County.
Contractor be collaborative and submit a plan for links clients with additional support services to achieve outcomes.	<ul> <li>Improves the effectiveness and service outcomes.</li> </ul>	To require that contractors be collaborative and submit a plan for linking clients to additional support services.
Continue the policy that HSC funding cannot exceed 85% of the total program budget.	<ul> <li>Ensures reasonable leveraging of public funding invested.</li> </ul>	To require that HSC funding cannot exceed 85% of the total program budget.
HSC funds applied to administration cannot exceed 15%	<ul> <li>Ensures reasonable administrative support for programs.</li> </ul>	To require that HSC funds cannot exceed 15%.
Of total Contract amounts HSC funds of 15% are allocated for administration, match or operations.	<ul> <li>Ensures availability of match, administration and operations funding.</li> <li>Ensures stability of programs.</li> </ul>	To allocate HSC funds of 15% to every contract for match, administration or operations.