Human Services Commission

Human Services Plan for Lane County (Appendices)

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Submitted to:

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Contents

Appendix A: Summary Data Collection Results

This appendix provides summary results from the following data collection methods:

- Community Survey
- Focus Groups
- Interviews

Community Survey Results[1]

1. What is your primary connection to Lane County Human Services Commission? Please select one response.

Answer Options	Response Percent	Response Count
Lane County community member	36.6%	168
Service participant/consumer	14.2%	65
Service provider staff	28.5%	131
Human Services Commission/Advisory Committee	1.3%	6
Other (please specify)	19.4%	89
answered question		**459**
skipped question		**17**

2. In your opinion, how IMPORTANT is it to provide services that address the following challenges faced by low-income Lane County residents? The challenges are presented in alphabetical order. Please select one response for each row/challenge.

Answer Options	Very important	Somewhat important	Not very important	Not at all important	Don't know/ not applicable	Response Count
CHILD ABUSE AND NEGLECT: Addressing child abuse or neglect.	399	43	7	0	2	451
CHILD CARE: Finding and paying for quality child care.	229	188	26	4	3	450
DOMESTIC VIOLENCE: Addressing domestic violence.	345	86	12	3	3	449
EDUCATION AND TRAINING: Getting education or skills training.	267	164	18	5	2	456
FOOD INSECURITY: Paying for food and groceries.	305	122	13	6	2	448
HOUSING INSTABILITY: Finding and paying for quality housing.	319	104	18	7	3	451
LEGAL ISSUES: Finding or paying for legal services.	129	205	92	12	8	446
MENTAL HEALTH ISSUES: Finding, paying for or managing mental	301	119	22	10	0	452

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[1] Survey results are shown in English. However, these summary results reflect the combined results from the English and Spanish surveys.

health care.					
ORAL/DENTAL HEALTH ISSUES: Finding, paying for or managing oral/dental health care.	230	168	41	7	4	450
PHYSICAL HEALTH ISSUES: Finding, paying for or managing physical health care.	292	124	24	9	4	453
SUBSTANCE ABUSE: Finding, paying for or managing substance abuse care.	252	144	30	10	6	442
TRANSPORTATION BARRIERS: Finding or paying for transportation to work, school or appointments.	166	200	63	14	4	447
UNEMPLOYMENT: Finding or keeping a good job.	304	118	18	8	1	449
UTILITIES INSTABILITY: Paying for basic utilities, such as electric/gas and telephone.	228	166	35	11	3	443
OTHER ISSUE: Please describe in the space below.	80	7	1	1	8	97
Description of Other Issue (if applicable)						102
				answered question		459
				skipped question		17

3. In your opinion, how AVAILABLE are services that address the following challenges faced by low-income Lane County residents? The challenges are presented in alphabetical order. Please select one response for each row/challenge.

Answer Options	Very available	Somewhat available	Not very available	Not at all available	Don't know/ not applicable	Response Count
CHILD ABUSE AND NEGLECT: Addressing child abuse or neglect.	118	189	80	6	51	444
CHILD CARE: Finding and paying for quality child care.	42	153	175	20	57	447
DOMESTIC VIOLENCE: Addressing domestic violence.	122	222	56	6	41	447
EDUCATION AND TRAINING: Getting	60	196	138	15	35	444

education or skills training.					
FOOD INSECURITY: Paying for food and groceries.	130	208	82	9	24	453
HOUSING INSTABILITY: Finding and paying for quality housing.	34	132	212	43	34	455
LEGAL ISSUES: Finding or paying for legal services.	32	119	189	47	60	447
MENTAL HEALTH ISSUES: Finding, paying for or managing mental health care.	40	151	172	46	46	455
ORAL/DENTAL HEALTH ISSUES: Finding, paying for or managing oral/dental health care.	25	81	202	93	49	450
PHYSICAL HEALTH ISSUES: Finding, paying for or managing physical health care.	29	149	183	49	42	452
SUBSTANCE ABUSE: Finding, paying for or managing substance abuse care.	55	158	148	51	36	448
TRANSPORTATION BARRIERS: Finding or paying for transportation to work, school or appointments.	49	146	165	44	45	449
UNEMPLOYMENT: Finding or keeping a good job.	42	128	184	61	37	452
UTILITIES INSTABILITY: Paying for basic utilities, such as electric/gas and telephone.	62	199	127	14	42	444
OTHER ISSUE: Please describe in the space below.	6	13	25	17	16	77
Description of Other Issue (if applicable)						64
					answered question	459
					skipped question	17

4. In your opinion, how EFFECTIVE are the services currently available that address the following challenges faced by low-income Lane County residents? The challenges are presented in alphabetical order. Please select one response for each row/challenge.

Answer Options	Very effective	Somewhat effective	Not very effective	Not at all effective	Don't know/ not applicable	Response Count
CHILD ABUSE AND NEGLECT: Addressing child abuse or neglect.	91	188	68	14	65	426
CHILD CARE: Finding and paying for quality child care.	38	161	122	18	88	427
DOMESTIC VIOLENCE: Addressing domestic violence.	77	187	82	14	62	422
EDUCATION AND TRAINING: Getting education or skills training.	57	181	110	19	56	423
FOOD INSECURITY: Paying for food and groceries.	103	205	63	14	40	425
HOUSING INSTABILITY: Finding and paying for quality housing.	41	142	152	41	48	424
LEGAL ISSUES: Finding or paying for legal services.	33	121	135	50	79	418
MENTAL HEALTH ISSUES: Finding, paying for or managing mental health care.	44	143	133	52	50	422
ORAL/DENTAL HEALTH ISSUES: Finding, paying for or managing oral/dental health care.	32	94	154	86	59	425
PHYSICAL HEALTH ISSUES: Finding, paying for or managing physical health care.	40	148	144	44	47	423
SUBSTANCE ABUSE: Finding, paying for or managing substance abuse care.	48	135	137	47	56	423
TRANSPORTATION BARRIERS: Finding or paying for transportation to work, school or appointments.	51	151	121	37	58	418
UNEMPLOYMENT: Finding or keeping a good job.	32	115	162	62	47	418
UTILITIES INSTABILITY: Paying for basic utilities, such as electric/gas and telephone.	62	183	98	17	57	417
OTHER ISSUE: Please describe in the space below.	7	17	16	11	17	68

Description of Other Issue (if applicable)	50
answered question	432
skipped question	44

5. In your opinion, to what extent is it good to USE LOCAL PUBLIC FUNDS to support services that address the following challenges? The challenges are presented in alphabetical order. Please select one response for each row/challenge.

Answer Options	Best use of resources	Good use of resources	Not a good use of resources	Worst use of resources	Don't know/ not applicable	Response Count
CHILD ABUSE AND NEGLECT: Addressing child abuse or neglect.	258	140	18	3	9	428
CHILD CARE: Finding and paying for quality child care.	94	239	69	8	16	426
DOMESTIC VIOLENCE: Addressing domestic violence.	201	185	27	4	9	426
EDUCATION AND TRAINING: Getting education or skills training.	163	207	37	6	8	421
FOOD INSECURITY: Paying for food and groceries.	180	186	41	11	6	424
HOUSING INSTABILITY: Finding and paying for quality housing.	206	165	36	8	9	424
LEGAL ISSUES: Finding or paying for legal services.	62	183	127	26	20	418
MENTAL HEALTH ISSUES: Finding, paying for or managing mental health care.	205	177	24	10	6	422
ORAL/DENTAL HEALTH ISSUES: Finding, paying for or managing oral/dental health care.	136	200	65	14	12	427
PHYSICAL HEALTH ISSUES: Finding, paying for or managing physical health care.	199	162	45	9	11	426
SUBSTANCE ABUSE: Finding, paying for or managing substance abuse care.	179	180	48	11	9	427
TRANSPORTATION	89	227	81	19	8	424

BARRIERS: Finding or paying for transportation to work, school or appointments.						
UNEMPLOYMENT: Finding or keeping a good job.	192	173	50	8	5	428
UTILITIES INSTABILITY: Paying for basic utilities, such as electric/gas and telephone.	113	220	56	14	15	418
OTHER ISSUE: Please describe in the space below.	36	10	4	1	11	62
Description of Other Issue (if applicable)						52
answered question						437
skipped question						39

6. In your opinion, what are the TOP THREE challenges for which the HUMAN SERVICES COMMISSION should provide support for services? The challenges are presented in alphabetical order. Please select one response for each column, where #1 is the most important challenge to address, #2 is the next most important, and #3 is the third most important.

Answer Options	#1 Challenge	#2 Challenge	#3 Challenge	Response Count
CHILD ABUSE AND NEGLECT: Addressing child abuse or neglect.	126	27	24	177
CHILD CARE: Finding and paying for quality child care.	2	13	14	29
DOMESTIC VIOLENCE: Addressing domestic violence.	6	45	18	69
EDUCATION AND TRAINING: Getting education or skills training.	9	14	29	52
FOOD INSECURITY: Paying for food and groceries.	24	26	26	76
HOUSING INSTABILITY: Finding and paying for quality housing.	76	67	36	179
LEGAL ISSUES: Finding or paying for legal services.	1	6	3	10
MENTAL HEALTH ISSUES: Finding, paying for or managing mental health care.	27	38	42	107
ORAL/DENTAL HEALTH ISSUES: Finding, paying for or managing oral/dental health care.	7	8	12	27
PHYSICAL HEALTH ISSUES: Finding, paying for or managing physical health care.	17	34	40	91
SUBSTANCE ABUSE: Finding, paying for or managing substance abuse care.	12	34	33	79
TRANSPORTATION BARRIERS: Finding or paying for transportation to work, school or	2	1	8	11

appointments.			
UNEMPLOYMENT: Finding or keeping a good job.	31	31	40	102
UTILITIES INSTABILITY: Paying for basic utilities, such as electric/gas and telephone.	3	5	13	21
OTHER ISSUE: Please describe in the space below.	11	2	7	20
Description of Other Issue (if applicable)			32
answered question			358
skipped question			118

7. In your opinion, how should the Human Services Commission allocate resources for social services between Prevention, Crisis Intervention, and Treatment? For the purpose of this question:

PREVENTION refers to services or interventions provided before initial onset of a condition or situation. These services may include assessment, early intervention and self-sufficiency support services, among others, and are typically meant to address ongoing barriers and prevent the onset of a particular condition or situation.

CRISIS INTERVENTION refers to immediate, short-term services intended to address a crisis situation. These services typically address immediate safety and stability.

TREATMENT refers to ongoing services or interventions provided after initial onset of a condition or situation. These services are typically intended to improve an existing condition or situation. PLEASE NOTE THAT THE NUMBERS BELOW MUST TOTAL 100.

Answer Options	Response Average	Response Total	Response Count
Percent of funds for PREVENTION	39.33	15,101	384
Percent of funds for CRISIS INTERVENTION	30.12	11,596	385
Percent of funds for TREATMENT	31.42	12,003	382
answered question			387
skipped question			89

8. If there anything else that you think we should know about the challenges faced by low-income Lane County residents and the services available to address those challenges, please feel free to provide more information in the space provided below.

Answer Options	Response Count
Multiple	124
answered question	124
skipped question	352

9. Before you finish, we would like to know a little more about you. This information will help us to better understand the results of the survey. To begin, what is your age, in years? Please select one response.

Answer Options	Response Percent	Response Count
Younger than 18	1.6%	7
18-24	5.2%	23
25-34	15.2%	67
35-44	19.7%	87
45-54	26.0%	115
55-64	24.4%	108
65-74	6.3%	28
75 or older	1.6%	7
	answered question	442
	skipped question	34

10. What is your gender? Please select one response.

Answer Options	Response Percent	Response Count
Male	37.8%	164
Female	62.2%	270
	answered question	434
	skipped question	42

11. What is your race? Please select one or more responses.

Answer Options	Response Percent	Response Count
American Indian or Alaska Native	5.1%	20
Asian	0.8%	3
Black or African-American	1.3%	5
Native Hawaiian or Pacific Islander	1.8%	7
White	95.7%	374
Other (please specify)		29
	answered question	391
	skipped question	85

12. Are you of Hispanic, Latino or Spanish origin? Please select one response.

Answer Options	Response Percent	Response Count

Yes	11.3%	45
No	88.7%	353
	answered question	**398**
	skipped question	**78**

13. What is your Zip Code? For computer surveys, please select one response from the drop-down menu. For paper surveys, please write your zip code in the space provided.

Answer Options	Response Count
97324 (Alsea)	0
97390 (Tidewater)	0
97401 (Eugene)	53
97402 (Eugene)	72
97403 (Eugene)	13
97404 (Eugene)	45
97405 (Eugene)	69
97408 (Eugene)	11
97409 (Alvadore)	2
97412 (Blachly)	0
97413 (Blue River)	0
97419 (Cheshire)	0
97424 (Cottage Grove)	24
97426 (Creswell)	11
97427 (Culp Creek)	0
97430 (Deadwood)	1
97431 (Dexter)	2
97434 (Dorena)	0
97437 (Elmira)	0
97438 (Fall Creek)	4
97439 (Florence)	16
97440 (Eugene)	5
97446 (Harrisburg)	1
97448 (Junction City)	6
97451 (Lorane)	1
97452 (Lowell)	0
97453 (Mapleton)	1
97454 (Marcola)	1
97455 (Pleasant Hill)	2
97456 (Monroe)	1
97461 (Noti)	2
97463 (Oakridge)	1
97472 (Saginaw)	0
97477 (Springfield)	52
97478 (Springfield)	25
97480 (Swisshome)	3
97482 (Thurston)	0

97487 (Veneta)	2
97488 (Vida)	0
97489 (Walterville)	0
97490 (Walton)	1
97493 (Westlake)	0
97498 (Yachats)	0
97492 (Westfir)	0
answered question	**398**
skipped question	**78**

Focus Group Summary Results

In the following sections, we present the common themes identified through the focus groups, as well as additional suggestions provided by respondents[2], according to the questions posted. Abbreviations in parentheses after each response indicate which focus group(s) offered the response:

- Senior/Disabled (S)
- Latino (L)
- Families (F)
- Singles/Homeless (H)
- Youth (Y)

1.   Please review the list of issues I've handed out. Which of these issues do you think affect the greatest number of low income residents in Lane County? In other words, which issues are faced by the most people?

Common responses:

- Unemployment, difficulty finding a job, both before the recession, but especially now (S, L, F, H, Y)
- Housing instability, homelessness, risk for homelessness, lack of affordable housing (F, H, Y)
- Legal issues (F, H)
- Mental health issues (S, F, H)
- Access to health care (S, L)

Additional responses:

- Child care (F)
- Lack of education and job skills among many people, particularly in rural communities (S)
- Food insecurity (F)
- Oral/dental (F)
- Substance abuse (F)
- Transportation (H)
- Utilities instability (F)

Other related notes

- Respondents also offered the following as issues of significant magnitude:

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[2] Project-specific responses are not shown here in order to protect respondents' anonymity.

- ☐ Eye care/optometry (F)

- ☐ Veterinary care/housing that accepts pets/strays and need for free animal shelter space (F)

- ☐ Inability to get into housing due to high upfront costs/need for deposit assistance (H)

- ☐ Landlord abuse/need for tenant advocacy (H)

- ☐ Elder abuse (S)

- ☐ Need for more and higher quality in-home care, but funding is going in the opposite direction (S)

- ☐ Services for children are very important (L)

- ☐ Undocumented status affects many and leads to problems (L)

- ☐ Racism/discrimination (L)

- ☐ Difficulties finding out about services, accessing services, and mostly being eligible to receive services at all, or for a reasonable length of time (S, H)

2. **Based on the list of issue I've handed out, what issues do you think have the biggest negative impact on low-income Lane County residents? In other words, which issues have the worst consequences for the people affected? Why?**

Common responses:

- ■ Housing instability (S, F, H, Y)

- ■ Unemployment (L, F, H, Y)

- ■ Legal issues including: being undocumented and how this leads to further law breaking such as driving without a license or insurance (L), the problem ex-felons have getting a job or housing (F, H), police harassment for camping (F, H, Y)

- ■ Mental health issues including isolation (S), stress (H), and the fact that having an untreated mental health issue makes it impossible to get a job and fulfill basic needs independently (F, H)

- ■ Lack of access to physical health care either through insurance or due to oversubscribed community clinics (S, F, H)

- ■ Transportation including difficulty getting around (S) and driving unlicensed or uninsured (L, H)

Additional responses:

- ■ Child abuse and neglect (F)

- ■ Being a homeless youth makes it hard to get to school, get a job (Y)

- ■ Lack of oral/dental care (F)

- ■ Substance abuse (F)

Other related notes:

- Lack of veterinary care (F)

- Dwindling in-home care for elderly and disabled (S)

- Crime and safety risks of sleeping on the streets (Y)

- Discrimination (L, F, Y, H) (Latino group felt discriminated against based on race, national origin and language; some members of the family group felt services were going to Latinos and not them; single homeless and youth groups felt the public looks down on the homeless.)

- Language barriers (L)

- Difficulties finding out about services, accessing services, and mostly being eligible to receive services at all, or for a reasonable length of time (F, H)

3.   There are a range of social service programs in Lane County. Some are managed by the U.S. government, some by the state of Oregon, and some by other agencies. Considering all the programs and services available in Lane County, are there any programs and services that you think are missing?

Common responses:

- Housing

  - Need more truly low-income housing (S, H)

  - Quality is less of a concern, just need a roof over their heads (H)

  - Need shelters for mixed age, genders, specifically for transitioning youth, and for families overall, but especially with children over age 10 (F, Y)

  - Renter rehab programs to help people who have been previously evicted, had credit problems, or other housing issues secure housing (H)

- Legal issues

  - Services to help people with criminal records get jobs; cited by many people at the Family focus group (F)

  - A place to camp legally (Y, F, H)

- Mental health services

  - Systemic deterioration (S, F)

  - Need more in-house mental health services, e.g., once a week counselor at Station 99 (H), or peer-to-peer counseling like Committed Partners for Youth (Y)

- Oral/dental services

  - Not enough supply to meet demand (S, F, H)

  - Have more dental van visits (F)

  - Need more access, not just for homeless/indigent, but for low-income people (H)

- Health care access either through insurance or more clinic services (S, L, F, H, Y)
- Information, access and eligibility
  - Dispersal of information in rural communities (S)
  - Lack of access or eligibility for services is a big problem/eligibility rules are often perverse (L, F, H)
  - Service recipients need a case manager, navigator or advocate who will ensure they are accessing all the services they need to reach stability (H)
  - Filling out forms is challenging, repetitive and, in the case of rental applications, costly. Need a centralized database with a single form that is applicable and accessible to multiple programs. Need a single rental application that will be accepted by landlords, along with assistance paying the application fee (H)
- There is an overall sense among all focus groups that funding and availability for all services is too low, leading to poor service coordination and quality or long wait lists (S, L, F, S, Y)

Additional responses:

- Food security is a problem for seniors and funding is going down for this service (S)
- Need program to teach financial literacy (L)
- Need education on child support (F)
- Bus pass program, devised in such a way to avoid abuses (H)
- Need more employment services for youth like New Roads (Y)
- Eye care/optometry services severely overburdened or not available (F)
- Veterinary care and housing that accepts pets (F)
- Tenant advocacy (H)
- Deposit assistance (H)
- Need more and better in-home care services to keep seniors out of nursing homes, which is very expensive (S)
- Need a place to store bags so they won't get stolen (Y)

Other related notes:

- There is a better support system for children compared to seniors (e.g. schools, Boys and Girls Clubs) (S)

4.   Based on your experience, how easy is it to find and participate in programs and services that can address the kinds of issues that we have been discussing? Are there any common barriers to participating in these programs? What would you do to make finding and participating in programs easier?

Common responses:

- Insufficient information; don't know about services available (S, L, F, H)

- Eligibility criteria perverse (e.g. encouraging clients to stay low income to retain benefits) or too restrictive; referring organization unaware of eligibility criteria (L, F, H)

- Insufficient capacity (e.g. referrals to services that are oversubscribed, long wait lists, disappearing services due to funding cuts) (S, F, H)

- Transportation (e.g. buses don't run in rural areas, expensive, do not run late) (F, H)

- Lack of coordination across government programs (e.g. too many forms, different eligibility criteria, providers unaware of other programs) (F, H)

Additional responses:

- Language barriers (L)

- Discrimination (L)

- Inefficient programs and services (L)

- Difficulty keeping track of and keeping an appointment for a service that due to a long waiting list is many weeks out (H)

Other related notes:

- No other related notes.

5.   Are there any programs that you think have been especially helpful in helping you improve the quality of your life, or the lives of your family and friends? What about these programs has been helpful? Please describe these programs or services.

Common responses:

- Project-specific responses are not shown in order to preserve respondents' anonymity.

Additional responses:

- Project-specific responses are not shown in order to preserve respondents' anonymity.

Other related notes:

- No other related notes.

6.   How well do the organizations that offer programs and services work together? What would you suggest to improve coordination across different programs and services?

Common responses:

- None

Additional responses:

- There is more coordination than is apparent (S)

- Some programs are well coordinated and run, and some aren't (F)

- DHS is hard to work with (F)

- People ask for services, get on a list, and then are overlooked (F)

- Finding out about services is largely word of mouth (H)

- Assistance completing forms and accessing services is needed (H)

- Need a service clearinghouse and centralized database so forms are filled out only once, and/or and advocate helps navigate the system (H)

Other related notes:

- No other related notes.

7.   Looking back at our list of issues, do you think the general public is aware that individuals in Lane County face these kinds of challenges? Why or why not? What would you do to improve public awareness and support for programs and services in Lane County?

Common responses:

- Public is not aware (S, F, Y) or is not very aware, but maybe more aware here in Eugene than in other communities (H)

- Need PR campaign to develop plan for community engagement/dialogues, share individual stories to help build awareness and sensitivity (particularly related to the issue of homelessness and seniors), and advocate for these issues. Public needs to know how much these services are needed; then they may support funding them (S, F, Y)

- Recommend that elected officials spend a week at the Mission, live on no income, spend time in dining halls (F), or that the public meet low income people first hand (H)

Additional responses:

- Public is generally aware of problems people face, even if they are not facing problems themselves (L)

- People see the problem but are powerless to do anything about it due to bureaucracy/laws, etc. We need to figure out how things can be changed (L)

- Public is having their own problems these days (H)

- People are afraid to go to a community meeting or say anything (S)

- Young people are not educated about the aging process, but need to be due to demographic shifts. Ideas that have worked: Senior dance held by high school students; mentorship program between youth and seniors (S)

Other related notes:

- No other related notes.

Stakeholder Interview Summary Results

In the following sections, we present the common themes identified through these interviews, as well as additional suggestions provided by respondents, according to the interview questions posted.

1. To start, please tell me about your role or position and your organization, and your familiarity with human service needs in Lane County.

- Data related to this question is not shown to protect the anonymity of respondents.

2. What human service issues do you think affect the greatest number of low income residents in Lane County?

Common responses:

- Homelessness/lack of affordable housing (4/9)
- Food security (food, food stamps and food banks) (3/9)
- Medical coverage/access to healthcare (2/9)
- Mental health (2/9)
- Food insecurity spills into all other areas (school preparedness, DV) (2/9)

Additional responses:

- If homelessness is not dealt with, it costs in financial and social ways.
- Mental health and addiction issues prevent people from getting housing, particularly youth.
- HSC needs better coordination, including better coordination between HSC and housing programs.
- Childcare access for young families
- Transportation

Other related notes:

- No other related notes.

3. What human service issues do you think have the greatest negative impact on the ability of low-income Lane County residents to lead healthy, productive lives? Why do you think this is?

Common responses:

- Housing/cost of housing (3/9)
- Alcohol and other drugs/substance abuse (3/9)
- Ability to have enough/nutritious food (2/9)

- Unlivable wages (2/9)

- Lack of financial and human resources (2/9)

- Without a stable home, other issues are very hard to stabilize (2/9)

Additional responses:

- Issue of service coordination and the inability of human services agencies to focus and prioritize.

- Can't answer because services are dwindling across the board; agencies can do surface work but not deep work.

- Overall, community doesn't support human services enough.

- There is a lack of programs to help people learn to be successful at leading productive lives.

- More alternatives for medical care

- Domestic violence

- Mental illness

- Job training

Other related notes:

- Homelessness has impact on other community and human services such as health services, police resources. Homelessness is not cost effective—more cost effective to house the homeless.

4. Considering the availability of federal, state, and other sources to meet various human service needs, what human service issues do you think are the best use of local public resources? Why do you think these are the best use of local resources?

Common responses:

- Mental health, including shelters for individuals with mental health issues (4/9)

- Homeless prevention/affordable housing (4/9)

- Supplementing food (2/9)

- With stock market plummeting, elderly may have harder time; population more invisible to community (2/9)

Additional responses:

- Need to unlock the volunteer community; large mobilization of community that brings other people into close contact with human services can mobilize community around issues.

- Community could do a better job of leveraging other sources (fed/state) for AOD and mental health.

- Can't comment on which human services are the best use of resources because they are all interdependent in a delicate web of services. Lack of resources in one program stresses the others because of their interconnectedness.

- In general, breadth of service is good. Lane County has great programs you can't find anywhere else.

- Any service that helps people become self-sufficient, independent, and builds capacity.

- Access to family wage jobs so people can take care of their families.

Other related notes:

- No other related notes.

5. Is there a specific target population or populations in Lane County whose human service needs should be prioritized? If yes, why?

Common responses:

- Youth/people with mental health issues (3/9)

- Low-income families (2/9)

Additional responses:

- Most vulnerable (under 100% of poverty)

- Working poor

- No, tries not to play God. First come, first served.

- Seniors, particularly those that have outlived their pensions.

- Young pregnant women/young mothers

- People on the street

Other related notes:

- Springfield likes to focus more on home ownership than rental housing and this can't reach the very poorest.

6. In general, do you think human services are available to meet most needs in Lane County? Are there specific service needs that you feel are under or unmet? What would you do to better meet identified service needs in Lane County?

Common responses:

- Look into fee increases and other methods (2/9)

- More or less (2/9)

- Not enough food or housing services or support (2/9)

- Gaps in substance abuse and mental health (2/9)

- All human services are under-funded (2/9)

Additional responses:

- Tax collection system is broken; need to look at who and how to tax to generate more revenue

- Most severely needy are probably able to access most services.

- All needs around mental and regular health care are under-met, otherwise services are available

- Programs need to be capacity building and connect with partners

- County needs to address the needs of young people/homeless youth

- Financial counseling and literacy

- Current economic climate will have effect on non-profit/system capacity to handle needs

- Services for working poor are un/undermet

- In better shape than most counties

Other related notes:

- No other related notes.

7. How well do human service providers coordinate within and across service needs in Lane County? Are there strategies that are particularly successful at facilitating coordination? What would you do to improve coordination or collaboration across service providers?

Common responses:

- Coordinate quite well (6/9)

- Not a lot of duplication of services (4/9)

- Service providers try to coordinate, but not fully successful in doing so (3/9)

- To facilitate coordination better, need to pool resources instead of competing for them (2/9)

- There is good leadership involved (2/9)

Additional responses:

- 100% access project in health care has worked well. Pulled directors from safety net into a room and now they cross-refer.

- To improve coordination across providers, need to get more entities involved and working together: schools, police, courts.

- Service access-public needs someone who can he navigate the systems for the consumer, like a call center.

- How we leverage funding needs to be collaborative.

- Would like transparency of how funds are used so that pubic can see what they get with money.

- To be successful, agencies need to share resources if they're allowed to do it; they're currently not sharing resources enough.

- Not a lot of competition among providers.

- Take comprehensive view-solve long-term problems not just immediate crises.

Other related notes:

- No other related notes.

8. Can you think of any particular programs or service strategies that have been especially successful in improving quality of life for low-income residents in Lane County? Please describe these strategies.

Common responses:

- No common responses were recorded.

Additional responses:

- Project-specific responses are not shown to protect respondents' anonymity.

Other related notes:

- Populations that have a hard time accessing services: (1) Folks who don't live in metro area--distance to immediate access becomes a barrier; and (2) Non-English speaking service providers need to increase.

- Changing how health care is delivered for un- and underserved; all providers making a commitment to change how they do business.

- Programs that take a comprehensive approach work best

9. Do you feel that the current level of resources available for human services is sufficient in Lane County? (If no) What strategies would you implement to increase human services funding?

Common responses:

- No/Never enough (7/9)

- Have dedicated resource stream; tax strategy is probably only solution (2/9)

- Work towards providing something that is more measurable. (2/9)

- Officials need to look at new revenue restructuring and how we fund/legislative level (2/9)

Additional responses:

- People don't believe in the social contract anymore—no commonwealth

- Need to open up the system for broad community engagement. Involve consumers as guides/partners/leaders in a real, not token, way.

- More integration and coordination

Other related notes:

- Tried a lot of different things to drum up funds, including taxes.

10. Do you feel that human service resources in Lane County are targeted appropriately/effectively? (If no) What would you do to ensure that resources were targeted more effectively?

Common responses:

- Generally targeted fairly well. (4/9)

- Need to address immediate crisis needs but long term needs to place greater emphasis on prevention (2/9)

- Don't know enough to answer (2/9)

Additional responses:

- Greater percent (10%) of every grant or funding tied to prevention.

- We don't have the patience for long-term savings but need to.

- More flexible funding to be targeted to priorities at that time.

- Work has been done with schools and agencies to make sure that groups (populations) are targeted appropriately.

- No. There are too few resources so always in crisis.

Other related notes:

- No other related notes.

11. Do you think the general public is aware of the human service issues facing Lane County? Do you think the public is aware of local government resources applied to human services? What do you think could be done to improve public awareness and support for human services in Lane County? How would you do this?

Common responses:

- People are not aware of public sector involvement (6/9)

- HSC can do a better job of promoting PR for their services (4/9)

- TV and radio addresses; outreach to services groups like churches, rotary clubs. (3/9)

- In general, yes (2/9)

- Window of opportunity for the next few years because everyone has a family member or friend who is impacted. (2/9)

Additional responses:

- Educate individuals on the process and systems (more data would serve us well).

- Don't do long term planning for a year or two—do more tactical planning.

- The homeless services event that is going on at the Lane Events Center is a good example of a way to improve public awareness.

- People don't believe in the work the county commissioners are doing and therefore are hesitant to fund public services.

- Local government has done a good job getting the word out to the population in need.

- Public is unaware that human services don't survive on donations alone.

- Clients know what's available. "The street knows".

Other related notes:

- No other related notes.

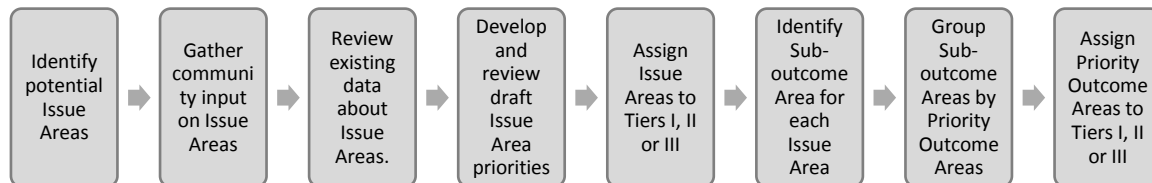# Appendix B: Priority-setting Process and Results

This appendix provides detailed information about the priority-setting process and results, including:

- Overview
- Summary Results
- Detailed Results

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 B.1 and described in further detail below.

Exhibit B.1: Priority-setting Steps

| Identify potential Issue Areas | → | Gather community input on Issue Areas | → | Review existing data about Issue Areas. | → | 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 Outcome Areas | → | Assign Priority Outcome Areas to Tiers I, II or III |

- **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 Areas[3] 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

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

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[3] 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 resulting tiering results 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). Exhibit B.2 summarizes the prioritization results by Sub-outcome area. Prioritization results

Exhibit B.2: Prioritization by Sub-outcome Area and Data Collection Results

Priority Outcome Area	Sub-outcome Area	Tier	Prioritized by Existing Data	Prioritized by Community Survey Data	Prioritized by Focus Group and Interview Data	Prioritized by Other Key Considerations
Meet Community Basic Needs (Tier I)	Emergency Housing and Services	I	√	√	√	√
	Physical, Oral and Behavioral Health Services	I	√	√	√	√
	Emergency Food and Assistance	II	√	√	√	
	Utilities Assistance	III		√		
	Transportation Services	III			√	
Increase Self-Reliance (Tier II)	Housing and Supportive Services	I	√	√	√	√
	Child and Youth Development	II		√		√
	Child Care Services and Assistance	III	√			
	Employment Services	III		√	√	
	Financial/Legal Counseling and Education	III	√		√	
Build a Safer Community (Tier II)	Crisis Response	II				√
	Parenting Education and Skill Development	II		√		√
	Prevention and Intervention of Abuse, Neglect and Exploitation	II		√		√
Improve Access to Services (Tier III)	Access to Public Benefits	III				√
	Agency Support Services	III				√
	Community	III				√

Priority Outcome Area	Sub-outcome Area	Tier	Prioritized by Existing Data	Prioritized by Community Survey Data	Prioritized by Focus Group and Interview Data	Prioritized by Other Key Considerations
	Education and Advocacy					
	Information and Referral	III				√

Detailed Results

Detailed information is provided below about each Sub-outcome Area, including the Issue Area(s) addressed, key data points and considerations, and potential outcomes. Sub-outcome areas are presented in the order shown above.

☼ *This symbol is used throughout the following sections to indicate prioritization of various sub-outcome areas by respective data collection and feedback methods.*

Emergency Shelter and Services

Priority Outcome Area: Meet Community Basic Needs

Issue Area(s) Addressed:

■ Housing Instability: Finding and paying for quality housing.

Note: Based on HSC recommendations, two sub-outcome areas were created to address the issue of housing instability: Emergency Shelter and Services (to meet basic needs and manage crises) and Housing and Supportive Services (to increase self-reliance through longer-term solutions to housing challenges).

☼ **Contextual Data:**

■ Housing affordability:[4]

  □ Percent of renters unable to afford 2BR FMR: 54% (Lane County); 44% (Oregon)

  □ Percent of median income needed to afford 2BR MR: 107% (Lane County); 87% (Oregon)

  □ Housing wage needed per BR rental:

  ■ 0BR: $9.52 (Lane County); $9.94 (Oregon)

  ■ 1 BR: $11.52 (Lane County); $11.60 (Oregon)

  ■ 2 BR: $14.62 (Lane County); $13.87 (Oregon)

  ■ 3 BR: $20.44 (Lane County); $19.95 (Oregon)

■ Homelessness:

  □ Unduplicated count of homeless individuals receiving services: 8,800 (Lane County)[5]

☼ **Survey Data:**

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	71%	23%	4%	2%	1%
Availability of Services	8%	29%	47%	10%	8%
Effectiveness of Services	10%	34%	36%	10%	11%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	49%	39%	9%	2%	2%

■ Top 3 Challenge for HSC: 50 percent of respondents.

■ Over 70 percent of respondent indicated that providing services to address housing instability is Very Important.

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[4] Nat'l Low Income Housing Coalition for 2008
[5] Blue Ribbon Committee on Homelessness, Recommendation April 2, 2008

- Almost half of respondents (49 percent) indicated that this service area would be the Best use of public resources. An additional 39 percent indicated that it would be a Good use of public resources.

- Furthermore, half of all respondents (50 percent) indicated that housing instability is one of the Top 3 Challenges that should be addressed by the HSC. This represents the highest frequency response for that question.

☼ **Focus Group/Interview Data:**

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	Yes	Yes	Yes
Latinos	No	No	No
Seniors and Disabled	No	Yes	Yes
Singles and Homeless	Yes	Yes	Yes
Youth	Yes	Yes	Yes
Other Key Stakeholders	Yes	Yes	Yes

- Housing instability, encompassing homelessness, risk of homelessness, and general lack of affordable housing, emerged as a key issue among multiple focus groups and key stakeholder interviews. Related concerns expressed by focus group members and key stakeholders included:

- Need for more low-income housing in general.

- Need for housing assistance that can address immediate, short-term needs, including shelters for mixed age, genders, transitioning youth, and for families with children over age 10.

- Need for renter "rehabilitation" programs to help individuals that have been previously evicted, had credit problems or face other barriers to securing housing.

- Concerns that without stable housing, it is very difficult to address other issues and challenges.

- Need for tenant advocacy assistance in the face of abusive or neglectful landlords.

☼ **Other Key Considerations:**

- Strong agreement was noted between community input, existing data and HSC feedback. Findings also aligned with other community documents, such as the Eugene Springfield Coordinated Plan and the findings outlined by the Lane County Blue Ribbon Commission on Homelessness.

Physical, Oral and Behavioral Health Services

Priority Outcome Area: Meet Community Basic Needs

Issue Area(s) Addressed:

- Physical Health Issues: Finding, paying for, or managing physical health care.

- Oral/Dental Health Issues: Finding, paying for, or managing oral/dental health care.

- Mental Health Issues: Finding, paying for, or managing mental health care.

- Substance Abuse Issues: Finding, paying for, or managing substance abuse care.

Note: Based on HSC feedback, this sub-outcome area addresses multiple issue areas, in recognition of the importance of aligning and/or combining the services that address the issues.

☼ **Contextual Data:**

- Physical Health Issues

  - Percent/rate of population experiencing a physical health issue (and/or chronic physical health issue): 28% of households reported having a person living in their household who has a long-term or chronic medical condition which interferes with daily living[6].

  - Percent of individuals without health insurance: 15.7 % (LC); 12.6 % (OR)[7]

  - Percent or absolute gap in health care providers: LC: 11%[8]

- Oral/Dental Health Issues:

  - Percent of population with adequate access to oral care: 66% (adequate provider to non-low-income population) ; Oregon: 1:2,243, Lane County: 1:2,486[9]

  - Percent of population lacking access to oral care: 34% of total county population is low-income; correlation can be made that all lack access due to provider shortage. 43% of low-income children had difficulty accessing a dentist 2004-06

  - Ratio of dentists serving low-income population (200% below FPL): Oregon: 1:7,986; Lane County: 1:14,854[10].

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[6] United Way 2007 Community Assessment for Lane County
http://www.unitedwaylane.org/_ASSETS/PDFFILES/07CommAssetsExecSummary.pdf
[7] CLIKS: Community level information on Kids profile for Lane County
[8] http://www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/data/hcare_shortage.cfm 2008-09 data; 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.
[9] Oregon DHS Results of the 2007 Primary Care Dental Survey and 2006 Burden of Oral Disease in Oregon report; Saturation Ratio: The Federal Health Resources and Services Administration (HRSA) considers a dental population to provider ratio greater than 3,000:1 to be overutilization of resources. The administration considers any area with this ratio to have no services available for patients from contiguous areas.
[10] Oregon DHS Results of the 2007 Primary Care Dental Survey and 2006 Burden of Oral Disease in Oregon report (http://www.orohc.org/pdfs/burden.pdf); Shortage Ratio: The major HRSA criteria for a Dental Health Professional Shortage Designation is the population to provider ratio. For areas with low amounts of fluoride in the drinking water, the minimum ratio to qualify is 4,000:1. If the population majority in an area benefits from fluoridation, the ratio for Federal Shortage Designation climbs to 5,000:1. Only five counties in Oregon have more than 50% of the population

- Mental Health Issues:
  - Percent/rate of population experiencing a mental health issue: Oregon: 11.24% for adults 18+; 12% for kids 0-17; LC: 6.9% for adults 18+; 11% for kids 0-17.[11]
- Substance Abuse
  - Rate of death from alcohol induced disease per 100,000: 13 (LC), 13 (OR) [12]
  - Percent of persons aged 12 or older meeting DSM-IV criteria for alcohol dependence or abuse: 7 % (LC); 8 % (OR)[13]
  - Percent of persons aged 12 or older meeting three of seven DSM-IV criteria for dependence, or one or more of the four DSM-IV criteria for drug abuse: 3 % (LC); 3% (OR)[14]

☼ **Survey Data:**

Physical Health Issues

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	65%	27%	5%	2%	1%
Availability of Services	6%	33%	41%	11%	9%
Effectiveness of Services	10%	35%	34%	10%	11%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	47%	38%	11%	2%	3%

- Top 3 Challenge for HSC: 25 percent of respondents.
- Sixty-five percent of respondents indicated that it is Very Important to provide services to address Physical Health.

Dental Health Issues

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	51%	37%	9%	2%	1%
Availability of Services	6%	18%	45%	21%	11%
Effectiveness of Services	8%	22%	36%	20%	14%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	32%	47%	15%	3%	3%

- Top 3 Challenge for HSC: 8 percent of respondents.

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covered by fluoridation. These counties are Benton, Clatsop, Coos, Marion and Wasco. The HRSA considers an area that meets one of these shortage ratios as having "critical need."
[11] County data received from Jon Collins (jon.c.collins@state.or.us 503-945-9726), Manager, Program Analysis & Evaluation Unit, Addiction & Mental Health Division. Data is for severe mental illness only; no other data is collected.
[12] OR Vital Statistics Annual Report, Vol. 2
[13] National Survey on Drug Use and Health 2000-2004
[14] National Survey on Drug Use and Health 2000-2004

- Slightly more than half (51 percent) of respondents indicated that it is Very Important to provide services to address oral/dental health challenges.

- 66% of respondents believe that oral/dental health services are not very or not at all available, and 56% believe that these services are not very or not at all effective.

- 32% of respondents believe oral/dental health are a best use of local public resources.

Mental Health Issues

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	67%	26%	5%	2%	0%
Availability of Services	9%	33%	38%	10%	10%
Effectiveness of Services	10%	34%	32%	12%	12%

	Best	Good	Not Good	Worst	Don't Know
Use of Resources	49%	42%	6%	2%	1%

- Top 3 Challenge for HSC: 30 percent of respondents.

- 67 percent of respondents indicated that it is Very Important to provide services that address mental health issues.

- 48 percent of respondents indicated that mental health services are Not Very or Not at all available.

- Nearly half (49 percent) of respondents indicated that addressing this service area is the Best Use of HSC Resources.

Substance Abuse Issues

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	57%	33%	7%	2%	1%
Availability of Services	12%	35%	33%	11%	8%
Effectiveness of Services	11%	32%	32%	11%	13%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	42%	42%	11%	3%	2%

- Top 3 Challenge for HSC: 22 percent of respondents.

- The majority of respondents (57 percent) indicated that it is Very Important to provide services related to Substance Abuse.

- Twenty-two percent of respondents suggested that Substance Abuse should be considered one of the Top 3 priorities for HSC support.

- Twelve percent of respondents felt that Substance Abuse services were very available.

☼ **Focus Group/Interview Data:**

Physical Health Issues

	Service Area Identified as a Concern		
	Scale of Problem	Negative Impact of Problem	Limited Availability and Effectiveness of Services
Families	No	Yes	Yes
Latinos	Yes	No	Yes
Seniors and Disabled	Yes	Yes	Yes
Singles and Homeless	No	Yes	Yes
Youth	No	No	Yes
Other Key Stakeholders	Yes	No	No

- Focus groups respondents indicated a lack of access to physical health care either through insurance or due to oversubscribed community clinics

- Focus group respondents across all target populations voiced a need for greater health care access either through insurance or more clinic services

Oral/Dental Health Issues

	Service Area Identified as a Concern		
	Scale of Problem	Negative Impact of Problem	Limited Availability and Effectiveness of Services
Families	Yes	Yes	Yes
Latinos	No	No	No
Seniors and Disabled	No	No	Yes
Singles and Homeless	No	No	Yes
Youth	No	No	No
Other Key Stakeholders	No	No	No

- Focus group participants described a gap in oral/dental services in Eugene. More specifically, participants noted:
  - □ Not enough supply to meet demand (Seniors, Families and Singles input)
  - □ Have more dental van visits (Families input)
  - □ Need more access, not just for homeless/indigent, but for low-income people (Singles input)

Mental Health Issues

	Service Area Identified as a Concern		
	Scale of Problem	Negative Impact of Problem	Limited Availability and Effectiveness of Services
Families	Yes	Yes	Yes
Latinos	No	No	No
Seniors and Disabled	Yes	Yes	Yes
Singles and Homeless	Yes	Yes	Yes

Youth	No	No	Yes
Other Key Stakeholders	Yes	No	Yes

- Focus group respondents cited the following mental health issues: isolation, stress, and the fact that having an untreated mental health issue makes it impossible to get a job and fulfill basic needs independently.

- Focus group respondents noted that the following mental health services are missing in Lane County:
  - Systemic deterioration
  - Need more in-house mental health services, e.g., once a week counselor at Station 99, or peer-to-peer counseling like Committed Partners for Youth

- Stakeholders noted that mental health and addiction issues prevent people from getting housing, particularly youth.

- Nearly half of all stakeholders interviewed indicated that mental health services, including shelters for individuals with mental health issues, are a best use of public resources, and several indicated that individuals with mental health issues are a critical target population for services.

- Interviewed stakeholders also noted that gaps in mental health services (and substance abuse) are evident in Lane County.

Substance Abuse Issues

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	Yes	Yes	No
Latinos	No	No	No
Seniors and Disabled	No	No	No
Singles and Homeless	No	No	No
Youth	No	No	No
Other Key Stakeholders	No	Yes	Yes

- Substance abuse emerged as a common concern in the families' focus group.

☼ **Other Key Considerations:**

- Given consolidation of issue areas, the HSC provided strong feedback that Physical, Oral and Behavioral Health Services should be categorized as a Tier I priority.

Emergency Food and Assistance

Priority Outcome Area: Meet Community Basic Needs

Issue Area(s) Addressed:

- Food Insecurity: Paying for food and groceries.

☼ **Contextual Data:**

- Percent of residents experiencing food insecurity: 20% (Lane County)[15]
- Percent of children receiving free and reduced price school lunch: 37% (Lane County); 39% (Oregon)[16]

☼ **Survey Data:**

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	68%	27%	3%	1%	0%
Availability of Services	29%	46%	18%	2%	5%
Effectiveness of Services	24%	48%	15%	3%	9%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	43%	44%	10%	3%	1%

- Top 3 Challenge for HSC: 21 percent of respondents.
- The majority of respondents (68 percent) indicated that providing services to address food insecurity is Very Important.
- A little over 20 percent of respondents indicated that food insecurity is a Top 3 challenge that should be supported by the HSC.

☼ **Focus Group/Interview Data:**

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	Yes	No	No
Latinos	No	No	No
Seniors and Disabled	No	No	Yes
Singles and Homeless	No	No	No
Youth	No	No	No
Other Key Stakeholders	Yes	No	Yes

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[15] 2005 FOOD for Lane County www.foodforlanecounty.org
[16] 2007 American Community Survey

- Food insecurity was cited as a key concern by multiple groups, including key stakeholders. Some participants also commented on potential spillover effects of food insecurity into other service areas, such as school preparedness and domestic violence.

Other Key Considerations:

- Initial data collection results suggested addressing food instability via Emergency Food and Assistance services is high priority. While acknowledging the critical need to address food instability, the HSC recommended categorizing Emergency Food and Assistance as a Tier II priority, based on the assertion that these needs are currently being funded adequately by existing community resources, including current HSC funds and new allocations.

Utilities Assistance

Priority Outcome Area: Meet Community Basic Needs

Issue Area(s) Addressed:

- Utilities Instability: Paying for basic utilities, such as electric gas and telephone.

Contextual Data:

- No telephone service available-occupied housing units: LC: 5,062 (3.7%); Oregon: 5.1%; US: 5.4%

- Percentage of residents unable to pay for utilities: 5.4%[17]

☼ **Survey Data:**

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	52%	38%	8%	3%	1%
Availability of Services	14%	45%	29%	3%	10%
Effectiveness of Services	15%	44%	24%	4%	14%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	27%	53%	13%	3%	4%

- Top 3 Challenge for HSC: 6 percent of respondents.

- Just over half of respondents felt that services to address utilities instability were Important to provide.

- Over three-quarters of respondents felt that utilities assistance was a Good or Best use of public resources.

Focus Group/Interview Data:

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	Yes	No	No
Latinos	No	No	No
Seniors and Disabled	No	No	No
Singles and Homeless	No	No	No
Youth	No	No	No
Other Key Stakeholders	No	No	No

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[17] 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.

- Among families, utilities instability was mentioned, but the service area did not emerge as a common concern.

Other Key Considerations:

- None. HSC feedback was aligned with the prioritization of Utilities Assistance as a Tier III Sub-outcome area.

Transportation Services

Priority Outcome Area: Meet Community Basic Needs

Issue Area(s) Addressed:

- Transportation Barriers: Finding or paying for transportation to work, school or appointments.

Contextual Data:

- No existing data related to transportation barriers was identified.

Survey Data:

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	37%	45%	14%	3%	1%
Availability of Services	11%	33%	37%	10%	10%
Effectiveness of Services	12%	36%	29%	9%	14%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	21%	54%	19%	5%	2%

- Top 3 Challenge for HSC: 3 percent of respondents.

- 65 percent of respondents indicated that addressing transportation barriers is a Good or Best use of resources.

☼ **Focus Group/Interview Data:**

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	No	No	No
Latinos	No	Yes	No
Seniors and Disabled	No	Yes	No
Singles and Homeless	Yes	Yes	No
Youth	No	No	No
Other Key Stakeholders	No	No	No

- Transportation emerged as a common concern among the Latino, Senior/Disabled, and Singles/Homeless focus group participants.

- Focus group input related to transportation challenges included:

  - Difficulty getting around, noted by seniors and person with disabilities; and

       □   Driving unlicensed or uninsured, noted by Latinos and single and homeless stakeholders.

- Public transportation is limited in rural areas and late at night, and is expensive, noted by families and single/homeless stakeholders.

Other Key Considerations:

- None. HSC feedback was aligned with the prioritization of Transportation Services as a Tier III Sub-outcome area.

Housing and Supportive Services

Priority Outcome Area: Increase Self-Reliance

Issue Area(s) Addressed:

- Housing Instability: Finding and paying for quality housing.

Note: Based on HSC recommendations, two sub-outcome areas were created to address the issue of housing instability: Housing and Supportive Services (to increase self-reliance through longer-term solutions to housing challenges) and Emergency Shelter and Services (to meet basic needs and manage crises).

☼ **Contextual Data:**

- Housing affordability:[18]

  - Percent of renters unable to afford 2BR FMR: 54% (Lane County); 44% (Oregon)

  - Percent of median income needed to afford 2BR MR: 107% (Lane County); 87% (Oregon)

  - Housing wage needed per BR rental:

    - 0BR: $9.52 (Lane County); $9.94 (Oregon)

    - 1 BR: $11.52 (Lane County); $11.60 (Oregon)

    - 2 BR: $14.62 (Lane County); $13.87 (Oregon)

    - 3 BR: $20.44 (Lane County); $19.95 (Oregon)

- Homelessness:

  - Unduplicated count of homeless individuals receiving services: 8,800 (Lane County)[19]

☼ **Survey Data:**

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	71%	23%	4%	2%	1%
Availability of Services	8%	29%	47%	10%	8%
Effectiveness of Services	10%	34%	36%	10%	11%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	49%	39%	9%	2%	2%

- Top 3 Challenge for HSC: 50 percent of respondents.

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[18] Nat'l Low Income Housing Coalition for 2008
[19] Blue Ribbon Committee on Homelessness, Recommendation April 2, 2008

- Over 70 percent of respondent indicated that providing services to address housing instability is Very Important.

- Almost half of respondents (49 percent) indicated that this service area would be the Best use of public resources. An additional 39 percent indicated that it would be a Good use of public resources.

- Furthermore, half of all respondents (50 percent) indicated that housing instability is one of the Top 3 Challenges that should be addressed by the HSC. This represents the highest frequency response for that question.

☼ **Focus Group/Interview Data:**

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	Yes	Yes	Yes
Latinos	No	No	No
Seniors and Disabled	No	Yes	Yes
Singles and Homeless	Yes	Yes	Yes
Youth	Yes	Yes	Yes
Other Key Stakeholders	Yes	Yes	Yes

- Housing instability, encompassing homelessness, risk of homelessness, and general lack of affordable housing, emerged as a key issue among multiple focus groups and key stakeholder interviews. Related concerns expressed by focus group members and key stakeholders included:

- Need for more low-income housing in general.

- Need for housing assistance that can address immediate, short-term needs, including shelters for mixed age, genders, transitioning youth, and for families with children over age 10.

- Need for renter "rehabilitation" programs to help individuals that have been previously evicted, had credit problems or face other barriers to securing housing.

- Concerns that without stable housing, it is very difficult to address other issues and challenges.

- Need for tenant advocacy assistance in the face of abusive or neglectful landlords.

☼ **Other Key Considerations:**

- Strong agreement was noted between community input, existing data and HSC feedback. Findings also aligned with other community documents, such as the Eugene Springfield Coordinated Plan and the findings outlined by the Lane County Blue Ribbon Commission on Homelessness.

Child and Youth Development

Priority Outcome Area: Increase Self-Reliance

Issue Area(s) Addressed:

■ No issue areas specific to this sub-outcome area were identified during initial data collection activities.

Note: Based on HSC recommendations, this sub-outcome area was developed to support services specific to low-income Lane County children and youth.

Contextual Data:

■ No contextual data specific to this sub-outcome area was collected during data collection activities.

☼ **Survey Data:**

■ No survey data specific to this sub-outcome area was collected during data collection activities. However, survey data related to the issue area of child abuse and neglect suggested that the community prioritizes the welfare of children and youth.

Focus Groups and Interviews:

■ No focus group/interview data specific to this sub-outcome area was collected during data collection activities. However, focus group data related to the issue area of child abuse and neglect suggested that the community prioritizes the welfare of children and youth.

☼ **Other Key Considerations:**

■ HSC recommended the categorization Child and Youth Development as a Tier II priority given the vulnerability of the target population and the importance of providing support to children and youth in their efforts to become self-reliant adults.

Child Care Services and Assistance

Priority Outcome Area: Increase Self-Reliance

Issue Area(s) Addressed:

■ Child care: Finding and paying for quality child care.

☼ **Contextual Data:**

■ Number of families with children<6 with all parents in labor force: 12,442 (Lane County)

■ Percent families with children<6 with all parents in labor force: 62% (Lane County); 62% (Oregon); 62% (United States) [20]

■ Number of child care slots available for every 100 children under 13 years of age: 20 (Lane County) [21]

Survey Data:

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	51%	42%	6%	1%	1%
Availability of Services	9%	34%	39%	5%	13%
Effectiveness of Services	9%	38%	29%	4%	21%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	22%	56%	16%	2%	4%

■ Top 3 Challenge for HSC: 8 percent of respondents.

■ Slightly more than half of respondents (51 percent) indicated that it is Very Important to provide services to address child care challenges.

Focus Group/Interview Data:

	Service Area Identified as Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	Yes	No	No
Latinos	No	No	No
Seniors and Disabled	No	No	No
Singles and Homeless	No	No	No
Youth	No	No	No
Other Key Stakeholders	No	No	No

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[20] 2007 American Community Survey;
[21] Lane County benchmark report; benchmarks.oregon.gov

- While cited by families as a widespread challenge, child care did not emerge as a common concern among other stakeholders.

Other Key Considerations:

- Alignment was noted between community input, existing data and HSC feedback, resulting in categorization of Child Care Services and Assistance as a Tier III priority.

Employment Services

Priority Outcome Area: Increase Self-Reliance

Issue Area(s) Addressed:

- Unemployment: Finding or keeping a good job.

- Education and Training: Getting education or skills training.

Contextual Data:

- Unemployment:

  - Unemployment rate in labor force: LC: 10,344 (5.8%)/7.5%; Oregon: 6.5%/7.3%; US: 6.3%/6.5%[22]

- Education and Training:

  - Education Readiness:[23]

    - Percent of children entering school ready to learn: 83% (Lane County)

    - Percent of children with 3rd grade reading skill achievement: 91% (Lane County)

    - Percent of children with 3rd grade math skill achievement: 91% (Lane County)

    - Percent of children with 8th grade reading skill achievement: 67% (Lane County)

    - Percent of children with 8th grade math skill achievement: 65% (Lane County)

  - Educational Attainment:[24]

    - Percent of individuals with no H.S. Diploma: 10% (Lane County); 12% (Oregon)

    - Percent of individuals with H.S. Diploma or higher: 90% (Lane County); 88% (Oregon)

    - Percent of individuals with Some College, no Degree:26% (Lane County); 25% (Oregon)

    - Percent of individuals with BA or higher: 25% (Lane County); 28% (Oregon)

☼ **Survey Data:**

Unemployment:

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	68%	26%	4%	2%	0%
Availability of Services	9%	28%	41%	14%	8%
Effectiveness of Services	8%	28%	39%	15%	11%

	Best	Good	Not Good	Worst	Don't Know

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[22] 2007 ASC/10-08 BLS
[23] Lane County benchmark report; benchmarks.oregon.gov
[24] 2007 American Community Survey

Good Use of Resources	45%	40%	12%	2%	1%

- Top 3 Challenge for HSC: 28 percent of respondents.

- Sixty-eight percent of respondents indicated that it was very important to provide services that address unemployment challenges.

- Fifty-five percent of respondents indicated that unemployment services were not very or not at all available.

- Fifty-four percent of respondents indicated that unemployment services were not very or not at all effective.

Education and Training

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	59%	36%	4%	1%	0%
Availability of Services	14%	44%	31%	3%	8%
Effectiveness of Services	14%	43%	26%	5%	13%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	39%	49%	9%	1%	2%

- Top 3 Challenge for HSC: 15%.

- The majority of respondents (59 percent) indicated that it is Very Important to provide services related to Education and Training.

- However, only 15 percent of respondents suggested that Education and Training should be considered one of the Top 3 priorities for HSC support.

☼ **Focus Group/Interview Data:**

Unemployment

	Service Area Identified as a Concern		
	Scale of Problem	Negative Impact of Problem	Limited Availability and Effectiveness of Services
Families	Yes	Yes	No
Latinos	Yes	Yes	No
Seniors and Disabled	Yes	No	No
Singles and Homeless	Yes	Yes	No
Youth	Yes	Yes	No
Other Key Stakeholders	No	No	No

- Unemployment and overall difficulty finding a job was noted by participants across all stakeholder focus groups.

- Lack of education and job skills, particularly in rural communities, was also noted by seniors.

- Participants across focus groups also cited the barriers that other factors, including criminal backgrounds, substance abuse, and homelessness, pose in obtaining a job.

Education and Training

	Service Area Identified as a Concern		
	Scale of Problem	Negative Impact of Problem	Limited Availability and Effectiveness of Services
Families	No	No	No
Latinos	No	No	No
Seniors and Disabled	Yes	No	No
Singles and Homeless	No	No	No
Youth	No	No	No
Other Key Stakeholders	No	No	No

- Participants in the seniors/disabled focus group cited a lack of education and job skills, especially in rural communities. However, the service area did not emerge as a common concern.

Other Key Considerations:

- Community input suggested that community members believe that high priority should be given to supporting services that address employment barriers. In response, the HSC acknowledged the importance of supporting adults in their efforts to find and maintain employment, as well as to advance. However, given the availability of other public resources to fully support job development and skills training efforts, the HSC recommended that Employment Services be supported as a Tier III priority.

Financial/Legal Counseling and Education

Priority Outcome Area: Increase Self-Reliance

Issue Area(s) Addressed:

- Legal Issues: Finding or paying for legal services.

Note: Based on HSC recommendations, this sub-outcome area was expanded to address both legal and financial issues. However, most data collection was focused on collecting information about legal issues.

☼ **Contextual Data:**

- Crime/arrest rates:[25]

  □ Overall crimes reported per 1,000 individuals: 113 (Lane County)

  □ Person crimes reported per 1,000 individuals: 9 (Lane County)

  □ Property crimes reported per 1,000 individuals: 62 (Lane County)

  □ Behavioral crimes reported per 1,000 individuals: 42 (Lane County)

- Probation/parole/recidivism:[26]

  □ Rate of recidivism: 34% (Lane County); 32% (Oregon)

- Youth population:[27]

  □ Number of youth aged 10-14: 19,655 (Lane County)

  □ Number of youth aged 15-19: 23,332 (Lane County)

  □ Number of youth aged 20-24: 28,962 (Lane County)

- Juvenile crime:[28]

  □ Juvenile arrests per 1,000 juveniles for person crimes: 4 (Lane County)

  □ Juvenile arrests per 1,000 juveniles for property crimes: 11 (Lane County)

  □ Percentage of juveniles with a new criminal referral to a county juvenile department within 12 months of the initial crime offense: 30% (Lane County)

- Homeless population: [29]

  □ Unduplicated count of homeless individuals receiving services: 8,800 (Lane County)

- Immigrant population:[30]

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[25] Lane County benchmark report; benchmarks.oregon.gov
[26] Oregon Youth Authority 2005 report http://www.oregon.gov/OYA/reports/jjis/2007/2005_recidivism_trendscharts
[27] U.S. Census. http://factfinder.census.gov/servlet/QTTable?-ds_name=PEP_2007_EST&-qr_name=PEP_2007_EST_DP1&-geo_id=05000US41039
[28] Lane County benchmark report; benchmarks.oregon.gov
[29] Blue Ribbon Committee on Homelessness, Recommendation April 2, 2008
[30] 2007 American Community Survey

- Percent foreign born: 6% (Lane County); 10% (Oregon); 13% (United States)
  - Percent not U.S. citizen: 4% (Lane County); 6% (Oregon); 7% (United States)
  - Percent entered US 2000 or later: 2% (Lane County); 3% (Oregon); 4% (United States)

Survey Data:

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	29%	48%	21%	3%	2%
Availability of Services	7%	27%	42%	11%	13%
Effectiveness of Services	8%	29%	32%	12%	19%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	15%	44%	30%	6%	5%

- Top 3 Challenge for HSC: 3 percent of respondents.
- Legal issues did not emerge as a service area of key concern among survey respondents.

☼ **Focus Group/Interview Data:**

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	Yes	Yes	Yes
Latinos	No	Yes	No
Seniors and Disabled	No	No	No
Singles and Homeless	Yes	Yes	Yes
Youth	No	Yes	Yes
Other Key Stakeholders	No	No	No

- Legal issues emerged as a key common concern in multiple focus groups. Related discussion items included:
  - Concerns that undocumented individuals are unable to obtain drivers' licenses and insurance.
  - Barriers faced by residents with a criminal background, especially related to employment and housing, including a stated lack of available services to address those challenges.
  - Legal barriers and police harassment faced by homeless individuals.

Other Key Considerations:

- Existing data and focus group input indicated legal issues are a key challenge for low-income Lane County residents. While the HSC acknowledged the importance of helping adults to overcome legal challenges, the HSC determined that Financial/Legal Counseling and Education were most appropriately prioritized as Tier III.

Crisis Response

Priority Outcome Area: Build a Safer Community

Issue Area(s) Addressed:

■ No issue areas specific to this sub-outcome area were identified during initial data collection activities.

Note: Based on HSC recommendations, this sub-outcome area was developed to support emergency services to address issues related to mental health and substance abuse.

Contextual Data:

■ No contextual data specific to this sub-outcome area was collected during data collection activities.

Survey Data:

■ No survey data specific to this sub-outcome area was collected during data collection activities.

Focus Groups and Interviews:

■ No focus group/interview data specific to this sub-outcome area was collected during data collection activities.

☼ **Other Key Considerations:**

■ The HSC provided clear feedback during the prioritization review process that Crisis Response services are an important part of efforts to build a safer community, and recommended categorization of this Sub-outcome area as a Tier II priority.

Parenting Education and Skill Development

Priority Outcome Area: Build a Safer Community

Issue Area(s) Addressed:

- Child abuse and neglect

Contextual Data:

- Number of substantiated cases of child abuse: 11 cases per 1000 individuals under 18 (Lane County)[31]

☼ **Survey Data:**

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	89%	10%	2%	0%	0%
Availability of Services	27%	43%	18%	1%	12%
Effectiveness of Services	21%	44%	16%	3%	15%

	Best	Good	Not Good	Worst	Don't Know
Use of Resources	60%	33%	4%	1%	2%

- Top 3 Challenge for HSC: 49 percent of respondents.

- Eighty-nine percent of respondents indicated that it is Very Important to provide services that address child abuse and neglect. This service area received the highest number of Very Important Responses.

- Over half of respondents (60 percent) indicated that it addressing this service area is the Best Use of HSC Resources.

- Furthermore, almost half (49 percent) indicated that it is one of the top 3 challenges that should be addressed by the HSC. This represents the second-highest frequency response for that question.

Focus Group/Interview Data:

	Service Area Identified as Concern		
	Scale of Problem	Negative Impact of Problem	Limited Availability and Effectiveness of Services
Families	No	Yes	No
Latinos	Yes	No	No
Seniors and Disabled	No	No	No
Singles and Homeless	No	No	No
Youth	No	No	No
Other Key Stakeholders	No	No	No

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[31] 2007 Lane County benchmark report; benchmarks.oregon.gov

- While cited by one individual in a focus group, child abuse and neglect did not emerge as a common concern.

☼ **Other Key Considerations:**

- The HSC recommended the categorization of Parenting Education and Skill Development as a Tier II priority, given the vulnerability of the ultimate beneficiaries of the services, children and youth.

Prevention and Intervention of Abuse, Neglect and Exploitation

Priority Outcome Area: Build a Safer Community

Issue Area(s) Addressed:

- Child abuse and neglect

- Domestic violence

Note: Based on HSC feedback, this sub-outcome area was expanded to include services to address abuse, neglect and exploitation of other vulnerable populations, such as seniors and disabled.

Contextual Data:

- Child abuse and neglect:

  □ Number of substantiated cases of child abuse: 11 cases per 1000 individuals under 18 (Lane County)[32]

- Domestic violence:

  □ Percent of households reporting problem: 3.5% (Lane County)[33]

  □ Percent of women aged 20-55 affected: 10% (Oregon)[34]

☼ **Survey Data:**

Child Abuse and Neglect

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	89%	10%	2%	0%	0%
Availability of Services	27%	43%	18%	1%	12%
Effectiveness of Services	21%	44%	16%	3%	15%

	Best	Good	Not Good	Worst	Don't Know
Use of Resources	60%	33%	4%	1%	2%

- Top 3 Challenge for HSC: 49 percent of respondents.

- Eighty-nine percent of respondents indicated that it is Very Important to provide services that address child abuse and neglect. This service area received the highest number of Very Important Responses.

- Over half of respondents (60 percent) indicated that it addressing this service area is the Best Use of HSC Resources.

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[32] 2007 Lane County benchmark report; benchmarks.oregon.gov
[33] United Way 2007 Community Assessment for Lane County
[34] Oregon Women's Health and Safety Survey; http://www.oregon.gov/DHS/ph/ipv/docs/survey.pdf.

- Furthermore, almost half (49 percent) indicated that it is one of the top 3 challenges that should be addressed by the HSC. This represents the second-highest frequency response for that question.

Domestic Violence

	Very	Somewhat	Not Very	Not at All	Don't Know
Importance	77%	19%	3%	1%	1%
Availability of Services	27%	50%	13%	1%	9%
Effectiveness of Services	18%	44%	19%	3%	15%

	Best	Good	Not Good	Worst	Don't Know
Good Use of Resources	47%	43%	6%	1%	2%

- Top 3 Challenge for HSC: 19 percent of respondents.

- Over three-quarters of respondents (77 percent) indicated that it is Very Important to provide services to address domestic violence.

- However, only 19 percent of respondents consider domestic violence to be a Top 3 challenge that should be supported by the HSC.

Focus Group/Interview Data:

Child Abuse and Neglect

	Service Area Identified as Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	No	Yes	No
Latinos	Yes	No	No
Seniors and Disabled	No	No	No
Singles and Homeless	No	No	No
Youth	No	No	No
Other Key Stakeholders	No	No	No

- While cited by one individual in a focus group, child abuse and neglect did not emerge as a common concern.

Domestic Violence

	Service Area Identified as a Concern		
	Scale of Problem	**Negative Impact of Problem**	**Limited Availability and Effectiveness of Services**
Families	No	No	No
Latinos	No	No	No
Seniors and Disabled	No	No	No
Singles and Homeless	No	No	No
Youth	No	No	No

Other Key Stakeholders	No	No	No

- Domestic violence did not emerge as a common concern.

☼ **Other Key Considerations:**

- Based on the vulnerability of the ultimate beneficiaries and community feedback regarding the high priority of these services, the HSC recommended the categorization of Parenting Education and Skill Development as a Tier II priority,

Access to Public Benefits

Priority Outcome Area: Improve Access to Services

Issue Area(s) Addressed:

- No issue areas specific to this sub-outcome area were identified during initial data collection activities.

Note: Based on HSC recommendations, this sub-outcome area was developed to support services that connect underserved individuals with public benefits.

Contextual Data:

- No contextual data specific to this sub-outcome area was collected during data collection activities. However, contextual data related to health insurance coverage suggested that access to public benefits is a key challenge in Lane County.

  □ Percent of individuals without health insurance: 15.7 % (LC); 12.6 % (OR)[35]

Survey Data:

- No survey data specific to this sub-outcome area was collected during data collection activities.

Focus Groups and Interviews:

- No focus group/interview data specific to this sub-outcome area was collected during data collection activities. However, focus group data related to the issue area of access to services suggested that access to public benefits is a key challenge for low-income Lane County residents.

☼ **Other Key Considerations:**

- In response to community input about challenges related to accessing services, the HSC recommended establishing the Access to Public Benefits Sub-outcome area, categorized as a Tier III priority.

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[35] CLIKS: Community level information on Kids profile for Lane County

Agency Support Services

Priority Outcome Area: Improve Access to Services

Issue Area(s) Addressed:

- No issue areas specific to this sub-outcome area were identified during initial data collection activities.

Note: Based on HSC recommendations, this sub-outcome area was developed to support services that build the capacity of program grantees to provide services.

Contextual Data:

- No contextual data specific to this sub-outcome area was collected during data collection activities.

Survey Data:

- No survey data specific to this sub-outcome area was collected during data collection activities.

Focus Groups and Interviews:

- No focus group/interview data specific to this sub-outcome area was collected during data collection activities.

☼ **Other Key Considerations:**

- In response to community input about challenges related to grantee capacity, the HSC recommended establishing the Agency Support Services Sub-outcome area, categorized as a Tier III priority.

Community Education and Advocacy

Priority Outcome Area: Improve Access to Services

Issue Area(s) Addressed:

- No issue areas specific to this sub-outcome area were identified during initial data collection activities.

Note: Based on HSC recommendations, this sub-outcome area was developed to support services that build the capacity of program grantees to educate the public and potential service recipients about available services.

Contextual Data:

- No contextual data specific to this sub-outcome area was collected during data collection activities.

Survey Data:

- No survey data specific to this sub-outcome area was collected during data collection activities.

Focus Groups and Interviews:

- No focus group/interview data specific to this sub-outcome area was collected during data collection activities. However, focus group data suggested that navigating the human service system and connecting with appropriate service providers is a key challenge for low-income Lane County residents.

☼ **Other Key Considerations:**

- In response to community input about challenges related to accessing services, the HSC recommended establishing the Community Education and Advocacy Sub-outcome area, categorized as a Tier III priority.

Information and Referral

Priority Outcome Area: Improve Access to Services

Issue Area(s) Addressed:

- No issue areas specific to this sub-outcome area were identified during initial data collection activities.

Note: Based on HSC recommendations, this sub-outcome area was developed to support referral services for low-income Lane County residents.

Contextual Data:

- No contextual data specific to this sub-outcome area was collected during data collection activities.

Survey Data:

- No survey data specific to this sub-outcome area was collected during data collection activities.

Focus Groups and Interviews:

- No focus group/interview data specific to this sub-outcome area was collected during data collection activities. However, focus group data suggested that navigating the human service system and connecting with appropriate service providers is a key challenge for low-income Lane County residents.

☼ **Other Key Considerations:**

- In response to community input about challenges related to accessing services, the HSC recommended establishing the Information and Referral Sub-outcome area, categorized as a Tier III priority.

Appendix C: Resource Allocation Target-Setting Process

This appendix provides more detailed information about the methodology used to develop the Resource Allocation Scenarios. The steps include determining the appropriate baseline expenditure level, how to accommodate designated and flexible funds in the scenarios, and the method for assigning targets in alignment with community and HSC priorities.
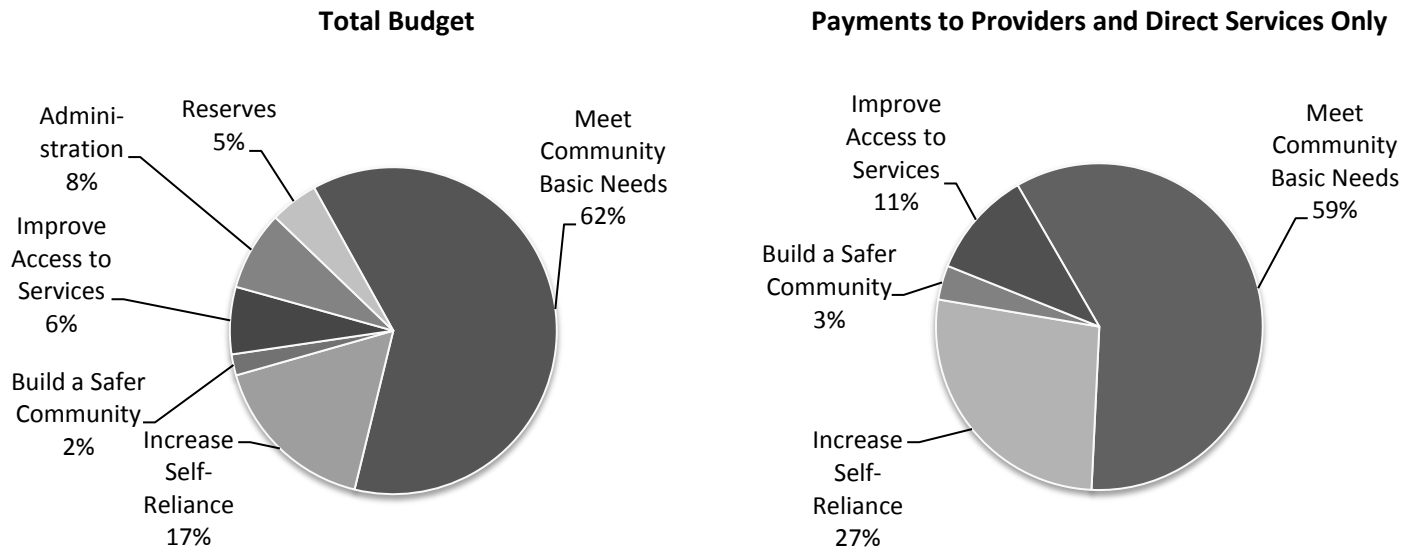
Setting the Baseline

The 2009/10 HSC budget is used as the baseline year for the Resource Allocation Scenarios. It provides a starting point from which to set targets for future spending. Given the complexity of the HSC budget, a modified budget including the payments to partners and HSC direct services was used as the baseline for the Resource Allocation Scenarios.

HSC expenses for 2009/10 total $15.5 million, including American Recovery and Reinvestment Act of 2009 (ARRA) funds and reserves, administration, and selected funds in which HSC essentially serves as an administrative agent.

The data collection phase did not include probing for community input into prioritization of administrative or reserve expenditures, but focused on substantive service areas, including funding for direct services provided by local agencies or directly by HSC staff. As such, administrative and reserve funds are excluded from the baseline resource allocation budget. Additionally, because ARRA funds were distinctly time-limited, HSC staff and commission members elected to exclude these funds from the baseline budget for planning purposes. They also elected to exclude targeted energy assistance payments for which HSC essentially serves as a pass-through. For 2009/10, the expenses used for planning purposes within the Payments to Partners and HSC Direct Services budget totaled $8.3 million.

Exhibit C.1 illustrates the distribution of HSC expenditures, by Priority Outcome Area and other budget categories (where relevant), for both the Total Budget (minus ARRA) and for Payments to Providers and Direct Services Only.

Exhibit C.1: HSC Expenditures, FY 2009/10

Total Budget

Admini-
stration
8%

Reserves
5%

Improve
Access to
Services
6%

Build a Safer
Community
2%

Increase
Self-
Reliance
17%

Meet
Community
Basic Needs
62%

Payments to Providers and Direct Services Only

Improve
Access to
Services
11%

Build a Safer
Community
3%

Increase
Self-
Reliance
27%

Meet
Community
Basic Needs
59%

Exhibits C.2 and C.3 provide more detailed information about Total Expenditures and Payments to Partners and Direct Service Expenditures, by Priority Outcome Area and Sub-outcome Area.

Exhibit C.2: Detailed HSC Expenditures (Total Budget without ARRA funds), FY 2009/10

Priority Outcome Area or Other Budget Category	Sub-outcome Area	Amount ($)	Percent of Total Budget (%)
Meet Community Basic Needs	Emergency Shelter and Services	$1,394,970	10.7%
	Physical, Oral and Behavioral Health Services	$205,703	1.6%
	Emergency Food and Assistance	$293,792	2.2%
	Utilities Assistance and Targeted Energy Assistance Payments[1]	$6,269,566	47.9%
	Transportation Services[2]	$0	0%
	Sub-Total, Meet Community Basic Needs	**$8,164,031**	**62.3%**
Increase Self-Reliance	Housing and Supportive Services	$1,820,988	13.9%
	Child and Youth Development	$373,262	2.9%
	Child Care Services and Assistance[3]	$0	0%
	Employment Services	$0	0%
	Financial/Legal Counseling and Education	$24,017	.2%
	Sub-Total, Increase Self-Reliance	**$2,218,267**	**16.9%**
Build a Safer Community	Crisis Response	$23,660	.2%
	Parenting Education and Skill Development	$58,904	.5%
	Prevention and Intervention of Abuse Neglect and Exploitation	$197,929	1.5%
	Sub-Total, Build a Safer Community	**$280,493**	**2.1%**
Improve Access to Services	Access to Public Benefits	$440,747	3.4%
	Agency Support Services	$234,177	1.8%
	Community Education and Advocacy	$76,770	.6%
	Information and Referral	$127,285	1%
	Sub-Total, Improve Access to Services	**$878,979**	**6.7%**
	SUB-TOTAL DIRECT SERVICE PAYMENTS	**$11,541,770**	**88.1%**
Administration	**Sub-Total, Administration**	**$929,296**	**7.9%**
Reserves	**Sub-Total, Operational Contingency**	**$627,086**	**4.8%**
	TOTAL BUDGET	**$13,098,152**	**100%**

[1] The baseline budget for resource allocation purposes excludes targeted energy assistance payments that are directed entirely at cl
support and for which HSC essentially serves as a fiscal pass-through.

[2] There are additional transportation services provided within grants allocated to Emergency Shelter and Services, such as the servic
provided at Community Service Centers.

[3] Child care services are provided with Housing and Supportive Services.

[4] Agency Support Services and Community Education and Advocacy are services provided through the internal budget and not paid
support to nonprofit agencies.

Exhibit C.3: HSC Expenditures (Payments to Providers and Direct Services only), FY 2009/10

Priority Outcome Area or Other Budget Category	Sub-outcome Area	Amount	Percent of Total Payments to Providers and Direct Services
Meet Community Basic Needs	Emergency Shelter and Services	$1,394,970	16.9%
	Physical, Oral and Behavioral Health Services	$205,703	2.5%
	Emergency Food and Assistance	$293,792	3.6%
	Utilities Assistance and Targeted Energy Assistance Payments[1]	$2,987,716	36.2%
	Transportation Services[2]	$0	0%
	Sub-Total, Meet Community Basic Needs	**$4,882,181**	**59.1%**
Increase Self-Reliance	Housing and Supportive Services	$1,820,988	22.1%
	Child and Youth Development	$373,262	4.5%
	Child Care Services and Assistance[3]	$0	0%
	Employment Services	$0	0%
	Financial/Legal Counseling and Education	$24,017	.3%
	Sub-Total, Increase Self-Reliance	**$2,218,267**	**26.9%**
Build a Safer Community	Crisis Response	$23,660	.3%
	Parenting Education and Skill Development	$58,904	.7%
	Prevention and Intervention of Abuse Neglect and Exploitation	$197,929	2.4%
	Sub-Total, Build a Safer Community	**$280,493**	**3.4%**
Improve Access to Services	Access to Public Benefits	$440,747	5.3%
	Agency Support Services[4]	$234,177	2.8%
	Community Education and Advocacy	$76,770	.9%
	Information and Referral	$127,285	1.5%
	Sub-Total, Improve Access to Services	**$878,979**	**10.6%**
	SUB-TOTAL PAYMENTS TO PROVIDERS AND DIRECT SERVICES	**$8,259,920**	**100%**

[1] The baseline budget for resource allocation purposes excludes targeted energy assistance payments that are directed entirely at client support and for which HSC essentially serves as a fiscal pass-through.

[2] There are additional transportation services provided within grants allocated to Emergency Shelter and Services, such as the services provided at Community Service Centers.

[3] Child care services are provided with Housing and Supportive Services.

[4] Agency Support Services and Community Education and Advocacy are services provided through the internal budget and not paid out as a support to nonprofit agencies.

Flexible vs. Designated Funding

The Human Services Commission of Lane County receives funding from federal, state, and local government sources as well as some private or quasi-public sources such as the Eugene Water and Electric Board (EWEB). Depending on the source and type of funding, the monies are either designated or flexible. Funds that are designated are restricted to specific programs or services and cannot be reallocated to alternative purposes. A smaller proportion of the overall HSC budget consists of flexible funds which can be allocated to a wider range of services.

For allocation scenario planning, it is only possible to set future allocation targets for funds that are flexible since designated funds cannot be reprogrammed to other uses. Additionally, many existing flexible funds are woven into programs or services that also include designated funds, adding a layer of complexity for setting future allocation targets if the HSC can only reprogram the flexible portion. For these reasons, the Resource Allocation Scenarios focus on *new, flexible* funds. However, in the detailed Resource Allocation Scenario matrices below, an estimate of the impact of the new flexible funds on overall spending –flexible and designated – is calculated and shown.

Setting Targets

The targets for the Resource Allocation Scenarios incorporate the service priorities identified by community, stakeholder, and HSC input, as well as current spending allocations.

Step 1: Priority Outcome Area Targets. The first level of target-setting is at the Priority Outcome Area level. As described in detail in Section IV, the Priority Outcome Areas were assigned tiers, indicating the level of priority stakeholders placed on the services. The Tier 1 Priority Outcome Area of Meet Community Basic Needs receives the greatest proportion of new, flexible funds in all scenarios, but the proportion decreases as funding reaches an optimal level for Tier 1 priorities and additional funding can be increasingly funneled into Tier 2 and 3 priorities. Exhibit C.4 provides an overview of the distribution of losses and new flexible funding for each Priority Outcome Area depending on the Resource Allocation Scenario.

Exhibit C.4: Resource Allocation Targets by Priority Outcome Area
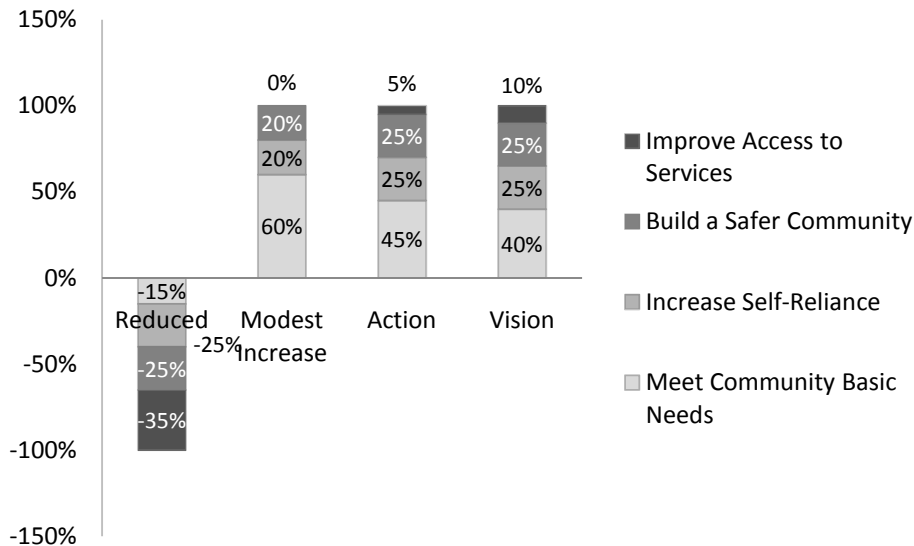
*The Reduced scenario percentages reflect anticipated losses by Priority Outcome Area.

Step 2: Sub-outcome Area Tier Targets. Each Priority Outcome Area includes several service specific Sub-outcome Areas. Resource allocation targets were set for each Sub-outcome Area as well, depending on the priority tier for the Sub-outcome Area. Any new, flexible funds allocated to a Priority Outcome Area would be distributed among the tiers as shown in the table below. The Tier 1 Sub-outcome Areas receive the greatest proportion of funding (70%), followed by Tier 2 (20%) and Tier 3 (10%). Unlike the targets for the Priority Outcome Areas, which change in each Resource Allocation Scenario, the Sub-outcome Area targets for each tier remain the same regardless of the Resource Allocation Scenario. Exhibit C.5 shows the Sub-outcome Area target allocation, by tier.

Exhibit C.5: Sub-outcome Area Target Allocations, by Tier

Tier	Sub-outcome Area Target Allocation
1	70%
2	20%
3	10%

Step 3: Allocations within Tiers. If there is only one Sub-outcome Area in a given tier, that Sub-outcome Area receives the entire amount of funding allocated to that tier. If there is more than one Sub-outcome Area of a certain tier in a given Priority Outcome Area, the allocation is shared proportionate to current funding levels. Variations from 5-10% would be considered within the range of discretion to account for unanticipated and undesired artifacts of the allocation formulas. This method of allocating funds within Sub-outcome Area tiers has the effect of gradually aligning expenditures with the service priorities without causing unrealistic or drastic funding changes that could negatively affect service continuity and delivery.

Appendix D: Detailed Resource Allocation Scenarios

This appendix presents a detailed account of the impact of the allocation targets on the 2009/10 Payments to Providers and HSC Direct Services budget:[36]

- Reduced Scenario (Exhibit D.1)

- Modest Increase Scenario (Exhibit D.2)

- Action Scenario (Exhibit D.3)

- Vision Scenario (Exhibit D.4)

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[36] In each of these scenarios, please note the following: 1) There are additional transportation services provided through grants allocated to Emergency Shelter and Services, such as services provided at Community Service Centers; and 2) Child care services are currently provided with Housing and Supportive Services.

Exhibit D.1: Detailed Resource Allocation Formula (Reduced Scenario)[37]

Sub-outcome Area (Tier)	2009/10 Budgeted Amount ($)	Baseline Budget, as Proportion of All Payments (%)	Baseline Budget, as Proportion of Priority Outcome Area (%)	Local Losses, as Proportion of Total Estimated Losses (%)	Total Estimated Local Losses ($)	Total Allocation ($) (2009/10 Budgeted Amount, less Losses)	Total Allocation, as Proportion of Total Payments (%)	Total Allocation, as Proportion of Priority Outcome Area (%)
Emergency Shelter and Services (I)	$1,394,970	17%	29%	N/A	N/A	N/A	N/A	N/A
Physical, Oral and Behavioral Health Services (I)	$205,703	2%	4%	N/A	N/A	N/A	N/A	N/A
Emergency Food and Assistance (II)	$293,792	4%	6%	N/A	N/A	N/A	N/A	N/A
Utilities Assistance (III)	$2,987,716	36%	61%	N/A	N/A	N/A	N/A	N/A
Transportation Services (III)	$0	0%	0%	N/A	N/A	N/A	N/A	N/A
Sub-Total, Meet Community Basic Needs	**$4,882,181**	**59%**	**100%**	**-15%**	**$ (150,000)**	**$4,732,181**	**65%**	**100%**
Housing and Supportive Services (I)	$1,820,988	22%	82%	N/A	N/A	N/A	N/A	N/A
Child and Youth Development (II)	$373,262	5%	17%	N/A	N/A	N/A	N/A	N/A
Employment Services (III)	$0	0%	0%	N/A	N/A	N/A	N/A	N/A
Child Care Services and Assistance (III)	$0	0%	0%	N/A	N/A	N/A	N/A	N/A
Financial/Legal Counseling and Education (III)	$24,017	0.3%	1%	N/A	N/A	N/A	N/A	N/A
Sub-Total, Increase Self-Reliance	**$2,218,267**	**27%**	**100%**	**-25%**	**$ (250,000)**	**$1,968,267**	**27%**	**100%**
Prevention and Intervention of Abuse Neglect and Exploitation (II)	$197,929	2.4%	71%	N/A	N/A	N/A	N/A	N/A
Parenting Education and Skill Development (II)	$58,904	0.7%	21%	N/A	N/A	N/A	N/A	N/A
Crisis Response (II)	$23,660	0.3%	8%	N/A	N/A	N/A	N/A	N/A
Sub-Total, Build a Safer Community	**$280,493**	**3%**	**100%**	**-25%**	**$ (250,000)**	**$ 30,493**	**0%**	**100%**
Community Education and Advocacy (III)	$76,770	1%	9%	N/A	N/A	N/A	N/A	N/A
Information and Referral (III)	$127,285	2%	14%	N/A	N/A	N/A	N/A	N/A
Agency Support Services (III)	$234,177	3%	27%	N/A	N/A	N/A	N/A	N/A
Access to Public Benefits (III)	$440,747	5%	50%	N/A	N/A	N/A	N/A	N/A
Sub-Total, Improve Access to Services	**$878,979**	**11%**	**100%**	**-35%**	**$ (350,000)**	**$ 528,979**	**7%**	**100%**
TOTAL PAYMENTS TO PROVIDERS AND DIRECT SERVICES	**$8,259,920**	**100%**		**-100%**	**$ (1,000,000)**	**$ 7,259,920**	**100%**	

[37] 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").
Lane County Human Services Commission Human Services Plan for Lane County

Exhibit D.2: Detailed Resource Allocation Formula (Modest Increase Scenario)

Sub-outcome Area (Tier)	2009/10 Budgeted Amount ($)	Baseline Budget, as Proportion of All Payments (%)	Baseline Budget, as Proportion of Priority Outcome Area (%)	New Flexible Funds, as Proportion of Total Target Allocation (%)	New Flexible Funds Target Allocation ($)	New Flexible Funds, as Proportion of Priority Outcome Area (%)	Total Allocation ($) (2009/10 Budgeted Amount, plus Flexible Funds Target)	Total Allocation, as Proportion of Total Payments (%)	Total Allocation, as Proportion of Priority Outcome Area (%)
Emergency Shelter and Services (I)	$1,394,970	17%	29%	N/A	$793,000	58%	$2,187,970	21%	35%
Physical, Oral and Behavioral Health Services (I)	$205,703	2%	4%	N/A	$164,000	12%	$369,703	4%	6%
Emergency Food and Assistance (II)	$293,792	4%	6%	N/A	$274,000	20%	$567,792	5%	9%
Utilities Assistance (III)	$2,987,716	36%	61%	N/A	$130,000	9.5%	$3,117,716	30%	50%
Transportation Services (III)	$0	0%	0%	N/A	$7,000	0.5%	$7,000	0.07%	0.1%
Sub-Total, Meet Community Basic Needs	**$4,882,181**	**59%**	**100%**	**60%**	**$1,368,000**	**100%**	**$6,250,181**	**59%**	**100%**
Housing and Supportive Services (I)	$1,820,988	22%	82%	N/A	$319,200	70%	$2,140,188	20%	80%
Child and Youth Development (II)	$373,262	5%	17%	N/A	$91,200	20%	$464,462	4%	17%
Employment Services (III)	$0	0%	0%	N/A	$2,280	0.5%	$2,280	0%	0.1%
Child Care Services and Assistance (III)	$0	0%	0%	N/A	$2,280	0.5%	$2,280	0.0%	0.1%
Financial/Legal Counseling and Education (III)	$24,017	0.3%	1%	N/A	$41,040	9%	$65,057	0.6%	2.4%
Sub-Total, Increase Self-Reliance	**$2,218,267**	**27%**	**100%**	**20%**	**$456,000**	**100%**	**$2,674,267**	**25%**	**100%**
Prevention and Intervention of Abuse Neglect and Exploitation (II)	$197,929	2.4%	71%	N/A	$322,000	71%	$519,929	5%	71%
Parenting Education and Skill Development (II)	$58,904	0.7%	21%	N/A	$96,000	21%	$154,904	1.5%	21%
Crisis Response (II)	$23,660	0.3%	8%	N/A	$38,000	8%	$61,660	0.6%	8%
Sub-Total, Build a Safer Community	**$280,493**	**3%**	**100%**	**20%**	**$456,000**	**100%**	**$736,493**	**7%**	**100%**
Community Education and Advocacy (III)	$76,770	1%	9%	N/A	$0	0%	$76,770	1%	9%
Information and Referral (III)	$127,285	2%	14%	N/A	$0	0%	$127,285	1.2%	14%
Agency Support Services (III)	$234,177	3%	27%	N/A	$0	0%	$234,177	2.2%	27%
Access to Public Benefits (III)	$440,747	5%	50%	N/A	$0	0%	$440,747	4.2%	50%
Sub-Total, Improve Access to Services	**$878,979**	**11%**	**100%**	**0%**	**$0**	**0%**	**$878,979**	**8%**	**100%**
TOTAL PAYMENTS TO PROVIDERS AND DIRECT SERVICES	**$8,259,920**	**100%**		**100%**	**$2,280,000**	**100%**	**$10,539,920**	**100%**	

Exhibit D.3: Detailed Resource Allocation Formula (Action Scenario)

Sub-outcome Area (Tier)	2009/10 Budgeted Amount ($)	Baseline Budget, as Proportion of All Payments (%)	Baseline Budget, as Proportion of Priority Outcome Area (%)	New Flexible Funds, as Proportion of Total Target Allocation (%)	New Flexible Funds Target Allocation ($)	New Flexible Funds, as Proportion of Priority Outcome Area (%)	Total Allocation ($) (2009/10 Budgeted Amount, plus Flexible Funds Target)	Total Allocation, as Proportion of Total Payments (%)	Total Allocation, as Proportion of Priority Outcome Area (%)
Emergency Shelter and Services (I)	$1,394,970	17%	29%	N/A	$1,191,000	58%	$2,585,970	20%	37%
Physical, Oral and Behavioral Health Services (I)	$205,703	2%	4%	N/A	$246,000	12%	$451,703	4%	7%
Emergency Food and Assistance (II)	$293,792	4%	6%	N/A	$410,000	20%	$703,792	5%	10%
Utilities Assistance (III)	$2,987,716	36%	61%	N/A	$195,000	9.5%	$3,182,716	25%	46%
Transportation Services (III)	$0	0%	0%	N/A	$10,000	0.5%	$10,000	0.08%	0.1%
Sub-Total, Meet Community Basic Needs	**$4,882,181**	**59%**	**100%**	**45%**	**$2,052,000**	**100%**	**$6,934,181**	**54%**	**100%**
Housing and Supportive Services (I)	$1,820,988	22%	82%	N/A	$798,000	70%	$2,618,988	20%	78%
Child and Youth Development (II)	$373,262	5%	17%	N/A	$228,000	20%	$601,262	5%	18%
Employment Services (III)	$0	0%	0%	N/A	$6,000	0.5%	$6,000	0%	0%
Child Care Services and Assistance (III)	$0	0%	0%	N/A	$6,000	0.5%	$6,000	0.0%	0.2%
Financial/Legal Counseling and Education (III)	$24,017	0.3%	1%	N/A	$102,000	9%	$126,017	1.0%	3.8%
Sub-Total, Increase Self-Reliance	**$2,218,267**	**27%**	**100%**	**25%**	**$1,140,000**	**100%**	**$3,358,267**	**26%**	**100%**
Prevention and Intervention of Abuse Neglect and Exploitation (II)	$197,929	2.4%	71%	N/A	$804,000	71%	$1,001,929	8%	71%
Parenting Education and Skill Development (II)	$58,904	0.7%	21%	N/A	$239,000	21%	$297,904	2%	21%
Crisis Response (II)	$23,660	0.3%	8%	N/A	$97,000	8%	$120,660	1%	8%
Sub-Total, Build a Safer Community	**$280,493**	**3%**	**100%**	**25%**	**$1,140,000**	**100%**	**$1,420,493**	**11%**	**100%**
Community Education and Advocacy (III)	$76,770	1%	9%	N/A	$20,000	9%	$96,770	1%	9%
Information and Referral (III)	$127,285	2%	14%	N/A	$33,000	14%	$160,285	1%	14%
Agency Support Services (III)	$234,177	3%	27%	N/A	$61,000	27%	$295,177	2%	27%
Access to Public Benefits (III)	$440,747	5%	50%	N/A	$114,000	50%	$554,747	4%	50%
Sub-Total, Improve Access to Services	**$878,979**	**11%**	**100%**	**5%**	**$228,000**	**100%**	**$1,106,979**	**9%**	**100%**
TOTAL PAYMENTS TO PROVIDERS AND DIRECT SERVICES	**$8,259,920**	**100%**		**100%**	**$4,560,000**	**100%**	**$12,819,920**	**100%**	

Exhibit D.4: Detailed Resource Allocation Formula (Vision Scenario)

Sub-outcome Area (Tier)	2009/10 Budgeted Amount ($)	Baseline Budget, as Proportion of All Payments (%)	Baseline Budget, as Proportion of Priority Outcome Area (%)	New Flexible Funds, as Proportion of Total Target Allocation (%)	New Flexible Funds Target Allocation ($)	New Flexible Funds, as Proportion of Priority Outcome Area (%)	Total Allocation ($) (2009/10 Budgeted Amount, plus Flexible Funds Target)	Total Allocation, as Proportion of Total Payments (%)	Total Allocation, as Proportion of Priority Outcome Area (%)
Emergency Shelter and Services (I)	$1,394,970	17%	29%	N/A	$1,608,000	58%	$3,002,970	20%	39%
Physical, Oral and Behavioral Health Services (I)	$205,703	2%	4%	N/A	$333,000	12%	$538,703	4%	7%
Emergency Food and Assistance (II)	$293,792	4%	6%	N/A	$555,000	20%	$848,792	6%	11%
Utilities Assistance (III)	$2,987,716	36%	61%	N/A	$264,000	9.5%	$3,251,716	21%	42%
Transportation Services (III)	$0	0%	0%	N/A	$14,000	0.5%	$14,000	0.09%	0.2%
Sub-Total, Meet Community Basic Needs	**$4,882,181**	**59%**	**100%**	**40%**	**$2,774,000**	**100%**	**$7,656,181**	**50%**	**100%**
Housing and Supportive Services (I)	$1,820,988	22%	82%	N/A	$1,213,000	70%	$3,033,988	20%	77%
Child and Youth Development (II)	$373,262	5%	17%	N/A	$347,000	20%	$720,262	5%	18%
Employment Services (III)	$0	0%	0%	N/A	$9,000	0.5%	$9,000	0%	0%
Child Care Services and Assistance (III)	$0	0%	0%	N/A	$9,000	0.5%	$9,000	0.1%	0.2%
Financial/Legal Counseling and Education (III)	$24,017	0.3%	1%	N/A	$156,000	9%	$180,017	1.2%	5%
Sub-Total, Increase Self-Reliance	**$2,218,267**	**27%**	**100%**	**25%**	**$1,734,000**	**100%**	**$3,952,267**	**26%**	**100%**
Prevention and Intervention of Abuse Neglect and Exploitation (II)	$197,929	2.4%	71%	N/A	$1,224,000	71%	$1,421,929	9%	71%
Parenting Education and Skill Development (II)	$58,904	0.7%	21%	N/A	$364,000	21%	$422,904	3%	21%
Crisis Response (II)	$23,660	0.3%	8%	N/A	$146,000	8%	$169,660	1%	8%
Sub-Total, Build a Safer Community	**$280,493**	**3%**	**100%**	**25%**	**$1,734,000**	**100%**	**$2,014,493**	**13%**	**100%**
Community Education and Advocacy (III)	$76,770	1%	9%	N/A	$61,000	9%	$137,770	1%	9%
Information and Referral (III)	$127,285	2%	14%	N/A	$100,000	14%	$227,285	1%	14%
Agency Support Services (III)	$234,177	3%	27%	N/A	$185,000	27%	$419,177	3%	27%
Access to Public Benefits (III)	$440,747	5%	50%	N/A	$347,000	50%	$787,747	5%	50%
Sub-Total, Improve Access to Services	**$878,979**	**11%**	**100%**	**10%**	**$693,000**	**100%**	**$1,571,979**	**10%**	**100%**
TOTAL PAYMENTS TO PROVIDERS AND DIRECT SERVICES	**$8,259,920**	**100%**		**100%**	**$6,935,000**	**100%**	**$15,194,920**	**100%**	

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