

MULTNOMAH COUNTY

FY 2024 Budget Work Session Follow Up

County Human Services

May 17, 2023



Question 1: Domestic Violence

Commissioner Rosenbaum (District 3): Please provide the total numbers served in the Domestic Violence system for FY 2022 and the Goal and Estimate for FY 2023.

Response:

Across the continuum of funded services, providers will create 3,886 unique relationships with survivors and their families in FY 2023. This number does not reflect unduplicated survivors (which is not possible due to VAWA regulations), but rather the full scope of services survivors and their families received within our funded continuum. The DSVCO anticipates that number will remain consistent in FY 2024. This calculation includes our internal teams (Gateway and the DV Crisis Response Unit [DVCRU]) and all of our community-based contracts. It is important to note that DSVCO funding is one of several funding streams that agencies are braiding together to support participants, so our data will reflect only a portion of the numbers served by our contracted service providers.

Duplication

There will be some level of duplication in these participant numbers, especially as Gateway and DVCRU frequently refer participants to community-based agencies for additional services. Agencies also partner closely with one another to serve participants across a diverse range of specialties. Because of VAWA confidentiality protocols, it is not currently possible to give an unduplicated number of participants across the continuum. However, it is important to note that while the same participant may be served across multiple agencies, they are receiving distinct services through each referral. For example, a participant may enter the system through the Gateway Center, and then be referred to Bradley Angle for economic empowerment services, VOA Home Free for rapid

rehousing, and Lifeworks NW for short-term mental health support. So while a single participant may account for multiple entries in our data system, it is important to know that these should not be read as “duplicates” but rather as an expression of the complexity of the needs of the typical survivor in our system.

Trends

Service levels are a difficult measure to utilize for understanding trends in incidence and severity of domestic violence. Service data from our contracted community partners will reflect their capacity to serve survivors with funded positions, rather than the true scope of the need.

However, through more qualitative methods (regular check ins with contracted partners and survivors, and engagement with survivor Community Advisory Boards), we can point to a few trends we are seeing in our system:

- Survivors have increasingly complex needs: survivors are experiencing increasingly complex issues and require multiple referrals to address them. Survivors are staying in services for longer, and require a higher level of monetary assistance to address their needs. The loss of ARPA-funded client assistance funds will have a deep impact on our system’s ability to meet these needs.
- Housing insecurity has increased: the number of survivors requiring significant rent assistance funding and/or intensive housing services has increased since the start of the pandemic. ARPA rent assistance funds have been a significant benefit, and have helped to augment our more limited Short Term Rent Assistance (STRA) funds.
- Services for children have eroded: Survivors frequently request assistance with supervised visitation and safe exchange. These services were previously provided by the Safety First program, and since its dissolution in 2019, those services have been largely unavailable in the county.
- Contracted agencies are over capacity: Staffing turnover and wage stagnation have created a long-term crisis in the system. Advocate retention is lower than prior to the pandemic, and hiring has slowed. Our contracted partners cite wage inequality with comparable jobs in the public sector as a factor, as well as the increasing complexity of survivor needs and trauma, which takes a toll on advocates.

In conclusion, the level of funding currently allocated to the DV/SA system does not sufficiently cover the needs of survivors in our community. Current contracted funds would need to increase significantly to cover rising personnel and client assistance costs. Deeper investments in mental health and trauma support, peer delivered services, and services to children of survivors will be needed over the next several budget cycles to address the unique needs of survivors in the county.

Question 2: Oregon Project Independence

Commissioner Meieran (District 1): Please provide more information about this program, how it is funded, if the funding has changed, who the program serves, how has it changed and how it is successful.

Response:

Oregon Project Independence Began

House Bill 2163, directed the Oregon Department of Human Resources (ODHS) “to develop and place in effect a program of supportive services for persons age 60 or older...” and required a fee for service based on ability to pay. This direction was in response to specific concerns expressed by Oregon’s Senior Advocates, including Older American Act funded AAA Advisory Council advocates. The first concern, people not Medicaid eligible, but needed in home help were falling through the cracks. Second concern was that sometimes minimal in-home services could prevent people from going into long term care institutions.

OPI officially began in 1976, with a statewide budget of \$1,000,000; given to Area Agencies on Aging and distributed in a manner similar to how Older American Act funds are distributed. In 2005, the legislature amended the Oregon Revised Statutes (ORS) for OPI to expand eligibility for OPI to serve individuals 19 years of age or older with physical disabilities (ORS 410.435). However, the statute prohibited the expansion until the amount of money for OPI was sufficient. In 2015, 2017 and 2019 Pilot Expansion has been continued in the 7 AAAs for the bienniums.

OPI Eligibility

- Individual who does not reside in a nursing facility, assisted living facility, residential care facility or adult foster home.
- Individual is not receiving Medicaid (OSIPM)
- Over the age of 60 or has an Alzheimer's or related diagnosis if under 60
- For the OPI expansion adults with disabilities ages 19-59 are served.
- Have a Service Priority Level (SPL) 1-18

OPI Services

Authorized Services that OPI funds:

- Home Care
- Chore
- Assistive Technology Devices
- Personal Care
- Adult Day Services
- Registered Nurse Services
- Home Delivered Meals
- Service Coordination/Case Management

Sliding Fee Scale for Services

- A \$25 one-time fee is applied to all new individuals receiving OPI services who have adjusted income levels at or below the poverty level.
- AAA's will have flexibility to work with individuals who incur a hardship in paying the \$25 (e.g. payment plan, adjusted fee)
- Hourly fees are billed for OPI services, except for Service Coordination/Case Management and Home Delivered Meals
- All individuals whose annual gross income exceeds 150% of the Federal Poverty Level, are charged based on a sliding fee schedule as established by the Department.

OPI- M (Changes with Medicaid)

The State is still working with the Center for Medicare & Medicaid Services (CMS) to finalize this new program's requirements. The state's target for the preparation for the roll out is the end of 2023, and is subject to change. Current funds allocated for the OPIM program are used to support some OPI services, some I&R services and hiring and training of new OPI-M staff.

AAAs will continue to receive some, but more limited funding to serve people who are ineligible for OPI-M or prefer traditional OPI.

OPI-M:

- Provides In-home services only
- Assists individuals with ADLs(Activities of daily living)
- Serves individuals with income at 400%Federal Poverty Level (Higher income level and resource limits than Long Term Services and Supports)

Attached is a summary chart for reference.

Question 3: Intersectionality of the DCHS and JOHS

Commissioner Meieran (District 1): Please share the DCHS Supportive Housing Services (SHS) quarterly report.

Response: Please see the attached report.

Rent Assistance Questions

IMPORTANT NOTE: Questions to be addressed at a BCC follow-up worksession scheduled for June 1, 2023 (JOHS and DCHS)

Commissioner Jayapal (District 2)

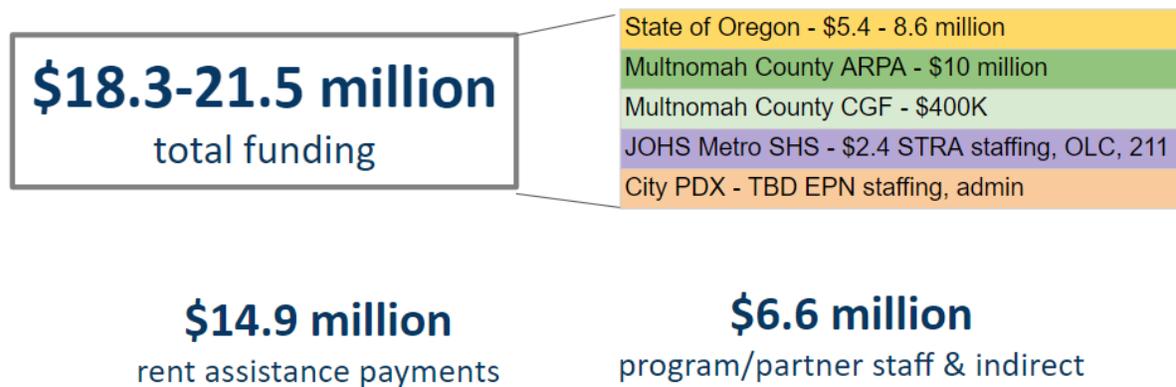
Eviction Prevention

- How much funding does the FY 2024 budget include for eviction prevention, broken out by (a) rent assistance; (b) legal services; and c) any other categories of spending allocated to eviction prevention?
- How many households are projected to be served with each category of service?

The slide below from the DCHS budget presentation depicts the estimated total resources as of 5/17/23.

Eviction Prevention // FY 2024 Estimated Resources

The following resources are estimates within the County and City of Portland budgets support emergency rent assistance, including rapid response eviction prevention efforts.



For the higher end of our estimated funding (\$21.5 million total including a projected \$3.2 million in regular OREDAP from the State), here is how our proposed budget is broken out, the funding sources for each and the #s projected to be served.

FY24 Estimated Eviction Prevention & Emergency Rent Assistance

	Amount	Funding Sources	Projected #s
Rent Assistance			
Rent assistance payments	\$14.9 million	ARPA, OREDAP (EO & regular)	3,932 households
Rent Assistance Program Staff & Admin/Indirect			
Program staff - Nonprofits	\$1.8 million	SHS	These investments support engaging the 3,932 tenants, processing applications, landlord communication and rent assistance payments
Program staff - County	\$2.2 million	ARPA, OREDAP (EO)	
Indirect - Nonprofits	\$874,274	ARPA	
Payment Processing - Home Forward	\$182,102	ARPA	
Access, Information & Advocacy			
211 & CAT	\$416,335	SHS, CGF	211: 3.5 FTE to triage eviction calls CAT: 1,500 receiving legal info, education & referral
Legal Support & Services			
OLC & MPD	\$627,600	SHS, CGF	OLC: 2,000 people engaged in outreach 840 served with legal representation to cure eviction MPD: 300 renters who engage with legal representation to achieve dismissal of their case
System Data & Accountability			
Data Team Staff - County	\$572,083	ARPA, EO-OREDAP	3,932 intake applications entered in HMIS

- What are the program offers that include eviction prevention services?

DCHS

25490B: ARP- Emergency Rent Assistance
Various organizations and DCHS programs

25490C: ARP - YFS Rent Assistance Team Staffing Capacity
Internal DCHS staff positions

25131C: YFS - Eviction Prevention Support
(MPD/CAT)

JOHS

30907: ARP - COVID-19 Emergency Recovery - Emergency Rent Assistance
(211info & Culturally Specific Provider FTE)

30301B: Housing Placement & Retention- Homeless Families - SHS
(Culturally Specific Provider FTE)

30100: System Access, Assessment & Navigation
(Oregon Law Center)

Commissioner Meieran (District 1)

Please provide a holistic description of how all the various types of rent assistance being distributed from all sources at the County fit together, including through DCHS and any other departments.

RESPONSE:

DCHS and JOHS are developing a thorough description and graphics on rent assistance for the briefing on 6/1/23.

- How are we ensuring there is not redundancy?

RESPONSE:

Program/System Level: at the program and system level, the core partners (County, JOHS, City of Portland, Home Forward) plan and budget together and currently meet biweekly to address redundancy, alignment, tracking and accountability of efforts. This includes considering how the programs and allocations compliment and amplify each other, and mitigate against redundancy.

Broader Partnership Level: the eviction prevention partners and funders currently meet biweekly to discuss trends, gaps, alignment and advocacy needs. This includes topics related to redundancy and ensuring we are expanding our reach and not duplicating efforts. This group includes the jurisdictional partners listed in the bullet above plus 211info, Oregon Law Center, Metropolitan Public Defender, Community Alliance of Tenants and rent assistance provider leadership. Early in the pandemic this group was meeting several times a week in order to respond rapidly to the changing environment.

Individual Tenant and Landlord Payments: both the County (for County-staffed programs) and Home Forward (for nonprofit-staffed efforts) are able to cross check payments to specific landlords for specific tenants. In addition, intake forms have included certification from tenants that they have not received rent assistance for the same months from a different organization or program and landlords sign agreements committing to apply rent to the specific months identified acknowledging that they are required to return any duplicative benefits.

DCHS plans to engage in a quality improvement process to understand the systems in place and identify any gaps and areas for improvement. We will implement any findings as soon as feasible.

- What nonprofits have been engaged in distributing rent assistance, both from DCHS and JOHS?

RESPONSE:

The following nonprofit providers have been engaged in distributing emergency and/or short term rent assistance:

- African Family Holistic Health Org
- African Youth Community Org
- Black Community of Portland
- Black Educational Achievement Movement
- Black Parent Initiative
- Brown Hope
- Centre of African Immigration & Refugees
- Division Midway Alliance
- Doulas Latinas International
- Hacienda CDC
- HAKI Community Org
- Historic Parkrose
- Mt. Olivet Baptist Church
- Oasis Praise
- Oregon Chinese Coalition
- Play Grow Learn (Beyond Black CDC)
- Portland Community Reinvestment Inits
- Utopia PDX
- Short Term Rent Assistance (STRA)
- Cascade Aids Project
- Cascadia
- El Programa Hispano
- Impact Northwest
- Impact NW
- Insights
- IRCO
- JOIN
- Latino Network
- NARA
- NAYA

- Northwest Pilot Project
 - Our Just Future (formerly Human Solutions)
 - Outside In
 - Self Enhancement, Inc.
 - Transition Projects
 - Urban League
 - Volunteers of America on behalf of the Domestic Violence Network
- Are there percentages of rent assistance dollars that go straight to Home Forward and/or nonprofits? If so, how much?

RESPONSE:

Home Forward: Home Forward receives 3.2% on the pass through rent assistance dollars for which they are paying the rent directly. For FY 2023 this was \$549K. This funding increases capacity at Home Forward and pays for HF staff who manage the payments to landlords (processing applications, verifying ownership, setting up vendors, cutting checks, and reconciling returned checks, to name key activities).

Nonprofits: Non-profits receive 15% indirect on the rent assistance dollars that their staff process. For FY 2023 this was \$2.7 million (to distribute over \$18 million in rent assistance). Indirect costs are incurred for the agency/organization as a whole and benefit more than one program/objective within an organization. Some examples of indirect costs include human resources staff, fiscal staff, executive/leadership staff, and auditing costs.

- How does this intersect with any additional dollars spent to increase capacity at these organizations?

RESPONSE:

No additional dollars beyond the 3.2% above were allocated to Home Forward to increase capacity.

For culturally specific providers who have agreed to help distribute the influx of additional emergency rent assistance, there is an investment in additional FTE (19.5 FTE across 7 culturally specific organizations) in FY24 to engage with tenants and landlords and process rent assistance applications. This is a direct

program cost to increase capacity to distribute funding to the community. It is not duplicative of the indirect on the rent assistance payment funding.

The seven culturally specific providers are:

- El Programa Hispano Católico
 - Immigrant and Refugee Community Organization
 - Latino Network
 - Native American Rehabilitation Association of the Northwest
 - Native American Youth and Family Center
 - Self Enhancement, Inc
 - Urban League of Portland
- What is the breakdown of administrative cost vs. actual rent assistance going to individuals?

RESPONSE:

For FY 2024 Table repeated from above:

FY24 Estimated Eviction Prevention & Emergency Rent Assistance

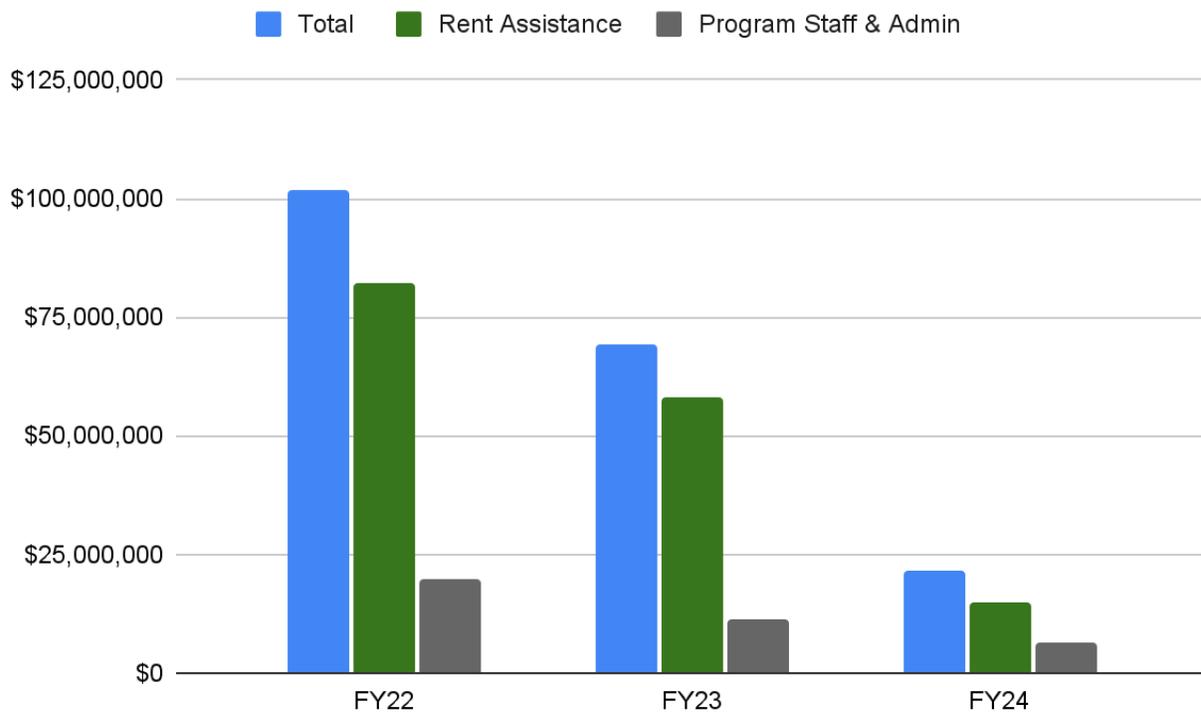
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- Please compare current proposed rent assistance with the past two years?

RESPONSE:

The graphic below shows total eviction prevention funding, rent assistance payments and program staff/admin for FY22, FY23 and FY24.



- How are outcomes being measured - i.e., does rent assistance prevent eviction in the immediate term, 6 months, 1 year, more? How are we getting the data demonstrating effectiveness?

RESPONSE:

Housing stability and retention have been consistent measures for the last 20+ years for short and long term rent assistance programs. Providers are required to reach out to households at 6 and 12 month intervals after exit from the program to check if they remain stably housed and report these results in HMIS.

When the need and request to provide Emergency Rent Assistance at the onset of the pandemic, the intent was to provide immediate assistance to prevent evictions. This focus has continued through FY23 and will continue into FY24 as we follow the Governor’s Executive Order around eviction prevention. The US Treasury noted the specific goals and successes for emergency rent assistance:

- The purpose of emergency rent assistance in combination with other efforts such as legal eviction protections, was to avert what many predicted would be a wave of evictions during the pandemic
- Data illustrates how emergency rent assistance programs kept thousands of families in their homes and enabled communities to stand up infrastructure for rental assistance that never existed before

In Multnomah County, data from court case filings throughout the pandemic show that the combination of emergency rent assistance and legal eviction protections for tenants facing eviction for non-payment of rent led to eviction case filings at levels significantly lower than pre-pandemic rates. Even as protections expired and eviction case filing rates have risen, the availability of emergency rent assistance has assisted thousands of households in avoiding eviction.

As we move into the next phase we will be developing a process for measuring retention metrics that are culturally responsive, grounded in equity and considers the lessons learned from evaluation processes in the past that have felt disempowering, invasive, and caused harm to the people served. We will

also be embarking on a quality improvement process for Emergency Rent Assistance that will include evaluation and we look forward to sharing our next steps as they are developed.

We also know that the efficacy of rent assistance has been studied in other places across the country. We have a few of those studies cited below.

Further Analysis

In our next phase and post-pandemic delivery of Emergency Rent Assistance we are releasing a solicitation to identify a person/organization to conduct data analysis and follow up interviews with people who received emergency rent assistance to understand both the immediate and long term impacts of this support. This will inform the design of future efforts.

Efforts to enhance and improve how we demonstrate and understand the impact of rent assistance overall are also underway. We are currently working to address privacy challenges in the evaluation process and we will continue to be solution focused in our efforts to demonstrate the impact of Rent Assistance.

While we are developing our long term approach to evaluation, national rent assistance data and research identified the following outcomes for families receiving rent assistance:

A study published in the American Journal of Public Health in 2018 examined the impact of rental assistance on the health and well-being of children in low-income families. The study found that children in families receiving rental assistance had better health outcomes, including lower rates of hospitalization and fewer unmet medical needs, compared to children in families not receiving rental assistance. The study also found that rental assistance was associated with improved food security and reduced exposure to environmental hazards. (Source: Cutts, D. B., et al. (2018). US Housing Insecurity and the Health of Very Young Children. American Journal of Public Health)

A study published in the Journal of Children and Poverty in 2019 examined the impact of rental assistance on the academic achievement of children in low-income families. The study found that children in families receiving rental assistance had higher reading and math scores, as well as higher rates of school attendance, compared to children in families not receiving rental assistance. The study also found that rental assistance was associated with improved mental health outcomes for children, including reduced symptoms of depression and anxiety. (Source: Desmond, M., & Kimbro, R. T. (2019). Eviction Threats, Housing Instability, and Educational Attainment. Journal of Children and Poverty)

A study published in the Journal of Social Service Research in 2018 examined the impact of emergency rent assistance on housing stability among low-income households in New York City. The study found that emergency rent assistance was associated with a lower likelihood of eviction and a higher likelihood of remaining in the same housing unit over a six-month period. The study also found that emergency rent assistance was cost-effective, as it prevented the need for more expensive interventions such as emergency shelter. (Source: Shinn, M., et al. (2018). Emergency Rent Assistance and Its Impact on Housing Stability: Evidence from a Randomized Evaluation in New York City. Journal of Social Service Research)



Supportive Housing Services Required Reporting

DCHS: AE, ADVSD, DSVCO, IDSD, YFS
Fiscal Year 2022 - 2023

Reporting Schedule and Quarterly Template



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Reporting Schedule

2nd Quarter - October 1st thru December 31st		3rd Quarter - January 1st thru March 31st	
1/13/23	Joint Office Financial Report	4/14/23	Joint Office Financial Report
1/17/23	HMIS, DV Comp Site, RLRA Data Tables	4/17/23	HMIS, DV Comp Site, RLRA Data Tables
1/17/23	Joint Office Program Team Update	4/17/23	Joint Office Program Team Update
1/17/23	HD, DCJ, DCHS Department Update	4/17/23	HD, DCJ, DCHS Department Update
1/18/23	1st Report Draft/ comms review	4/19/23	1st Report Draft/ comms review
1/25/23	Joint Office Director Review	4/24/23	Joint Office Director Review
2/1/23	HD, DCJ, DCHS Department Review	5/1/23	HD, DCJ, DCHS Department Review
2/8/23	Multnomah County Chair Review	5/8/23	Multnomah County Chair Review
2/15/23	Submit Report to Metro/ post online	5/15/23	Submit Report to Metro/ post online
2/15/23	Metro presents to Oversight Committee	5/15/23	Metro presents to Oversight Committee
4th Quarter - April 1st thru June 31st		FY23 Annual Report - July 2022 thru June 2023	
7/14/23	Joint Office Financial Report	8/29/23	Joint Office Financial Report
7/17/23	HMIS, DV Comp Site, RLRA Data Tables	9/18/23	HMIS, DV Comp Site, RLRA Data Tables
7/17/23	Joint Office Program Team Update	9/18/23	Joint Office Program Team Update
7/17/23	HD, DCJ, DCHS Department Update	9/18/23	HD, DCJ, DCHS Department Update
7/19/23	1st Report Draft/ comms review	9/29/23	1st Report Draft/ comms review
7/24/23	Joint Office Director Review	10/3/23	Joint Office Director Review
7/31/23	HD, DCJ, DCHS Department Review	10/10/23	HD, DCJ, DCHS Department Review
8/7/23	Multnomah County Chair Review	10/17/23	Multnomah County Chair Review
8/15/23	Submit Report to Metro/ post online	10/31/23	Submit Report to Metro/ post online
8/15/23	Metro presents to Oversight Committee	10/31/23	Metro presents to Oversight Committee

Reporting Process

1. The point person in your department makes a copy of the template in Google Docs
2. The point person shares it with managers and assigns specific updates
3. The point person collects updates into one google doc
4. The point person emails your department quarterly update to the SHS team

FY23 SHS Funded Projects

Assertive Engagement (AE)

Program Manager: Armin Tolentino Program Specialist Sr.:Rhea Graves Vendor: Multnomah County Youth and Family Services Division	Service provider training
<p>Overall challenges and barriers to implementation:</p> <p>We continue to see high demand for our training opportunities, which fill up within an hour of opening widely to providers. For the folks who do sign up, we see barriers to being able to fully engage in the training due to urgent demands of their programs and lack of staffing to cover their work during the training. This may mean missing a day of the training entirely or not being able to participate in breakout groups and partner practice activities. We are hoping the video module series will help with this as providers can take the training as they are able and can pause if they need to step away.</p>	
<p>Opportunities in this quarter (e.g. promising findings in a pilot):</p> <p>We completed the interview process to bring on 2 JOHS FTE to the program which will increase training and program capacity.</p> <p>We also completed our first in-person AE workshop since 2020 for more than 40 PCC career coaches. This was an opportunity for the team to reverse engineer our online training curriculum and activities for an in-person format. We are hoping to return to in-person training in the fall to complement our online video module offerings.</p>	
<p>Success in this quarter (e.g. one story that can represent overall success in this quarter):</p> <p>We secured a contract this quarter with Open Signal to produce our online video module training. Once completed, folks will be able to complete the AE training at their own pace and become certified after a 4-hour online or in-person skills practice session. This will increase our capacity to certify more providers and meet the demand for the training, which we believe will support healthier, more effective service delivery for clients and service providers alike.</p> <p>While developing the video modules, we completed one in person training (3 days, 45 people), and two virtual training sessions (4 days each, 144 people certified) this quarter.</p>	
<p>Emerging challenges and opportunities with service providers:</p> <p>We are excited to move the AE Initiative forward with new ways to deliver the training and with more staff capacity. First, though, we need to complete video module production and onboard new staff while still producing monthly supplemental training components including the Community of Ongoing Practice sessions and Newsletter. We are building systemic support to increase long-term training capacity, which impacts our training capacity in the short term. We continue to rotate early access to training registration, allowing different program areas the ability to register their folks so all program areas are receiving continued training despite limited capacity. Our next 4 day virtual training in June will prioritize youth advocates and staff supporting the youth services system of care in JOHS and DCHS.</p>	

ADVSD Mobile Intake Team

Program Manager: Jody Michaelson Vendor: Multnomah County Aging Disability Veteran Services	HMIS ID:
Overall challenges and barriers to implementation: We are still struggling to connect folks to Behavioral Health services. There has also been some confusion on HMIS data collection but we have received additional training and are working on resolving the issue.	
Opportunities in this quarter (e.g. promising findings in a pilot): We hired the final Case Manager Senior KSA Indigenous/Alaskan Native position training under way!	
Success in this quarter (e.g. one story that can represent overall success in this quarter): We have connected with over 100 consumers. We have a full team, as of April first. We have gained access to SHS flex funds and have provided many needed resources to our consumers.	
Emerging challenges and opportunities with service providers: We have received many referrals and are facing challenges with capacity, but have been able to serve all who have connected to the program.	

DSVCO Coordinated Access Expansion

Program Manager: Alix Sanchez Vendor: Multnomah County Domestic and Sexual Violence Coordination Office	Outcomes not recorded in HMIS
Overall challenges and barriers to implementation: There have been a few challenges to hiring due to HR backlogs but those have ultimately resolved	
Opportunities in this quarter (e.g. promising findings in a pilot): None at this time, as we are just onboarding into this new position.	
Success in this quarter (e.g. one story that can represent overall success in this quarter): We have offered this position to a current Gateway staff member who has accepted the role. She has begun to onboard and train into this position as she wraps up her previous limited duration role.	
Emerging challenges and opportunities with service providers: This position will offer increased capacity for survivors seeking housing services through the Gateway Center and the DV coordinated access system. There is a high need for this increased capacity, and Gateway center community -based partners are excited for this role and its community based counterpart.	

DVSCO Data Team Expansion

Program Manager: Jennifer Cameron (program lead: Maria Lamb) Vendor: Multnomah County Domestic and Sexual Violence Coordination Office	Data administration
Overall challenges and barriers to implementation: There are two positions being added, for a total of 1.5 new FTE. Some funding issues related to the existing .5 FTE needed to be ironed out before the positions could be posted.	
Opportunities in this quarter (e.g. promising findings in a pilot): One position, the Data Analyst, was posted this quarter. The other position (Data Tech) will be posted soon after the Data Analyst is hired.	
Success in this quarter (e.g. one story that can represent overall success in this quarter): There was a robust response to job posting for the Data Analyst. Interviews will finish up in April.	
Emerging challenges and opportunities with service providers: The Data Analyst position will be filled by the end of April. We will recruit for the Data Tech position immediately after and expect to have both onboard before the end of next quarter, which will help tremendously with the end-of-year data management and reporting for the Comp Site.	

IDDSD Coordinated Access Case Management

Program Manager: Tammorra Barnes Program Specialist: Takiah McCullough Vendor: Multnomah County Intellectual Disabilities Services	HMIS ID:
Overall challenges and barriers to implementation: Some challenges: Enrolling individuals on the CAA list and outside referrals eligible for IDD services. Due to specific eligibility criteria (particularly outside referrals - not on CAA list) most often aren't eligible for DD Services. Also the self-certifying question of disability, on the Adult VI-SPDAT assessment needs to be updated to list qualified conditions. This would ensure clients referred to SHS IDDSD program quality or more likely to qualify for DD services, thus quicker access to services and housing. Right now, we're spending a great deal of time prescreening, only to find out most do not meet criteria for DD services. Then there's additional time spent trying to find other agencies/programs that would be able to support these individuals.	
Opportunities in this quarter (e.g. promising findings in a pilot): Takiah McCullough attended a Housing Conference in DC that discussed the housing crisis and measures that are being reviewed to help mend this crisis. During the conference many bills were discussed, special keynote speakers Representatives Maxine Waters, Pramilia Jayapal, Author Matthew Desmond talked about segregational practices, governmental proposals and budgeting as it pertains to protecting HUD clients, lower and middle class households. She said "This information was very useful and the connections and future opportunities were discussed on how to elevate these discussions on voting, participating in policy discussions as an advocate professionally and with lived experience. It also brought attention to the global impact of the housing crisis and what role we can play in producing more programs and making them more effective."	
Success in this quarter (e.g. one story that can represent overall success in this quarter): Takiah McCullough, Housing Specialist, assisted two individuals who were struggling financially to pay their rent with getting an ARPA gift card (each worth \$450.00). One couple, who were living in emergency shelters, found what they thought was subsidized housing. Their rent increased, causing a huge financial burden. Takiah has been able to help this couple access services. She also obtained an ARPA gift card (worth \$450.00) for them to use to pay toward bills.	
Emerging challenges and opportunities with service providers: Opportunity: As part of our outreach and advocacy work, this summer, IDD will host a community engagement event to raise awareness of housing, mental, disability, employment services. In addition to connecting individuals to services, this event will have food, mobile showers and grooming and much more. This event will be hosted as a "Block Party" event in partnership with other county agencies and local community organizations, to raise awareness of this important issue but also bring the community together again. More to come. If you are interested in being on the planning committee, please contact Takiah McCullough and Tammorra Barnes.	

YFS MSI/MHT Bridge Housing Pilot

<p>Program Manager: Peggy Samolinski Program Specialist Sr.: Troy Hollis Vendor: Self Enhancement Inc</p>	<p>HMIS ID: Need to request new ID for bridge pilot</p>
<p>Overall challenges and barriers to implementation:</p> <p>We are finalizing details with the selected provider (SEI), completing the program instructions and getting the amendment through the system.</p>	
<p>Opportunities in this quarter (e.g. promising findings in a pilot):</p> <p>The Bridge Pilot should begin in the 4th quarter of the year.</p>	
<p>Success in this quarter (e.g. one story that can represent overall success in this quarter):</p> <p>SEI is excited to be part of this effort.</p>	
<p>Emerging challenges and opportunities with service providers:</p> <p>There may be difficulties hiring staff, which is not a challenge unique to the Bridge program. The provider signaled this challenge during the first conversion with them in February.</p>	

YFS MSI RLRA (Voucher Swap with Home Forward)

<p>Program Manager: Peggy Samolinski Program Specialist Sr.: Troy Hollis Vendor: TBD</p>	<p>HMIS ID: Need to request new ID for program</p>
<p>Overall challenges and barriers to implementation:</p> <p>We are finalizing the program instructions for the vouchers, and meeting with MSI providers to discuss the voucher program and gather their questions and feedback.</p>	
<p>Opportunities in this quarter (e.g. promising findings in a pilot):</p> <p>Providers are grateful to have this resource.</p>	
<p>Success in this quarter (e.g. one story that can represent overall success in this quarter):</p> <p>In our first meeting with the current MSI providers to talk about the voucher program, they asked really great questions, had insights and helped us re-shape our assumptions about how the vouchers will be deployed.</p>	
<p>Emerging challenges and opportunities with service providers:</p> <p>Not enough vouchers - they see the immediate need for many of the families they work with now, and yet understand once the vouchers are filled, there will not be new/additional ones.</p>	

DCHS One-Time-Only \$15M Rent Assistance

Program Manager: Peggy Samolinski Vendor: Multiple vendors	HMIS ID:
Overall challenges and barriers to implementation: No challenges.	
Opportunities in this quarter (e.g. promising findings in a pilot): All funds have been allocated to the providers throughout our emergency rent assistance system.	
Success in this quarter (e.g. one story that can represent overall success in this quarter): In less than one month, 19% of funds are spent. A couple of culturally specific organizations are already over 75% spent out. The need is tremendous in the community.	
Emerging challenges and opportunities with service providers: Maintaining staff capacity in the face of uncertain funding in FY24. This is not specific to SHS funding however may impact spending. Projections indicate that resources overall for rent assistance will be far reduced from FY23 levels and that may impact staffing at organizations and in County programs.	

SHS Housing Advisor

<p>Program Manager: Rachel Pearl Program Specialist Sr.: Kristin Cedar Vendor: Multnomah County Department of County Human Services</p>	<p>SHS Administration</p>
<p>Overall challenges and barriers to implementation:</p> <p>Housing Advisor assisted newly-funded SHS programs in navigating challenges with HMIS data collection. Trainings were scheduled for housing staff, which helped clarify data entry expectations and create a data collection plan going forward.</p>	
<p>Opportunities in this quarter (e.g. promising findings in a pilot):</p> <p>Housing Advisor and JOHS PSH staff started meeting to create a plan for DCHS RLRA implementation. Housing Advisor coordinated meetings between IDSD and ADVSD to complete the budget, develop job descriptions, and start RLRA program implementation. This RLRA will support homeless adults with disabilities and will greatly expand the housing services that ADVSD and IDSD currently provide.</p>	
<p>Success in this quarter (e.g. one story that can represent overall success in this quarter):</p> <p>Housing Advisor coordinated between JOHS and DCHS finance staff to obtain access to SHS client assistance funding. SHS-funded program staff met to brainstorm innovative ways to use client assistance funding to support consumers and started spending down FY23 funding.</p> <p>Housing Advisor worked with the DCHS team to complete housing legislative bill reviews and testimony and participated in cross-departmental housing efforts, including FUSE and the MAC.</p>	
<p>Emerging challenges and opportunities with service providers:</p> <p>DCHS has an exciting opportunity to advocate for families, survivors of domestic and sexual violence, aging adults, and people with disabilities through the Housing Advisor's participation on the MAC.</p>	

Service Program Options - Comparison Chart

The Aging and Disability Resource Connection (ADRC) of Oregon offers free Information & Referral (I&R) and Options Counseling (OC) services. The ADRC provides resources to support immediate and long-term care needs. Referring someone to their [local ADRC](#) may be appropriate for immediate support while pursuing one of the services below.

Watch this short [video](#) to learn more about the ADRC of Oregon.

(Click the arrow [▶] on the left to expand or collapse each heading.)

Full Program Name

Program Elements	Long-Term Services and Supports (LTSS) & State Plan Personal Care (SPPC)	Oregon Project Independence (OPI)	Oregon Project Independence – Medicaid (OPI-M)	Family Caregiver Assistance Program (FCAP)	OAA Family Caregiver Support Program (FCSP)
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Program Intent

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Funding	Medicaid Funded	State Funded	Medicaid Funded	Medicaid Funded	Older American's Act (OAA)
Care Settings	LTSS: In-home, NF and CBC services SPPC: In-home only	In-home only	In-home only	In-home only	In-home only (Respite may be provided in non-residential settings)

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Overview	<p>LTSS: Provides services for eligible individuals who require a nursing facility level of care and can no longer meet their daily care needs.</p> <p>SPPC: Provides essential services to help meet care needs below the LTSS level of care.</p>	Provides minimal in-home services to individuals who don't qualify for Medicaid LTSS or SPPC but need help with daily care needs.	<p>Assists individuals with activities of daily living.</p> <p>Higher income and resource limits than LTSS & SPPC.</p> <p>Potentially, more services than OPI can provide.</p>	<p>Provides support to family caregivers and assists individuals with activities of daily living.</p> <p>Higher income and resource limits than LTSS & SPPC.</p> <p>Potentially, more services than FCSP provides.</p>	<p>Provides respite, supplemental and support services to:</p> <ul style="list-style-type: none"> - an unpaid family caregiver of a loved one with Alzheimer's Disease or related disorder, - an unpaid parent or relative caregiver caring for an individual with disabilities.

Financial Eligibility

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Income Limits	<p>LTSS: Up to 300% SSI, or higher with income cap trust</p> <p>SPPC: OSIPM/MAGI Eligible</p>	None	<p>400% of the Federal Poverty Level (FPL) for one</p> <p>Guide</p>	<p>400% of the Federal Poverty Level (FPL) for one</p> <p>Guide</p>	None

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Resource Limits	LTSS: Individual: \$2000 Couples: Subject to Resource Assessment SPPC: None	None	Up to six months of nursing facility costs. Couples: Subject to Resource Assessment	Up to six months of nursing facility costs. Couples: Subject to Resource Assessment	None
Citizenship	Must meet citizenship requirement; exceptions with Healthier Oregon	Not required	Must meet citizenship requirement	Must meet citizenship requirement	Not required
Estate Claim	Yes	No	No, subject to change	No, subject to change	No
Costs	No cost for in-home services Liability/service contribution for CBC/NF	Monthly sliding scale fee based on net income and a one-time fee	No monthly fees	No monthly fees	No monthly fees

Service Eligibility

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Functional Needs	LTSS: SPL 1-13 SPPC: Must have at least one	SPL 1-18	SPL 1-18	SPL 1-18	No SPL requirements. Eligibility driven by OAA rules.

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
	qualifying personal care need a month				
Age	18+ Those under 65 with a diagnosis of mental/emotional or substance use disorder must have an MED completed.	60+ Under 60 with Alzheimer's Disease or related disorder. Pilot program in some areas for ages 18-59.	18+ If under 60, must meet the SSA disability standards or through PMDDT. Those under 60 with a diagnosis of mental/emotional or substance use disorder must have an MED completed.	18+ If under 60, must meet the SSA disability standards, or through PMDDT. Those under 60 with a diagnosis of mental/emotional or substance use disorder must have an MED completed	FCSP Family caregiver: 18+ Care recipient: 60+ or under 60 with Alzheimer's Disease or a related disorder. FCSP 18+ Parent or relative caregiver: 55+ Care recipient: 18+ with a disability.
Ineligible	Not eligible if primary driver of need is based on MH or substance	Not eligible If receiving financial assistance or Medicaid, except for SNAP, QMB,	Individuals with a diagnosis of an intellectual or developmental	Individuals with a diagnosis of an intellectual or developmental	Not eligible if primary caregiver receives payment as a caregiver for the care recipient.

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
	use disorder, if under 65.	SMB, or SMF Programs	disability are not eligible Not eligible if receiving OHP Plus benefits or other Medicaid (MAGI, NON-MAGI, or EPD).	disability are not eligible Not eligible if receiving OHP Plus benefits or other Medicaid (MAGI, NON-MAGI, or EPD).	

Benefits & Services

Note: Benefits and services depend on the individual meeting service eligibility and financial eligibility.

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Medical Benefits	Yes	No	No	No	No
In-home service hours	LTSS: Hours based on assessed need SPPC: Up to 10hrs per pay period	Hours based on assessed need (max varies by county)	Up to 40hrs based on assessed need	No initial service hours (monthly \$500 payment)	No prescribed service hours (annual payment) *Services vary by county
Exceptions	Yes	Yes	Yes	No	No

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Supports/ Caregivers	Paid caregivers	Paid caregivers	Paid caregivers	Paid/unpaid caregivers	Respite caregivers
Paid Spouse Caregiver	LTSS: Yes, depending on ADL need SPPC: No	No	No	No	No, spouse can be an unpaid caregiver
Personal Care	Yes	Yes	Yes	Yes	Yes, limited
LTCCN	Yes	No	Yes	Yes	No
Behavior Supports Services	Yes	No	No	No	No
Money Management	Yes	Yes	No	No	No
Emergency Response System	Yes	Yes	Yes	Yes	Yes, limited
Home Delivered Meals	Yes	Yes	Yes	Yes	Yes
Transportation	Yes	No	Yes	Yes	Yes, limited

	LTSS & SPPC	OPI	OPI-M	FCAP	FCSP
Shopping	Yes	Yes	Yes	Yes	No
Assistive Technology	Yes	No	Yes	Yes	Yes, limited
Chore Services	Yes	No	Yes	Yes	No
Home Modifications	Yes	No	Yes	Yes	Yes, limited
Adult Day Service (ADS)	LTSS: Yes SPPC: No	No	Yes	Yes	Yes, limited
Caregiver Training	Yes, through OHCC and LTCCN	No	No	Yes	Yes
Supportive Services - i.e. support group	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment and Supplies	Yes	No	No	Yes	Yes, limited