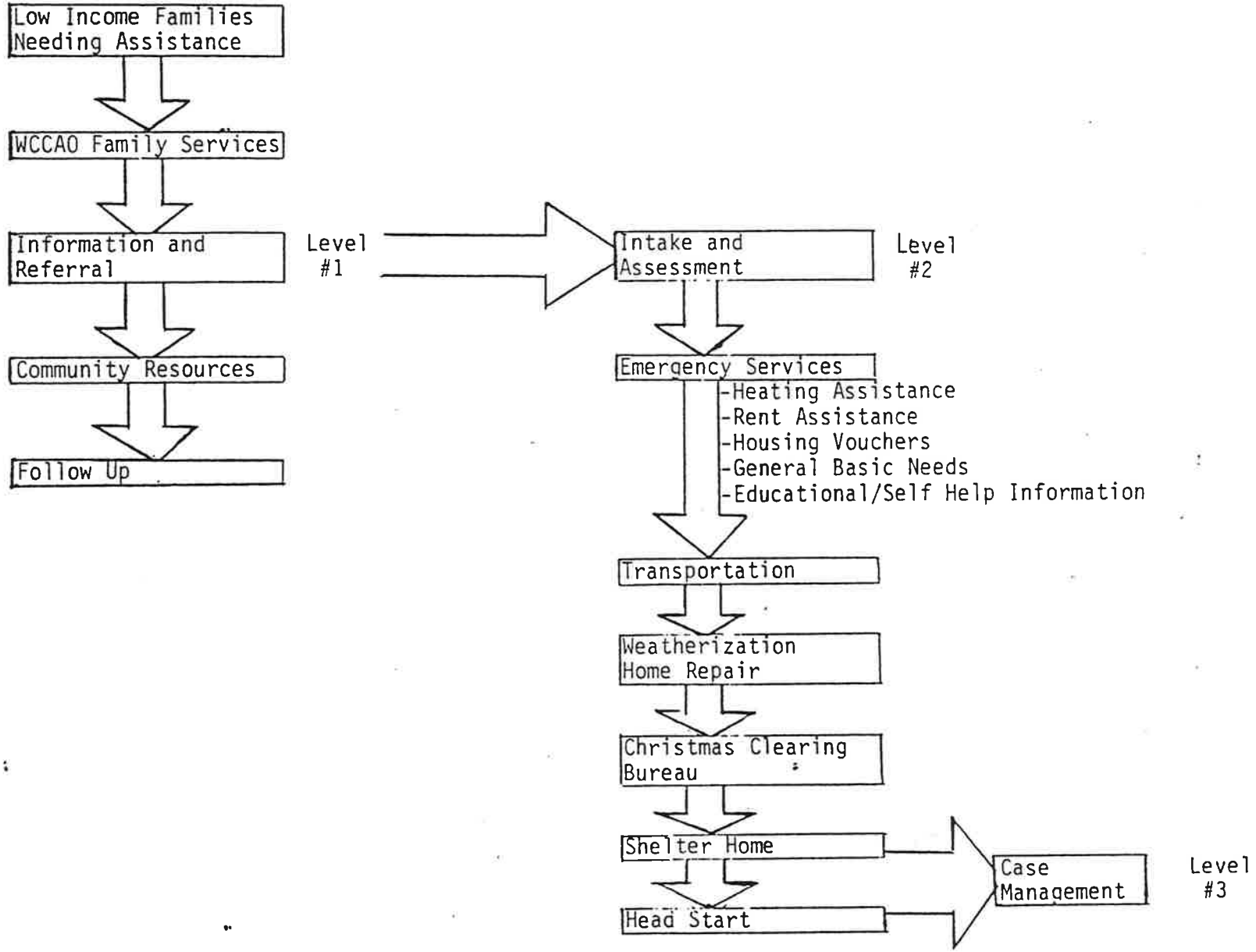
1988-89 Proposed WCCAO Service Delivery System
To Begin Implementation of 1988-93 Strategic Plan



WCCAO Self Reliance Approach

Rev. 10-27-92

SELF SUFFICIENCY

Reaching an individual's potential to be socially integrated and economically independent.

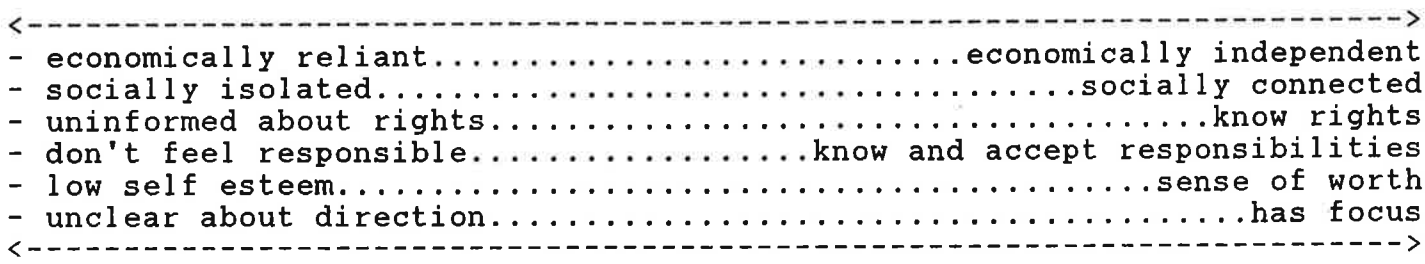
TO BE SELF SUFFICIENT MEANS:

* Having the problem solving skills to successfully address barriers.
* Being able to manage health and mental health needs.
* Having formal and informal networks that nurture and support.
* Having an income or resources to meet basic needs.
* Living in stable and livable housing.
* Being free of victim and victimizing situations such as abuse and criminal behavior.
* Being free of substance abuse.
* Being able to support the healthy growth and development of one's children.

SELF SUFFICIENCY PROGRAMS PROMOTE:

* Self-esteem and communication skills
* Independent decision making
* Access to services
  - health
  - education
  - social services
  - employment
* Economic independence
* Family and individual development

CONTINUUM OF SELF RELIANCE



SELF SUFFICIENCY AS AN ATTITUDE

1. Strengths-based - Acknowledge that everyone has skills and resources that they can put to use in the process of increasing their level of self reliance.

2. Holistic - Rather than addressing one barrier at a time, acknowledge the complexity and interrelatedness of the multiple barriers faced by families in poverty.

3. Empowering - not doing to but rather with; developing a partnership; giving information, developing skills.

4. Partnership between WCCAO and the consumer - Worker and client work cooperatively, each assuming responsibility for his/her role; power differential is reduced to greatest degree possible.

ESSENTIAL COMPONENTS OF SELF-SUFFICIENCY PROGRAMS THAT WORK

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1. There are many self-sufficiency programs already operating. Find one or two and learn how they work. Use existing knowledge.

2. Define your goals carefully. Don't oversell. Set goals to move people toward self-sufficiency, and define what that means in stages, (i.e., stabilized in housing; in job training or education; working; paying bills consistently; children enrolled in school; in an adult literacy program, etc.).

3. Recognize that self-sufficiency includes the concept of inter-dependence. It's okay to accept help; commitment is required.

4. Recognize the limitation of your resources. You can't help every family you see, unless you have unlimited resources. Focus on a certain family profile (i.e., single parent, children under 8 years of age, homeless . . . or whatever you choose).

5. Recognize the complex nature of a self-sufficiency intervention. It will involve the entire family.

6. Be prepared to "call in your chips" with your community partners. You'll need their help.

7. Develop an assessment tool to identify family needs and to help you decide when you can realistically help.

8. Substance abusers and those with mental illness must first address those issues. Experience suggests that neither group is amendable to a structured self-sufficiency program without major resources committed to the up-front abuse/illness problem.

9. Successful programs often develop a partnership with participants, including a contract or written agreement.

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10. Stabilize the family in some kind of home, connected to resources for which they are eligible. Remove the panic.

11. The mind comes first. Successful programs almost always contain self-esteem, communication skills, and skills and abilities workshops which are designed to reinforce in participants that they are capable, worthwhile individuals, and help them to build confidence and human relations skills. Often low-income people have been told much about their shortcomings and very little about their strengths. Low self-esteem among those in poverty has been identified as a common barrier to success.

12. Education/job training/on-the-job training component - Develop usable skills based on the existing interests, abilities, and inclinations of participants. Forcing participants into certain job areas appears not to work and is often self-defeating.

13. The ability to connect participants to jobs - Better have a company or two out there, or a great job developer.

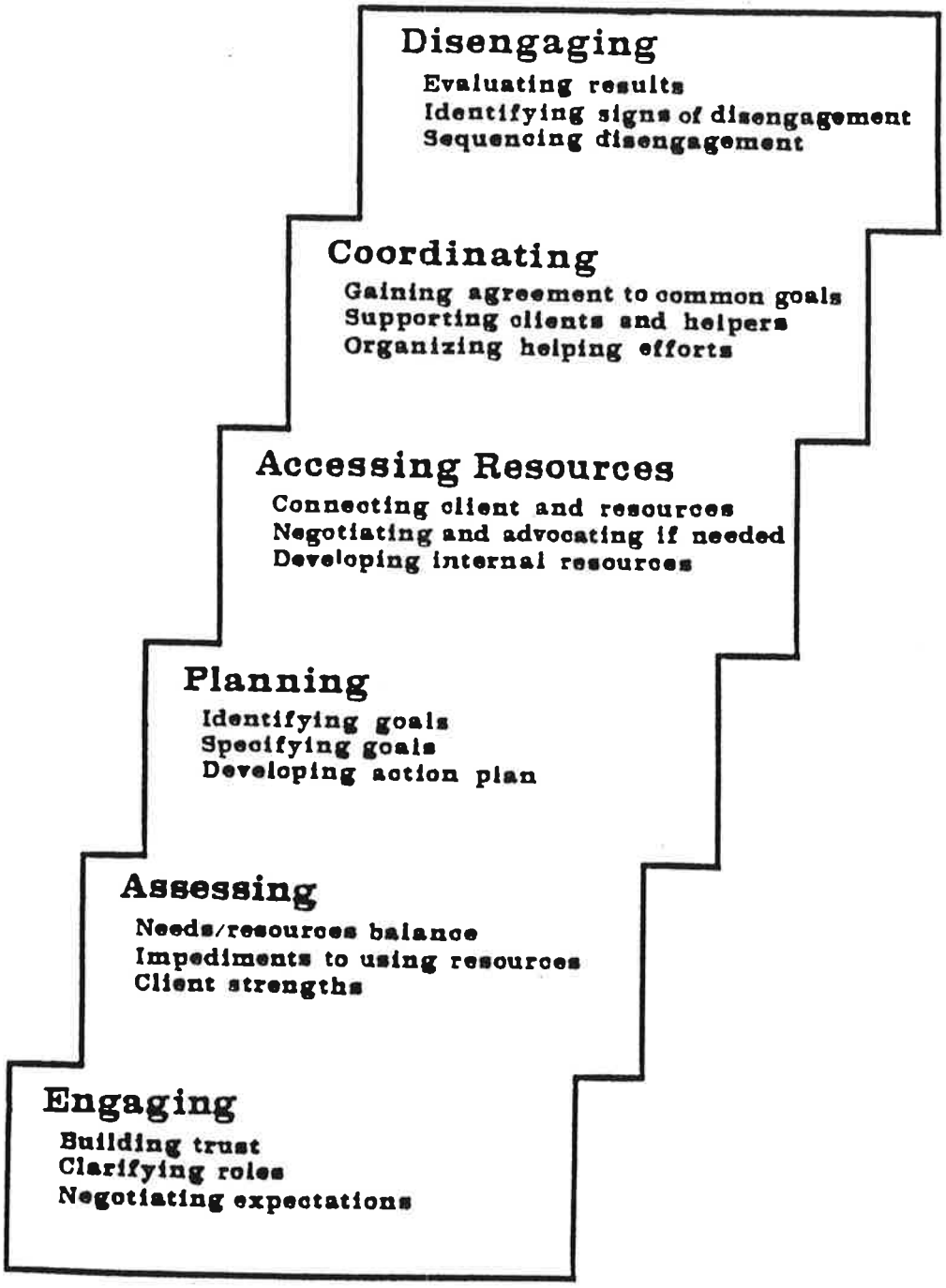
14. A support services component, including child care, and emergency services such as dental, transportation, home heating, health screening, etc. "Small" emergencies are very often responsible for large numbers of drop-outs because participants have no means to adjust.

15. A mentoring component which may take the form of a self help peer group, a single buddy system for current participants, participants meeting with successful past participants, or a systematic follow-up by supportive staff after education, training, and on job placement has occurred.

16. An independent program evaluation component not administered by the self-sufficiency program administrators, but implemented in partnership with them.

17. Mandatory programs generally have a high failure rate among those forced to participate. Mandatory programs often result in all kinds of bureaucracy designed to "follow and catch" dropouts, but the dropouts rarely complete the program due to a long list of individual factors. Mandatory programs appear not to be effective over time and are therefore not cost efficient.

THE STAGES OF CASE MANAGEMENT



DEFINITION OF CASE MANAGEMENT

"Case management is a set of logical steps and a process of interaction within a service network which assure that a client receives needed services in a supportive, effective, efficient and cost effective manner."

CASE MANAGEMENT STYLES (PHILOSOPHIES)

	TRADITIONAL	HUMAN RELATIONS	HUMAN RESOURCES
View of clientele	Judgemental: Client unable to partipate in C.M. process.	Able to participate on a routine level.	Clent is creative individual with inherent strengths, thus capable of decision-making.
Expectation of clientele	To be passive; to "get better"; to comply.	To be somewhat passive; involved in non-professional issues.	To be active, a participant, and a learner.
Role of case case manager	Idenify resources; link client; coordinate.	Identify resources; link client; coordinate; keep client informed.	Facilitator of development of client: collaboration, shared decision making, resource identification and development.
Types of institution where these styles are found	Large bureaucracies, Income Maintenance programs, V.A. & General Hospitals, Large Municipal & County Depts.	Quasi-Public Orgs. with mandates for commmmunity based services: Community Mental Health & AAAs.	Commmmunitybased services with philosophy of social change & advocacy: Health Centers, Comm. Counseling Centers & Domestic violence Centers.
	$	$$	$$$

PLAN

Priority Areas
Objectives (measurable)
Specific actions to be taken
Organizations
Time Frames
Potential barriers/solutions

PRE- AND POST-DEPENDENCY SCALE

III. A. 1. Housing

1 = Clients staying in homeless shelter, hotel, or outdoors
2 = Clients residing in transitional housing, including family/friends at no cost
3 = Clients residing in transitional housing paying partial costs
4 = Clients accessing subsidized housing, HUD, Section 8
5 = Clients paying full costs of adequate housing through employment

2. Economic Needs

1 = No work history, no employment, and no income
2 = Employment history fragmented, but not job ready
3 = Employable, job ready, but receiving assistance
4 = Employed part-time or full-time, but receiving insufficient income
5 = Employed with income above poverty, no assistance

3. Personal & Family Needs

1 = Family unstable, few or no resources, disintegrating conditions
2 = Family stable at minimal level of functioning, great number of unmet needs
3 = Moderate fluctuations in unmet family needs (yo-yo syndrome)
4 = Most of family needs met on regular basis with minor exceptions
5 = Family needs met, opportunity for growth

4. Supportive Social Network

1 = No support network, isolated from family, friends, and neighbors
2 = Support contacts are infrequent with minor impact
3 = Mix of satisfactory and unsatisfactory support sources
4 = Support network contains minor gaps
5 = Comprehensive support network in operation

5. Children's Wellbeing

1 = Parents do not retain custody of children, severe abuse
2 = Multiple family dysfunctions, runaways, substance abuse, etc.
3 = Impaired family with single dysfunction (emotional or communication)
4 = Minor family problems without significant impact
5 = Children receive full range of care, develop regularly and free of observable abuse

WCCAO'S SELF SUFFICIENCY PROGRAM

A. Head Start Families

1. Initial assessment and plan with every family

2. Respond to social service referrals from teachers

3. Provide comprehensive case management to selected families

4. Collaboration with Head Start Program to best meet the needs of all Head Start families

B. Homeless Families: Comprehensive case management is provided to all homeless families served by WCCAO.

1. Hillsboro Shelter Home: short-term (three weeks) case management focussed mostly on emergency, basic needs (housing, employment, clothing, etc.)

2. Tigard Christian Ministries Shelter: similar case management approach as in Hillsboro Shelter, not fully integrated into Self Sufficiency Program

3. Transitional Housing: long-term (6-12 months) case management focussing on issues which will promote housing stability and greater self-reliance.

C. Next Steps/Pasos Siguientes (Demonstration Partnership Project):

1. 45 women interested increasing in their level of self sufficiency, 50% Hispanic.

2. Comprehensive case management services with an emphasis on education and employment

3. Partnership with Portland Community College's New Directions Program

D. New Directions Case Management (Community Development Block Grant):

1. Technical assistance to New Directions to provide case management to students

E. Mortgage Foreclosure Prevention Program:

1. Provide case management services to homeowners in danger of losing their homes.

2. Partnership with Housing Services of Oregon.

F. Oregon Partners in Energy: Issue-specific program focussed on promoting energy self sufficiency

1. Case Mangement

2. Budget Counseling

3. Energy conservation education

4. Utility co-payments to catch up on arrears

G. Possible additions:

1. Health Care for Homeless Children -- in partnership with Washington County Health Department and other community providers

2. Cancer Prevention -- in partnership with American Cancer Society, Washington County Health Department

3. Housing Authority of Washington County Self Sufficiency Program - partnership, no $

4. Farmworker outreach and social services

1991-92

WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION

Self-Sufficiency Program

- Client identification & enrollment & outreach
- Family needs assessment & barrier identification
- Family goal setting & service plan
- Linking up with needed services including support groups, emergency & basic needs, education & training
- Monitoring & advocacy
- Reassessment of family progress

Homeless Families

- Hillsboro Shelter Home (125)
  (3 weeks)
- Tigard Christian Ministries Shelter (70)
  (3 weeks)
- Transitional Housing (12)
  (3-6 months)

Low Income Families

- Head Start Parents(180)
  - 8 months
- New Directions Enrollees (120)
  - 3-9 months
- Partnership Project Enrollees (40)
  - 18 months
  - 50% Hispanic

FUNCTIONS OF CASE MANAGEMENT

1. Client identification and outreach
2. Individual assessment – worker establishes a relationship with client
3. Service planning and resource identification
4. Linking
5. Service delivery
    a. implementation and coordination
    b. monitoring
6. Advocacy
    a. for and with the individual
    b. on a broader scale
7. Evaluation of service delivery and case management

MODELS OF CASE MANAGEMENT

1. Provided by human service professionals &/or paraprofessionals
    a. Generalist/broker
    b. primary therapist as case manager
    c. interdisciplinary team
2. Provided by non-professionals who have a special relationship to the client
    a. volunteers
    b. supportive care workers
    c. family member
3. Comprehensive service centers

JN P41 Connie

FAMILY SUPPORT SERVICES

The purpose of FAMILY SUPPORT SERVICES is to help families make changes that will bring them closer to self reliance.

FAMILY SUPPORT SERVICES is for people who want to make those changes in their lives. Are you interested in:

* Education or training?
* Employment options?
* Learning how to be a better parent?
* Feeling better about yourself and your family?
* Knowing more about the services available to you?

How does FAMILY SUPPORT SERVICES work? You will be teamed up with a Family Support Specialist. Together, you will:

* Assess your family's strengths and identify the things you want to change.
* Develop a Family Plan, which means setting goals and deciding how you're going to achieve them.
* Identify the services that will help you to achieve your goals.
* Meet regularly to discuss how things are going.

As a participant in FAMILY SUPPORT SERVICES your contribution will be to:

* Set goals
* Do your best to achieve your goals
* Keep appointments or be responsible for rescheduling if you can't make it

The FAMILY SUPPORT SERVICES Program believes that all people have the right to:

* Be treated with honor, courtesy and respect
* Receive services in a timely manner and without charge
* Privacy and confidentiality
* Receive information about all available services
* Voice any grievance or appeal any decision
* Ask questions and receive answers

FAMILY SUPPORT SERVICES can help you to take control of your life and set goals. Change isn't always easy. That's why we're here--to work with you to achieve the goals you've set for yourself.

Questions? CALL:

BARRIERS TO SELF-SUFFICIENCY

LACK OF:

1. Full time employment
2. Family wage jobs
3. Affordable housing
4. Affordable, quality child care
5. Basic health care benefits
6. Adequate public transportation
7. Employment skills
8. Comparable pay for women
9. Literacy and language skills

SOCIAL CONCERNS

1. Learning disabilities
2. Hunger and poor nutrition
3. Health problems untreated
4. School drop out
5. Drug or alcohol abuse
6. Domestic violence
7. Child abuse
8. Sexual abuse
9. Teen pregnancy and parenting
10. Criminal behavior
11. Homelessness
12. Cultural bias or bigotry

IN ADDRESSING BARRIERS TO SELF-SUFFICIENCY IT IS IMPORTANT TO:

1. Maximize labor potential
2. Assure adequate/quality labor force
3. Move people from tax users to tax contributors
4. Improve quality of life for the whole community
5. Improve community's ability to attract new business
6. Make a commitment to our children - our future
7. Assure that all people have opportunities for self-sufficiency

It is the role of social services in Head Start to promote community commitment to the goals of Head Start by serving as a bridge between the center, the family, and community resources, so that the needs of Head Start children and families will be met.

SUMMARY OF SOCIAL SERVICE FUNCTIONS IN HEAD START

The outline which follows is intended to summarize the functions of the Head Start social services component for easy reference.

Recruitment and Enrollment

Recruitment

1. Identification of recruitment sources
2. Development of publicity
3. Recruitment followup
4. Beginning the development of relationship with parents

Enrollment

1. Processing the application
2. Determination of eligibility
3. Interpretation of agency
4. Arranging for required medical procedures
5. Identification of special problems

Services to Individuals and Families

Counseling (both individual and group)

1. Diagnosis and evaluation of problem situations
2. Short-term casework treatment
3. "Informal" counseling

Referrals

1. Making use of available and appropriate community resources
2. Preparing clients (family members) for referrals

Concrete Services

1. Accompanying families to community resources when necessary.
2. Enabling families to secure needed services.

Planning and Development of Parent Programs

1. Helping parents to organize parent group programs in various areas (e.g., educational, recreational, social, cultural, self-help such as Clothing Exchanges and Consumers' Cooperatives)
2. Helping parents to "connect" — as individuals — with established community groups and organizations with which they can maintain contact after their relationship with Head Start comes to an end

Helping Families to Use the Medicaid Program

1. Planning and implementing campaigns to encourage families to apply for Medicaid
2. Planning and implementing campaigns to familiarize families with benefits available under Medicaid
3. Locating and identifying local providers of medical and dental services that can be used under the Medicaid umbrella
4. In conjunction with the Health Services Coordinator, arranging for local hospitals and clinics to provide medical and dental services (under Medicaid) to Head Start families

Community Relations and Social Action

1. Community profile development
2. Community studies (e.g., identifying unmet needs, fact finding)
3. Information bank on available community resources
4. Development of inter-agency relations
5. Development of parents' organizations
6. Enabling families to develop a social action program
7. Helping family and parent organizations to "connect" with established community groups, organizations and institutions

Evaluation and In-Service Training

Evaluation

1. Evaluating the effectiveness of practices and techniques
2. Self-evaluations
3. Following up evaluations (e.g., through discussion with supervisors, questions at staff meetings, etc.)

In-Service Training

1. Identifying needs, gaps, weaknesses and problems that can be constructively dealt with thru in-service training
2. Using all available in-service training resources (whether in or out of the agency) to strengthen the program

Work in Support of Other Staff

The social service program supports the *Director* by:

1. Participating in over-all program planning and in policy decisions related to social services functions and activities
2. Understanding and implementing agreed-on policies concerning the role, function, duties and responsibilities of the social services component
3. Keeping the Director currently informed about on-going programs and problems
4. Requesting authorization or approval whenever necessary
5. Making recommendations for changes in policies and practices

The social service program supports the *classroom teaching staff* by:

1. Sharing relevant information about the child and family with the teacher
2. Following up on absentees
3. Coordinating with appropriate specialists in the program (e.g., psychologist, speech therapists, etc.) in the provision of on-going services to individuals and families

WASHINGTON COUNTY COMMUNITY ACTION
SELF SUFFICIENCY DEMONSTRATION PARTNERSHIP PROJECT
PRIMARY PARTNERS: PORTLAND COMMUNITY COLLEGE, ADULT & FAMILY SERVICES AND UNIVERSITY OF PORTLAND

Award: $171,279 **Duration:** Oct 1, 1990-Sept. 30,1992

Summary of Activities:

1. Comprehensive Case Management Services for 12-18 months for 20 hispanic families and 20 other low income families.
   a. Family needs assessment
   b. Establishment of individual family plans for meeting basic needs and achieving self-sufficiency goals.
   c. Coordinating and monitoring delivery of services.
   d. Advocacy and follow up support.
2. Enrollment in New Directions for all 40 participants
   a. Job Readiness Training
   b. Kaiser Health Coverage
   c. Housing Subsidies
   d. Basic Education and Vocational Training
   e. Job training and job placement
3. Access to direct services from WCCAO:
   a. Energy assistance
   b. Weatherization
   c. Head Start
   d. Child care vouchers
   e. Transportation
   f. I & R and other emergency and basic needs
4. Hispanic Inclusion
   a. Focused outreach to identify and enroll 20 hispanic families.
   b. Culturally sensitive support focused on the unique barriers faced by hispanic families:
      1. On going support groups for the women.
      2. Quarterly family events.
      3. Assigning a mentor to each participant.

5. 3rd Party Evaluation

The University of Portland will be contracted to conduct the evaluation component. Joseph Gallegos, Ph.D., will be the principal investigator.

a. Design evaluation; meet with partners to clarify goals and objectives to develop the evaluation plan.

b. Identify control group.

c. Design instrumentation.

d. Quarterly monitoring of process and outcome.

e. Quarterly meetings with partners.

f. Final evaluation.