Report on Human Services Policy in Oregon

City Club of Portland (Portland, Or.)

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REPORT ON
HUMAN SERVICES POLICY IN OREGON

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Report On
HUMAN SERVICES POLICY IN OREGON

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Report on
HUMAN SERVICES POLICY IN OREGON

To the Board of Governors,
City Club of Portland:

I. INTRODUCTION

A. Charge to the Committee

A primary role of government and many private institutions in the U.S. is to provide basic human services to people in need. Despite significant outlays of dollars, basic needs of many people are not met. Emergency requests for food in the United States increased by an average of 28% in 1985 from the previous year. In Portland, officials estimate that 17% of the requests for food are not being met. (1) Estimates of the number of homeless people in America in 1985 range from 274,000 to 350,000. (2) At any given time during 1985, social service agencies estimated that 3,000 persons had temporary or inadequate housing in Portland. (3) In 1985, over 200,000 persons in the Portland metro area (or 16% of the total population) were estimated to be "economically insecure," i.e., below or marginally above the federal poverty level. (4)

Although governments and other institutions in this country do a great deal to provide citizens with essential services, demands for food, shelter, and clothing regularly outstrip supply. What can be done on a statewide level to address the crisis of unmet basic human needs for food, shelter, and clothing? To address this question, your Committee was charged to:

"...determine the advisability of a state policy which would establish responsibility and direction for dealing with its citizens who are temporarily or permanently unable to provide for themselves. If the Committee determines a policy is advisable, the Study Committee shall draft a recommended policy statement. Basic human services are defined as both financial and direct services and include but are not limited to items such as food, shelter and clothing."

For the purposes of this study, "public policy" is defined as a constitutional, legislative or administrative mandate. In any of these forms, it is directed by specific goals and aimed towards the solution of a public problem.

Your Committee decided to focus its report and recommendations on policy related to basic needs for survival: food, shelter, and clothing. Other vital human services such as medical care, employment assistance and transportation are important but beyond the scope of this report. We considered medical care in particular as a vital need, but because it is a large subject and is under study by another City Club Committee, we excluded it from our consideration.

B. Approach and Method of Study

In order to understand the scope of human services needs, the current delivery system, and the guidelines under which it operates, the Committee interviewed a number of service providers and administrators at the state and municipal level. The Committee also met with executives of private
service agencies and legislators charged with the oversight of human services budgetary allocations. Appendix A lists persons interviewed. Resource materials reviewed by the Committee are listed in Appendix B.

Additionally, in September 1985 the Committee conducted a written survey of administrators of state human service agencies across the country. Findings from this questionnaire are discussed in Section III, What Other States Do, with additional detail provided in Appendix C.

C. Historical Perspective

1. United States

Human services provision in the United States has evolved from total responsibility by the private sector to a gradual assumption of most of this responsibility by the federal government. Today, responsibility is shared by the federal government and the state. The state is now the primary provider but uses a preponderance of federal funds.

In the 18th and 19th centuries and well into the 20th century, the task of caring for the needy, throughout the United States, was assumed by local communities and private charities. Institutional "poor farms," where the needy were housed and employed, and a variety of informal methods of aid, provided short-term or intermittent assistance. Churches, labor unions, and service organizations offered temporary relief for emergencies. It was not until the depression years, when more than a quarter of the labor force was out of work, that a significant allocation of government resources was committed to public welfare.

In response to growing public need and unrest, the federal government established the Federal Emergency Relief Act in 1933. This program, which provided monies to the states for support of the unemployed and destitute, marked a significant shift of responsibility from the local to the national level. Assistance to all indigent persons regardless of age, physical condition or marital status, was provided for basic needs. Generally known as Public Welfare, these federal funds soon became categorical, i.e., earmarked for specific programs. With the passage of the Social Security Act in 1935, three national programs were established: Old Age Assistance, Aid to the Blind, and Aid for Families With Dependent Children (ADC). With the Works Progress Administration (WPA) and the Civilian Conservation Corps (CCC), the federal government also assumed responsibility for providing jobs for some unemployed workers.

During World War II and the 1950s, employment increased and, consequently, services and programs were cut back. For example, the WPA and the CCC were disbanded. However, the basic tenet that the federal government was responsible for providing for the poor remained. In fact, the scope of both Social Security and Aid to Dependent Children was expanded. In 1953, the Department of Health, Education and Welfare (HEW) was established to coordinate program management in these three critical areas. In the 1960s, federal welfare and other aid programs grew significantly during a period of relative prosperity, civil rights protest, and the war on poverty.

2. Oregon

Oregon's history shows that both the state and local governments have recognized that certain populations are the responsibility of governmental
bodies. Public documents prior to 1913 refer to populations such as the "aged, the infirm, the lunatics, idiots and epileptics" as always having a right to care. The State of Oregon played a minor role in filling the subsistence needs of its destitute citizens. In 1913, the legislature created the Mother's Pension to allow counties to provide money to families if the father were dead or in prison. The 1933 legislative "Report of Subcommittee Appointed to Consider and Analyze Plans for Providing Relief Revenue," found that "no single revenue item will produce enough to take care of relief requirements without becoming an undue burden upon the already over-tax-burdened people of the state." Orphaned or abandoned children were apprenticed to "good" families so they could learn a trade to support themselves in adulthood and private donations provided funding for programs that helped the poor. This help, however, was never adequate to meet the need.

Throughout the Great Depression of the 1930s, a series of commissions, laws, acts and programs responding to new Federal funds and requirements created the building blocks for Oregon's present organizational structure and focus in human services. The primary actions were the legislature's authorization of a General Assistance program (ORS chapter 411) and the creation of the Oregon Public Welfare administration in 1939 to manage the categorical Federal funds. Because Federal categorical assistance originally was aimed only at dependent children and the elderly, the General Assistance program was created to serve more of the needy.

In the late 1960s, Oregon responded to changes in social welfare policy at the national level, as well as to demands for reform within the State, by restructuring the human service administrative agencies. The first attempt to create a department to coordinate human service activities occurred during the 1969-71 biennium. At that time the governor proposed the establishment of a Department of Social Services. Although the legislature failed to implement the governor's recommendation, the divisions of Employment, Corrections, Children's Services, Mental Health, and Welfare were established under the governor's office.

During the following biennium, the creation of an umbrella social services department again was proposed. It was approved by the legislature in 1973 as the Department of Human Resources and included the divisions listed above plus the Office of Economic Opportunity, the Multi-Service Center, and the Office of the Director. Realignment of the Department's functions has occurred over the intervening years to cope with both changing service priorities and fluctuations in state and federal funding. These trends are discussed below in detail in Section II B, The Role of the Economy, State Government & Private Agencies.

II. CURRENT HUMAN SERVICES FUNDING & DELIVERY SYSTEMS

Numerous funding and delivery systems at the federal, state, local and private levels provide human services. This report emphasizes state programs. Federal, local and private services are described only as a tool to understand the interdependent structure in which the state operates.

The human services field has developed its own extensive terminology. Readers are urged to refer to the Glossary in Appendix F.
A. The Role of the Federal Government

1. Funding Sources

Federal funds comprise approximately 37 percent of the biennial budget of the Oregon Department of Human Resources. These revenues come to Oregon through both categorical grants and block grants. (5)

Each state defines the eligibility standards clients must meet to participate in the state programs that qualify for categorical federal support. The states also select options that determine their programs' scope and breadth, such as whether to establish a Medically Needy program. (See Glossary.) When state funds are appropriated for these programs, they are matched by federal funds according to criteria determined by the federal government. According to the United States Government Accounting Office (GAO), "categorical grants are narrow in scope and objectives are typically accompanied by numerous federal programmatic and administrative requirements specifying objectives to accomplish as well as the means to achieve them." (6) Figure 1, below, shows the major categorical grants funneling federal human resource funds into Washington, Multnomah and Clackamas counties.

2. Shifts in Priorities and Reduction in Federal Finances

In 1981, the Reagan administration under the Omnibus Reconciliation Act proposed that states receive block grants instead of expanded categorical funds. The block grants were intended to give the states greater authority to set priorities and determine the use of federal money in comparison to

FEDERAL CATEGORICAL GRANT SUPPORT TO LOW-INCOME FAMILIES IN TRI-COUNTY AREA 1980-1984

$ (MILLIONS)

<table>
<thead>
<tr>
<th>Years</th>
<th>Job Training</th>
<th>Public Housing</th>
<th>Medicaid</th>
<th>WIC</th>
<th>Public Assistance (AFDC/GA)</th>
<th>Food Stamps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980-81</td>
<td>140</td>
<td>120</td>
<td>100</td>
<td>80</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>1981-82</td>
<td>120</td>
<td>110</td>
<td>90</td>
<td>70</td>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>1982-83</td>
<td>100</td>
<td>90</td>
<td>80</td>
<td>60</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>1983-84</td>
<td>80</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>10</td>
</tr>
</tbody>
</table>

FIGURE 1
Source: United Way of Columbia-Willamette
categorical allocations. Authorized by Congress and implemented by the U.S. Department of Health and Human Services, seven block grant programs have been established: Community Services, Preventive Health, Mental Health, Primary Care, Maternal and Child Health, Social Services, and Low Income Home Energy Assistance Program (LIEAP).

The federal plan has been to emphasize block grants under the theory that state control increases flexibility and reduces administrative costs, thereby meeting the needs of more citizens within each state. Whether this in fact will be the long term result remains unclear. In literature reviewed by the Committee, human service professionals throughout the United States have expressed concern that emphasizing block grants at the expense of categorical entitlement programs will compromise the provision of basic human needs in food, shelter, and clothing. Federal categorical entitlement programs supported by matching state funds have very specific reporting requirements regarding the disbursement of funds to meet specific human needs whereas block grants are much more flexible in their ability to shift funds among programs. Block grants are not specifically earmarked for meeting basic human needs (only one block grant -- LIEAP -- provides direct cash assistance to needy persons; no block grants provide services in the areas of food, shelter, and clothing). These attributes of block grants have prompted many states to begin long range strategic planning for the provision of human services in order to utilize these funds effectively. (See Appendix D.)

A detailed discussion and analysis of this complex issue is beyond the scope of this report, but there have been some data reported by the GAO that may indicate fewer dollars for human services at the national level. Figure 2 shows the nationwide trends in appropriations for the seven Human

TOTAL HUMAN RESOURCES BLOCK GRANT APPROPRIATIONS FOR ALL STATES 1981-1984

$ (MILLIONS)

| $ | 7000 | 6500 | 6000 | 5500 | 5000 | 4500 | 4000 | 3500 | 3000 | 2500 | 2000 | 1500 | 1000 | 500 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Mental Health
Maternal/Child Hlth.
Primary Care
Preventive Health
Energy Assistance
Community Services
Social Services

Figure 2
Source: Government Accounting Office
Resources block grants since 1981. According to the GAO, the total funds appropriated to both categorical programs and block grants to all states in the years 1982-1985 decreased from $7 billion to $6 billion. (7)

While continuing to receive categorical program funds in the areas detailed in Figure 1, Oregon in 1982 began administering significant block grant funds in all areas detailed in Figure 2 except for Primary Care. In 1982 the state received a total of $62,826,000 in block grant funds and in 1986 received $67,314,000, which represents a 9% increase in funds without compensating for inflation. The Maternal/Child Health and Mental Health programs have received the bulk of the increases with 23% and 17% respectively, whereas the Community Services program has increased by only 1%. Funding for the Social Services block grant has decreased by 5%. Reliable statewide figures for categorical program funds were not available, except for the Tri-County area in Figure 1.

In Oregon, counties and cities sometimes appropriate funds for emergency needs. Any funds that counties and cities allocate for financial assistance largely are restricted to families facing crises in maintaining a basic survival level. Multnomah County and the City of Portland jointly have set up an Emergency Basic Needs Committee to give direction to the City's and County's efforts in this area.

To summarize the current funding situation: The primary human service provider in Oregon is the state, which runs programs heavily funded by federal block and categorical grant funds with support from the State's General Fund. Local governments have funds only to provide minimal emergency services. The shift to providing funds through block grants has reduced the total amount available for human services and increased the responsibility of the state in allocating funds.

3. The Gramm-Rudman-Hollings Legislation

In 1985 the United States Congress passed deficit reduction legislation, popularly known as the Gramm-Rudman-Hollings bill, to balance the federal budget by 1991. Most categorical programs are exempt from the bill's provisions ("...any periodic payments to individuals or families which are in the nature of income support, supplementation or assistance shall not be reduced..."), but funds to meet the needs of new client groups within any state will have to come from state and local funds. (8)

Although the courts have ruled unconstitutional the portion of Gramm-Rudman dealing with across-the-board cuts, the philosophy Gramm-Rudman represents has not changed. Further federal funding reductions may be made to meet the demands of deficit reduction.

4. The Role of the Economy, State Government, and Private Agencies

1. The Economy

The state of Oregon's economy has affected the need for human services, the levels and types of services required, and the ability of the State to meet those needs. The late 1970s was a period of economic growth in Oregon. An economic recession began in 1980 and was still deep in early 1983 -- the most serious recession in Oregon since the 1930s. Nearly 100,000 non-farm payroll jobs disappeared in Oregon between 1979 and 1982. Virtually all the major employment categories, with the notable exception
of services, took a beating during that period. The two biggest losers, in terms of actual jobs lost and percentage decline, were lumber and wood products (-25,600 jobs, or -31.5%) and construction (-24,100 jobs, or -45.5%). (9)

From 1979 to 1982, Oregon's total population and labor force continued to expand. The state population increased from 2,544,000 in 1979 to 2,656,185 in 1982. (10) The number of unemployed workers increased dramatically from 83,000 in 1979 to 153,000 in 1982 (+70,000 or +84%). The state's unemployment rate also soared during this period from 6.8% to 11.5%, the highest annual rate since the state began to keep records in the late 1940's. (11) The 1986 unemployment rate (actual through November 1986 and projected for yearend) is 9.0%. Current projections for 1987 are for a slight increase in the number of unemployed to around 125,600, or about 9.3%. (12)

2. State of Oregon

The Oregon Department of Human Resources (DHR) was created by the state legislature in 1971 to direct and oversee statewide human service programs in dependency, health, employment, and safety. Its legislatively mandated mission was to restore individuals and families to as much self-sufficiency as possible. (13) In 1986 DHR drafted a new mission statement: it would "help Oregonians maintain or achieve an acceptable quality of life, self-esteem and independence." (14) (A complete statement of Department Goals can be found in Appendix C.) DHR has eight major divisions serving specific client populations. They are: Adult and Family Services, Children's Services, Vocational Rehabilitation, Senior Services, Corrections, Employment, Health, and Mental Health.

DHR is funded by both federal and state funds. In constant 1972 dollars, it currently consumes approximately 25% of Oregon's General Fund, the second largest category after basic school support, which accounts for 28% of the General Fund. Figure 3 shows General Fund expenditure trends since 1975 in 1972 constant dollars. General Fund dollars committed to human resources have declined 19% since 1975.

Because Oregon's legislature meets biennially, state agencies such as DHR must plan agency budgets two years in advance. (15) Oregon's cyclical economy, however, can make biennial budgeting inaccurate — a biennial legislature cannot respond quickly to changes in projected revenues. (16) In the interim between legislative sessions, adjustments in the allocation of funds are assigned to the legislative Emergency Board. Because human resources consumes the second largest share of the General Fund, it often is subject to funding cuts by the Emergency Board when revenue shortfalls are projected during the legislative interim.

In the 1983-85 biennium, the legislature appropriated $779.9 million (or $310 million in constant 1972 dollars) in state General Fund money to DHR, of which $252.7 million — more than 32% — went to the Adult and Family Services Division (AFS; see below). The 1985 legislature approved an appropriation of $279.9 million to AFS, an increase of slightly more than 10%. (17) (The actual buying power of the dollar, however, declined 10.8% between Jan. 1983 and Jan. 1985.) (18) Figure 4 below shows DHR's 1985-87 budget for state General Fund expenditures only. All funds for General Assistance are included in the funds allocated to AFS.
OREGON GENERAL FUND EXPENDITURES FOR
MAJOR PROGRAMS FROM 1975 TO 1985 BIENNIA
(1972 Constant $ in Millions)

PROJECTED 1985-87 GENERAL FUND EXPENDITURES FOR
THE OREGON DEPARTMENT OF HUMAN RESOURCES

$ (MILLIONS)
(TOTAL = $861.6)
When funds are scarce as they are in the present economy, DHR tightens eligibility restrictions so that client demand for assistance is reduced artificially to fit the funding available. Many witnesses testified that this practice of DHR causes significant hardship for program recipients who are cut off from aid. In addition, witnesses stated that eligibility criteria are bewildering to the uninitiated. (See matrix describing current eligibility criteria in Appendix E.) Witnesses stated that abrupt changes in eligibility criteria during budget shortfalls exacerbate this confusion.

Federal and state public welfare funds are administered by DHR's Adult and Family Services Division (AFS). Payments are made to families with dependent children (ADC), for General Assistance (GA), for the Oregon Supplemental Income Program (OSIP), and as Emergency Assistance (EA). AFS also administers four medical programs (Medicaid, Medically Needy, Medicheck, and General Assistance Medical) and is responsible for the administration of the Food Stamp program, the main supplemental food resource for low income persons. Financed by the U.S. Department of Agriculture, the stamps are available to persons whose income is below the federal poverty level (which presently is $1,192 per month for a family of four), and whose other financial resources total less than $2,000. Other eligibility factors further restrict the program. Although the program provides a major resource, it has proved inadequate to meet food needs. A recent Oregon Food Share study (Hunger Factors Assessment Finding, September 1986) reports 84% of applicants for supplemental food stated they exhausted their food stamps within the first three weeks of the month.

Because some AFS clients receive aid from several programs (food stamps, medical aid, and General Assistance), it is impossible to determine accurately the precise number of clients served and the levels of service they require. Food stamp figures provide the most accurate estimate of the number of people in need. Individual food stamp recipients (total of both assistance and non-assistance cases) since 1980 are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>188,800</td>
</tr>
<tr>
<td>1981</td>
<td>232,400 (+23%)</td>
</tr>
<tr>
<td>1982</td>
<td>249,500 (+7%)</td>
</tr>
<tr>
<td>1983</td>
<td>285,600 (+14%)</td>
</tr>
<tr>
<td>1984</td>
<td>248,800 (-13%)</td>
</tr>
<tr>
<td>1985</td>
<td>239,900 (-4%)</td>
</tr>
<tr>
<td>1986</td>
<td>236,500 (-1%)</td>
</tr>
</tbody>
</table>

Of the 220,500 people receiving food stamps in Oregon in June 1986 (approximately 8% of the state population), 92,600 also received public assistance (cash, medical coverage and, for those who are employable, job-finding assistance). This indicates that more than 50% of those provided food stamps received no other form of assistance from the state. (19)

Citizens in need who do not qualify for aid under the federal eligibility requirements for such programs as ADC or OSIP must rely on the state's General Assistance (GA) program. Unlike ADC, GA is funded entirely by state dollars. GA funds are managed and allocated by Adult and Family Services. Oregon's GA program has had many eligibility changes during the
past 50 years, but it always has been limited to the basic needs of food, shelter and medical care. The current statute for GA (ORS 411.710) states:

"General Assistance shall be granted in accordance with the rules and regulations of the Division and on the basis of need, taking into account the income, resources, and maintenance available to the individual from whatever source derived and his necessary expenditures and the conditions existing in each case."

Administrative rules governing GA are written by the AFS Division. By rule, GA currently covers only single persons 18 years of age or older who are unemployable. Unemployability is defined in OAR 451-05-311 as:

"(1) An A/R (applicant/recipient) is unemployable when the Division determines that a physical or mental condition, diagnosed by a licensed medical professional (see Rule 461-04-240), prevents the A/R from engaging in any type of gainful employment for a period of 60 days or more from the date of request for GA.

(2) Social factors such as presence of employment in the area, training, education, and place of residence will not be considered in determining unemployability."

Extensive medical documentation, including proof of incapacity to work for at least 60 days, is required to substantiate unemployability. Even those who are mentally or physically handicapped often have great difficulty meeting the conditions set forth by AFS. (20) The clause stating that "social factors" are not considered in evaluating an applicant's need for assistance precludes consideration of many circumstances beyond an individual's control, such as lack of available employment opportunities or incapacity of less than 60 days.

As a result, GA presently is available only to the very limited segment of the population who can show evidence of destitution. Among those excluded from GA are unemployed single adults, childless couples, persons who are incapacitated but whose disability will last less than 60 days, and children whose parents are unemployed or under-employed. Special classifications, such as a single woman over 50 years of age or a mother whose children have been temporarily removed, are no longer granted aid. In addition, pregnant women who have no other children and who are not otherwise qualified for ADC, cannot obtain financial assistance or grants for food, shelter and clothing until the ninth month of pregnancy. However, they can receive medical care through Medicaid.

Faced with declining revenues in 1979, the State dropped aid to unemployed two-parent families (ADC-UN). Subsequently, during the 1980s, widespread reports of suffering among the families of the unemployed created a growing awareness of destitution in the community. (21) In 1985, under considerable pressure from a lobbying group, Keep Oregon Families Together, the Legislature reinstated partial aid to unemployed parents and their children. However, proposals again were made early in 1986 to reduce or cancel ADC-UN. In May 1986 ADC-UN payments were suspended for four months by the Emergency Board to compensate for a revenue shortfall.
The advent of a very visible homeless population in the early 1980s was further evidence that survival needs were not being met by the existing human services system. At the end of the 1985 legislative session, the State allocated $2 million for the homeless to be disbursed at $1 million per year, largely through contracts with private agencies.

3. Private Agencies

Private agencies have long played a role in meeting the emergency and service needs of the indigent and disadvantaged citizens of Oregon. Private funding support for all human services in Oregon has increased 68% since 1980, growing from $20,933,446 to $35,210,296 in 1984. Adjusted for inflation, this represents a 40% increase. Of that amount, support for basic needs during this same period grew from $2,897,908 to $5,846,515, or a 67% increase adjusted for inflation. According to United Way, in 1984 the typical donated private dollar in the tri-county area was divided as indicated below in Figure 5. Note that only 12% of private support is dedicated to basic needs. At present, two major organizations, United Way of Oregon and United Way of the Columbia-Willamette, coordinate the funding and program review for a large percent of these private agencies.

According to a recent study of these private assistance agencies by the City of Portland-Multnomah County Service Evaluation Task Force, approximately 65 agencies are providing emergency assistance to needy citizens (the homeless and economically insecure populations) in Multnomah County at the present time. (22) Eligibility for assistance varies by program and is determined by local agency policy, funding availability and/or regulations imposed by government and private funding sources. (23)

**PRIVATE FUNDING SUPPORT FOR HUMAN SERVICES**

FOR EACH $1.00 SPENT IN TRI-COUNTY AREA*

(1984)

![Figure 5](image)

*Source: United Way of Columbia-Willamette

*Refer to Glossary for definition of terms*
Although there is no unified approach or reporting system for the agencies, they are unanimous in reporting an overwhelming increase in demand for assistance during the past five years. The Interagency Food Bank, which coordinates the disbursement of emergency and supplemental food to the needy, reported an increase of 31% in requests for help in 1985 over the previous year. (24)

4. Advocacy

Historically, advocacy for the care and support for indigents has been at the local level, with citizens and community organizations initiating and supporting proposals and funding for that purpose. In large cities influential and aggressive groups developed and devoted their efforts to creating or supporting public welfare programs and appropriations on the federal level. The advocacy of such groups as the National Association of Social Workers, the Child Welfare League of America, the Urban League, and the American Association of Retired Persons, eventually helped create the Federal Emergency Relief Act of 1933, the Social Security Act of 1935, and later, the establishment of the U.S. Department of Health, Education and Welfare.

The experience of recent decades has shown that organized advocacy is effective in achieving state and federal assistance for certain sectors of the disadvantaged in American society. The fact that federal public welfare policies have evolved into a categorical system is due mainly to sustained drives by organized groups. State legislation or policy has been influenced by citizens and interest groups who have perceived problems they believed should be brought before the public.

Advocacy groups have become increasingly specific in their goals. Some organizations have supported aid for the homeless, others have concerned themselves with the unemployed (particularly families with no employed), and others have focused on the needs of the elderly or disabled. Advocacy efforts on behalf of indigent people who do not qualify for any of the state's assistance programs have been few in number, irregular, and largely ineffective.

Advocacy also exists inside the structure of Oregon state government. Eight DHR divisions were created to serve specific client populations. The divisions have restricted their advocacy to their own areas of responsibility. Their diverse priorities are reflected in the activities of the 45 associations, councils, boards, and commissions that advise DHR and whose members primarily are appointed by the Governor. Their constituencies are scattered and often poorly organized. Some have strong advocates; others are under-represented at the policy-making level.

Strong advocacy has developed in other areas. One of the most successful lobbying groups has been United Seniors, a coalition of 12 leading organizations devoted primarily to the welfare of retired citizens. United Seniors played a key role at the 1985 legislative session by advocating successfully for more than 100 pieces of legislation. The organization continues to meet regularly to plan for the 1987 session.

Another strong advocacy group developed around aid to the families of unemployed parents, an issue that arose after the state discontinued aid (ADC-UN) to such families. Spearheading the effort was the Oregon Human Rights Coalition, which helped organize a special lobbying group, Keep Oregon Families Together. Keep Oregon Families Together successfully urged
reinstatement of a partial ADC-UN program and a medically needy program at the 1985 legislative session.

Strong support for state aid for the homeless also appeared during 1985. Fueled by the visibility of the homeless population and the growing inability of the private sector to meet the needs of both homeless individuals and families, a groundswell of concern led to an unprecedented legislative appropriation of $2 million for homeless assistance. This appropriation resulted from the dedicated leadership of those working with the homeless population, political know-how of the agencies involved, and skillful use of the media to highlight the conditions that demanded some alleviating action.

In 1985, Legal Aid Service made an intensive effort to gain additional eligibility for the General Assistance program. This effort was in some degree supported by other advocacy groups.

Specialized advocacy organizations in Oregon have begun to realize that individual lobbying efforts may be counterproductive in view of the broader problems of human services delivery. For example, successful efforts by one advocacy group may result in a negative impact on a competing group; the problems of the needy are to a large extent interdependent. Recognizing this dilemma, more than 40 different advocacy groups within Oregon currently are structuring an umbrella organization known as the Oregon Human Services Coalition. The immediate goal of this proposed combined advocacy group is to seek the infusion of more funds for the delivery of human services. A longer range goal is for public education to inform the citizenry of this state about the problems of the needy and the necessity for additional funding to alleviate these problems.

III. WHAT OTHER STATES DO

A. The Committee's Survey Process

The Committee determined that a limited examination of the human services policies and programs of other states might provide additional insight and recommendations relevant to the State of Oregon. In September 1985, the Committee mailed a brief questionnaire to the administrator of every state human service department in the United States. The questionnaire included requests for the following information:

1) The state's definition of basic human services,
2) General assistance eligibility requirements within individual states, and
3) Policy, statutes, or administrative law supporting basic human services.

Thirty six states responded to the questionnaire, and several submitted brochures and booklets regarding their social service programs. Other responses were more cursory. (25)

B. Definitions of Basic Human Services

Traditionally, "human needs" include food, shelter, and clothing. However, some of the states' definitions include basic provision for physical and mental health, utilities, and transportation. Definitions range from Ohio's specific "poor relief" provision to Wyoming's very open-ended "any programs administered by a human services agency." The
reader will notice the variation of definitions in Table 4, Appendix D, which aptly illustrates the variety and difficulty in defining human services.

G. General Assistance Eligibility

Of the 31 states that responded to inquiries about their General Assistance (GA) programs, six had no GA program at the state level. GA programs within the remaining 25 states are targeted to help a variety of needy persons. Funded entirely by state revenues, eligibility requirements vary significantly from state to state. In the state of Washington, for example, the only criterion is that the applicant must not be eligible for any Federal assistance. Arizona requires an applicant to be employable and be a resident, while in Montana any able-bodied person 35-49 years of age and without dependent children can receive GA. Details on individual state eligibility requirements for GA appear in Table 3, Appendix D.

D. Policy and Statutory Supports for Human Services

The states of Hawaii, Kansas, Montana, New York, and Oklahoma have constitutional provisions mandating or authorizing the provision of human services. (See Table 1, Appendix D.) In general, such provisions recognize that the provision of basic necessities is a matter of public concern and thus the responsibility of the state.

Many other states have established social service departments by statute. These individual state departments in turn have developed mission and priority statements that serve as each department's overall policy on the provision of human services. (See Table 2, Appendix D.) The promotion of self-sufficiency is a stated priority in most states. Many states also have included "maintenance of a strong family structure" as an important goal.

Many states noted the need for development of a comprehensive social service planning process as significant changes occur within the state/federal relationship. Oklahoma's Priorities, Allocation and Tracking System (PATS) was implemented in 1983 because planning within the state's social services had become fragmented. Oklahoma's PATS recognized that the distribution of limited resources should be guided by careful choices of priorities, precise objectives, and well-designed action plans. After developing a comprehensive planning process, Oklahoma's services were limited to programs considered vital. A constitutional provision was enacted to authorize the legislature or the people by initiative "to provide by appropriate legislation for the relief and care of aged or needy persons." (See Table 1, Appendix D.)

Pennsylvania's "Human Services Choices for Pennsylvanians" program undertaken in 1983 also emphasized the need for state policy-makers to recognize and react to major shifts in government responsibility from the federal to the state level. Goals and priorities cited include:

- Promotion of public/private partnerships for the provision of services;
- Promotion of community-based services to increase accessibility and responsiveness; and
- Increased use of evaluative procedures to increase efficiency and identify successful programs.
Iowa's Department of Human Services sponsored a series of Human Service Forums to initiate a public/private partnership in strategic planning for human services. The first statewide forum was held in November 1983; it convened prominent citizens from across the state. Elected officials and government agencies were well represented, but 60% of the participants were from the private sector. In addition, Iowa's Department of Human Services sponsored local Human Service Planning Councils to draw together people and groups concerned with social needs in a community. Councils include representatives from area agencies and organizations that provide and fund human services. Forty-four of these councils now exist and vary in size and composition based on the interest and needs of the citizens in a particular area.

IV. DISCUSSION

Your Committee found few statistics to establish the actual number of persons requiring human services. As noted in the Introduction, however, 1986 data from Portland State University's Regional Research Institute indicate that over 200,000 people in the Portland metro area (or 16% of the total population) are "economically insecure," or below the official poverty level. The number of those in need who receive no formal assistance of any kind (the "invisible poor") is unknown. Those in need who are not being served are not tracked by any of the service providers. Because no statistics are kept, no means exist to measure the level of need.

It is clear from testimony by community leaders and social service agencies, however, that the level of unmet need is high. In 1981, a report issued by a group of social service professionals, the Coalition for Human Services, declared that "The existing system of serving people in need in Oregon is inadequate and inefficient, both in human and fiscal terms. These shortcomings, compounded by recent drastic reductions in public funding, have caused a crisis in human services." (26)

Since 1981, reports by a number of private agencies have documented a consistent increase in requests for emergency food and shelter. The Information and Referral Office of United Way Columbia-Willamette shows a 55% increase in service requests from 1984 to 1985. (27) At a May 1986 conference entitled "Oregon's Agenda for the 1990's," it was noted that "It is the responsibility of a decent and caring society to meet the basic survival needs of its most dependent members. The failure to do so results in significant social and economic costs for the community as well as the family." (28) This concern also was stressed by persons interviewed by your Committee.

A. A State Human Services Policy

1. Pros and Cons of a State Policy

The need to articulate a state policy to set priorities for resource allocation was cited as early as 1981 by the Coalition for Human Services: "Unfortunately, the state has not articulated an explicit policy regarding the nature and extent of its responsibility toward human services, nor has it developed criteria to guide the allocation of resources. Moreover, in response to a prolonged and serious fiscal crisis, many reductions in human services which are neither socially nor fiscally responsible have been made." (29)
Your Committee found disagreement among witnesses and sources, however, as to where the policy should appear, what it should say, and how much importance should be placed on its existence. Two ways to implement a human services policy were discussed: (1) by amending Oregon's Constitution, and (2) by a statutory statement.

a. Constitutional Amendment.

1. Arguments in Favor. On both moral and historical grounds, there is significant support for mounting an effort that would place a human services policy amendment in Oregon's Constitution:

- Education already enjoys the status of a written guarantee within the Oregon Constitution. Witnesses argued that the provision of basic necessities is a matter of public concern at least equal to that of basic education and therefore the responsibility of the state.
- A constitutional amendment would provide recipients of human services a foundation of rights from which to claim services.
- Many countries have established a minimum level of assistance (food, shelter, health care) as a guarantee to its citizens. Among them are Great Britain, Germany, Japan, and Sweden.
- Five states -- Hawaii, Kansas, Montana, New York and Oklahoma -- have constitutional provisions which either mandate or authorize the provision of basic human services.

New York's constitutional provision, adopted in 1938 in the aftermath of the Great Depression, states: "The aid, care and support of the needy are public concerns and shall be provided by the state and by such subdivisions, and in such manner and by such means, as the legislature may from time to time determine." This constitutional provision has been relied upon successfully in several instances as support for legal contentions that citizens of New York were not receiving adequate assistance from appropriate governmental agencies. The New York judiciary examined the legislative history and purpose of the provision and concluded that state aid to the needy was a "fundamental part of the social contract." The provision thus has served as a standing vehicle for potentially aggrieved parties to seek judicial oversight and review of legislative and administrative actions related to human services. For example, in commenting upon the legislative history of New York's constitutional provision, the New York Court of Appeals set forth a cogent rationale for the policy: (30)

"Here are words which set forth a definite policy of government, a concrete social obligation which no court may ever misread. By this section, the committee hopes to achieve two purposes: first, to remove from the area of constitutional doubt the responsibility of the State to those who must look to society for the bare necessities of life; and, secondly, to set down explicitly in our basic law a much needed definition of the relationship of the people to their government." 43 N.Y.2d at 8.

2. Arguments in Opposition. Witnesses who opposed an amendment to Oregon's Constitution cited a variety of reasons. Among the arguments suggested were the following:

- A broad spectrum of public support would be essential to the successful adoption of a constitutional amendment, and it is difficult to assess the depth and breadth of such support at the present time.
A constitutional guarantee could cause increased litigation and would be only as strong as the advocates willing to pursue its enforcement through the courts - a long and expensive proposition. Court decisions enforcing funding of selected programs potentially could have disruptive effects on the overall service delivery system.

A constitutional amendment would make the State liable for the delivery of services as specified in the amendment. Before it is adopted, the State would have to ensure a firm funding source in order to meet its obligations under the amendment. Even with a constitutional mandate, the State could adjust eligibility levels of service according to the availability of funds, as it does today. In doing so, however, the State could subject itself to legal challenges requiring it to prove that it is meeting the constitutional mandate and requiring it to pay damages if it is not.

The placement of a policy statement within the state's statutes was discussed. Witnesses who favored such a move stressed the need for continued flexibility in light of changing social and economic conditions.

Oregon Revised Statutes currently articulate legislative policy toward certain discrete services or certain groups — the mentally retarded, local mental health services, and the aging — but they do not contain a statement of overall policy concerning aid to the needy. A statutory statement would do two things: (1) serve as an introduction to a law that follows and (2) provide broad general guidelines.

1. Arguments in Favor

The advantages of a statutory policy statement are that it would:

- Identify the government's level of commitment.
- Provide a tool for evaluating programs, and
- Provide a guide for developing programs.

2. Arguments in Opposition

Arguments against placing a general policy statement on behalf of the needy in the Oregon Revised Statutes include:

- Statutes are subject to easy change when the legislature meets every two years,
- General policy statutes are not enforceable — they neither guarantee funding nor the protection of rights,
- Statutes are too general — statutory policy statements function best when they refer to specific agencies or specific groups.

2. The Need to Articulate A Human Services Policy

The Reagan administration under the Omnibus Reconciliation Act of 1981 has substantially changed the way in which federal domestic assistance programs operate by shifting the responsibility to provide federally-funded services and much decision-making authority to the states. Witness after witness appearing before your Committee testified that it was now up to the State of Oregon to assume a primary role in providing the philosophical overview, the planning, the coordination, and the evaluation of assistance to its poor. Indeed, a report issued by the Department of Human Resources
Critique Committee in April, 1986 supported such a contention. Among the Critique Committee's findings were the following:

- "A comprehensive human resources department should have a mission statement that establishes a sense of direction for programs and policies under its umbrella. The statement should gain increasing specificity as it is expressed at the division, section, and program levels.

- "The Department has not adequately carried out its responsibilities to provide the public with the identification of client needs and to establish program priorities to meet those needs.

- "The approach to human resources program organization has, to a large extent, resulted from reaction and point-in-time problem solving, rather than through a planned course of action toward a specified goal. This has resulted in an organization partly based on the population served and partly upon special functions. Thus, there is the potential for fragmentation.

- "One of the primary responsibilities specified in the law for the Director is "undertaking long-range planning necessary for the effective and efficient delivery of ... services." Many factors may have prevented this responsibility from being adequately carried out, but the need for a continuing planning and review effort is apparent."

Your Committee agrees that the State of Oregon must play a leadership role to establish a commitment to its citizens in need. This commitment must be responsive to the reality of the give-and-take of the policy making process in the state, as well as to developments outside of the state. It can ensure this through its ability to coordinate resources delivery under a consistent philosophy or policy.

Your Committee believes the level of unmet need in this state requires guaranteed minimal levels of services. Despite the risks of increased litigation, in order for the policy to be truly effective in setting forth the obligation of the State to its citizens in need, it must be a part of Oregon's Constitution. Such a policy should be a general guarantee of rights; specific levels of services should be determined through the needs assessment described below in Section IV. D, The Case for Needs Assessment and Strategic Planning.

B. Problems with the Biennial Funding System

There are many aspects of Oregon's current political, structural, budgeting, and delivery systems that make adoption of a policy relative to human needs infeasible at this time. To understand why, it is necessary to look at how budgeting and administration of funds currently are handled.

Ultimately, any policy is effective only to the extent that it is supported by the mutual interaction of three groups: lobbyists, legislators, and administrators. Lobbyists, representing diverse interest groups, push legislators to provide statutory legitimacy to a policy. Legislators, in turn, direct state agency administrators to implement the policy.

As discussed previously, Oregon's economy is cyclical, which makes biennial budgeting inherently inaccurate. Revenue forecasts at intervals
of less than six-month periods are hard to obtain. This compounds the accuracy problem and makes timely budget adjustments more difficult. A City Club Committee in 1981 proposed limited annual sessions, arguing that the State would benefit from having the full legislative budget, on the basis of up-to-date revenue data, at more frequent intervals. (31)

In the interim between legislative sessions, policy adjustments relating to the allocation of funds are assigned to the legislative Emergency Board, which has extensive power. The Emergency Board is composed of 15 members selected by the President of the Senate and the Speaker of the House, so it is not necessarily representative of the full legislative body. Its members are not accountable to a statewide constituency or to other branches of government. The "E-Board" has the funding authority to create new programs and effectively terminate established ones, sometimes countermanding express decisions of the full legislature. Because human resources consumes the second largest share of the General Fund, it can be subject to funding cuts by the Board during the interim with often drastic results for program recipients. The legislature is charged with the ultimate oversight of state agency budgets to ensure program objectives are met, but this cannot be done on a regular basis because the legislature meets only every two years. In the interim, agencies may expand their budgets to exploit the term "emergency" and receive E-Board consideration between legislative sessions.

All the problems of a biennial legislature are compounded by the countercyclical nature of the need for human services. In good economic times when the State is receiving the most income tax revenue, human services needs are at a low point. When the economy is poor and State revenues are down, human services needs are at their greatest. This has caused programs to expand in good times only to be cut back in difficult times --- the opposite of what would be most desirable. The Committee therefore looked favorably on systems that would smooth the cycle and provide peak services at times of greatest need. Optimally, the State would determine the average cost of providing human services over several economic cycles and insure that sufficient revenues were saved during the healthy economic periods to provide stability during downturns. Consequently, the most needed services would be provided more effectively without raising the total cost of providing them.

C. DHR Budget Philosophy

The centralization of state human services in the Department of Human Resources in 1973 was expected to bring about a concentrated effort to provide basic support at all levels. Individuals and families who have difficulty meeting their own basic needs were to be helped by the alleged efficiency and effectiveness of centralized services planning.

Unfortunately, continuous funding shortfalls since 1980 not only have hampered and reduced DHR's ability to provide basic necessities but also have affected the Department's role as an advocate for those in need. No effort like the State Department of Higher Education's very successful lobbying program has evolved. There is increasing concern that DHR has become disconnected from any significant involvement in proactive policy making and has shown little leadership or influence in obtaining adequate appropriations for meeting the known needs of the poor.

In a DHR Management Newsletter dated September 26, 1984, then-DHR Director Leo Hegstrom stated, "The Department directed divisions to
develop budget requests within the limits of a percentage increase target which was based upon estimates of how much revenue state taxes would generate in 1985-87." In other words, budgets and funding requests would be based solely on the projected availability of funds and not on an analysis of the needs of the population. Appearing before your Committee in February 1986, Mr. Hegstrom defended this budget-based request for funds for his department and stated that because revenues cannot sustain existing programs, an assessment of needs would not alter the funds appropriated for assistance programs. According to Mr. Hegstrom, the budgeting philosophy of the Department of Human Resources was one of "thinning the soup," meaning that existing programs would be maintained, but with less and less funding.

D. The Case for Needs Assessment and Strategic Planning

Human services needs assessment is a systematic process that matches the needs of potential users with the current use of existing resources and as much as possible attempts to tie specific costs to specific benefits. Efforts in this respect began in 1980 by Portland State University's Regional Research Institute. The Institute designed a study to measure the social service needs of a random sample based on the total population of the Portland metro area. The study was completed in the early part of 1986 under the direction of the Needs Assessment Coalition. The coalition was composed of representatives of the Institute, United Way, Oregon Community Foundation, State of Oregon, U.S. Dept. of Health and Human Services, City of Portland, and Washington, Clackamas, and Multnomah counties. Preliminary findings from the data indicated that "poverty and economic insecurity in the metro area have increased since 1980." (32) Follow-up is planned for 1987.

The significance of this process is that the proposed model could be adapted on a statewide basis. Utilizing the most effective information systems, a statewide needs assessment could begin to move human services planning from "guesstimating" to a methodology that ties viable service goals and objectives to the state's biennial budget.

The bottom line for the effective management of human service programs is to anticipate issues before they reach crisis proportions. One way to move management in this area beyond ineffective crystal ball gazing is to involve the local community more consistently and more significantly than has ever been done in the past.

The state of Iowa reached this point in 1981, when it realized that tough economic times and reduced federal funds had boxed the state into a corner. Local Human Service Planning Councils were created as part of a total planning process to begin moving the state out of this impasse. These Councils have been a mechanism to ally individuals and groups concerned about human service needs. The process has brought together the United Way, the Junior League, local Chambers of Commerce, colleges, religious organizations, and elected officials in a partnership to enlarge the availability of human services in response to specific, identified community needs.

The Iowa Department of Human Services continually has used the information from this mechanism in its strategic planning process for human services delivery. Although this mechanism deals with more than just basic survival issues, the philosophy of a viable partnership between state policy makers and the broader community is simple but powerful.
Any new efforts in the provision of basic human services in Oregon will be ineffective unless a statewide mechanism supported by local regional planning councils can be developed to provide reliable data on the actual need. Needs assessment is difficult but absolutely essential to successful human services planning and delivery, particularly when dealing with the issue of the "invisible poor." Substantial local involvement of Oregonians in a bottom-up assessment mechanism is needed to feed into a top-down strategic planning process spurred on by leadership in both the Executive Department and the legislature.

V. CONCLUSIONS

1. Oregon has a growing number of citizens whose basic needs are not adequately met.

2. The number of these citizens and their types of needs are undetermined because current systems for identifying them are inadequate.

3. Since 1980, the Federal government has provided decreased revenue and less direction for use of monies in social services. Federal and local governments are turning to state governments to provide not only coordination but also a policy framework for service to those in need.

4. The State of Oregon has no policy relating to the coordinated delivery of human services and allocation of funds is not based on assessments of need.

5. A policy setting forth the obligation of the State to its citizens with respect to basic human services is highly desirable and is becoming increasingly necessary. In order to be truly effective, a policy statement should be a part of Oregon's Constitution.

6. Before a constitutional policy is adopted, many aspects of Oregon's current political structure, budgeting process, and planning and delivery systems should be addressed:

   a. Human services budgeting is not needs-based. It is based on budget reviews and projections in an environment of limited resources.

   b. Budget and program decisions made by the full legislature as part of the biennial legislative process frequently are amended by the legislative Emergency Board. The original intent of a legislative decision in funding programs frequently is lost once the legislature adjourns. The recommendations of the 1980 City Club report on "Structure of the Oregon Legislative Assembly" address many of the legislative and budgeting systems problems identified in this report.

   c. Advocacy for the needy is spotty and inconsistent. Where lobbying efforts are strong, such as on behalf of senior citizens or recent efforts to reinstate aid to two-parent families, progress has been made in obtaining funding. It is not uncommon, however, for one program to succeed at the expense of another program within the human services system. Without a broad-based and cooperative advocacy organization in Oregon, it will be extremely difficult for a campaign to amend the Constitution to include a human services policy statement to succeed.
VI. RECOMMENDATIONS

1. The Constitution of the State of Oregon should be amended to include a policy statement that recognizes the survival concerns of the needy. Such a policy could read as follows:

   The aid, care and support of the needy are public concerns and shall be provided by the State. All persons shall have a right to the basic necessities of food, shelter, and clothing.

   In order for a constitutional amendment to be effective, the problems in the Oregon human services planning and delivery system outlined in this report must be addressed. Before a constitutional amendment is adopted your Committee recommends:

2. That the state move from a reactive crisis orientation to a proactive and strategic stance in the delivery of human services:

   a) The Oregon Department of Human Resources should begin an annual statewide human services needs assessment process, and

   b) The United Way of Oregon and the Oregon Department of Human Resources jointly should lead the development of permanent local planning councils to involve the community with state policy makers in a strategic planning process for human services delivery.

3. That advocacy groups for needy citizens coalesce their fragmented lobbying efforts. Current attempts by the Oregon Human Services Coalition in this regard should serve as a model for such efforts. By combining their strengths and resources, advocacy groups in Oregon should strive during the 1987 legislative session to achieve an immediate goal of increased public funding for meeting basic human needs. These groups further should pursue a long range goal of educating the public to the need for such increased funding.

4. That the State of Oregon address the cycle of poor economies and revenue shortfalls coupled with major demands for basic human services by creating a dedicated Human Services Fund from General Fund revenues, to which regular biennial appropriations are made. Funds should be used to enhance the regular General Fund appropriations to the Department of Human Resources in times of greater program need.

Respectfully submitted,*

Olive Barton
Jack Cooper
Fern Hilson
Stephanie Oliver
Park Woodworth
Stephen Heck, Chair

* The Committee appreciates the contributions of former committee members Marty Lemke, Carol Gamblin, Floyd Skloot and Gail Landon. In addition, the Committee thanks Lori Nordgulen, research intern, for her perseverance in compiling and analyzing the results of our survey of other states.
Approved by the Research Board on January 9, 1987 for submission to the Board of Governors. Approved by the Board of Governors on January 12, 1987 and ordered published and distributed to the membership for discussion and action on January 30, 1987. (Tom Higgins, Board of Governors member and former Director, Multnomah County Department of Human Services, did not participate in the decision to approve the report.)

REFERENCES

2. The Oregonian, August 25, 1986: "Study says homeless number 350,000".
3. The Oregonian, August 1, 1986: "Council takes step to aid families who lack shelter."
4. "People Worth Knowing: A Study of Human Needs and Services," Regional Research Institute, PSU, May, 1986. ("Economically insecure" was defined as being below 150% of the 1984 Federal poverty guidelines, which corresponds to $7,700 for an individual and $15,267 for a family of four.)
16. Ibid.
19. Carol E. Mitchell, Public Affairs Manager, DHR, letter of 10/14/86.
21. The Oregonian articles, Appendix B.
25. Replies to the questionnaire did not necessarily bear any relationship to the quality of a state's human service delivery system. A particular program might look exceptional on paper, but in actuality may be poorly implemented. Conversely, many of the minimal responses to the questionnaire may not necessarily bear any relationship to the quality of existing programs. Additionally, because the position and responsibilities of the person answering
the questionnaire in each state varied, interpretations of what was being asked also varied. No feasible way exists to determine each respondent's interpretation of the question or the corresponding rationale used to supply a response.

26. Improving Human Services in Oregon, Coalition for Human Services, April, 1981.
29. Improving Human Services in Oregon, Coalition for Human Services, April, 1981.

Appendix A

PERSONS INTERVIEWED

Rick Bauman, Oregon State Representative
Don Clark, Executive Director, Central City Concern
Dick Fennel, former Visiting Professor, Public Administration Department, Portland State University
Dave Fiskum, former Assistant Director for Communications, State Department of Human Resources
Mary Alice Ford, Oregon State Representative, Washington County
Vickie Gates, Assistant Director for Program Review, Oregon Department of Human Resources
Shirley Gold, Oregon State Representative
Jeanette Hamby, Oregon State Senator
Leo Hegstrom, former Director, Oregon Department of Human Resources
Tom Higgins, former Director, Multnomah County Department of Human Services
Gretchen Kafoury, Multnomah County Commissioner
Vera Katz, Speaker of the Oregon House of Representatives
Carol Mitchell, Public Affairs Manager, Oregon Department of Human Resources
Bill Moshofsky, former Chair, Republican Party of Oregon
David Paradine, Executive Director, United Way of the Columbia-Willamette
Cecil Posey, United Seniors
Jean Pullen, Branch Manager, West Branch, Adult and Family Services Division, Oregon Department of Human Resources
Keith Putnam, former Director, Adult & Family Services Division, Oregon Department of Human Resources
Doug Rogers, Executive Director, SNO-CAP
Terry Ann Rogers, Attorney, Legal Aid Services
Nancy Ryles, Oregon State Senator
Betsy Skloot, former Director, Multnomah County Department of Human Services
Leonard Scott, Region 10, U.S. Dept. of Health and Human Services
John Yunker, Chair, Oregon Department of Human Resources Critique Committee
Appendix B  
BIBLIOGRAPHY

A. BOOKS, REPORTS & PUBLISHED DOCUMENTS


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Report of Subcommittee Appointed to Consider and Analyze Plans for Providing Relief Revenue, State of Oregon, 1933.

Legislature Approved Budget, FY 85-87.


Dept. of Human Resources Governor's Recommended Budget, 1985-87, Legislative Briefing Document.


B. NEWSPAPER & MAGAZINE ARTICLES


"Glum economic outlook for Oregon confirmed," The Oregonian, November 7, 1985.


"E-Board asked to provide for increase in welfare spending," The Oregonian, December 4, 1985.

Appendix C

DEPARTMENT OF HUMAN RESOURCES
MISSION STATEMENT

To help Oregonians maintain or achieve an acceptable quality of life, self-esteem and independence by:

. Reducing risks to individual health, safety and well-being;
. Protecting individuals incapable of caring for themselves;
. Providing support and services to enable individuals to overcome circumstances that are beyond their capacity or responsibility.

DEPARTMENT GOALS

Each program shall recognize, protect and enhance the value of individual self-esteem.

** **
Each program shall apply preventive measures which have an effect on minimizing the incidence and severity of the problem.

** **

Each program shall provide services at the earliest stage to enable individuals to be as independent as possible.

** **

Each program shall have an outcome-based evaluation process which demonstrates that the purposes of the program are met in the most effective manner.

** **

Each service shall be provided by the private sector unless it either can be provided in a more cost-effective manner by the public sector or no alternative is available.

** **

The Department shall recognize and encourage family, volunteer and community contributions as primary resources in meeting human needs.

** **

The Department shall treat the public in a helpful and responsible manner.

** **

The Department shall value its employees, foster excellence in performance and provide opportunities for advancement.

** **

The Department shall have a short- and long-term planning process that anticipates social, demographic and technological changes so that the most critical needs are met within available resources.

** **

The Department shall research and develop innovative approaches to preventive measures and service delivery to ensure the highest effectiveness and quality.

** **

The Department shall provide information to the public to increase their understanding of human services issues and advocate a course of action.

** **

The Department shall create a Reserve Fund to sustain the quality and long-term stability of human resources programs during periods of economic stress.
Appendix D

RESULTS OF COMMITTEE SURVEY OF STATE HUMAN SERVICE ADMINISTRATORS

A. Definitions of Basic Human Services

One of the main concerns from the beginning of the overall research project was to determine the parameters for basic human needs. Any attempt to draft a policy statement was absolutely dependent on resolving this concern. Traditionally, it would include food, shelter and clothing. However, some definitions have included basic provision for physical and mental health, utilities and transportation. We have defined basic needs in Sect. I, A of this report. The reader will notice the variation of definitions in Table 4 which aptly illustrates the magnitude of the definition problem. It ranges from Ohio's specific "poor relief" provision to Wyoming's very open-ended "any programs administered by a human services agency."

B. General Assistance Eligibility

General Assistance programs within individual states are targeted to help a variety of needy persons. Funded entirely by state revenues, eligibility requirements vary significantly from state to state. Out of the 31 states which responded to inquiries about their GA programs, six had no GA program at the state level. In most states, eligibility for the GA program requires that an individual: meet certain income and asset criteria, be a resident of the particular state, be a citizen of the U.S., be ineligible for federally funded programs, and not be a resident of a state institution.

Further details on individual state eligibility requirements for General Assistance are in Table 3.

C. Policy and Statutory Supports for Human Services

As noted in Section III of the report, Hawaii, Kansas, Montana, New York and Oklahoma have constitutional provisions authorizing or mandating the provision of human services (see Table 1).

Many other states have established social service departments by statute. These individual state departments have in turn developed mission and prioritization statements which serve as each department's overall policy on the provision of human services (see Table 2).

D. Quantitative Data

As states began to return our questionnaire, it soon became apparent that budget figures, and numbers of clients and employees had limited usefulness for the purposes of our study. States with hefty budgets and staffing could have very poor program planning and inefficient service delivery, while lean budgets might be coupled with innovative thinking and highly effective services. Further detailed analysis in this area might uncover useful correlations, but this is beyond the scope of our present study. We have, therefore, not included any figures from other states.
E. Innovative Approaches

Several other programs uncovered in the course of analyzing the questionnaires are not described in III D but merit brief descriptions.

1. Welfare Advocates (Maryland). In 1979, a coalition of concerned human service organizations, community groups, and individuals established Welfare Advocates to bridge the gap between human need and state provision in Maryland. Welfare Advocates has grown into an umbrella organization in which 200 agencies, other service providers and activists have combined their efforts in a campaign of public education and legislative lobbying on behalf of the needs of Maryland's poor.

2. Florida. The State of Florida's Comprehensive Plan dealt with many different services and policy goals, including educational, environmental and cultural, within this broad framework services such as shelter, food, clothing and medical care were outlined. Promoting self-sufficiency was included in many of the goal statements which appear under specific service programs.

3. Massachusetts. Homelessness was the current state administration's top social/welfare priority and effective action was strongly supported by the Governor. Massachusetts has identified the major causes of homelessness as poverty, lack of affordable housing, mental illness, substance abuse and domestic violence. Massachusetts currently counts its homeless population as being between 8 and 10,000 persons. From 1/3 to 1/2 of this estimated number have chronic mental health problems. For this reason, mental health needs have been given high priority also.

Table 1

ARTICLES FROM STATE CONSTITUTIONS SUPPORTING HUMAN SERVICES

Hawaii - Article IX, Public Health and Welfare, Section 3, Public Assistance:

"The state shall have the power to provide financial assistance medical assistance and social services for persons who are found to be in need and eligible for such assistance and services as provided by law."

Kansas - Article VII, Section 4, Aged and infirm persons; state participation:

"The respective counties of the state shall provide, as may be prescribed by law, for those inhabitants who, by reason of age, infirmity or other misfortune, may have claims upon the aid of society. The state may participate financially in such aid and supervise and control the administration thereof."

Montana - Article XII, Departments and Institutions:

"The legislature shall provide such economic assistance and social and rehabilitative services as may be necessary for those inhabitants who, by reason of age, infirmities, or misfortune may have need for the aid of society."
**New York** - Article XVII, Social Welfare, Section I and III:

"The aid, care and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions, and in such manner and by such means, as the legislature may from time to time determine."

"The protection and promotion of the health of the inhabitants of the state are matters of public concern and provision therefore shall be made by the state and by such of its subdivisions and in such manner, and by such means as the legislature shall from time to time determine."

**Oklahoma** - Article XXV, Social Security, Section 1, Relief and care of needy aged and disabled persons - co-operation with Federal plan:

"In order to promote the general welfare of the people of the state of Oklahoma and for their protection, security, and benefit, the Legislature and the people by initiative petition are hereby authorized to provide by appropriate legislation for the relief and care of needy aged persons who are unable to provide for themselves, and other needy persons who, on account of immature age, physical infirmity, disability, or other cause, are unable to provide or care for themselves; provided, the Legislature or the people by initiative petition, are further authorized, in cooperation with and under any plan authorized by the Federal Government for State participation, to provide by appropriate legislation for the relief and care of aged or needy persons."

**Table 2**

**DEPARTMENT MISSION STATEMENTS**

**Arizona** - The Department provides opportunities, services and programs through an integrated delivery system which enable Arizonans with economic or social difficulties to maintain or move towards self-sufficiency.

**Georgia** - The Department's mission is to assist Georgians in achieving their highest levels of health, development, independence and self-sufficiency.

**Illinois** - The Department provides services to encourage and help persons in need to maintain a livelihood compatible with health and well-being and to develop self-reliance, self-care, self-support and responsible citizenship.

**Iowa** - The primary responsibility of the Department is to help individuals or families become self-sustaining.

**Kentucky** - The Cabinet supervises and regulates services and facilities which protect, develop and maintain the health, welfare, personal dignity, integrity and self-sufficiency of the individual citizens of the Commonwealth.

**Michigan** - The Department protects the welfare of the people of the state - provides for general relief, hospitalization, infirmary and medical care to poor or unfortunate persons.
Minnesota - The Department assists those citizens whose personal or family resources are not adequate to meet their basic human need. It is committed to help them attain the maximum degree of self-sufficiency consistent with their individual capabilities.

Ohio - Under regularly enacted poor laws, an absolute legal obligation rests upon a particular government subdivision to support its poor. The supreme power of the state has imposed such obligation, and it is of as much binding force as that of a parent to support his child or a husband his wife.

Texas - The Department promotes the individual's worth and dignity by providing services to families and children, elderly, and disabled individuals to encourage their self-sufficiency and prevent long-term dependence on public assistance.

Washington - The Department protects persons who are unable to care for themselves fully and meet their basic needs. It protects the neediest members of society from being denied the basic requirements for sustaining life.

Wisconsin - The Department works in partnership with local governments, human service agencies, and concerned and affected citizens to develop and support availability of care, treatment, or assistance services people most needing care with illness, injury, and inappropriate dependency and to enable them to achieve, sustain or regain well-being and independence in the physical, mental and social dimensions of their lives.

### Table 3

**GENERAL ASSISTANCE ELIGIBILITY REQUIREMENTS**

**Alaska** - Applicant must 1) exhibit need, and 2) register for work, and 3) be a resident. (Statute)*

**Arizona** - Applicant must 1) not be employable, 2) not be an inmate of an institution, 3) be a resident and citizen, and 4) meet income and asset requirements. (Departmental Booklet)

**Arkansas** - Applicant household must 1) meet income and resource limitations set by the state, 2) be experiencing a crisis situation, and 3) be without the income or resources to alleviate the crisis situation. (Questionnaire)

**Delaware** - Applicant must be 1) over 18 and under 54, and 2) unemployable. (Questionnaire)

**Illinois** - Applicant must 1) be ineligible for categorical assistance programs, 2) be a citizen of the U.S. and a resident of the state, 3) furnish a social security number, 4) if employable, register for employment. (Departmental Booklet)

**Kansas** - Applicant must 1) exhibit need, 2) not be eligible for ADC or SSI, 3) meet income and asset requirements. (Regulation)

**Maryland** - Applicant must meet the following eligibility requirements: 1) financial need, 2) social security number, 3) residency. Individuals who
cannot work due to physical or mental impairment; those in transition and pregnant women are targeted by the GA programs. (Departmental Booklet)

**Michigan** - Applicant must 1) be a resident and citizen, 2) supply a social security number, 3) must meet income requirements, and 4) cooperate with work relief education and training programs. (Departmental Booklet)

**Minnesota** - The following are eligible for aid: 1) certified incapacitated for work, 2) people in facilities for physical or mental health problems or chemical dependency, 3) battered women, 4) displaced homemakers, 5) people who don't speak English, 6) mentally ill or retarded persons, 7) people in high-school or in a GED program, 8) untrained or unskilled persons, 9) functional illiterates, 10) people with physical or emotional problems, 11) families with children, 12) people who find it difficult to get work because they are considered "too old" to compete for many jobs. (Departmental Bulletin)

**Missouri** - Applicant must 1) live in the state, 2) meet income and asset requirements, 3) exhibit need, 4) be unable to work because of physical or mental incapacity, and 5) not be a resident of a public institution. (Questionnaire)

**Montana** - The following persons are eligible for GA: persons 50 or older, persons with dependent minor children, infirm persons not in an institution, able-bodied persons 35-49 without dependent children. (Statute)

**New Jersey** - Applicant must 1) be financially needy, and 2) not be eligible for other programs. (Questionnaire)

**New Mexico** - Applicant must 1) supply a social security number, 2) be a resident and citizen, 3) not have transferred property in the past 2 years, 4) not have received assistance under another assistance program, 5) be determined needy under AFDC standards. (Questionnaire)

**Ohio** - Applicant must 1) be 18 or older, 2) be in financial need, 3) be a resident and citizen, 4) be ineligible for federally funded programs, 5) not exceed the minimum income level, 6) accept job training, 7) not live in an institution. (Statute)

**Oklahoma** - Applicant must 1) exhibit need, 2) be a resident and citizen (Departmental Policy Manual)

**Oregon** - Eligibility is usually determined by ineligibility for any other assistance as well as lack of income or inability to work or find work. (Questionnaire)

**Pennsylvania** - Applicants must be determined eligible under the following categories: age, residence, citizenship and alienage, persons in institutions are not eligible, nor are guardians and trustees; employment status is confirmed, applicant must not be in receipt of other assistance, must not be a full-time student, and must be ineligible for AFDC. (Statute)

**Utah** - Applicants must be either medically unable to work or marginally unemployable. Minimum income levels must not be exceeded. (Questionnaire)

**Virginia** - Eligibility varies by locality, but considers 1) temporarily disabled, and 2) unemployed. (Questionnaire)
Washington - Applicant must not be eligible for Federal assistance programs. (Departmental Bulletin)

West Virginia - Applicant must 1) work less than 100 hours per month, 2) have "good cause" for declining offers of employment, 3) have been disqualified for unemployment compensation. (Departmental Bulletin)

Wisconsin - County programs are required to subsidize persons or families falling below a minimum income level or having no income. Medical needs must be met by county programs. (Questionnaire)

* Source of GA requirements is indicated in parentheses.

Table 4

DEFINITIONS OF BASIC NEEDS

Alabama - Services which enable adults and children to live in environments free from abuse, neglect, and exploitation.

Florida - Health, rehabilitative and protective services.

Idaho - Services which allow maximum use of available resources in an efficient and timely manner and provide a desirable quality of life.

Minnesota - Those financial aids and personal family services needed to achieve and maintain a standard of living and well-being consistent with good health and human dignity.

Missouri - Those programs designed to help individuals secure and maintain a maximum level of social and economic independence.

Montana - "Basic Necessities" means food, shelter, utilities and personal needs.

New Jersey - Provision of the necessary resources to those persons requiring assistance in order to improve their quality of life to an acceptable standard.

Ohio - "Poor relief" is defined to mean food, clothing, public or private shelter, the services of a physician or surgeon, dental care, hospitalization and other commodities and services necessary for the maintenance of health and decency.

Oregon - The provision of food, shelter, medical care, and financial support at a level determined by legislative mandate.

South Carolina - Programs designed to assist citizens in becoming self-supporting or self-sufficient, to protect them from abuse and neglect, reducing institutional care as appropriate and providing child development services where needed.

Utah - Those services necessary to meet basic physical needs and then to maintain a level of emotional and social well-being which allows the individual to function within the society and contribute to it at their highest possible level.
Virginia - Include social, aging, children, medical assistance, income assistance, volunteers and services.

Washington - Basic Life Support Services - those direct and administrative support services designed to ensure provision of essential food, shelter, clothing, medical care, and physical safety for persons unable to do do for themselves.

West Virginia - Those needs both financial and civil which are required to provide a minimal subsistence level to promote both general good-health and well-being to the populace.

Wyoming - Any programs administered by a human service agency.
Appendix E

ELIGIBILITY CRITERIA FOR ASSISTANCE FOR TWO-PARENT HOUSEHOLDS WITH A DEPENDENT CHILD (JANUARY 1, 1985)

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Who is Covered</th>
<th>Criteria Requirements - Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Parent Incapacitated</td>
<td>All family members</td>
<td>1. Income and resources within ADC standards and medical coverage. 2. Medical Needy grant.</td>
</tr>
<tr>
<td>Medically Needy Dependent Children</td>
<td>All family members</td>
<td>1. Income and resources within ADC standards and medical coverage. 2. Medical Needy grant.</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>All family members</td>
<td>1. Income and resources within Food Stamp standards. 2. Primary wage earner must not have quit a job without good cause within 60 days of application.</td>
</tr>
<tr>
<td>WORTH Medical</td>
<td>Dependent Children</td>
<td>1. Neither parent has refused work, quit a job or reduced earnings without good cause within 30 days of application. 2. Benefits: 1) Employment counseling. 2) Transportation payment for job search. Limited to one 30-day period if the family does not qualify for Emergency Assistance. May qualify for an additional 30 days if family concurrently receives E2.</td>
</tr>
<tr>
<td>JOBS Program</td>
<td>Either Parent</td>
<td>1. Benefits: 1) Employment counseling. 2) Transportation payment for job search. Limited to one 30-day period if the family does not qualify for Emergency Assistance. May qualify for an additional 30 days if family concurrently receives E2.</td>
</tr>
</tbody>
</table>
Appendix F
GLOSSARY

ADC/AFDC/ADC-Un - Programs funded by Federal grants and State matching funds and administered by the State, providing assistance to needy families with children who have a single parent or disabled parents and to children whose parents are unemployed.

Advocacy - The act of pleading for or supporting the needs of the State's disadvantaged citizens.

AFS - Adult and Family Services Division of the State Department of Human Resources, a division which administers financial assistance.

Basic Needs - Items or services vital to survival: food, clothing, shelter and medical care.

Block Grants - Transfers of Federal funds to the states with the intent to enlarge the State's ability to administer and control the use of the funds involved.

Categorical Assistance - Funds limited to discrete and express purposes and specific standards of eligibility.

DHR - Oregon's Department of Human Resources which oversees financial assistance and human services to the State's citizens.

Eligibility - The State is meeting all requirements for various financial assistance programs.

Emergency Assistance - Federal, state and local programs which meet crisis needs on a short term basis.

Employment - Includes job placement, training, and vocational rehabilitation.

Food Stamps - Coupons for the purchase of food to low income persons whether on public assistance or not, issued by the U.S. Department of Agriculture.

General Assistance (GA) - Financial assistance and medical care for sick or disabled adults whose physical or mental condition keep them from doing any kind of work for at least 60 days. Funded and administered by the State.

Health Programs - Includes family planning and community clinics.

Indigent - Destitute...lacking in means to provide basic survival needs.

Individual and Family Programs - Includes foster care, group homes, adoption, counseling, day care, senior centers, and homemaker services.

Invisible Poor - Individuals and families living in poverty who are not recorded or counted by public agencies.

Low Income - Living below the official poverty line...unable to provide all of the basic necessities.

Medicaid - Medical assistance to persons who qualify financially and categorically for Aid to Dependent Children or General Assistance.

Medically Needy - Persons who do not qualify for financial assistance but whose income is not adequate to pay for medical services. E.g., Pregnant women who have no other children, or children whose parents are unemployed.

Medicheck - A medical screening program for children under 18 to qualify them for preventive care.

Mental Health - Includes mental retardation and developmental disability services and alcohol and drug services.

Needs Assessment - A survey to establish the major areas of unresolved human problems of the most basic kind.

OSIP - Oregon Supplemental Income Program which provides medical care and some money to people receiving Social Security Supplement income. (Persons whose Social Security payments are insufficient to meet federal basic standards of need).
Public Safety - Includes juvenile services, child and adult protective services and legal assistance.

Public Welfare - Generic term for the payment of public funds to assist persons in need.

Support Systems - Includes resource development, planning, information and referral, volunteer services, and citizen participation.