

Temporary Assistance to Needy Families

Temporary Assistance to Needy Families (TANF) provides monthly cash benefits to low-income families. This includes both single and two parent families, and no-parent household child-only grants. Two parent families represent about five percent of the total families served in 2003-04, while no-parent households represent about 36 percent of all cases served.

Historical Perspective

In 1990 the Family Support Act (FSA) allowed the former Adult and Family Services (AFS) to implement a new strategy of self-sufficiency for welfare clients. This was the first step in expanding the program's focus beyond determining eligibility and distributing benefits.

In 1996, the Aid to Families with Dependent Children (AFDC) program was replaced with TANF under the federal welfare reform law. Also in 1996 Oregon began implementation of its "Oregon Option" waivers.

The TANF caseload has remained relatively stable since the beginning of the current biennium, and is 59 percent below the maximum caseload experienced in 1994.

Program Summary and Target Groups

To qualify for TANF, families must have little or no income. For a family of three, countable income must be under \$616 a month and available resources must be less than \$2,500. This resource limit increases to \$10,000 if the family is participating in the JOBS Program.

Benefit amounts are based on a family's size and income. Currently the maximum monthly benefit for a family of three is \$503. TANF benefits have not been increased since 1991.

Cash benefits are distributed through the state's Electronic Benefits Transfer (EBT) system, which allows clients to access their benefits through grocery store terminals and automated teller machines.

Combined with Food Stamps, the current benefit level brings a family of three to 69 percent of the federal poverty level. (By contrast, a client working full-time in a minimum wage job has a spendable income of 131 percent of the poverty level.)

See the Appendices, TANF Section for Federal Poverty Level chart.

Who is served

- 2003-04 families: 18,275 families per month
- Projected 2005-07: 18,097 families per month

Job Opportunity & Basic Skills (JOBS)

Job Opportunity and Basic Skills (JOBS) was created by the 1988 federal Family Support Act which required states to create welfare-reform programs that offer employment, training and work-attachment services to clients on cash assistance.

Under the Family Support Act, states were allowed, within a certain framework, to design their JOBS programs in response to their area's needs and resources. DHS developed a system of contracting for services with community partners such as Job Training Partnership Act (now Workforce Investment Act or WIA) agencies, community colleges and the Employment Department. The number of partners has grown significantly through the years JOBS has operated and in response to emerging client needs.

Historical Perspective

During the first ten years of JOBS, services gradually were extended to a larger percentage of TANF families and then to a limited number of clients on Employment Related Day Care and Food Stamps. Throughout the decade, the number of services available to clients continued to increase as needs were identified and as the number of community partners expanded significantly. In addition, the percentage of the TANF caseload that was in JOBS activities continued to increase. During this period, the state also received two federal waivers, and implemented the JOBS Plus program.

Program Summary and Target Groups

JOBS activities and services focus on preparing clients to enter the workforce, helping them find employment, and supporting them as they transition off public assistance.

In addition to work-centered services, JOBS also offers referrals to a wide range of family stability services such as assessment and treatment for drug and alcohol problems, mental health problems, and help for victims of domestic violence.

JOBS services are provided to clients in local communities by community colleges, WIA service providers, community based workforce agencies, the Employment Department and other social-service providers. In addition, local businesses are partners in JOBS through the program's work experience components.

Who is served

- 2003-04: 14,000 clients per month
- Projected 2005-07: 12,600 clients per month

Emergency Assistance

The regular Emergency Assistance (EA) program provided one-time payments to help families address financial crises. Domestic Violence Emergency Assistance, also known as the Temporary Assistance for Domestic Violence Survivors (TA-DVS) program, provides support to parents fleeing or striving to stay free from domestic violence. TA-DVS is focused on providing support for families when safety is an issue and when other resources are not available.

Historical Perspective

Over the past ten years, the number of families served by EA and TA-DVS programs have fluctuated in response to changes in policy and the creation of or disappropriation of different segments of the program. Beginning in 2002, the regular EA program was reduced, until its suspension and ultimate elimination as a result of Ballot Measure 30 in 2003. Expenditures in the TA-DVS program have grown as collaborations with local domestic violence service organizations increased and as the skills of front-line staff in identifying victims increased.

Program Summary and Target Groups

Victims of domestic violence may access up to \$1,200 in services per 90 day eligibility period to assist with immediate needs, such as shelter, utilities or relocation. Payments are usually made directly to vendors for the approved services. Under certain circumstances, payments may be provided more than once in a 12 month period; approximately four percent of those who receive a payment also received a subsequent payment within 12 months.

In 2001-2003, an average of 1,180 families per month received an emergency assistance payment. In 2003-04, 728 received payments, of which 659 were TA-DVS. This is due to the suspension and eventual closure of the regular EA program.

Employment Related Day Care

Employment Related Day Care (ERDC) helps low-income working families pay their child care bills. It also helps families find and keep appropriate child care and works with providers and child care partners to improve the quality of care families receive. It provides an important support for families who leave welfare in order to work as well as other working poor families. The program makes it less likely parents will lose employment and return to welfare because of child care issues. The program also helps a small number of student parents who need child care to attend college.

Historical Perspective

- ◆ Between July 1995 and October 2004, the ERDC caseload has increased 19 percent, while the state’s population rose by 12 percent.
- ◆ The number of families receiving help paying child care bills has averaged 9,589 per month in the first 12 months of the current biennium. This represents 19,887 children.
- ◆ In 2005 – 2007, the program is expected to serve an average of 9,792 families or 20,154 children per month.

Program Summary and Target Groups

Families qualify for help with their childcare bills under ERDC if they need childcare to remain employed and are within the income limits (150 percent of the federal poverty level, or \$1,959 gross income per month for a family of three).

- ◆ Families in ERDC choose their child-care provider and DHS pays its portion of the bill directly to the provider.
- ◆ ERDC families must pay a portion of their child-care bill, known as the “co-pay.” Co-pays are based on the family’s income. The current average co-pay is \$119 per month.

- ◆ DHS provides some ERDC clients with case-management services and help in solving problems that arise with child care and other issues that could jeopardize employment.
- ◆ The ERDC program serves approximately 220 student families who meet ERDC income guidelines and need child care in order to attend college.

DHS works with local partners including Child Care Resource & Referral agencies and Head Start to expand the amount of child care available to clients and improve the quality of care in the community.

Food Stamps

The Food Stamp Program is a cooperative federal-state program and is intended to provide for an improved level of nutrition among low-income households. Benefits are 100 percent federal funds. Administrative costs are shared evenly between the state and the federal government. Eligibility standards and benefit amounts are prescribed by the federal government, but administered by individual states. Each October, a cost of living is added to the benefit level. This increases the benefit by a few dollars for each household.

Historical Perspective

The Food Stamp Program began as a plan in 1939 to help families during the depression. In 1961 the plan became a pilot program and in 1964 the pilot program was made permanent. The program expanded most dramatically in 1974 when Congress required all states to offer Food Stamps to low-income households. The majority of the laws and regulations guiding the program are based on the Food Stamp Act passed in 1977. Significant changes were made in 2002 when the program was reauthorized by Congress.

Program Summary and Target Groups

The Food Stamp program serves Oregonians whose income falls below 185 percent of Federal Poverty Level and who meet several non-financial eligibility requirements such as student status, citizenship /immigration status, residency and work registration.

Benefit amounts are based on household size, income and expenses. The average Food Stamp benefit per household is approximately \$175 per month. Recipients use the Oregon Trail Card to obtain benefits through the state's Electronic Benefits Transfer (EBT) system.

Prevention Services

Children, Adults and Families (CAF) Prevention efforts include two programs: Teen Pregnancy Prevention and the Community Safety Net. Both programs involve comprehensive approaches with many partners including communities and schools. Additionally, these programs coordinate with other prevention and youth development initiatives including, juvenile crime, drug and alcohol, youth suicide, school drop out and recovery efforts, education and workforce development and the Partnership for Children and Families planning processes.

Teen Pregnancy Prevention

Historical Perspective

Since the late 1970's, there have been sporadic but at times intense efforts to reduce the teen pregnancy rates. In the mid 1990s, renewed efforts to reduce adolescent childbearing were fueled by rising child poverty rates and among those on welfare a much higher proportion of never-married women, younger recipients, and recipients who had longer average durations of dependency.

In 1996, Governor Kitzhaber convened a broad-based committee to develop a teen pregnancy prevention action plan for Oregon. With the 1997 release of Teen Pregnancy Prevention Oregon Action Agenda, there has been a sustained and coordinated effort by local and state partners to craft a cohesive and integrated course of action.

Program Summary and Target Groups:

CAF oversees three major teen pregnancy prevention program areas:

The Action Agenda targets youth age 10-17. Over the past several years many local projects have been supported through the efforts of the subcommittees charged with developing and implementing the strategies outlined in the Action Agenda. These subcommittees support evidence-based initiatives and seed projects in areas where there are gaps in both information and resources, such as how best to engage males in pregnancy prevention activities and programs. Activities range from supporting local coalition initiatives such as after school programs to development and distribution of Directions, a curriculum designed for providers serving adolescent parents.

STARS is a skills-based abstinence education program delivered to sixth grade youth by high school teen leaders. It is designed to prevent the early onset of sexual behavior among middle school students by building awareness of media influences, correcting misconceptions about sexual behavior, and building refusal skills.

AmeriCorps/RAPP (Reducing Adolescent Pregnancy Partnership) is a federal grant program that allows DHS to each year select about 20 AmeriCorps members to serve in various counties with local partners to educate Oregon communities about teen pregnancy and to provide support for local efforts to reduce teen pregnancies.

Community Safety Net

Historical Perspective

The Community Safety Net (CSN) concept was developed in late 1996, as a strategy to respond to reports of families who were struggling but who do not warrant intervention by child protective services. CSN's operate in all 36 counties through a network of community partners.

Program Summary and Target Groups

Since 1996 CSN has been providing, at no cost to the family, a voluntary service that links families with coordinated community resources providing early intervention to prevent abuse and neglect. Each year CSN serves over 400 families who have children under the age of 18 years and who are at risk of child abuse and neglect.

A network of community partners provides a coordinated, team-based approach to service planning with community-based services that are tailored to the families' needs. DHS and the Commission on Children and Families co-chair the state level steering committee. DHS provides a small grant to each county to coordinate the program locally and a state level coordinator oversees the statewide network and provides technical assistance and support.

Refugee Program

The Refugee Program is a collaborative effort between DHS and partner agencies to assist refugees to successfully resettle in this country by providing financial, work-attachment and acculturation services. With few exceptions, refugee status is determined by the State Department prior to the refugee's arrival in the United States.

Oregon is one of the 15 largest refugee resettlement states in the country, having resettled approximately 52,500 refugees from around the world since 1975. Oregon resettled 1,660 refugees in FFY 2004, an average of 138 per month.

95 percent of the refugees resettle in Multnomah, Clackamas and Washington Counties. Services provided to refugees in these counties are a collaboration between DHS and voluntary agencies (volags), Mutual Assistance Associations, and other social service and workforce agencies.

Historical Perspective

Refugee arrivals in Oregon first peaked in the early 1980s with the influx of Southeast Asian refugees and again in the late '80s with the arrival of refugees from the former Soviet Union. In those years, refugee arrivals ranged from 2,350 refugees to 2,540 refugees per year.

Since 1998, refugee arrivals in Oregon reflected a downward trend, fluctuating between 1,500 and 2,000 per year. Arrivals decreased sharply in FFY 2002 because of increased security measures following the September 11, 2001 terrorist attacks. Arrivals are now increasing again and the FFY 2004 total was 1660 refugees.

Program Summary and Target Groups

The program provides monthly cash benefits, medical assistance, Food Stamps and employment services to refugees living in the state. Refugee cash benefits are available for a maximum of their first eight months in the country; employment services are available through their 60th month in the country.

Who is served

- *Cash Assistance:*
 - 2003-2004: 269 families (603 people per month)
 - Projected 2005-07: 345 families (773 people per month)

- *Employment Services:*
2003-2004: 955 people per month
Projected 2005-07: 1,100 people per month

Child Protective Services

The Child Abuse Reporting Law, ORS 419B.005 to 419B.045, was enacted in 1971 and has been updated several times. The law was designed to provide early identification and protection of children who experience abuse, neglect or threat of harm of abuse or neglect.

When a report of suspected child abuse or neglect is received, DHS child protective services (CPS) or a law enforcement agency responds. State policy requirements and protocols of the local multidisciplinary team are followed. The allegations are reviewed to determine if a child abuse assessment is appropriate. If not, the referral is said to be closed at screening.

For those allegations requiring a face-to-face assessment, law enforcement and CPS investigate the allegations and determine responsibility for maltreatment of the child. A CPS trained worker completes a safety assessment of the child and assesses caregiver protective capacity and supportive resources available to the family. After the investigation and assessment, an assessed referral is classified in one of three ways: founded, unfounded or unable to determine because of insufficient information.

CPS caseworkers identify and provide services to keep children safe. Wherever possible, the caseworker and other members of the team work in collaboration with the family. They prepare an action plan to provide safety for the child and use the strengths of the family.

CPS Family Intervention and Treatment Services

Program Summary and Target Groups

Addiction Recovery Teams – Addiction Recovery Teams (ART teams) provide coordinated multi-disciplinary services to substance abusing families referred to child protective services.

Domestic Violence/Sexual Assault Funding – DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault and survivors of domestic violence and their children.

CAPTA/CJA Grant Funding – CAF receives two federal grants on a yearly basis from Administration for Children and Families. The first grant, the Child Abuse Prevention and Treatment Act (CAPTA), provides funding for projects that support prevention and treatment of child abuse and neglect. The second grant, the Children’s Justice Act (CJA), provides funding for projects that improve the investigative, administrative and judicial handling of child abuse cases.

Family-Based Services Program - The Family-Based Services (FBS) program involves an array of services offered to children and families including:

Family Sexual Abuse Treatment - There are contracts with community providers in every county to provide age-appropriate services to children who have been sexually abused and to their non-offending parents.

Housekeeper Services - These services are purchased on an individual basis in each community and are provided when a child is at risk of out-of-home placement

Parent Training Services - There are contracts with community providers to serve each county in the state.

Intensive Family Services - Every county has contracts with community providers. Intensive Family Services provides Family Decision Meeting facilitation and family therapy services for client families where abuse or neglect has occurred, or for foster/adoptive families struggling with placement issues.

Intensive Home-Based Services - There are contracts with community providers for services in 12 counties.

Supportive Remedial Day Care – Respite day care services are provided to prevent out-of-home placement for high-risk families or to help a child return home sooner through specialized day care planning.

(See the Appendices, Child Protective Services Section for more information about Family Based Services.)

System of Care funds may be access throughout the life of the case, including CPS assessment. These funds may be utilized to meet the needs of the child in support of safety, permanency and well being.

Special Payment to Oregon Commission on Children and Families (OCCF)

For 2003-05 Biennium \$3,312,895 in Federal Funds were passed through DHS Family Based Services for local commission programs for family preservation and support.

Out-of-Home Care

Out-of-home care involves an array of programs serving children and youth who are in the legal custody of DHS. Out of Home care services is most commonly referred to as foster care.

The average daily population of children in out-of-home care has been relatively stable for the previous three years. This is in part a result of efforts to reunify families and to find permanent homes for children. In the Federal Fiscal Year 2004, however, growth in the overall numbers began to impact the system with more children entering foster care than exiting:

- Entered Care 5,515 children
- Exited Care 4,545 children

Program Summary and Target Groups

DHS is the state agency responsible (ORS 418.015) for accepting and caring for children in need. These children abused, neglected, dependent, mentally or physically disabled and/or placed in the legal custody of DHS by a court in the State of Oregon (ORS 419B).

Out-of-home care in Oregon serves children and families when children cannot remain safely in their homes. Abused, neglected or otherwise dependent children often require out-of-home care. The array of services in this program provides a safe place for the children to stay while family circumstances are resolved.

The program provides a continuum of services for children based on their individual needs. This includes System of Care flex fund services. The goal, as well as federal mandate, is to place children in the least restrictive environment possible to meet their needs. This includes keeping children within their communities and connected to family and extended family.

Children in out-of-home care are served predominately in a foster family setting, including relatives. DHS staff seek to identify relatives to care for these children whenever possible. When a relative is not available or is deemed not suitable for placement, efforts are made to locate a family friend, neighbor, someone known to the child, or a certified foster family.

Children receiving family foster care services are provided with basic necessities of room and board, clothing, school and personal incidentals. These basic necessities are provided to the child by the foster parent, and the Department in turn reimburses the foster parent for a portion of the cost of care for the child.

Foster care programs and services:

- ◆ **Family Foster Care** – Family homes that provide temporary care for children who cannot be safely cared for by their birth parent(s).
- ◆ **Relative Care** – Care provided by extended family members for children who cannot be safely care for by their birth parent(s).
- ◆ **Family Foster Group Care** – A family model of care for children who have behavioral or emotional needs that require more structure than a family foster care home, but less structure than a group residential care program.
- ◆ **Emergency Foster Care** – Family foster care homes that are prepared to receive a child into their home at any time of the day or night by law enforcement or DHS. The purpose is to provide the child a safe place to reside until a plan can be developed with the child’s family, DHS and the court.
 - **Special Needs** – Children entering foster care has been increasing over the past two years. At the same time, the number of children exiting foster care has dropped off during the same period, thus increasing the average daily population of children in care.

- ◆ **Independent Living Program (ILP)** – Services for youth in foster care, 14 years and older, that provide skill development (education, budgeting, life skills, job readiness, preparation for housing, etc.) to enhance a youth’s ability to live independently.
- ◆ **Independent Living Subsidy Program** – Stipends and semi-supervised assistance for youth 16 years of age or older who are working on independent living skills and have demonstrated the capacity of maintaining housing services independently.
- ◆ **Therapeutic Foster Care** – Homes that provide care and treatment supervised and directed by private and public professional treatment agencies

Residential treatment programs

Residential treatment programs are under contract with DHS to provide services to some of the most difficult children in the DHS Child Welfare system. The number of children in need of residential treatment currently exceeds the number of contracted beds.

Service programs include:

- ◆ **Residential Shelter Care** – Facilities that serve children who have behavioral or emotional problems and who need assessment and evaluation in order to have a placement or treatment plan developed.
- ◆ **Residential Treatment** – Facilities that serve behaviorally and emotionally disturbed children who cannot be treated and safely maintained in less restrictive foster care.

Interstate Compact for Placement of Children

A program that ensures safe, timely and appropriate planning occurs and jurisdictional responsibility is affirmed for DHS children and youth placed with parents, relatives, foster parents or adoptive parents located out of state as well as for children and youth in the custody of other states and who are being placed in Oregon.

Adoption Services

The DHS Adoption Program encompasses the Department’s activities to terminate, either voluntarily or through a court action (“termination of parental rights,) the rights of parents who are unable to provide for the safety, permanency and well being needs of their children, and to establish a legal relationship between these children and new parents whom the Department has determined can meet those needs.

The Adoption Program also includes post-adoption services, including adoption subsidy (Adoption Assistance), adoptive family preservation services (primarily through the Oregon Post Adoption Resource Center or “ORPARC”), the establishment of post-adoption communication agreements between biological and adoptive families, and operation of the Oregon Voluntary Adoption Registry. The number of children receiving adoption assistance benefits experienced rapid growth between 1995 and 2004, from 3181 to 8505 children.

Since 1999, the DHS subsidized guardianship activities, which are part of a federal Title IV-E waiver authorized to operate through June 2009, have been part of the Adoption Program.

Who is served

- An average of 75 children are freed for adoption each month
- An average of 75 children have adoptions finalized each month

Historical Perspective

Historically, along with child protective services and foster care, adoption is one of the major core child welfare programs administered by the Department of Human Services. Adoption services have been provided by DHS for over 40 years. The Adoption Program includes activities conducted in DHS field offices as well as activities that are the responsibility of centrally-based staff in Salem.

In its early years, the Adoption Program primarily served parents of infants or young children who chose to voluntarily place their children for adoption rather than parent them for a variety of social and financial reasons. By 1980, the year that the federal PL 96-272 was passed, Oregon, like all states, had become increasingly engaged in child protective services in which a growing number of children had been abused or neglected by their families and would not return to their care. Many of these children were older, belonged to sibling groups needing to be placed together, or were children of color. Most had one or more physical, mental, emotional or medical conditions that few prospective adoptive families were able to take on without financial support.

The DHS Adoption Program was streamlined as a result of the passage of Oregon SB 689 (“Best Interests of the Child” legislation) and the creation of the Interim Legislative Task Force on Adoption Services, both of which occurred in 1997, the federal Adoption and Safe Families Act (ASFA) of 1997 and Oregon’s 1999 SB 408 which conformed state statute to ASFA.

In addition, the federal Child and Family Services Review resulted in identification of several areas needing improvement in the Adoption Program to shorten the state’s time to adoption. These recommendations became part of the Program Improvement Plan (PIP), and many changes were made to adoption rules, policies and practices. These changes contributed to the successful conclusion of the PIP in July 2004.

Program Summary and Target Groups

Since 1990, the number of children in state custody freed for adoption has grown from fewer than 500 per year to around 900 per year. Twenty to twenty-five percent of children are voluntarily released for adoption by their parents. Forty to forty-five percent are freed through a court process (Termination of Parental Rights). The remaining 30 to 40 percent of children are freed through a combination of voluntary and involuntary actions.

During 2003 and 2004, adoption studies for 1,640 families were completed for consideration as prospective adoptive homes for the children in DHS custody. These 1,640 adoption studies include those done with both relative and other families seeking to adopt specific children as well as non-related families. The studies were completed by public child welfare staff and by private adoption agencies.

See the Appendices, Adoption Section for list of agencies having contracts with DHS to provide adoption services.

Most children adopted from DHS foster care in 2003 and 2004 had one or more medical, emotional, mental, and/or physical diagnoses.

See the Appendices, Adoption Section for placement of children after adoption.

A small number of children do not end up being adopted by the first adoptive family into which they are placed and thus require a second placement. Disruption is the interruption of an adoptive placement between the time a child is placed in the adoptive home and the time the court finalizes the adoption. In 2003, 6.4 percent and in 2004, 6.9 percent of adoptive placements disrupted rather than proceeding to finalization. Nearly all of these children were placed subsequently into families who finalized the adoptions.

Foster children require specialized services even after being adopted and the adoptive families require support to help meet the children's special needs. As of December 2004, over 9,000 adopted Oregon children had identified special needs and were receiving one or more services through DHS Child Welfare or ORPARC.

As of November 30, 2004, 388 Oregon children were placed with 236 guardianship arrangements as a result of the DHS Guardianship Assistance program.

Office of Vocational Rehabilitation Services

Mission

To assist Oregonians with disabilities achieve and maintain employment and independence.

Goals

- ◆ Increase the number and quality of competitive job placements;
- ◆ Increase wages earned by consumers;
- ◆ Increase the number of small business/self employment outcomes;
- ◆ Expand partnerships with state and local workforce investment boards as well as private sector employers;
- ◆ Expand program capacity for people with disabilities through partnerships with employers, schools and community agencies;
- ◆ Expand employment partnerships with Tribal entities, African American, Hispanic and Asian populations;
- ◆ Increase the diversity of people served, staff, and service providers;
- ◆ Continue to improve customer service; and,
- ◆ Maximize the use of technological tools to enhance performance.

Historical Perspective

The 85-year-old public rehabilitation program authorizing legislation has experienced significant revisions in recent years. The intent of those revisions has been to focus services and resources on those individuals with the most significant disabilities. The workplace and its expectations of employees has shifted as well with an increased need for individuals with strong technical and soft skills and the ability to carry out a variety of tasks. While the demand for services has increased and the nature of the caseload has changed significantly, the only increase in federal funding to the program has been a Consumer Price Index increase.

Additionally, the federally mandated role and authority of the State Rehabilitation Council (SRC) has impacted the public vocational program. The SRC is appointed by the Governor and is comprised of a majority of individuals with disabilities. The SRC evaluates the effectiveness of the VR program and serves as a policy partner rather than an advisory committee.

Programs Summary

The Office of Vocational Rehabilitation's services are designed to assess, plan, develop and provide vocational rehabilitation services to individuals whose disabilities present impediments to employment. The primary programs of OVRS are Basic Vocational Rehabilitation Services, Youth Transition Program, Supported Employment Services, and the Independent Living Program.

Basic Vocational Rehabilitation (VR) Services are designed to assist individuals whose disabilities present an impediment to employment to find, enter and maintain employment. This is accomplished through individualized assessment, planning, development and provision of rehabilitation services that builds upon the individual's strengths, abilities, interests and informed choice.

The Youth Transition Program (YTP) assists students with disabilities to bridge the gap between school and work by providing coordinated vocational rehabilitation services to students while they remain in school and ensuring a smooth transition to adult life and employment after school completion.

Supported Employment Services (SES) are for individuals with the most significant disabilities who can obtain competitive employment in the community with intensive training and job coaching but need the provision of on-going supports to retain their employment.

The Independent Living Program (IL) has a primary purpose of providing services that assist consumers with severe disabilities maintain or increase their level of independence at home, in the community and in employment. These services are provided through community-based, non-residential, non-profit providers called Centers for Independent Living (CILs).

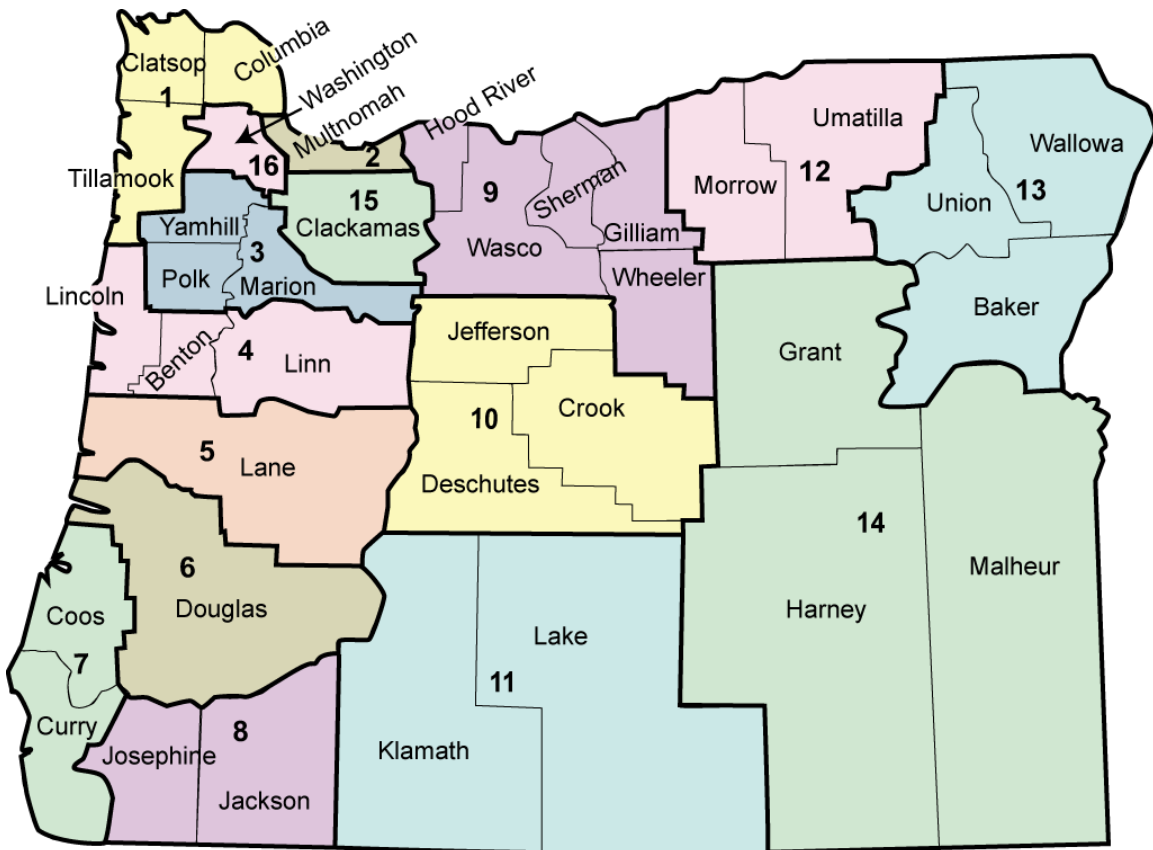
Target Group

All Oregonians with disabilities with the exception of individuals with blindness are potentially eligible for services from the Office of Vocational Rehabilitation. Those with documented medical, cognitive or psychiatric diagnosis who experience impediments to employment as a consequence of those impediments are typically eligible for services. Recipients of either SSDI or SSI benefits are presumed eligible for services. Currently, fifty percent of the individuals served experience psychosocial, cognitive, or other mental impairments. Twenty nine percent of clients experience orthopedic or mobility and manipulation issues. The typical individual seeking services experiences more than one disabling condition.

See the Appendices, Office of Vocational Rehabilitation Services Section for additional information about clients, office locations, outcome measures, and Order of Selection.

Field Services

Children, Adults and Families – Field Services (CAF - FS) provides clients with benefits and services through a statewide processing center and a network of CAF field offices located in communities across the state. Each field office is located within one of the 16 Service Delivery Areas (SDAs). The SDAs were established as part of DHS reorganization.



Historical Perspective

Prior to the reorganization of 2001, each of the former divisions had their own field structure that included direct service staff, support staff, administrative structures and their own offices. During reorganization, the field structures from the former Adult and Family Services, Community Partnership, Senior and Disabled Services, State Office for Services to Children and Families and Vocational Rehabilitation were combined into a single cluster called Community Human Services (CHS). This cluster worked with the program clusters but was a stand alone entity. CHS created a field structure that was divided into 16 Service Delivery Areas (SDA) and a statewide processing center. Each of the SDAs had an administrative structure that included a manager and at least one program manager devoted to child welfare and one to self sufficiency.

In 2003 the field was realigned with the intent to bring policy and program delivery closer together. CHS was united with the program cluster of CAF and field staff providing services for Seniors and People with Disabilities were reunited with the SPD cluster. Also, the field structure for Vocational Rehabilitation OVRs was aligned more directly with the program staff of OVRs. The SDA structure continued with the focus more on the child welfare, self sufficiency and volunteer program service delivery. The SDA Manager continues to represent DHS in the community and works closely with the local managers providing SPD and VR services.

Program Summary and Target Groups

Staff in the SDAs and the Statewide Processing Center are responsible for direct client services in the programs administered within CAF and Oregon Medical Assistance Program (OMAP). The Statewide Processing Center processes applications for the Oregon Health Plan.

The department delivers child welfare and self sufficiency services and benefits directly through the CAF field offices. These programs include

Temporary Assistance to Needy Families (TANF), Food Stamps, JOBS program, Employee Related Day Care, Medicaid, Child Protective Services, Foster Care and Adoptions.

The SDAs are also responsible for strengthening working relationships with communities, counties, and local partners. SDAs work together with these partners to create an integrated delivery system for clients in need of social supports, rather than expecting clients to navigate a confusing system of multiple offices, case plans, caseworkers, and conflicting appointments and requirements. The management team within each SDA includes program managers who have expertise in the specific program areas of child welfare services and self-sufficiency programs.

CAF - FS includes the Statewide Processing Center that processes applications for the Oregon Health Plan monthly and determines medical eligibility.

