Oregon’s Human Resources Programs

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This publication provides supplemental information to the video, Confronting Challenges, Crafting Solutions, and is intended to be used with the video. The sections of this publication parallel those of the video.

Many Oregonians are interested in the state’s human resources programs, yet few have much information about them. How do they operate? Whom do they serve? Are they needed? Are they successful? The video, Confronting Challenges, Crafting Solutions, and this supplemental publication highlight several Oregon Department of Human Resources programs that promote self-sufficiency, health, and well-being for all Oregonians.

Introduction

Oregon is a beautiful place with hard-working, proud people, and a growing population and economy. Like all the United States, however, Oregon is facing great challenges.

During the 1980s, the rate of poverty and economic distress among U.S. and Oregon families grew dramatically. Poverty and economic distress are risk factors for teen pregnancy, dropping out of school, domestic violence, and alcohol and drug abuse, and are almost insurmountable for persons who are mentally ill or severely disabled.

The federal poverty line was $9,144 for a family of two. For each additional family member, the poverty line increased by $2,280. Work at minimum wage leaves a family of two in poverty. Most young families who live at or near the poverty line have at least one adult working full-time.

Over 10% of Oregon families and 20% of children under age 5 live in poverty. Poverty is twice as high among minorities. In addition, over 30% of female-headed households live in poverty.

Most families did not drop below the federal poverty line in the 1980s; however, most did experience a decline in real income, adjusted for inflation. The greatest declines occurred for young families and those in the lower-middle income range. The large number of women, many with young children, who entered the paid labor force prevented even greater declines in real family income.

Declines in family income are the result of several factors. For example, the number of high-wage jobs declined; Rates of unemployment increased, and forced part-time employment increased. The number of single-parent families increased.

Oregon also is challenged by growing numbers of persons with mental and physical disabilities and persons over age 80. During the 1980s, the number of Oregon residents over age 65 increased by almost 29%, while the population under age 15 grew by only 7%. The fastest growth occurred among persons over 80.

While most persons over age 65 are healthy and active, the need for assistance with daily tasks increases with age or disability. Families provide most of the care, but social and health services are essential if seniors and persons with disabilities are to live as independently as possible.

Many people think the Department of Human Resources serves only poor families. In fact, the Department has six divisions working to promote the health and self-sufficiency of every Oregonian: Children Services Division, including Juvenile Corrections; Senior and Disabled Services Division; Adult and Family Services Division; Mental Health and Developmental Disabilities Division; Vocational Rehabilitation Division; and the Health Division. Four other programs: Medical Assistance, Alcohol and Drug Abuse, Health Policy, and Volunteer Services—are located within the Office of the Director.

Welfare and JOBS program

Each month, more than 110,000 Oregon families receive support through Oregon’s largest welfare program, Aid to Families with Dependent Children (AFDC). Almost 60% of AFDC families are headed by single mothers; 65% have two or fewer children. The average length of assistance is 22 months. In 1994, the monthly payment for a mother and two children was $460. With food stamps (which are used by over 8% of Oregonians), the monthly income of such a family is about 79% of the federal poverty level.

To enable these families to leave welfare and become self-sufficient, Oregon’s Job Opportunities and Basic Skills (JOBS) program helps overcome the barriers to employment. The goal of the JOBS program is to enable clients to find permanent, self-sustaining employment. This is done by providing education and job training that match existing local job opportunities, life skills needed to find and keep a job, child care, and other transitional services.

Each month, 30% of Oregon welfare families participate in the JOBS program. More than 1,200 of these families leave welfare each month, and 75% of former JOBS participants remain off welfare 18 months later. The result has been a 2.6% decrease in Oregon’s welfare caseloads from 1993–94.

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Teen parents

Each year, nearly 10% of Oregon’s unmarried females age 15 to 19 become pregnant. Almost all keep their children. Without assistance, most would leave school and face a life of low-skill jobs or unemployment. About 49% of Oregon welfare recipients were or are teen parents.

In Oregon, over 83% of teen parents return to school—the highest rate in the nation. Most of these teen parents successfully earn high school diplomas or the equivalent. Between 1990 and 1993, more than 8,000 Oregon teen parents earned diplomas or GEDs with support from AFDC, communities, schools, and families.

Parent education, life skills classes, job training, and child care are other important supports for teen parents. Oregon schools, communities, and families must work more aggressively to reduce teen pregnancy.

Senior and disabled services

More than 16,000 seniors are served each month by Oregon’s Senior and Disabled Services Division (SDSD). Their average age is 82. All these seniors need help with daily tasks, such as housekeeping, shopping, meals, and transportation. The majority also need assistance with some personal care such as bathing.

Over 70% of seniors served by SDSD are impaired in their memory, orientation, or judgment. Many have been diagnosed with Alzheimer’s Disease or a related disorder. Fewer than half of SDSD clients live in nursing homes. Oregon is the only state in which fewer elders live in nursing homes today than 10 years ago. In other services, adult foster homes, other residential facilities, and nursing homes offer a range of care that has saved Oregon taxpayers over $350 million in dollars since 1981.

Vocational rehabilitation

Community-based support that increases self-sufficiency is also critical to people with disabilities. The Vocational Rehabilitation Division annually serves more than 14,000 Oregonians with physical and mental disabilities. Over 70% are rehabilitated and returned to employment (the national average is 59%).

Mental health and alcohol and drug programs

Each year, more than 114,000 Oregonians are served in community mental health programs, including group homes, counseling centers, and hospital inpatient units.

Mental illness, unemployment, crime, family conflicts, and other problems often are related to alcohol and drug abuse. More than 52,000 Oregonians are served annually in Oregon’s alcohol and drug programs. Oregon’s Office of Alcohol and Drug Programs works with schools and communities to increase community safety and prevent alcohol and drug problems through education and risk prevention programs.

Oregon Health Plan

In 1993, nearly one in six Oregonians had no health insurance. Over 70% of uninsured adults were employed, but without health benefits. When those Oregonians need care, they either go without or go into great debt. Most often, when care finally is received, the costs are shifted to other patients who are insured, resulting in higher costs for all patients.

The Oregon Health Plan was designed to address this problem by providing basic mental and dental services for low-income Oregonians. The plan emphasizes prevention and early care. Under the plan, individuals choose their own primary medical provider. Care is not provided for some conditions that will get better without medical care, are cosmetic, or for which there is no useful treatment. Registration for the Oregon Health Plan began in February of 1994. More than 120,000 Oregonians were enrolled by the end of 1994.

Family preservation and service integration

Oregon is relying on new approaches to address complex human needs. For example, preservation of the family is a high priority and, as a result of strong family preservation efforts, Oregon is one of the few states in which the overall rate of foster care placement for children has declined.

Oregon also is at the forefront in service integration, which brings together schools, human services, health care, and others to support that effectively address families’ needs, build on their resources, and increase self-sufficiency.

Approaches to human service agencies and volunteers

Most of Oregon’s human services are provided by local nonprofit, private agencies, hospitals, clinics, counselors, pharmacists, group homes, foster parents, and other social service providers supported by Oregon and federal tax dollars. In fact, 78% of Oregon’s Human Resources budget goes to local direct-service providers. Without these close relationships with local communities and providers, providing effective human services would be impossible.

More than 3,000 volunteers each month help to provide direct services, ranging from home repair for seniors to transportation. In 1993, Oregon volunteers drove more than 20,000 clients more than 3 million miles. Beyond paying taxes, each of these volunteers makes a critical contribution to other people’s lives.

Summary

Oregon is responding to the many challenges of the 1990s with innovations in human services. As Oregon faces the new century, we must continue to care about everyone’s self-sufficiency, and build on our most successful human services programs. To learn more about Department of Human Resources programs, and about legislative action affecting these programs, contact the Oregon Department of Human Resources in Salem, or your state senator or representative.

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