

D. Self-Sufficiency and Intervention Services

INTENT

Everyone is capable of taking action to increase their self-sufficiency. The intent of self-sufficiency services and intervention services is to use partners to assess client and family issues that hinder employment and independence. Case managers then broker for partner resources to address these issues so that independence is increased and dependence on services is decreased.

Services: Services to increase self-sufficiency include assessment, case management and brokering services for needs such as crisis intervention, stabilizing living situation/housing, mental health and Alcohol & Drug (A&D), school retention, medical issues, learning disabilities, parenting training, budgeting, SSI application and access to other benefit programs and local resources.

Expectations:

- Ask open-ended questions and focus on what the client is focusing on to establish rapport, so that clients will be more likely to reveal if they are in crisis;
- During initial and ongoing client assessment, identify indicators of issues that require further evaluation, intervention or immediate attention;
- Be familiar with local services and referral processes, and broker for these services immediately when the client/family is in crisis;
- Establish joint case plans, including regular communication and follow-up, with agencies serving our clients;
- Help clients become proactive so they can anticipate and identify their needs and access services on their own;
- Check regularly with clients, partners and service providers to determine if clients and their children are participating and progressing as expected.

Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF Rule

[461-001-0025](#) — Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF

Case Planning; JOBS, Pre-TANF, REF, SFPSS, TA-DVS Rule

[461-190-0151](#) — Case Planning; JOBS, Pre-TANF, REF, SFPSS, TA-DVS

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

1. Crisis intervention

INTENT

The intent of crisis intervention services is to clarify emergent issues and immediately broker for services to address these issues to protect family stability and safety.

Type of service: Crisis intervention services include identifying and assessing the status of emergency issues, assessing strengths, making referrals to partners, following up on referrals and status of the emergency and joint planning and follow-up with the client and partners.

Selection criteria: Clients appropriate for crisis intervention services are those who need immediate assessment, planning and referral to meet emergency needs such as child abuse, impending homelessness or legal issues. For domestic violence crisis intervention, see [Domestic violence services](#) below.

Use and Disclosures of Client or Participant Protected Information Rule

[407-014-0020](#) — Use and Disclosures of Client or Participant Protected Information

Release of Client Information to Law Enforcement Officers Rule

[461-105-0100](#) — Release of Client Information to Law Enforcement Officers

Release of Client Information to Service Providers and Legal Bodies Rule

[461-105-0110](#) — Release of Client Information to Service Providers and Legal Bodies

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

Counting hours of participation: Time spent in this activity is entered timely at least once a month in JAS per district procedure on the CI activity as verified by an acceptable source. The hours should be related to scheduled appointments and services. Attendance must be documented in writing and maintained in the client's DHS or contractor case file, or in a central file, and include:

- Client's name;

- Actual hours of activity;
- Name of the partner agency;
- Name and phone number of person verifying attendance hours.

JOB tracking and data entry: The CI activity code can be used to track and record time spent in this type of activity.

2. Alcohol/Drug (A&D) services

Generally

INTENT

The intent of A&D services is to help clients identify and overcome substance addictions that prevent or limit their employability and self-sufficiency.

Expectations:

- Offer all clients an A&D screening;
- Offer an evaluation for substance abuse if the individual has self-identified the illegal use of a controlled substance, or if a screening results in a referral;
- Expect clients to participate in treatment services if an A&D evaluation results in a diagnosis that requires treatment and their substance abuse may inhibit their ability to become employed, and is at no cost to the client;
- Whenever appropriate, engage the client in other case plan activities concurrent with A&D services.

Definitions:

- (A) “Controlled substances,” means a drug or its immediate precursor classified in schedules I through V under the federal Controlled Substances Act, [21 U.S.C. 811](#) to [812](#), as modified under ORS [475.035](#). The use of the term “precursor” in this subsection does not control and is not controlled by the use of the term “precursor” in ORS [475.840](#) to [475.980](#). Alcohol is not a controlled substance.
- (B) “Self-identifying the current illegal use of a controlled substance,” means an individual declares that he or she has used a controlled substance within the previous 30 days, and the department reasonably believes that the individual may use controlled substances within the following 30 days. This does not include the use of controlled substances pursuant to a valid prescription, or

other uses that are authorized by the Uniform Controlled Substances Act, ORS [475.005](#) to [475.285](#) and [475.840](#) to [475.980](#), the federal Controlled Substances Act, or other federal law.

Requirement to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualification and Penalties; Pre-TANF, REF, TANF Rule

[461-135-0085](#) — Requirement to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualification and Penalties; Pre-TANF, REF, TANF



SEE SECTION M IN THE TANF CHAPTER ([TF-M](#)) FOR MORE INFORMATION ON THE MH/A&D REQUIREMENTS.

Type of service: Drug and alcohol services include screening, evaluation, outpatient and residential treatment and support groups (such as AA, NA, Alanon) for clients and family members. Services are available through local partners who offer A&D services through OHP, through subsidized slots for non-OHP clients and noncovered services, and, in some cases, as part of the district JOBS plan. Limited support payments may be provided to enable the client to attend scheduled appointments and services, as budget allows. Medical transportation should be used for transportation, if available.

NOTE



The GAIN-SS is the screening tool to be used to screen for A&D and mental health issues. Before an A&D or mental health specialist or Department of Human Services (DHS) worker or other JOBS contractor may administer the GAIN-SS, the person must be:

- *Identified by local area management as a person whose job role will include administering the screening tool; **and***
- *Trained on administration of the GAIN-SS.*

Selection criteria: Clients and family members appropriate for drug and alcohol services include those with indicators of substance abuse issues from observed behavior and/or screening results, evaluation results and those who request services. Also appropriate are clients who have had substance abuse issues in the past and now need support to remain in recovery.

Some clients may have indicators and/or positive screenings for substance abuse but state that they have no A&D issue or have their substance use “under control” and refuse screening, evaluation or treatment. In these cases, a screening or evaluation

should be offered if the client has not already had a screening or evaluation; however, *a client cannot be required to take a screening or evaluation.*

Based on the client's progress in employment preparation and job search activities, the client *may be required to participate in treatment* if:

- The client has had an evaluation that resulted in a diagnosis that requires treatment; **AND**
- Appropriate treatment is needed for the client to successfully function in the workplace; **AND**
- Appropriate treatment is included as an activity on the client's PDP.

Counting hours of participation: It is expected that attendance in A&D activities be reported by the service provider per local district procedure. Attendance must be documented in writing and maintained in the client's DHS or contractor case file, or in a central file, and include:

- A daily itemization of service hours provided (for example: two hours of counseling on Monday, June 1);
- Verification that the client's activities were supervised on a daily basis;
- Client's name;
- Actual hours of treatment, counseling or other A&D service;
- Name of the A&D service provider;
- Name and phone number of person verifying attendance hours.

JOBS tracking and data entry: Time spent in addiction services is entered timely at least once a month in JAS per districts procedure, on the DA activity as verified by an acceptable source. The hours should be related to attendance for scheduled appointments and services. Determinations of the client's readiness to work, progress in A&D activities and case plan modifications must be narrated in TRACS. Good cause determinations for noncooperation must be done immediately for noncooperation, and recorded in TRACS and JAS.

Special note about urinalysis (UAs): UAs are a useful tool to help identify drug use. A UA is not a tool to "catch" clients. Rather, it is a tool to assist the client and staff working with the client to clarify the presence of an A&D issue and help the client be accountable.

A client cannot be required to take a UA. However, a UA may be offered. The client may choose to take the UA or may decline the UA.

It is appropriate to refer JOBS clients for a UA when there are drug dependence or abuse indicators present. Indicators of drug dependence or abuse include physical indicators of use (red eyes, slurred words), client behavior, poor attendance in JOBS activities with no other explanation, lack of success in JOBS with no other explanation, etc.

It is also appropriate to refer JOBS clients for a UA if the client is being considered for a work experience placement with an employer who requires a drug test. This means that it is important to know which work experience employers require drug tests. If the client is being considered for a work experience placement with an employer who requires a drug test and the client declines the drug test, the client should not be placed with that employer.

Suspicionless drug testing, or UA'ing 100 percent of any client population, is not appropriate. This means branches should not refer all TANF applicants or all participants in the JOBS program for a UA.

UAs may be offered by a case manager or an A&D or mental health specialist providing services to JOBS clients.

TRACS A&D/MH *secure* and *restricted* narratives: See Family Services Manual, Generic Program Information ([GP-B.16](#)), Confidentiality of Client Information; Alcohol/drug (A&D) and mental health information.

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

3. Domestic violence services

INTENT

The intent of domestic violence services is to identify clients and children who are unsafe due to violence in the home, and enable them to achieve and maintain a safe living environment conducive to employment and self-sufficiency.

Expectations:

- Inform clients of their rights and options for protection from domestic violence;
- Ensure clients are able to apply for aid, meet eligibility requirements, and participate in self-sufficiency activities without these actions increasing the risk of actual or threatened violence from a current or former domestic partner;

- Understand that clients who have experienced domestic violence are accountable for their own actions and choices, but are not responsible for creating abusive situations;
- Support the opportunity for clients to achieve a life without domestic violence by brokering for identification, education, protection and prevention;
- Refer batterers to intervention activities that meet Oregon domestic violence protocols;
- Waive TANF requirement, as outlined in [TA-DVS-C](#), that may put a client at greater risk of domestic violence;
- Participate in domestic violence education available to staff;
- Complete Domestic Violence Assistance agreements with both TANF and TA-DVS clients with current safety risks due to domestic violence.

Domestic violence Rule

[461-135-1200](#) — Domestic violence



SEE THE [TA-DVS](#) SECTION OF THE TANF CHAPTER FOR SPECIAL TANF AND TA-DVS ELIGIBILITY FOR DOMESTIC VIOLENCE SURVIVORS.

Type of service: Domestic violence services include individual consultation by phone or in person, community education services, individual and group support and counseling, direct intervention and shelter services, legal assistance and assistance in moving to a safe living situation. Services are provided by law enforcement and victim advocates, and local agencies providing shelter and support for victims of domestic violence and their children.

Selection criteria: Clients appropriate for domestic violence services include those who show indicators of current, past or potential abusive relationships based on initial or ongoing assessment. The *Safety Assessment* ([DHS 7802](#)) form may be used with the client in private to identify domestic violence issues.

Counting hours of participation: The case manager tracks the amount of time the client spends in domestic violence activities, unless local procedures differ.

JOBS tracking and data entry: Attendance is entered timely at least once a month in JAS per procedure, on the DV activity. In addition, if a TANF requirement is waived, code the type of waiver in TRACS.



SEE [TA-DVS-C](#) FOR ADDITIONAL INFORMATION.

Determinations of the client's readiness to work, progress in DV activities, and case plan modifications must be narrated in TRACS. Good cause determinations for nonparticipation must be done immediately and recorded in TRACS.

4. Family support and connections

INTENT

Family Support and Connections (FS&C) services are intended to increase parental protective factors, which decrease the risk of safety threats associated with child abuse and child maltreatment, therefore reducing the incidents of child welfare involvement.

These goals are reached by providing services that increase parental protective factors and decrease risk factors. Parental protective factors include:

- Nurturing and attachment;
- Knowledge of parenting skills;
- Parental resilience;
- Parental social connections;
- Positive concrete supports.

Protective factor definitions:

Nurturing and attachment: Outcomes or indicators associated with nurturing and attachment include parenting behaviors that ensure a child's basic needs for safety, health, learning and socialization are consistently met, and warm, responsive parenting interactions with their children that are likely to lead to secure attachment and bonding.

Outcome indicators:

- Participants understand the nature of parent/child attachments;
- Participants understand their infants' needs.

Knowledge of parenting skills: Understanding and utilizing effective child management techniques.

Outcome indicators:

- Participants know how to manage child behavior in a nurturing and effective manner.

Knowledge of parenting and of child and youth development: Outcomes associated with knowledge of parenting and child development include awareness of the usual steps in child development, the signs indicating children need special help, ways to promote healthy development, and developmentally-appropriate and culturally-relevant discipline and guidance methods. Intermediate- and long-term outcomes should spell out the behaviors that suggest parents are making practical application of that knowledge.

Outcome indicators:

- Participants know effective and positive behavior guidance strategies.

Parental resilience: The family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems and having adaptive skills and strategies to persevere in times of crisis.

- Participants know the importance of having a mutual support network;
- Participants know how to access formal support systems in the community.

Parental social connections: Outcomes or indicators associated with social connections are behaviors that demonstrate parents and caregivers have networks of healthy and safe friends and family who provide both emotional and concrete supports.

- Participants know the importance of having a mutual support network of friends, family and neighbors;
- Participants have a mutual support network of healthy and safe friends, family and neighbors they use for support and assistance as needed.

Positive concrete supports: Outcomes or indicators associated with perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.

- Participants know how to access healthy and safe formal support systems;
- Participants know the importance of having a support network of healthy and safe friends, family and neighbors;
- Participants access formal support systems when needed;
- Participants have a support network of healthy and safe friends, family and neighbors that they use for support and assistance as needed.

Service strategies:

- Home visiting and other face-to-face contacts;

- Strengths-based family assessments;
- Individualized services based on the family's service plan;
- Joint outcome-driven case planning with SSP.

Expectations:

Families will be identified and referred for services as early as possible and throughout the life of the case when risk factors present themselves.

Copies of the family's *My Self Assessment* ([DHS 7823](#)) are shared with the FS&C worker.

Case managers and FS&C workers stay in communication participating in joint case planning.

Selection criteria:

(A) Priority One Families that have the following risk factors:

The order of these risks has no significance:

- (1) Families with identified domestic violence.
- (2) Substance abuse issues.
- (3) TANF applicants with one or more prior CW investigations.
- (4) Families with children under 6.
- (5) Multiple children on their TANF cases, particularly four or more children.
- (6) Families with prior TANF disqualifications.
- (7) Homeless families and those who are in imminent danger of homelessness combined with other risk factors.
- (8) Families referred by multi-disciplinary teams.
- (9) Multiple child abuse hotline calls or referrals.
- (10) Parents presenting with a disability (SL 3) (SSI) (Pre-SSI).
- (11) Parents who were teens when they first became parents AND are currently experiencing domestic violence issues.
- (12) Pregnant caregivers within 30 days of delivery date with one or more risk indicators present.

Priority 2 – Risk indicators:

- Teen parents;
- Families on a DQ Path for any reason;
- Parenting skill gaps identified at screening or assessment phase;
- Home health and safety, unsanitary, unsafe living environment (age dependent);
- A need is identified but no community resource available (i.e., anger management counseling, violence intervention services). Family isolation, social as well as physical;
- Families without safe support systems;
- Family management issues (getting kids up ready for school, doctor appointments etc.).

JOBS tracking and data entry:

1. For cases on TRACS, enter an FC activity code for one hour a week regardless of the number of hours the client is spending in the program.
2. For no adult cases, such as a non-needy relative caretaker or a non-Mandatory client, enter a case descriptor of FSC on UCMS if an open TRACS plan does not exist.

5. Mental health

INTENT

The intent of mental health services is to help clients identify and overcome mental health issues that prevent or limit their employability and self-sufficiency.

Expectations:

- Offer all clients a mental health screening;
- Offer an evaluation for mental health if the individual states that within the previous 12 months, a qualified and appropriate professional has diagnosed the individual with a mental health diagnosis, or if a screening results in a referral;
- Expect clients to participate in treatment services if a mental health evaluation results in a diagnosis that requires treatment and their mental health issue may

inhibit the client’s ability to become employed, and treatment is at no cost to the individual;

- Whenever appropriate, engage the client in other case plan activities concurrent with mental health services.

Requirement to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualification and Penalties; Pre-TANF, REF, TANF Rule

[461-135-0085](#) — Requirement to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualification and Penalties; Pre-TANF, REF, TANF



SEE SECTION M ([TF-M](#)) IN THE TANF CHAPTER FOR MORE INFORMATION ON THE MH/A&D REQUIREMENTS.

Type of service: Mental health services include screening, assessment, individual and group counseling, medication management and support groups. Services are offered by agencies who can bill OHP, and by others offering support groups and counseling who bill the client or the branch. Limited support payments may be provided to enable the client to attend scheduled appointments and services, as budget allows. Medical transportation should be used for transportation, if available.

NOTE



The GAIN-SS is the screening tool to be used to screen for A&D and mental health issues. Before an A&D or mental health specialist or DHS worker or other JOBS contractor may administer the GAIN-SS, the person must be:

- *Identified by local area management as a person whose job role will include administering the screening tool; **and***
- *Trained on administration of the GAIN-SS.*

Selection criteria: Clients and family members appropriate for mental health services include those with indicators of mental health issues from observed behavior and/or screening results, assessment results and those who request services. Also appropriate are clients who have had mental health issues in the past and need continued support.

A client may be offered a mental health screening or assessment but has the right to decline. However, a client may be required to participate in mental health treatment if:

- The client has had an assessment that resulted in a diagnosis that requires treatment; **AND**

- Treatment is needed for the client to successfully function in the workplace; **AND**
- Treatment is included on the client’s PDP.

Under managed care through OHP, the maximum length of treatment may depend on the diagnosis and severity of the client’s mental health issue.

Counting hours of participation: Time spent in mental health services is entered timely at least once a month in JAS per district procedure on the MH activity as verified by an acceptable source. The hours should be related to scheduled appointments and services. Attendance must be documented in writing and maintained in the client’s DHS or contractor case file, or in a central file, and include:

- A daily itemization of service hours provided (for example: two hours of counseling on Monday, June 1);
- Verification that the client’s activities were supervised on a daily basis;
- Client’s name;
- Actual hours of treatment, counseling or other mental health service;
- Name of the mental health provider;
- Name and phone number of person verifying attendance hours.

JOBS tracking and data entry: Attendance from the provider is entered timely in TRACS per district procedure on the mental health activity (or OC activity if not covered by OHP). Determinations of the client’s readiness to work, progress in mental health activities and case plan modifications must be narrated in TRACS. Good cause determinations must be done immediately for noncooperation, and recorded in TRACS.

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

6. Rehabilitation activities

INTENT

The intent of rehabilitation activities is to reduce barriers to employment caused by physical, medical and/or other disabilities.

Expectations: Only use these activities for clients who are involved in rehabilitation activities because they are unable or limited in participating in the JOBS programs.

Type of service: Limited support payments may be provided to enable the client to attend scheduled appointments and services, as budget allows. Medical transportation should be used for transportation, if available.

Selection criteria: Clients appropriate for rehabilitation services must be involved in the therapeutic activities, such as physical therapy, that has been recommended by a certified and qualified physician or other appropriate medical professional.

Counting hours of participation: Time spent in rehabilitative services is entered timely at least once a month in JAS per districts procedure on the RA activity as verified by an acceptable source. The hours should be related to scheduled appointments and services. Attendance must be documented in writing and maintained in the client's DHS or contractor case file, or in a central file, and include:

- A daily itemization of service hours provided (for example: two hours of physical therapy on Monday, June 1);
- Verification that the client's activities were supervised on a daily basis;
- Client's name;
- Actual hours of treatment or therapy;
- Name of the rehabilitation provider;
- Name and phone number of person verifying attendance hours.

JOBS tracking and data entry: Attendance is entered in a timely manner using the RA activity code. Results of therapy evaluations, reports from providers, progress and case plan modifications must be narrated in TRACS.

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

7. Medical issues services

INTENT

The intent of medical issues services is to help clients identify and treat medical conditions that prevent or limit their employability and self-sufficiency.

Expectations:

NOTE



There are no specific medical exemptions from JOBS participation. Everyone who is not exempt or excluded can be served.

Type of service: Medical issue services include screening, assessment, brokering for evaluations through Administrative Medical services, consultations and staffing with medical providers and Public Health staff, brokering for medical treatment and accommodations and other services to identify and address medical conditions. Limited support payments may be provided to enable the client to attend scheduled appointments and services, as budget allows. Medical transportation should be used for transportation if available.

Release of Information to the Client Rule

[461-105-0060](#) — Release of Information to the Client

Client Authorization for Release of Client Information to Third Party Rule

[461-105-0070](#) — Client Authorization for Release of Client Information to Third Party

Release of Client Information to Law Enforcement Officers Rule

[461-105-0100](#) — Release of Client Information to Law Enforcement Officers

Release of Client Information to Service Providers and Legal Bodies Rule

[461-105-0110](#) — Release of Client Information to Service Providers and Legal Bodies

Release of Information on Child Support and Paternity Cases Rule

[461-105-0120](#) — Release of Information on Child Support and Paternity Cases

Disclosure of Client Information Rule

[461-105-0130](#) — Disclosure of Client Information

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

Selection criteria: Clients and family members appropriate for medical services include those who report medical limitations regarding employment, those whose care of family members with medical conditions limits employment and JOBS participation and clients and family members with medical conditions hindering self-sufficiency.

Counting hours of participation: The case manager tracks the amount of time the client and family members spend in medical issue services.

JOBS tracking and data entry: Attendance is entered timely at least once a month for the ME activity as verified by an acceptable source. The hours should be related to scheduled appointments and services. Results of medical evaluations, reports from providers, exemption decisions, progress and case plan modifications must be narrated in TRACS. Exemption reasons must be coded in TRACS. A client or family member's HIV status should not be narrated in TRACS, and reports containing HIV information cannot be released to any person or agency. HIV status information and reports required for program eligibility can be kept in the case record if it is marked with a notation that it cannot be released to anyone.

Client Authorization for Release of Client Information to Third Party Rule

[461-105-0070](#) — Client Authorization for Release of Client Information to Third Party

Special note about medical marijuana: Under the Oregon Medical Marijuana Act, a doctor may recommend the use of marijuana to reduce the effects of “debilitating medical conditions.” The medical conditions for which medical marijuana can be recommended include cancer, HIV-AIDS, Alzheimer’s and glaucoma, as well as other medical conditions that cause severe pain, seizures, nausea and/or spasms.

The handling of individual situations where a client is using marijuana as recommended by a doctor depends on the medical condition for which the use was recommended. First, find out whether the client has been released for work by a doctor. Second, if the client has been released for work, find out under what conditions the client has been released for work.

If the client has been released for work, the question is to what degree the use of medical marijuana impairs the client’s ability to work. A doctor should be consulted on this issue. If the use does not impair the ability of the client to work, the client can be assigned JOBS activities, including work experience, within the limitations of their condition.

Clients using medical marijuana would likely not be able to pass a urinalysis used by some employers. This should be considered when making job referrals. Employers are not required to accommodate use of medical marijuana by an employee. Self-Sufficiency may best help clients using medical marijuana by making informed job referrals and adjusting expectations for the client accordingly.

8. Child health and development

INTENT

The quality of our client’s parenting skills directly affects their children’s potential for future self-sufficiency. The intent of parent training services is to enable clients to gain skills to successfully balance the demands of work and family, and to raise their children in such a way as to maximize their self-sufficiency as adults.

Expectations:

NOTE



Per ORS [419B.005](#) and ORS [419B.010](#), department staff and contractors are required to report suspected child abuse immediately to Child Welfare or a law enforcement agency.

Type of service: Parenting services include child, family and parent counseling, activities, education and support groups for children, parents and families, individualized mentoring and support by programs such as Healthy Start, and specialized child care programs for children and parents at risk of or having experienced abuse. Many such counseling activities are covered by Medicaid under OHP. Counseling and other services for children under 21 are covered by Medicaid if referred from a Medichex exam. Parenting services from Healthy Start, local public health and services for families with children with disabilities are usually provided free or at low cost.

Selection criteria: Clients appropriate for parenting services include those with indicators from initial and ongoing assessment, observed behavior, reports from others, and self report of parenting stress, neglect or potential for neglect or abuse. Especially appropriate are clients and households with other adults or older children who have experienced child abuse themselves or have a history of referrals to Child Welfare.

Counting hours of participation: Time spent in this activity is entered timely at least once a month in JAS per district procedure on the CH activity as verified by an acceptable source. The hours should be related to scheduled appointments and services. Attendance must be documented in writing and maintained in the client’s DHS or contractor case file, or in a central file, and include:

- Client’s name;
- Actual hours of activity;

- Name of the partner agency;
- Name and phone number of person verifying attendance hours.

JOBS tracking and data entry: The CH activity code can be used to track and record time spent in this type of activity.

Release of Information to the Client Rule

[461-105-0060](#) — Release of Information to the Client

Client Authorization for Release of Client Information to Third Party Rule

[461-105-0070](#) — Client Authorization for Release of Client Information to Third Party

Release of Client Information to Law Enforcement Officers Rule

[461-105-0100](#) — Release of Client Information to Law Enforcement Officers

Release of Client Information to Service Providers and Legal Bodies Rule

[461-105-0110](#) — Release of Client Information to Service Providers and Legal Bodies

Release of Information on Child Support and Paternity Cases Rule

[461-105-0120](#) — Release of Information on Child Support and Paternity Cases

Disclosure of Client Information Rule

[461-105-0130](#) — Disclosure of Client Information

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[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

9. Stabilizing living situation/housing services

INTENT

The intent of housing services is to identify and resolve housing issues that prevent or limit employment and self-sufficiency.

Expectations:

- Expect clients to be accountable for finding affordable housing, budgeting resources to pay housing costs and keeping rental/housing agency agreements for housing services.



FOR MORE INFORMATION ABOUT ELIGIBILITY FOR HOUSING PAYMENTS, SEE
EMPLOYMENT AND SELF-SUFFICIENCY CHAPTER, SECTION A ([ES-A](#)).

**Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF,
Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule**

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments;
JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

Type of service: Housing services include housing search, referrals to local Community Action agencies, application for rental assistance programs such as Housing Stabilization Program, Section 8, and Public Housing, temporary shelter and transitional housing programs that require client participation in activities such as case management to prevent future homelessness and other services to address homelessness.

Selection criteria: Clients appropriate for housing services include those who are currently homeless or are at risk of becoming homeless, or whose housing is unsafe.

Counting hours of participation: There is no current attendance tracking requirement for stabilized living situation activities.

JOBS tracking and data entry: The SL activity code can be used to track and record time spent in this type of activity.

10. SSI services

INTENT

The intent of SSI application services is to use the Disability Liaisons and other resources to assist clients in identifying conditions that may qualify them for SSI and help them access those benefits.

Type of service: Disability Liaisons advocate for TANF clients who need help with the process of applying for or appealing SSI.

The Disability Liaisons also:

- Assist case managers in understanding and interpreting medical reports to determine appropriate plans to reach self-sufficiency;

- Obtain and evaluate medical, psychological, social, vocational and other data to determine the assets of the client;
- Consult with staff, clients, contracted staff and other professionals to develop a plan to meet the client’s financial, medical and employment needs while working with medical or psychological issues;
- Consult with mental health specialists, disability services specialists, vocational rehabilitation specialists, vocational nurses and other medical professionals to determine and make appropriate referrals for services.

Selection criteria: Clients and family members appropriate for SSI services include those with a medical or mental condition that is ongoing and may permanently prevent them from working or performing activities of daily living.

Requirement to Pursue Assets Rule

[461-120-0330](#) — Requirement to Pursue Assets

Counting hours of participation: Case managers track the hours of client activity in SSI application activities.

JOBS tracking and data entry: Attendance is entered timely at least once a month for the SS activity. Reports from providers, progress, referrals to partners, Disability Liaison activity and case plan modifications must be narrated in TRACS.

Important note about SSI: Although SSI is a supplemental income program for people who cannot work because of a physical or mental disability, this does not mean that JOBS clients who are trying to get SSI should not participate in work or other JOBS activities that are within their abilities.

Participating in work-attached or other JOBS activities can have important benefits for JOBS clients applying for SSI. These benefits include:

- Increased credibility: If a client tries but cannot do the work or other JOBS activity, a documented effort of this may increase an SSI applicant’s credibility with the Social Security Administration;
- Increased earnings: If a client finds that they are able to work, they will usually earn more money from working than they would from receiving SSI;
- Increased skills: There is no guarantee that a client applying for SSI or appealing an SSI denial will be approved to get SSI. Doing work or other JOBS activities within their abilities can increase the client’s skills while they wait to hear from SSI. Increased skills may help the client get a job if SSI is denied.

For a client with a physical or mental disability, JOBS activities, including work-attached activities, must be within the abilities of the client. Resources that may be able to help determine activities within the abilities of a client include nurses, Vocational Rehabilitation, A&D Specialists, Mental Health Specialists, Disability Liaisons and Exceptional Needs Care Coordinators.

11. Other Self-Sufficiency services

<p>REFER TO SECTIONS B (ES-B) AND C (ES-C) OF THIS CHAPTER FOR DETAILS ON:</p> <ul style="list-style-type: none">• CHILD SUPPORT DEVELOPMENT;• BASIC SKILLS AND ENGLISH AS A SECOND LANGUAGE (ESL);• LIFE SKILLS;• CHILD CARE RESOURCE AND REFERRAL (CCR&R) AGENCIES; COMMUNITY COLLEGES.
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Child Welfare (SC): The services include child abuse and neglect investigation, intervention, protection and placement of children and treatment services for children and families experiencing abuse. They also provide case management and brokering for resources, and some support services. There is no current attendance tracking requirement for child welfare activities. The SC activity code can be used to track and record time spent in this type of activity.

School counseling services: Primary, elementary and secondary schools all offer counseling services to students and their families. Most offer targeted services to children experiencing social and academic difficulties, and their families. Schools also provide some case management and brokering for resources.

Food banks: Temporary food resources are available in most communities and include food baskets and, sometimes, hot meals.

Basic needs agencies: Programs offering free or low-cost shelter and shelter assistance, clothing, furniture and household items are available in most communities.

Local coalitions for prevention of juvenile crime, pregnancy and substance abuse: Other coalitions of service providers, and other interested partners and individuals, who ensure that the community develops comprehensive strategies to prevent high-risk behaviors.

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