Hundreds of Police Chiefs, Sheriffs, Prosecutors, other Law Enforcement Leaders, and Violence Survivors Preventing Crime and Violence

Testimony On HB 2013 To The
Oregon House Human Services and Housing Committee
Support of HB 2013 & Requested Amendments to Sections 5 & 6 for Healthy Start~Healthy Families Oregon
March 11, 2013
Capitol Building, Salem, OR

Participant for the record:

Martha Brooks
State Director - Fight Crime: Invest In Kids OR
State Healthy Start~Healthy Families Oregon Advisory Chair
17675 SW Farmington Road, PMB 336, Beaverton, OR 97007

Martha Brooks, State Director

Thank you Chair Tomei and members of the committee for this opportunity. My name is Martha Brooks and I am here today in two capacities. First as the State Director of FIGHT CRIME: INVEST IN KIDS and the second as the chair of the State Healthy Start~Healthy Families Advisory Committee.

FIGHT CRIME: INVEST IN KIDS *OREGON,* a bi-partisan organization of over 160 police chiefs, sheriffs, district attorneys, and victims of violence dedicated to preventing crime by investing in proven programs that get kids started on the right track. FIGHT CRIME: INVEST IN KIDS *OREGON* is part of the national organization of over 5,000 law enforcement members.

The members of FIGHT CRIME: INVEST IN KIDS believe criminals must be put behind bars, but locking them up is not the entire solution to crime. A key component to crime reduction is early prevention such as Oregon's statewide Healthy Start ~Healthy Families Oregon volunteer home visiting program. **Healthy Start~Healthy Families is Oregon's largest and best child abuse and neglect prevention program which translates in to fewer children coming in to foster care, fewer children ending up in crime, and more families succeeding. The program serves over 3,000 families in 35 counties across the state and as of December 2012, the statewide program was again re-accredited by Healthy Families America – no small feat for a statewide program.**

FIGHT CRIME: INVEST IN KIDS *OREGON* has long supported Healthy Start~Healthy Families Oregon and the whole Oregon home visiting system. That is why **we urge you to support HB 2013 and the Early Learning Council recommendations with in this legislation. We would also like to recommend to you, as would the State Advisory Committee, some key amendments to the Healthy Start section of the bill.**

The State Advisory Committee has **6 recommended amendments.** (Attached) Five of the amendments go to the fidelity of the model, follow the national Healthy Families America model, and follow the language within Oregon's Healthy Start~Healthy Families Policies and Procedures manual. The 6th amendment is a change of the name from Oregon's Healthy Start to Healthy Families Oregon – a change the program has wanted for several years.

The Advisory Committee amendments are attached at the end of this testimony with explanations for the changes.

As way of explanation, Sections 5 & 6 of HB 2013 were originally HB 2587. Senator Roblan submitted amendments on our behalf to HB 2587 and Legislative Council drafted the amendments. (Attached) Before the bill could be heard and amendments made, the bill was combined with HB 2013. On Thursday, I had an opportunity to meet with Speaker Kotek, one of the cosponsors of the HB 2013, and she is supportive of the amendments we have submitted through Senator Roblan. She informed me on Thursday she would not be able to attend this hearing, but that her staff would be holding all amendments until after this hearing and will then work with you to incorporate all amendments at one time. You will also see that some of the requested amendments have been forwarded through the Governor's office as well. (Attached)

In light of the requested changes, FIGHT CRIME: INVEST IN KIDS would like to remind you of a few important reasons for your continued support of Healthy Start~Healthy Families as well as home visiting.

Consider that in 2011, 15 Oregon children died from abuse and neglect. Ten of those children were under 5-years old and only one had a child welfare case open at the time and one was in the Department of Human Services custody at the time of their death. Of the 11,599 unduplicated children abused and neglected, infants - 1,420 - made up the largest single age group of victims. Of the 15 children who lost their life in 2011, all had at least one parent as the perpetrator.

Also consider that **nearly 94 percent of child abuse and neglect occurs from a familial contact of which over 82 percent of that total is by the mother and/or father. Logic and research both indicate that working with the parents as early as possible that have the risk factors that show up in child abuse and neglect would have positive effects.** Healthy Start~Healthy Families Oregon works with these families by screening for drug and alcohol abuse, depression and mental health issues, unemployment and financial issues, relationship issues, isolation and more. The results continue to show year after year that Healthy Start~Healthy Families has a great track record at reducing abuse and neglect. The most recent maltreatment report the state has on the program from 2009 shows high-risk families served by Healthy Start~Healthy Families are less than half as likely to be involved in abuse and neglect as similar families not in the program.

For law enforcement the connection is elementary. We're creating new criminals and new victims every single day by allowing abuse and neglect to continue. Fewer child abuse and neglect cases, fewer crimes. Just think of the lives saved and the taxpayer dollars we could reinvest in our communities.

I often hear law enforcement leaders talk about arresting adults they first encountered as abuse and neglect victims as children for abusing and neglecting their own kids. I'm always saddened when I hear of these generational cases. One study showed that poor mothers who had been abused or

neglected as a child were 13 times more likely to abuse their children than mothers who were not abused.

I am even more saddened to have my members tell me about the deaths they have to investigate. And believe me I NEVER want to hear from any of them again, that they had to stand over an autopsy table or walk in to a home only to be left with carrying a young body out of the home. Our hearts ached in December when 20-year old Adam Lanza walked in to Sandy Hook Elementary in Newtown Connecticut and killed 12 children. Yet, we sit and hardly blink an eye when 15 of our children die from abuse and neglect. This is just as big a tragedy and it goes on year after year after year. Enough is enough. We MUST do something to stop this cycle and home visiting is a strategy proven to work to prevent this carnage. Healthy Start~Healthy Families Oregon is the starting point.

Systems are interrelated and connected. To dismiss one severs the link in the chain. Unfortunately for many that chain has a great chance of being mended as a chain link fence with razor wire at the top. To wait until the phone call is made to DHS and a case is opened, frankly, is too late. We should not wait for abuse and neglect to happen before taking actions. Experts are more and more in agreement that we can intervene earlier and that home visitation is an answer.

Difficult decisions will be made over the next few months, but Oregon needs to make a strong commitment to provide services to its at-risk parents and kids. We cannot expect to decrease cases of child abuse and neglect or reduce the number of children in foster care without at least maintaining the investments that strengthen and preserve healthy, happy families with good parents. It is hard to imagine any other investments we can make as a state that would so substantially reduce child abuse and neglect and also reduce budgetary demands in years to come. It will also begin to save innocent lives almost immediately. Something our members would welcome.

That is why **the members of FIGHT CRIME: INVEST IN KIDS *OREGON* asks that you make the minor changes to HB 2013 Sections 5 & 6 as requested by the State Healthy Start~Healthy Families Oregon Advisory Committee so that kids get the right start in life.**

Thank you.

<u>6 Requested Amendments to HB 2013, Sections 5 & 6</u>
From the State Healthy Start Oregon Advisory Committee

1. Change the program name from *Healthy Start Family Support Services* to *Healthy Families Oregon*

   Oregon's program was accredited by *Healthy Families America* National Office in June of 2007. A decision was approved by the then Oregon Commission on Children and Families through a Redesign process as a result of a Legislative Budget Note to change the program name from *Healthy Start of Oregon* to *Healthy Families Oregon* for several reasons including the confusion around too many "Starts" in Oregon and recognition of accreditation. Since a program Redesign process in 2009 we have used the hyphenated program name, *Healthy Start~Healthy Families Oregon* for a transition period with the intent of changing the name in legislation as soon as possible.

2. Change the staff title from *family support workers, nurses* to *trained home visitors* and *worker or nurse* to *trained home visitor*

   Healthy Families America National Office has changed the title of the staff from *Family Support Worker* to *Home Visitor*. The home visitor is sometimes a nurse; however this is not a medical model, so the reference to "nurse" is no longer needed.

3. Change the description of the **screening and risk assessment population** from all *newly born* children and their families to *all children from zero through three years of age and their families, in coordination with statewide screening and risk assessment efforts.*

   The screening population will be all births, but in coordination with statewide universal screening efforts removing sole universal screening responsibility from one program to a system approach.

4. Change the description of the **target population** from *all first birth families to all prenatal families and families with children less than three months of age. Services are provided through at least the child's third birthday,* providing clarity to ensure fidelity of the Healthy Families America evidence-based standards and current practice.

   The Healthy Families America model requires enrollment be prenatal or within 3 months of birth which narrows the target population from all children to age three.

5. Remove the reference to *local commission on children and families* as the contractor in alignment with the Early Learning Council direction.

   The State Commission on Children and Families was abolished on June 30, 2012. The Local Commissions will no longer receive state general funds for this program, as it will be part of the Early Learning Council's restructure of the Early Learning System.

6. Remove the following language and references – Not in alignment with Healthy Families America and current practice:
   - *and primary health care services;*
   - *a family services coordinator who is available to consult.*
   - *Provide follow-up services and supports from zero through six years of age;*

   Are not in alignment with the HFA model or current practice.

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STATE OF OREGON
Legislative Counsel Committee

February 22, 2013

To: Senator Arnie Roblan

From: BeaLisa Sydlik, Deputy Legislative Counsel

Subject: HB 2587—Healthy Start Family Support Services

Enclosed please find the -1 amendments to House Bill 2587, pursuant to your request of February 14, 2013.

Please note that the requested changes to the relating clause were not made. Rule 5.37 of the Rules of the House of Representatives, Seventy-seventh Legislative Assembly, 2013-2014, prohibits amendments to the title ("relating to" clause) of a bill.

To remedy this, I have inserted language in a new subsection (8) to both amended versions of ORS 417.795 that defines the term "Healthy Start Family Support Services program" to include any program, including but not limited to "Healthy Families Oregon," that works to achieve the benchmarks and provide the services required under that statute.

Lastly, your request did not include all of the changes to ORS 417.795, as amended by section 53, chapter 37, Oregon Laws 2012, in ORS 417.795, as amended by sections 53 and 95, chapter 37, Oregon Laws 2012. I assumed this was an oversight and made these changes so the two sections are consistent. If this was not your intent, please let me know.

Encl.

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HB 2587-1
(LC 824)
2/22/13 (BLS/ps)

PROPOSED AMENDMENTS TO
HOUSE BILL 2587

1 On page 1 of the printed bill, delete lines 4 through 31 and delete pages
2 2 through 4 and insert:
3 "**SECTION 1.** ORS 417.795, as amended by section 53, chapter 37, Oregon
4 Laws 2012, is amended to read:
5 "417.795. (1) The Early Learning Council shall establish Healthy Start
6 Family Support Services programs [*through contracts entered into by local*
7 *commissions on children and families in all counties of this state*] as funding
8 becomes available.
9 "(2) These programs shall be nonstigmatizing, voluntary and designed to
10 achieve the appropriate early childhood benchmarks and shall:
11 "(a) Ensure that express written consent is obtained from the family prior
12 to any release of information that is protected by federal or state law and
13 before the family receives any services;
14 "(b) Ensure that services are voluntary and that, if a family chooses not
15 to accept services or ends services, there are no adverse consequences for
16 those decisions;
17 "(c) Offer a voluntary comprehensive screening and risk assessment of all
18 [*newly born*] children **from zero through three years of age** and their
19 families, **in coordination with standard screening and risk assessment**
20 **efforts**;
21 "(d) Ensure that the disclosure of information gathered in conjunction
22 with the voluntary comprehensive screening and risk assessment of children

1 and their families is limited pursuant to ORS 417.728 (7) to the following
2 purposes:
3 "(A) Providing services under the programs to children and families who
4 give their express written consent;
5 "(B) Providing statistical data that are not personally identifiable;
6 "(C) Accomplishing other purposes for which the family has given express
7 written consent; and
8 "(D) Meeting the requirements of mandatory state and federal disclosure
9 laws;
10 "(e) Ensure that risk factors used in the risk assessment are limited to
11 those risk factors that have been shown by research to be associated with
12 poor outcomes for children and families;
13 "(f) Identify, as early as possible, families that would benefit most from
14 the programs;
15 "(g) Provide parenting education and support services, including but not
16 limited to community-based home visiting services [*and primary health care*
17 *services*];
18 "(h) Provide other supports, including but not limited to referral to and
19 linking of community and public services for children and families such as
20 mental health services, alcohol and drug treatment programs that meet the
21 standards promulgated by the Oregon Health Authority under ORS 430.357,
22 child care, food, housing and transportation;
23 "(i) Coordinate services for children consistent with the voluntary local
24 early childhood system plan developed pursuant to ORS 417.777;
25 "[*(j) Provide follow-up services and supports from zero through six years*
26 *of age;*]
27 "[*(k)*] **(j)** Integrate data with any common data system for early childhood
28 programs;
29 "[*(L)*] **(k)** Be included in a statewide independent evaluation to document:
30 "(A) Level of screening and assessment;

1 "(B) Incidence of child abuse and neglect;

2 "(C) Change in parenting skills; and

3 "(D) Rate of child development;

4 "[*(m)*] **(L)** Be included in a statewide training program in the dynamics
5 of the skills needed to provide early childhood services, such as assessment
6 and home visiting; and

7 "[*(n)*] **(m)** Meet voluntary statewide and local early childhood system
8 quality assurance and quality improvement standards.

9 "(3) The Healthy Start Family Support Services programs, local health
10 departments and other providers of prenatal and perinatal services in coun-
11 ties, as part of the voluntary local early childhood system, shall:

12 "(a) Identify existing services and describe and prioritize additional ser-
13 vices necessary for a voluntary home visit system;

14 "(b) Build on existing programs;

15 "(c) Maximize the use of volunteers and other community resources that
16 support all families;

17 "(d) Target, at a minimum, all [*first birth families in the county*] **prenatal
18 families and families with children less than three months of age, with
19 the provision of services to continue until the children attain three
20 years of age**; and

21 "(e) Ensure that home visiting services provided by local health depart-
22 ments **and other home visiting partners** for children and pregnant women
23 support and are coordinated with local Healthy Start Family Support Ser-
24 vices programs.

25 "(4) Through a Healthy Start Family Support Services program, a trained
26 [*family support worker or nurse*] **home visitor** shall be assigned to each
27 family assessed as at risk that consents to receive services through the
28 [*worker or nurse*] **home visitor**. The [*worker or nurse*] **home visitor** shall
29 conduct home visits and assist the family in gaining access to needed ser-
30 vices **as funding allows.**

1 "(5) The services required by this section shall be provided by hospitals,
2 public or private entities or organizations, or any combination thereof, ca-
3 pable of providing all or part of the family risk assessment and the follow-up
4 services. [*In granting a contract, a local commission may utilize*]
5 Collaborative contracting or requests for proposals **may be used in con-**
6 **tracting for services under this section** and shall take into consideration
7 the most effective and consistent service delivery system.

8 "(6) The family risk assessment and follow-up services for families at risk
9 shall be provided by trained [*family support workers or nurses*] **home visi-**
10 **tors** organized in teams supervised by a manager [*and including a family*
11 *services coordinator who is available to consult*].

12 "(7) Each Healthy Start Family Support Services program shall adopt
13 disciplinary procedures for [*family support workers, nurses*] **home visitors**
14 and other employees of the program. The procedures shall provide appropri-
15 ate disciplinary actions for [*family support workers, nurses*] **home visitors**
16 and other employees who violate federal or state law or the policies of the
17 program.

18 "**(8) As used in this section, the term 'Healthy Start Family Support**
19 **Services program' includes any program by any name, including but**
20 **not limited to Healthy Families Oregon, that works to achieve the**
21 **benchmarks and provide the services set forth in this section.**

22 "**SECTION 2.** ORS 417.795, as amended by sections 53 and 95, chapter 37,
23 Oregon Laws 2012, is amended to read:

24 "417.795. (1) The Early Learning Council shall establish Healthy Start
25 Family Support Services programs [*in all counties of this state*] as funding
26 becomes available.

27 "(2) These programs shall be nonstigmatizing, voluntary and designed to
28 achieve the appropriate early childhood benchmarks and shall:

29 "(a) Ensure that express written consent is obtained from the family prior
30 to any release of information that is protected by federal or state law and

1 before the family receives any services;

2 "(b) Ensure that services are voluntary and that, if a family chooses not
3 to accept services or ends services, there are no adverse consequences for
4 those decisions;

5 "(c) Offer a voluntary comprehensive screening and risk assessment of all
6 [*newly born*] children **from zero through three years of age** and their
7 families, **in coordination with standard screening and risk assessment**
8 **efforts**;

9 "(d) Ensure that the disclosure of information gathered in conjunction
10 with the voluntary comprehensive screening and risk assessment of children
11 and their families is limited pursuant to ORS 417.728 (7) to the following
12 purposes:

13 "(A) Providing services under the programs to children and families who
14 give their express written consent;

15 "(B) Providing statistical data that are not personally identifiable;

16 "(C) Accomplishing other purposes for which the family has given express
17 written consent; and

18 "(D) Meeting the requirements of mandatory state and federal disclosure
19 laws;

20 "(e) Ensure that risk factors used in the risk assessment are limited to
21 those risk factors that have been shown by research to be associated with
22 poor outcomes for children and families;

23 "(f) Identify, as early as possible, families that would benefit most from
24 the programs;

25 "(g) Provide parenting education and support services, including but not
26 limited to community-based home visiting services [*and primary health care*
27 *services*];

28 "(h) Provide other supports, including but not limited to referral to and
29 linking of community and public services for children and families such as
30 mental health services, alcohol and drug treatment programs that meet the

1 standards promulgated by the Oregon Health Authority under ORS 430.357,
2 child care, food, housing and transportation;

3 "(i) Coordinate services for children consistent with other services pro-
4 vided through the Oregon Early Learning System;

5 "[*(j) Provide follow-up services and supports from zero through six years*
6 *of age;*]

7 "[*(k)*] **(j)** Integrate data with any common data system for early childhood
8 programs;

9 "[*(L)*] **(k)** Be included in a statewide independent evaluation to document:

10 "(A) Level of screening and assessment;

11 "(B) Incidence of child abuse and neglect;

12 "(C) Change in parenting skills; and

13 "(D) Rate of child development;

14 "[*(m)*] **(L)** Be included in a statewide training program in the dynamics
15 of the skills needed to provide early childhood services, such as assessment
16 and home visiting; and

17 "[*(n)*] **(m)** Meet statewide quality assurance and quality improvement
18 standards.

19 "(3) The Healthy Start Family Support Services programs, local health
20 departments and other providers of prenatal and perinatal services in coun-
21 ties shall:

22 "(a) Identify existing services and describe and prioritize additional ser-
23 vices necessary for a voluntary home visit system;

24 "(b) Build on existing programs;

25 "(c) Maximize the use of volunteers and other community resources that
26 support all families;

27 "(d) Target, at a minimum, all [*first birth families in the county*] **prenatal**
28 **families and families with children less than three months of age, with**
29 **the provision of services to continue until the children attain three**
30 **years of age**; and

"(e) Ensure that home visiting services provided by local health departments **and other home visiting partners** for children and pregnant women support and are coordinated with local Healthy Start Family Support Services programs.

"(4) Through a Healthy Start Family Support Services program, a trained [*family support worker or nurse*] **home visitor** shall be assigned to each family assessed as at risk that consents to receive services through the [*worker or nurse*] **home visitor**. The [*worker or nurse*] **home visitor** shall conduct home visits and assist the family in gaining access to needed services **as funding allows**.

"(5) The services required by this section shall be provided by hospitals, public or private entities or organizations, or any combination thereof, capable of providing all or part of the family risk assessment and the follow-up services. [*In granting a contract,*] Collaborative contracting or requests for proposals may be used **in contracting for services under this section** and must include the most effective and consistent service delivery system.

"(6) The family risk assessment and follow-up services for families at risk shall be provided by trained [*family support workers or nurses*] **home visitors** organized in teams supervised by a manager [*and including a family services coordinator who is available to consult*].

"(7) Each Healthy Start Family Support Services program shall adopt disciplinary procedures for [*family support workers, nurses*] **home visitors** and other employees of the program. The procedures shall provide appropriate disciplinary actions for [*family support workers, nurses*] **home visitors** and other employees who violate federal or state law or the policies of the program.

"(8) As used in this section, the term 'Healthy Start Family Support Services program' includes any program by any name, including but not limited to Healthy Families Oregon, that works to achieve the benchmarks and provide the services set forth in this section.".

1 ________________

from: **SHEPARD Duke ***
GOV <duke.shepard@state.or.us>

to: Martha Brooks
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RUPLEY Jada * OEIB
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date: Wed, Mar 6, 2013 at 11:55 AM

subject: RE: HB 2013 Hearing Monday at 3pm

I attempted to match up the amendments from the other bill to the current bill. Hope I got it right.

Page 5, section 5, line 22 replace "Health Start Family Support Services" with Healthy Families Oregon.
Page 5, line 31-32 – delete "from zero through three years of age and their families" and replace with "all children from zero through three years of age and their families, in coordination with statewide screening and risk assessment efforts"
Page 6, line 25-26 replace "families in the county with children from zero through three years of age;" with "all prenatal families and families with children less than three months of age. Services are offered through at least the child's third birthday",
Page 6, line 30 – 31 replace "trained family support worker or nurse" with "trained home visitors"
Page 6, line 32 replace "worker or nurse" with "trained home visitors".
Make these same changes throughout the rest of the bill sections dealing with Healthy Families as appropriate for consistency.
These are changes that were going to be requested for HB 2587 by the Healthy Families programs. As this bill is now the vehicle for the same policy approach, the amendments are here.
Rationale for these requests:

1. Oregon's program was accredited by *Healthy Families America* National Office in June of 2007. A decision was approved by the then Oregon Commission on Children and

Families through a Redesign process as a result of a Legislative Budget Note to change the program name from *Healthy Start of Oregon* to *Healthy Families Oregon* for several reasons including the confusion around too many "Starts" in Oregon and recognition of accreditation. Since a program Redesign process in 2009 we have used the hyphenated program name, *Healthy Start~Healthy Families Oregon* for a transition period with the intent of changing the name in legislation as soon as possible.

2. Healthy Families America National Office has changed the title of the staff from *Family Support Worker* to *Home Visitor.* The home visitor is sometimes a nurse; however this is not a medical model, so the reference to "nurse" is no longer needed.

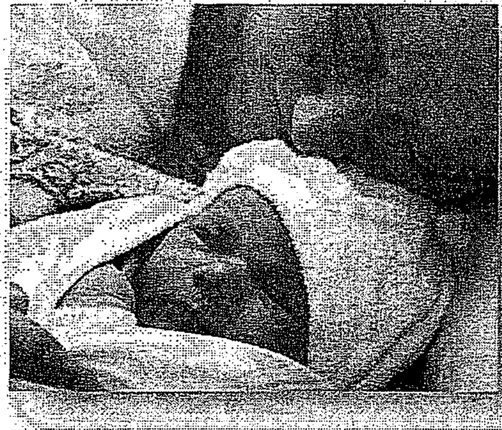
3. The screening population will be all births, but in coordination with statewide universal screening efforts removing sole universal screening responsibility from one program to a system approach.

4. The Healthy Families America model requires enrollment be prenatal or within 3 months of birth which narrows the target population from all children to age three.

Released February 2013
Full Report
http://www.npcresearch.com/Files/Healthy_Start~Healthy_Families_Oregon_Evaluation_Report_2011-12.pdf

Released February 2013
Executive Summary
http://www.npcresearch.com/Files/Healthy_Start~Healthy_Families_Executive_Summary_2011-12.pdf

Statewide Evaluation Results 2011-2012: Healthy Start~ Healthy Families Oregon *Executive Summary*



Submitted to:

Jada Rupley
Early Learning Systems Director
Early Learning Council

Submitted by:

NPC Research
Portland, Oregon

February 2013

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Statewide Evaluation Results 2011-2012: Healthy Start~Healthy Families Oregon

Executive Summary

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February 2013

Informing policy, improving programs

EXECUTIVE SUMMARY

Healthy Start~Healthy Families Oregon (HS~HFO) provides voluntary, evidence-based home visitation to high risk families in 35 Oregon counties. The HS~HFO program is accredited by the Healthy Families America program, which was rated in 2010 as meeting the U. S. Department of Health and Human Services (DHHS) criteria for evidence-based home visiting models (see www.promisingpractices.net and http://homvee.acf.hhs.gov/Default.aspx.

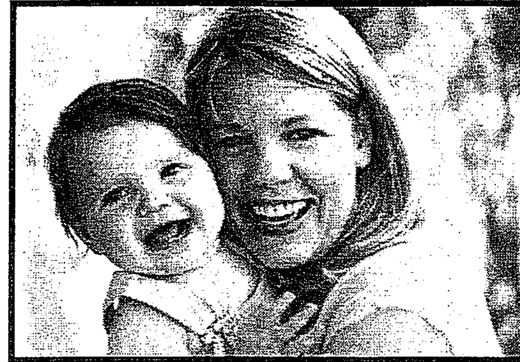
In 2011-2012, HS~HF Oregon provided risk screening and basic information to 9,052 first time mothers across the state – over half of all first births. Families who are identified through this screening process as being at high risk for child maltreatment and other negative outcomes are offered intensive, evidence-based home visitation services—in 2011-12, 3,181 families received home visiting, making HS~HF Oregon the state's largest child abuse prevention program.

Healthy Start~Healthy Families Oregon (HS~HFO) was created in 1993 with a mandate from the Oregon Legislature to provide universal, voluntary services to all first-time parents in the state of Oregon (ORS-417.795). The HS~HFO mission is to *"promote and support positive parenting and healthy growth and development for all Oregon parents and their first-born children."*

The goals of the program are to:

1. Prevent child abuse and neglect; and
2. Improve early indicators of school readiness.

To achieve these goals, HS~HFO uses the evidence-based Healthy Families America (HFA) model, working with first time par-



ents during the critical early years of children's brain development. Services begin prenatally or at birth, and continue until children are age three. The program aims to reduce risk factors associated with increased incidence of child abuse and neglect and to promote the role of parents as their child's first teacher.

In June, 2007, HS~HFO was officially recognized as an accredited multi-site state system by Healthy Families America - only the sixth state in the nation to have achieved this level of accreditation. Oregon was successfully re-accredited in 2012. Accreditation follows intensive review by national experts of the quality of implementation of the HS~HFO program, and ensures that the program meets national standards for model fidelity.

Rigorous program evaluation is a core required program element for Healthy Families America. Oregon has contracted with NPC Research to compile information collected by programs and conduct service implementation and outcome evaluation for over 10 years. This ongoing evaluation allows the state central administration and local programs to continually review data, ensure outcomes-based accountability, and to use this data for continuous program improvement. However, state budget cuts reduced funding available for the statewide

evaluation; thus, this document is the first comprehensive evaluation report for HS~HFO since FY 2007-08. Additionally, in 2009, NPC Research was awarded a five-year grant from the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families, to conduct a rigorous randomized trial and cost-benefit study of the HS~HFO program. This study will be completed in 2014.

Key findings from the FY 2011-12 evaluation are summarized below. A second report documenting the effects of HS~HFO on substantiated child maltreatment will be available later in spring 2013.

Outcomes for Children and Families

Who Are HS~HFO Families?

HS~HFO families are screened using a short, family-friendly risk screening tool that identifies up to 12 key risk factors associated with negative child outcomes. Of the over 9,000 first birth families screened, half (52%, or 4,414 families) had 2 or more of these 12 risk factors, making them potentially eligible for HS~HFO's intensive home visiting services. Families enrolled in home visiting services are characterized by an average of 3.3 risk factors, and are at significantly higher risk than families who receive initial screening and referral only. Specifically, home visited families were significantly more likely to be:

- Single-parent households;
- Teen parents
- Unemployed
- Have less than a high school education
- Be at risk for depression
- Have marital/relationship problems
- Have late or no prenatal care
- Have financial difficulties than families who were screened but did not participate in the home-visiting component.

Families receiving home visiting present with a number of additional risk factors that place children at risk for maltreatment, for example:

- 85% of parents were experiencing multiple stressors related to parenting, poverty, and family instability.
- 79% reported a lack of nurturing parents in their own childhoods, with personal histories ranging from the mild use of corporal punishment to more serious abuse and neglect.
- 69% of parents reported having grown up in homes with at least one parent who had problems with substance abuse, mental health, and/or criminal involvement.
- 19%-42% had a variety of unrealistic and potentially harmful beliefs and attitudes about their newborn infants (e.g., high endorsement of the usefulness of corporal punishment).
- 32% of parents indicated a mild to moderate substance abuse problem.

Reducing Risk Factors for Child Maltreatment

Recent reviews of the research literature suggest that poor parenting skills, negative or harsh parent-child interactions, and high levels of parenting stress are all consistently associated with an elevated risk of child abuse and maltreatment (Stith et al., 2009). HS~HFO targets these and other risk factors early in the child's life in order to reduce the likelihood of maltreatment and to support long-term success for children and families. HS~HFO has a proven track record of positive results in these areas that compares favorably to other programs serv-

ing high-risk families. Specifically, participants in HS~HFO show:

- *Increased positive parenting:* After one year of home visiting, 96% of parents consistently engaged in positive, nurturing interactions with their children.
- *Improved parenting skills:* 75% of parents reported that they improved their parenting skills during the first 6 months of services.
- *Decreased parenting stress:* 61% of parents reported a decrease in parenting-related stress from the time of the child's birth to the 6-month birthday, a time when parents generally experience elevated levels of parenting-related stress.

PROMOTING SCHOOL READINESS

HS~HFO is also extremely successful in helping parents to provide children with supportive early literacy environments, one of the keys to helping children to be prepared to enter and succeed in school. HS~HFO participants:

- *Provide positive, developmentally supportive learning environments:* After 12 months of service, 88% of parents were creating learning environments for their young children that were rated as "good" or higher by their home visitor, as indicated by the standardized Home Observation for Measurement of the Environment Inventory, a widely used assessment tool (Caldwell & Bradley, 1994). This percentage is higher than results found in other, comparable populations.
- *Read frequently to their young children:* By age 1, 92% of Healthy Start~Healthy Families' parents reported reading to their children 3 times per week or more. In Oregon, the National Survey of Children's Health (2007) found that 85% of parents in the general population read this often to their children, and rates are considerably lower for Oregon's low-income families (76%) and Hispanic families (69%).

PROMOTING HEALTHY DEVELOPMENT

Positive health and development is a key foundation for children's later school readiness. HS~HFO is highly successful in promoting positive health outcomes for children, and greatly exceeds Healthy Families America standards on these issues. After at least 6 months in the program, children are:

- *Linked to primary health care:* 99% of HS~HFO children had a primary health care provider, which greatly exceeds the Healthy Families America standard of 80%. Further, 76% of caregivers had a primary health provider, an increase from 72% five years ago.
- *Receiving well-child care*: 93% of HS~HFO children were receiving regular well-child check-ups, compared to only 76% of all children ages 0-5 in Oregon (NSCH, 2007), and 84% of young children nationally (Child Trends, 2007).
- *Covered by health insurance*: 99% of HS~HFO children had health insurance, compared to 85% of low-income children nationally (NSCH, 2007). This is an increase from the 95% coverage rate reported five years ago for HS~HFO.
- *Fully immunized*: 90% of HS~HFO's 2-year-olds were fully immunized, compared to only 71% (National Immunization Survey, 2011)—76% of all Oregon 2-year-olds (Oregon ALERT Immunization Registry, 2010), and greatly exceeding the HFA standard of 80%. Nationally, about 82% of children were fully immunized by age 3 (Child Trends, 2007).

- *Showing healthy growth and development:* Almost all (88%) of HS~HFO children received at least one developmental screening (using the Ages and Stages Questionnaire, or ASQ) during FY 2011-12. Most (89%) of these children showed normal growth and development on their overall assessments and 96% were on track for social-emotional development.
- *Appropriately linked to Early Intervention:* Of those parents whose children's assessments indicated a possible developmental delay, 95% received referrals and/or other services to support their child's development in the area of delay. Only 7% declined to be referred for early intervention services.

While not all HS~HFO programs provide services prenatally, results suggest that providing home visits prenatally may enhance health-related outcomes. Specifically, mothers served prenatally were:

- More likely to be breastfeeding their infants (82% vs. 66% of mothers served postnatally)
- Less likely to have premature infants (7%) compared to those served postnatally (12%), although the overall number of premature infants is small.
- More likely to receive early and comprehensive prenatal care compared to those served postnatally (90% vs. 80%).

Finally, HS~HFO mothers who had a subsequent (second) child were more likely to receive early and comprehensive prenatal care for their subsequent birth (91% vs. 86% for their first pregnancy).

SUPPORTING FAMILY SELF-SUFFICIENCY

Healthy Start's higher risk families often need a variety of supports to help them meet their basic needs, and frequently set and reach goals related to improving their self-sufficiency. After 6 months of intensive home visiting services, many families had been connected to services they needed. Of those families indicating each of the following needs:

- 77% were connected to housing assistance,
- 76% were connected to education assistance,
- 73% were connected to Temporary Assistance for Needy Families,
- 69% were connected to job training and employment services, and

Fewer families were successfully connected to dental insurance (55%) and substance abuse treatment (60%). Compared to the 2007-08 findings, the percentage of families who identified many of these needs was higher, while the number successfully connected to needed services was somewhat lower, than in prior years. This may reflect the overall economic downturn as well as related state and federal budget cuts for these services.

PARENT SATISFACTION WITH HS~HFO

Parents are given multiple opportunities to provide confidential feedback about the services they receive from HS~HFO. Overall, families are extremely positive about the home visiting services. Almost 100% of HS~HFO parents reported that the home visitors "helped a lot or a little" by providing parenting information. Parents also reported that their home visitor "helped a lot or a little" with obtaining basic resources (96%), dealing with emotional issues (95%), and encouraging the development of positive relationships with family or friends (92%). Parents reported that the services provided by the program are culturally competent (96%) and help them to build on their family's strengths (84%).

Program Implementation & Service Delivery

Strong outcomes cannot be achieved without high-quality service delivery. HS~HFO has maintained a strong system for screening, contacting and offering services to first-time parents, reaching slightly more than half of all first time parents during 2011-12 (51%, or 9,052 families). Most screening (93%) took place prenatally or during the first 2 weeks after the baby's birth, exceeding the HFA standard of 80%, and showing a 5% increase in the rate of early screening compared to the the 2007-08 report. Slightly more than one fourth of all screenings (2,308 screenings, 27%) were conducted prenatally. Early screening and engagement of families in services is critical to program success.

The program served 3,181 families with evidence-based intensive home visiting services during FY 2011-2012. Services were offered to 4,085 families; about two-thirds of these indicated that they would be interested in the program. The primary reason for declining services was that the family felt that services were not needed; in fact, those families who indicated this as a reason for declining had fewer risk factors, on average, than those who were interested in home visiting.

For families who indicate that they are interested in home visitation, a follow-up contact or home visit is scheduled near the due date or shortly after the baby's birth. Of these follow-up contacts, 70% are made successfully. Families are not contacted and/or offered services for a variety of reasons, including:

- Services are not available/program caseloads are full (20%)
- Additional local eligibility criteria are not met (28%)
- Families can no longer be reached or located (51%)

Overall, of those families who are initially screened and indicated interest in the program, about 45% (839) enrolled in services and began receiving home visits.

Statewide, Hispanic families were more likely than other families to accept and engage in home visitation (55% of Hispanic families vs. 38% of White families). Hispanic families also were more likely to remain in the program longer, compared to White/Caucasian families. This is consistent with past research showing that home visiting programs, with their family-centered approaches, may be particularly culturally appropriate for Hispanic families (Nievar, Jacobson, & Dier, 2008). However, it also suggests that the program may need to improve its strategies for successfully engaging and retaining other families in services.

Thus in 2011-2012, a total of 3,181 families received intensive home visitation; of these 839 were new to the program during this fiscal year. Families remain in the program, on average, until the baby is about one year of age. The average age of children at exit from the program is 14 months, although the average for local programs ranges from 3 months to 30 months, with 9 programs retaining families for 20 months or more.

Meeting Service Delivery Standards

Across six key service delivery performance standards (related to timing, engagement, provision, and retention in services), the state met or exceeded the Oregon Performance and/or HFA standards in all six areas. Individual programs showed somewhat greater variability:

- 17 out of 33 local program[1] sites met state standards for screening (more than 50% of target population screened)
- 28 out of 33 met state standards for early screening (70% within 2 weeks of birth)
- 31 out of 33 met standards for timely delivery of the first home visit (80% of first home visits by baby's 3-month birth date)
- 28 out of 33 met state standards for successfully engaging over 75% of families for more than 90 days;
- 24 out of 33 met the standard for successfully retaining at least 50% of families for more than 1 year of service.
- All 30 programs met the standard for providing the expected number of home visits (specifically, providing 75% of expected home visits to participants).

Conclusions

Healthy Start~Healthy Families Oregon has consistently documented positive outcomes for parents and children for over 10 years. During FY 2011-2012, program participants showed improvements across a variety of domains known to be important to supporting children's healthy development and reducing the risk for child maltreatment. Further, the program is showing considerable success at the state and local levels in meeting the standards set by Healthy Families America, thus ensuring home visiting services are consistent with evidence-based best practices. The state's investment in HFA accreditation appears to have resulted in greater consistency and quality of services across the state, and variability in implementation quality across programs has continued to be reduced since accreditation was originally achieved in 2007.

HS~HFO programs represent a key component of the state's effort to screen families and children for risk of negative outcomes, and to the system of home visitation and supports for at-risk families. Evaluation results underscore the key role that HS~HFO programs have in improving outcomes for these families, and in laying the foundations for later success.

[1] There are currently 30 HS~HFO programs with 33 physically distinct (county level) sites.

> *"We need to step up and invest in what works to keep America's most vulnerable children from becoming America's most-wanted adults."*
>
> – Sheriff Leroy Baca,
> Los Angeles County, CA
> Board Chairman,
> FIGHT CRIME: INVEST IN KIDS

The bottom line: investing in kids saves lives and money

When our country fails to invest effectively in its children, all Americans pay the price – in taxes for criminal justice costs, costs to business, and costs to the victims. Worse, some children and adults will pay with their lives. Investing now in what works not only saves lives and protects Americans, it saves money:

- Researcher Mark Cohen found that the average value of preventing a baby from growing up to become a youth who drops out of school, uses drugs and goes on to become a career criminal is at least $2.5 million per individual.
- Economist Steven Barnett found that the Perry Preschool program produced a net savings of $16 for every dollar invested. Total savings averaged $245,000 per child and more than two-thirds of the savings came from reduced crime costs.
- The Washington State Institute for Public Policy concluded that the Nurse-Family Partnership produced over $20,000 in crime savings per family served; and, for troubled youth already in the juvenile justice system, three effective family therapy programs cut future crimes so much their average savings ranged from $18,000 to $89,000 per child. States have immediately cut the costs of housing juvenile delinquents by shifting eligible youth from expensive facilities to those more effective family therapy programs.

Law enforcement is united in calling for crime-prevention investments in kids

Who says these four steps are among our most powerful weapons to fight crime?

- The more than 5,000 law enforcement leaders and crime survivors who are members of FIGHT CRIME: INVEST IN KIDS.
- Major law enforcement and crime survivor organizations who have endorsed our call to fight crime by investing in kids: The International Association of Chiefs of Police, the National Sheriffs' Association, the National District Attorneys Association, the National Association of Attorneys General, the Fraternal Order of Police, the National Organization for Victim Assistance, and dozens of other national and state law enforcement organizations across America.

The prestigious National Academy of Sciences has further confirmed that the research on what works to keep kids out of trouble is solid.

Helping kids get the right start in life will save money, build a stronger America, and protect our communities. It is time to invest in what works.

For an electronic version of this brief with endnotes, see:
http://www.fightcrime.org/page/fcik-plan-reduce-crime-and-violence-with-endnotes

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From America's Front Line Against Crime:

Proven investments in kids will prevent crime and violence

As an organization of more than 5,000 police chiefs, sheriffs, prosecutors, attorneys general, other law enforcement leaders, and violence survivors, we are committed to putting dangerous criminals behind bars. But by the time law enforcement get involved, the damage is already done and lives are changed forever.

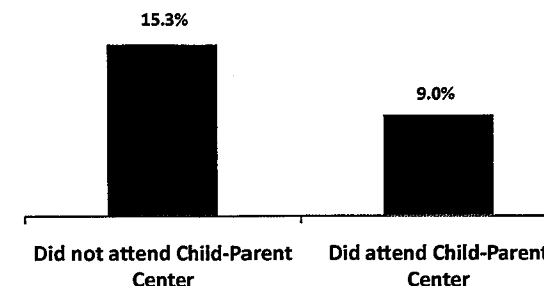
America's anti-crime arsenal contains no weapons more powerful than the effective programs that help kids get the right start in life. A number of high-quality programs are proven to prevent crime, reduce child abuse and neglect, and help troubled kids get back on track. Yet, despite decades of growing research proving what works, inadequate investments leave millions of children needlessly at risk of becoming delinquent teens and violent adults while putting every American at greater risk of becoming a victim of crime.

We call on all federal, state and local officials to implement this four-part plan to cut crime and violence. Doing so will help America's children learn the values and skills they'll need to become good neighbors and responsible adults. Across all ages there are effective programs. Some start before birth, others are proven to work with older kids, even serious juvenile offenders. While no plan can prevent every violent act, this common-sense approach, based on our experience and the latest research about what really works, can make all of us safer.

Four Steps that Work

1. Provide all families access to high-quality early care and education for kids from birth to age five.
2. Offer voluntary parent coaching to at-risk parents of young children through home visiting or other options proven to prevent child abuse and neglect.
3. Ensure all school-age children and youth have access to effective programs during school hours and after school to help keep them on track.
4. Identify troubled and delinquent kids and provide them and their parents effective interventions so the children will avoid a life of crime.

70% more likely to be arrested for a violent crime by age 18



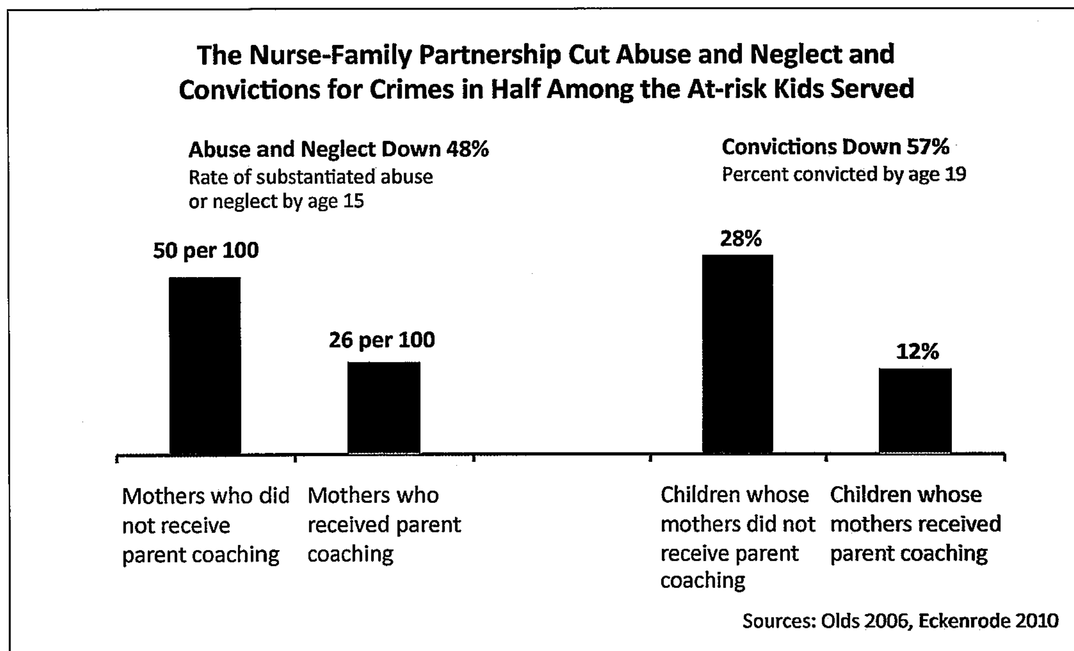
Source: Reynolds 2001

1. Provide all families access to high-quality early care and education for kids from birth to age five

Law enforcement leaders have long known that giving kids the right start in life is the best way to prevent violence and crime. Rigorous social science and neuroscience research now backs that up. In the first few years of life, children's intellects and emotions, and even their ability to develop concern for others (the beginnings of conscience), are building the foundation upon which their later success or failure will greatly depend. As parents are at work trying to make ends meet, voluntary early education and care for babies, toddlers and preschoolers can begin preparing kids for a successful life rather than a life of repeated contacts with law enforcement. For example:

- Chicago's publicly funded Child-Parent Centers have served almost 100,000 three- and four-year-olds since 1967. For 14 years, researchers tracked 989 of those children and 550 similar children not in the program. The children who did not participate were 70 percent more likely to be arrested for a violent crime by age 18.

- In Ypsilanti, Michigan, three- and four-year-olds from low-income families who did not participate in the Perry Preschool program were five times more likely to be chronic lawbreakers by age 27 than those who were randomly assigned to the program. The children in the preschool program were 44 percent more likely to graduate from high school.



2. Offer voluntary parent coaching to at-risk parents of young children through home visiting or other options proven to prevent child abuse and neglect

Almost 800,000 children are abused or neglected in this country each year. Studies show that being abused or neglected multiplies the risk that a child will grow up to be a violent criminal. Public safety demands that we offer at-risk parents home visiting and parent support programs that prevent children from being abused and neglected, prevent subsequent delinquency, and improve other outcomes for children. Research shows what works:

- The Nurse-Family Partnership randomly assigned half of a group of at-risk families to voluntary visits by specially trained nurses who offered coaching in parenting skills and other advice and support. Beginning during the mother's pregnancy and continuing until the child's second birthday, parents learned to manage stress, understand the health and nutrition needs of newborns, identify the signs of problems, make their home safe, and find resources such as doctors and child care help. Rigorous studies showed that the children served by the program were half as likely to be abused and neglected, and by age 19 they were half as likely to have been convicted of a crime.

- Chicago's Child-Parent Centers preschool program for three- and four-year olds from low-income neighborhoods, already cited above, included a strong parent coaching component with staffed parent-resource rooms in the centers. Children in the program were half as likely to experience repeated abuse or neglect and nearly half as likely to be placed in foster care as the similar children *not* in the program.

- Triple P, the Positive Parenting Program, is a system for delivering age-appropriate tools and techniques for parents to help their children behave responsibly. It lets parents pick what help they want, ranging from newsletter articles, to brief consultations, to ten weeks of parent coaching for parents with especially challenging children. The Triple P system was tested in counties throughout South Carolina with funding from the Centers for Disease Control and Prevention. For the thousands of children served in the counties randomly assigned to receive the efforts compared to the counties left out, Triple P counties averaged 25 percent reductions in abuse and neglect, 33 percent reductions in foster care placements, and 35 percent reductions in emergency room visits or hospitalizations for abuse.

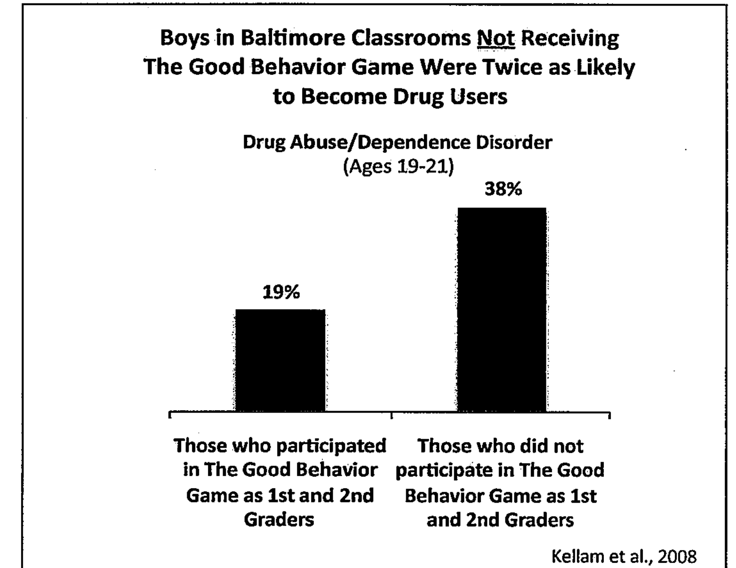
3. Ensure all school-age children and youth have access to effective programs during school hours and after school to help keep them on track

Two approaches are needed to help school-aged kids steer clear of crime: 1) effective programs during the school day, and 2) high-quality after-school programs.

- The Good Behavior Game is an example of a simple, effective school-based program for all kids. In the game, kids are divided into two teams that compete to behave well and follow class rules. The winning team receives simple rewards, such as lining up first for recess. In the process, the students acquire life-long lessons on how to effectively manage their own behaviors. In one trial, first graders were randomly assigned to participate or not in the game. By the sixth grade, non-participants were more than twice as likely as participants to suffer from clinical levels of conduct disorder – a mental health diagnosis associated with out-of-control behavior and delinquency. In another randomized trial, by the time the male non-participants were age 19 through 21, they were twice as likely to suffer from a drug abuse/dependence disorder.

- Studies have found that 40 percent of school bullies had three or more criminal convictions as adults, and bullies are more likely to carry a weapon to school. Rigorously tested anti-bullying programs that enlist the whole school – everyone from bus drivers to principals – have cut bullying by as much as half.

- On school days, the after-school hours are the prime time for juvenile crime. Developing ways to attract at-risk middle- and high-school age children into after-school programs, and to effectively coach them on how to avoid troubling behaviors, can be challenging, but the Boys & Girls Clubs have shown they can deliver. For example, in a study conducted in several U.S. cities, five housing projects without Boys & Girls Clubs were compared to five projects receiving new clubs. At the beginning, drug activity and vandalism were the same. But by the time the study ended, the projects without the programs had 50 percent more vandalism and scored 37 percent worse on a combined measure of drug activity.



4. Identify troubled and delinquent kids and provide them and their parents effective interventions so the children will avoid a life of crime

Many children who are overly aggressive and at higher risk of becoming involved in violent crime later in life can be identified at an early age and helped:

- The Incredible Years provides training in problem solving and social issues for families of young children suffering from aggressive behavior problems. The researchers studying this program report that it has been able to stop the cycle of aggression for approximately two-thirds of the families served.

Many youths who are already offenders can become productive citizens with the right help:

- A few intensive family therapy programs, such as the Multisystemic Therapy or Functional Family Therapy, provide well-tested strategies to the parents or foster parents of serious juvenile offenders and work with the young offenders themselves to reduce kids' problem behaviors. Research shows that new arrests of youths in these programs have been cut by as much as half compared to similar troubled youths in families not receiving this help.