Appendix A
Site Descriptions
2001-2002

Healthy Start of Clackamas County
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Clackamas County First births, per OHD 2001	1,620	**Total children, screened and/or served further**	665	Average age of mother	21.5 years
				Percent 17 years or younger	22%
		Basic Service	125 (19%)	Percent never married	68%
Percent of total first births screened by HSCC in 01-02	26%	Intensive Service	443 (67%)	Median monthly income	$1,000
				Oregon Health Plan/Medicaid	70%
		Refused Further Service	98 (15%)	Minority race/ethnicity status	28%

Collaboration and Governance

Healthy Start of Clackamas County (HSCC) was initiated in July, 1994 as one of the pilot projects established under HB 2008. HSCC is a collaborative effort of five agencies who provide Healthy Start services to children and families within the county: Camp Fire USA-Teen Parent Program, Clackamas County Public Health, Clackamas County Social Services-Volunteer Connection, Desarrollo Integral de la Familia and Parrott Creek Child and Family Services.

CORE COLLABORATORS

- ✓ Camp Fire USA - Teen Parent Program
- ✓ Clackamas County CCF
- ✓ Clackamas County Public Health
- ✓ Clackamas County Social Services – Volunteer Connection
- ✓ Desarrollo Integral de la Familia
- ✓ Parrott Creek Child and Family Services

OTHER PARTNERS

- ✓ Clackamas Co Community Corrections
- ✓ Clackamas Co Mental Health
- ✓ Clackamas Co School Districts
- ✓ Clackamas Co ESD
- ✓ Clackamas Co Children's Commission (Head Start)
- ✓ Clackamas Women's Services
- ✓ community newspapers
- ✓ Community Safety Net
- ✓ First Book Program
- ✓ Kaiser Permanente and Kaiser Permanente-Sunnyside Hospital
- ✓ Legacy Meridian Park Hospital
- ✓ Legacy Women's Services
- ✓ Linfield College
- ✓ local churches & community centers
- ✓ local DHS branches, Child Welfare and Self-Sufficiency Divisions
- ✓ Multnomah County Health Department
- ✓ New Parent Network
- ✓ Oregon Community Foundation
- ✓ Oregon Family Support Network
- ✓ Oregon Health Sciences University
- ✓ OSU Extension
- ✓ PACE
- ✓ Portland Community Warehouse
- ✓ Portland Parent Magazine
- ✓ Portland State University
- ✓ Providence Health System
- ✓ Providence Milwaukie Hospital
- ✓ Todos Juntos
- ✓ United Way-Success by Six Initiative
- ✓ Willamette Falls Hospital
- ✓ YPOP

HSCC is governed by the Clackamas County Early Childhood Committee (CCECC), which provides policy direction and reviews service delivery outcomes. CCECC members include private and public agency representatives and community members. There is also a Healthy Start advisory committee that consists of agency representatives, health care professionals, past and present program participants and community members who provide suggestions for marketing, outreach and service delivery. Program managers from the five collaborating partners meet monthly to facilitate collaboration and coordinate consistent and effective service delivery.

Screening and Assessment

Families learn about HSCC through a network of health care providers, "Welcome Baby" hospital visits conducted by volunteers at county hospitals, WIC, and various public and private agencies. Some families self-refer, contacting Healthy Start directly after hearing about the service either through friends, physicians or posters/flyers available in the community. Cross-trained Family

Assessment Worker/Family Support Workers telephone referred families to gather screening information and then conduct the Kempe Family Stress Assessment during a home visit.

Basic Family Support Service
Families delivering their child in one of the four Clackamas County Hospitals receive a "Welcome Baby" hospital visit by a trained HSCC volunteer. Parents receive a packet that includes information about early brain development, child health and safety, child development, parenting, breastfeeding, and community resources including parent-child play groups and parent education and support classes.

Intensive Family Support Service
Intensive home visits to higher risk families are structured to provide services and supports for both children and parents. Family Support Workers monitor children to make sure they are receiving immunizations, linked to appropriate health care resources, and developing normally. Family Support Workers provide parents with information on child development, referrals to needed community resources, and encourage healthy parent-child relationships.

The family and Family Support Worker work together to develop an Individual Family Support Plan (IFSP) based on the family's identified needs and goals, and aim to assure it is aligned with Healthy Start objectives. HSCC uses materials from a wide variety of home visiting curricula, including the *Nurturing Parent Program* (available in English and Spanish), *Partners in Parent Education* (PIPE), and the *San Angelo Home Visiting Program.* Other services include the OSU Extension Newsletter on Child Development; parent support and education classes; play groups; parent mentoring services; quarterly newsletters and social events.

Staff, Training, and Supervision
HSCC uses trained professional staff to provide home visits. Staff members receive basic training through their respective agencies and also participate in the Family Assessment Worker and Family Support Worker training offered through OCCF. Weekly staff meetings and monthly all-staff meetings regularly include training on child and family issues, effective use of IFSPs, and other program issues. Community partners periodically offer training on topics such as child maltreatment and reporting, substance abuse, brain development research, postpartum depression, domestic violence, infant massage, First Aid and CPR certification, child development and community resources. Staff members also attend state and local conferences focusing on children and families.

During 2001-2002, HSCC staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Coordinator	1
Managers/supervisors (at 4 sites)	1.65
Clinical supervisors (at 4 sites)	1.0
Volunteer Coordinator	1.0
Family Assessment/Support Workers (Family Assessment Worker/Family Support Workers)	18.78 .5
Parent Educator	.85
Administrative Assistant	1.07
Clerical	97
Volunteers (all part-time)	

Family Support Workers with two or more years of home visiting experience receive one and a half hours of individual weekly supervision. Family Support Workers with less than two years of experience receive two hours of individual weekly supervision. Individual programs also have weekly or monthly group supervision.

The Volunteer Coordinator provides ongoing supervision and facilitates monthly meetings for both hospital visitors and playgroup facilitators. These volunteers receive 15 to 20 hours of training on the HSCC model, communication, confidentiality, child development, community resources and making referrals.

Clatsop Healthy Families
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Clatsop County First births, per OHD 2001	153	**Total children, screened and/or served further**	151	Average age of mother	22.4 yrs
				Percent 17 years or younger	17%
		Basic Service	78 (52%)	Percent never married	76%
Percent of total first births screened by CHF in 01-02	52%	Intensive Service	73 (48%)	Median monthly income	$975
		Refused Further Service	0 (0%)	Oregon Health Plan/Medicaid	70%
				Minority race/ethnicity status	34.2%

Collaboration and Governance

In 1994 Clatsop and Tillamook Counties came together to initiate a joint Healthy Families pilot project managed by the Tillamook General Hospital. This joint collaboration ended in July 1999, with Astoria's Columbia Memorial Hospital taking over fiscal responsibility for the Clatsop site.

Today, Clatsop Healthy Families (CHF) is a collaborative effort of the Clatsop Commission on Children and Families and three other agencies: Clatsop County Health and Human Services, Providence Seaside Hospital and Columbia Memorial Hospital. The latter provides program oversight, fiscal management, and access to hospital training.

CORE COLLABORATORS

- ✓ Clatsop County CCF
- ✓ Clatsop County Health and Human Services
- ✓ Columbia Memorial Hospital, Astoria
- ✓ Providence Seaside Hospital, Seaside

OTHER PARTNERS

- ✓ Area businesses who "adopt" families for holidays
- ✓ Area city councils, some of whom contribute financially
- ✓ Clatsop Behavioral Healthcare
- ✓ Clatsop Community Action
- ✓ Community Partnership Team
- ✓ Crisis Pregnancy Center
- ✓ Head Start
- ✓ local DHS branches
- ✓ Northwest Oregon Housing Association (NOHA)
- ✓ Oregon State University Extension Service
- ✓ Women's Resource Center

Clatsop Healthy Families has an Advisory Committee that meets monthly to review and establish policy and procedures. Membership is drawn from the collaborating agencies, other partners, and the community-at-large. The roles and purpose of the Advisory Committee include long-range planning and fund-raising.

Screening and Assessment

In the hospital, each family is offered a Congratulations! form inviting contact from Healthy Families and those who sign are contacted for phone interviews or visits. Consenting first birth families are offered a home visit to get more information about infant development, newborn care and to be assessed for eligibility for ongoing home visiting services. Families who are assessed to be coping with moderate to severe stressors are offered regular home visits. Some second birth families who were experiencing significant stressors are also offered visits.

Basic Family Support Service

Basic service includes screening, a congratulatory phone call and an assessment of the family's needs, the OSU Extension newsletter on *Parenting During the First Year*, a community resource guide, and other literature per the family's request. Immediate referrals to needed community resources are also provided. Follow-up calls are made to families needing a bit of extra support until specific issues are resolved.

Intensive Family Support Service

Trained family support workers (Family Support Workers) provide regular home visits to families who qualify for intensive family support. Early in the service, the Family Support Worker works with the family to develop an Individual Family Support Plan (IFSP) based on the family's identified needs and goals. On subsequent visits, the Family Support Worker brings materials that will address the IFSP and other issues that arise. Program children also receive books at regular intervals.

Materials that encourage parents to recognize and respond to the developmental, health and safety needs of the child are provided on almost every visit. Materials are drawn from a variety of curricula including *Temperament Talk*, the *San Angelo Home Visiting Program, Partners in Parenting Education (PIPE),* and packets supplied by the Oregon Library Association. In addition to the home visits, families also receive referrals to parenting groups and women's support groups. Healthy Families periodically organizes parent/child playgroups to give new parents an opportunity to meet each other, develop friendships, and share ideas.

Staff, Training, and Supervision

Clatsop Healthy Families uses trained family support workers to provide intensive services. In addition, college interns occasionally volunteer during the summer. Staff members are trained on the Healthy Families model and philosophy of home visiting during their first two weeks on the job. An introduction to community agencies and resources is also part of the basic training.

During 2001-02, CHF staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program	1.0
Coordinator/Supervisor/Family	4.5
Assessment Worker	.5
Family Support Workers	
Clerical	

Staff members participate in the core trainings that are provided through the Oregon Commission on Children and Families (OCCF). In-service training is provided at least every other month. Recent topics have included brain development, domestic violence, TheraPlay technique, and ongoing learning in the area of infant/toddler development. When possible, staff members attend the biannual Healthy Start conference sponsored by OCCF and other state or local trainings as available. Current volunteers include a church group who makes infant layettes for new babies in the program. They receive information about the purpose of Healthy Families but do not participate in making home visits. There are also some volunteers who have been dedicated in their fundraising efforts on behalf of the program. All members of the Healthy Families Advisory Board are volunteers.

The program supervisor meets with each Family Support Worker on a weekly basis, but at this small site, interactions among the supervisor and Family Support Workers are frequent and informal. The supervisor is available for debriefing on a daily basis and also occasionally shadows the Family Support Workers on home visits. In addition, a public health nurse consults with CHF staff on a regular basis and makes home visits when there are issues relating to the baby's health, nutrition and development. The nurse also provides routine developmental screens to families with babies where preliminary screening has indicated a concern.

Additional Resources

The Columbia Memorial Hospital Foundation made Healthy Families one of its top priorities for expansion, resulting in a major grant from the Meyer Memorial Trust. This grant of $150,000 covered a three-year period in decreasing increments for the addition of Family Support Worker time and increased nurse participation. We are in the last year of this declining grant and recently held a successful fundraiser to help replace some of the funds used. Columbia Memorial Hospital provides in-kind fiscal management and technical support as well as CPR and other safety training.

Coos County Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Coos County First births, per OHD 2001	232	**Total children, screened and/or served further**	76	Average age of mother	21.2 yrs
				Percent 17 years or younger	13%
				Percent never married	75%
Percent of total first births screened by CCHS in 01-02	12%	Basic Service	0 (0%)	Median monthly income	$950
		Intensive Service	64 (100%)	Oregon Health Plan/Medicaid	89%
		Refused Further Service	0 (0%)	Minority race/ethnicity status	21.1%

Collaboration and Governance

Coos County Healthy Start (CCHS) was initiated in 1999. CCHS is a collaboration among Alternative Youth Activities (AYA), Bay Area Hospital, C.A.R.E. Connections, Coquille Valley Hospital, Coos County Public Health, and Southwestern Oregon Head Start. Responsibility for the CCHS program was assumed by this collaboration in September, 2000, with assistance from the Coos County Commission on Children and Families.

CORE COLLABORATORS

- ✓ Alternative Youth Activities
- ✓ Bay Area Hospital
- ✓ CARE Connections
- ✓ Coos Co Commission on Children and Families
- ✓ Coos Co Public Health
- ✓ Coquille Valley Hospital
- ✓ Southwestern Oregon Head Start

OTHER PARTNERS

- ✓ ADAPT
- ✓ Bandon Hospital
- ✓ Bay Clinic
- ✓ Caring Pregnancy Center
- ✓ Community Action
- ✓ Community Corrections
- ✓ Coos Co Early Childhood Committee
- ✓ Coos Co ESD, Early Intervention
- ✓ Coos Co Mental Health
- ✓ Coos Co Public Libraries
- ✓ Coquille Valley Medical Center
- ✓ Cribs-for-Kids
- ✓ Incentiva Hispanica
- ✓ La Leche League
- ✓ local churches and community centers
- ✓ local counseling services
- ✓ local DHS branches
- ✓ local dentists
- ✓ North Bend Medical Center
- ✓ Oregon Legal Aid
- ✓ OSU Extension Services
- ✓ Southwestern Oregon Community College
- ✓ Southwestern Oregon Youth Association
- ✓ T.H.E. House
- ✓ Women's Crisis Center
- ✓ Waterfall Clinic

An Advisory Committee, consisting of representatives from the core collaborators, meets quarterly or as needed to discuss programmatic issues and policies. Policy decisions are then made by the core collaborators. Staff from partner agencies meet on a monthly basis or as needed to review and discuss program issues and when appropriate, specific issues dealing with families.

Screening and Assessment

Referrals are received from Bay Area Hospital, Coquille Valley Hospital, Public Health's Maternity Case Management and WIC programs and other agencies. Referrals are sent to a central location for screening. Some families self-refer, contacting Healthy Start directly after hearing about the service either through friends, physicians or public service announcements. Screening information then is gathered by various methods, including face-to-face interview, telephone calls and patient chart review. Cross-trained Family Assessment Workers/Family Support Workers conduct the Kempe Family Stress Assessment during a home visit.

Basic Family Support Service

All first-time parents are offered a home visit and a canvas "Welcome Baby Bag" containing general parenting information, a video, Newsweek's Special Edition: Your Child magazine, a board book, handmade baby clothes or blanket, and assorted other baby supplies. Families also receive referrals to needed community resources, quarterly newsletters, and are invited to participate in monthly play groups provided through the Healthy Start Coordinator, and other available parent education and support groups sponsored by Parents as Teachers and WIC.

Intensive Family Support Service

A trained Family Support Worker (Family Support Worker) or, if needed, a registered nurse (RN) makes weekly home visits to families. Following guidelines, graduation from weekly to bi-weekly and then monthly home visits is based on family needs and progress. Visits focus on child development and parent-child interactions. The home visitor also helps the family access needed resources and manage problems. Each visit is planned with the family, and, as soon as possible, an Individual Family Support Plan (IFSP) is developed. Broad family goals are broken into short-term goals with achievable steps toward positive outcomes.

Home visitors chose from a variety of curricula to support parent-child relationships, including Parents As Teachers *Born to Learn*, *Parenting the First Year* newsletters, *Partners in Parenting Education* (PIPE), the *San Angelo Home Visiting Program, Oregon's Child, Systematic Training for Effective Parenting (*STEP*),* and *How I Grow.* Home visitors employ the Ages and Stages Questionnaires to monitor child development, requesting follow-up evaluation by an RN when indicated. Both home visitors and families may request an RN consultation at any time for questions and/or concerns outside the scope of the visitor's expertise.

Staff, Training, and Supervision

Intensive services are provided by cross-trained Family Assessment Workers/Family Support Workers located at the four collaborative agencies. All home visiting staff members have an associate or higher college degree and have participated in the statewide Healthy Start training provided through OCCF. In addition, all CCHS home visitors are certified PAT educators.

During 2001-02, CCHS staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Public Health Nurse	1.0
Family Support Workers (at 4 sites)	3.5
Volunteer Coordinator	.5
Administrative Facilitator	.75

On-going in-service training is provided by each collaborative agency and is open to all the home visitors employed by CCHS. In addition special education opportunities are planned that reflect staff member's individual needs and interests. Staffs are also encouraged to attend other trainings sponsored by community partners, or out-of-town workshops as available and appropriate.

All staff have weekly supervisory meetings within their agency. Other meetings may occur in between scheduled supervision times to handle crises or other issues that may need attention. In addition, all CCHS home visitors get together for monthly staff meetings to discuss shared issues.

Ready, Set, Go of Deschutes County
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Deschutes County First births, per OHD 2001	630	**Total children, screened and/or served further**	545	Average age of mother	20.8 yrs
				Percent 17 years or younger	23%
		Basic Service	382 (70%)	Percent never married	78%
Percent of total first births screened by RSGO in 01-02	46%	Intensive Service	151 (28%)	Median monthly income	$737
		Refused Further Service	12 (2%)	Oregon Health Plan/Medicaid	89%
				Minority race/ethnic status	7.4%

Collaboration and Governance

Ready, Set, Go (RSGO) was initiated in July, 1994 as one of the pilot projects under HB 2008 with the Central Oregon Community College, Family Development Programs playing a major role. This changed as of July 1, 2001 when RSGO became a collaborative effort of the Crook/Deschutes Education Service District, the Deschutes Commission for Children and Families (DCCF), the Deschutes County Health Department, St. Charles Medical Center and Central Oregon Community Hospital. Today, Crook/Deschutes ESD serves as the fiscal agent, providing administrative leadership, training and staff development while the DCCF oversees the grant, monitoring the service delivery system and achievement of intended outcomes for children and families.

CORE COLLABORATORS

- ✓ Central Oregon Community Hospital
- ✓ Crook/Deschutes Education Service District
- ✓ Deschutes County CCF
- ✓ Deschutes County Health Department
- ✓ Deschutes County Mental Health
- ✓ St. Charles Medical Center

OTHER PARTNERS

- ✓ Adult and Juvenile Community Justice
- ✓ Early Intervention
- ✓ Even Start Family Literacy Program
- ✓ Family Resource Center
- ✓ Head Start
- ✓ Healthy Beginnings
- ✓ Local DHS branches
- ✓ Oregon State Library and local libraries
- ✓ Teen Parent Services at Bend High School
- ✓ Together for Children

As the primary governance body, the RSGO Advisory Board sets policy and procedures. Membership on the Board is drawn from the collaborating agencies, partners and the community-at-large. The roles and purpose of the RSGO Advisory Board include long-range planning, setting policy, approval of the operating budget, fund-raising, and public education.

Screening and Assessment

St. Charles Medical Center and Central Oregon Community Hospital collaborate in the systematic assessment process, conducting screening during the pre-admittance visit or at the time of delivery. Hospital staff coordinate with RSGO staff for in-hospital assessment interviews. Families with a positive screen are interviewed by a trained RSGO assessment worker at the hospital or later, at home, for mothers who have already been discharged and have requested a home visit.

Basic Family Support Services

Families screened at lower risk are offered a Welcome Home Visit along with a packet of information, including an immunization schedule, developmental information, a picture "board" book for the child, and information on community resources. Families are also informed about child development screenings offered through Healthy Beginnings and conducted at 6, 18, and 36 months of age. Volunteers and staff conduct the "Welcome Home" visits.

Intensive Family Support Services

The home visiting process consists of ongoing assessment and observation of the baby's status, supporting the relationship between parent and child, acknowledging and building on family strengths, providing necessary resources and referrals, and monitoring the safety of the home environment. In addition, visits focus on family needs and goals established by the families in the Individual Family Support Plan (IFSP) that guides the overall direction of the service.

RSGO uses a variety of curricula so that materials and information can be tailored to meet the individual learning styles and needs of families. In 1999, RSGO adopted the Parents As Teachers *Born to Learn* curriculum for its home visiting services. Other curriculum choices include *Make Parenting a Pleasure*, the *Nurturing Curriculum*, *Nurturing Families Through Recovery*, the *San Angelo Home Visiting Program, Temperament Talk* and *Partners in Parenting Education* (PIPE).

RSGO has formed a partnership with Criminal Justice to provide intensive service to probation and parole families. A public health nurse, RSGO home visitor and a parole/probation officer work together as an integrated service delivery team for these higher risk families.

RSGO families also are offered weekly parenting classes and parent-child playgroups through a collaboration with Together for Children. The integration of RSGO home visits with parent education/training and early childhood programming has enhanced the service delivery system, creating more options for families and better support systems.

Staff, Training, and Supervision

RSGO uses trained family support workers to provide intensive services. After an initial orientation, each new employee completes a series of training units (reading and discussion) on over 35 topics, according to an individualized training plan. All staff members participate in basic training sponsored by OCCF.

During 2001-02, RSGO staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Manager	1.0
Public Health Nurse	1.0
Family Assessment Worker (Family	1.0
Assessment Worker)	6.0
Family Support Workers (Family	.75
Support Workers)	3
Clerical	
Volunteers (all are part-time)	

Regular in-service training focuses on issues such as effective use of the IFSP, child development, child health and safety, attachment/bonding, substance abuse awareness, setting boundaries and empowering families. RSGO staff members also participate in training provided through collaborators and other local agencies as appropriate. Volunteers also participate in training provided through collaborators and other local agencies as appropriate.

Family support workers meet individually with a supervisor for 1 - 2 hours each week to review records and assess family progress. Cases are reviewed, assessed, and suggestions incorporated into a written plan of action around the Healthy Start goal areas.

Douglas County Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Douglas County First births, per OHD 2001	438	**Total children, screened and/or served further**	262	Average age of mother	21.0 yrs
				Percent 17 years or younger	22%
		Basic Service	88 (34%)	Percent never married	73%
Percent of total first births screened by DCHS in 01-02	49%	Intensive Service	135 (52%)	Median monthly income	$948
		Refused Further Service	39 (15%)	Oregon Health Plan/Medicaid	87%
				Minority race/ethnicity status	9.8%

Collaboration and Governance

In 1998, the Douglas County Commission on Children and Families allocated funds to begin Healthy Start in Douglas County. State funding to continue this effort became available in July, 2000. Today, Douglas County Healthy Start (DCHS) is a collaboration between Douglas County Commission on Children and Families, the Douglas County Health and Social Services, Lower Umpqua Hospital, Mercy Medical Center, and WomonCare.

CORE COLLABORATORS

- ✓ Douglas County CCF
- ✓ Douglas County Health and Social Services
- ✓ Lower Umpqua Hospital
- ✓ Mercy Medical Center
- ✓ WomonCare

OTHER PARTNERS

- ✓ ADAPT
- ✓ Douglas Co Early Childhood Planning Coalition
- ✓ Douglas Co Library
- ✓ Early Intervention
- ✓ Family Development Center
- ✓ First Step, Roseburg High School
- ✓ Hope Pregnancy Center
- ✓ local businesses
- ✓ local churches
- ✓ local DHS branches of Child Welfare and Self-Sufficiency and Employment Program
- ✓ OSU Extension Service
- ✓ UCAN Head Start
- ✓ Umpqua Valley Quilters Guild

Douglas County Health and Social Services is in the process forming an Advisory Board with representation from core collaborators and Healthy Start families to discuss programmatic issues and policies. At present, staff from collaborating agencies talk frequently to review and discuss program issues and when appropriate, specific issues dealing with families.

Screening and Assessment

Families are referred to DCHS through a variety of health care providers, although the majority come from area hospitals. Nurses at Mercy Medical Center, Lower Umpqua Hospital and WomonCare introduce Healthy Start to first time mothers, and screen them if the families consent. Referrals are then sent to Healthy Start where the family is contacted to schedule a home visit. Referrals also come from WIC, Douglas County Health Department's Prenatal Clinic, and various community agencies, in addition to self-referrals. Trained family assessment workers complete a Kempe Family Stress Assessment during a home visit to identify family strengths and stressors.

Basic Family Support Service

Families with few, if any, support needs are offered a one-time "Welcome Baby" home visit by the Welcome Baby Coordinator or a trained volunteer. The visitor brings a gift from the local community (such as a baby quilt), a board book, and a packet of information on parenting, child development, child health and safety, and community resources. The visitor also ensures that families receive any other specific information that they may request.

Intensive Family Support Service

Trained Family Support Workers (Family Support Workers) provide home visits to families who have additional support needs. Visits are planned jointly with the families and are focused on family needs and interests, child development, and parent-child relationships. With the family's consent, visits are typically scheduled on a weekly basis throughout the child's first year. The Family Support Worker assists the family to develop an Individual Family Support Plan (IFSP), based on immediate and long-term needs. The IFSP is then used to guide and structure the home visits.

A variety of curricula are available including *Partners for a Healthy Baby, Parenting the First Year, Partners in Parenting Education (PIPE),* and the *San Angelo Home Visiting Program,* the last two of which are available in both Spanish and English. DCHS also maintains a supply of applicable brochures, parenting magazines and other topic-specific resources that can be distributed to families. Parent education activities and information are tailored to family interests and needs.

Staff, Training, and Supervision

Trained family support workers provide intensive service to families, typically assigned by geographic areas of the county. A Community Health Nurse is available for each family, either for direct service or at a minimum, for consultation as needed. All Family Support Workers staff have participated in statewide core training provided by OCCF. In addition, DCHS staff receive orientation training on policies and procedures, philosophy of home visiting, available resources and community agencies, and have multiple opportunities to observe in various clinics and to shadow experienced Family Support Workers and CHNs on home visits with currently participating families.

During 2001-02, DCHF staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Supervisor	1.0
Cross-trained Family Assessment Worker/Family Support Worker	6
Clerical	1.0

A wide variety of supplemental training is offered as it becomes available through partners in the local community. Recent trainings have been in domestic violence, Love and Logic, enhancing parent-child relationships, mandatory abuse reporting, Ages and Stages Developmental Screening, supporting parents with cognitive disabilities, and temperament. In addition, staff have been certified in CPR, basic first aid, and car seat safety.

At least bi-weekly, Family Support Workers meet individually with the supervisor to review plans for and progress of each family on the Family Support Worker's caseload. In addition, the Healthy Start supervisor is available for any consultation on a daily basis. The entire staff meets as a team on a monthly basis to provide an opportunity for peer problem-solving and support.

Harney County Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Harney County First births, per OHD 2001	30	**Total children, screened and/or served further**	12	Average age of mother	19.3 yrs
				Percent 17 years or younger	17%
		Basic Service	0 (0%)	Percent never married	92%
Percent of total first births screened by HCHS in 01-02	10%	Intensive Service	12 (100%)	Median monthly income	1,100
		Refused Further Service	0 (0%)	Oregon Health Plan/Medicaid	85%
				Minority race/ethnicity status	16.7%

Collaboration and Governance

Building on existing services, Harney County Healthy Start officially began serving families in September 1997.

Harney County Healthy Start has a strong group of core collaborators including the Arntz Medical Center, the Commission on Children and Families, local DHS branches of Adult and Family Services and Services to Children and Families, Health Department, Harney District Hospital and the High Desert Medical Clinic. Other collaborative partners provide resources for families on an as needed basis.

CORE COLLABORATORS

- ✓ Arntz Medical Center
- ✓ Harney County CCF
- ✓ Harney County Health Department
- ✓ Harney District Hospital
- ✓ High Desert Medical Clinic
- ✓ local DHS branches of Child Welfare and Self-Sufficiency and Employment

OTHER PARTNERS

- ✓ Harney County Educational Service District
- ✓ Saginaw Village Housing
- ✓ Senior Citizens Center

Screening and Assessment

Prenatal screening is conducted at two collaborating clinics in Burns and interested families are referred to Healthy Start. Families also are contacted at birth at Harney District Hospital where staff screen consenting families by reviewing records. Typically, assessment interviews are conducted while the parent is still at the hospital. When a screen is positive, hospital staff call Healthy Start, and an Family Assessment Worker goes to the hospital immediately to visit the new mother.

Basic Family Support Services

Interested families who have been screened at lower risk are offered a Welcome Baby Visit. During the visit, families also receive a packet of information and materials and an invitation to participate in a parent-infant support group.

Intensive Support Services

A trained Family Support Worker (Family Support Worker) makes home visits to families. The Family Support Worker plans each visit together with the family, working on targeted goals and focusing on child development, parent-child relationships and family interests and needs. As soon as possible, an Individual Family Support Plan (IFSP) is developed with the family. The Family Support Worker helps the family to access needed resources and manage crises. Following caseload

guidelines from Oregon Healthy Start, graduation from weekly to quarterly home visits is based on family needs and progress.

A variety of curricula are available including *Partners in Parenting Education (PIPE)*, the *San Angelo Home Visiting Program*, and *Partners for a Healthy Baby*, all of which are available in both Spanish and English. *HCHS* also maintains a supply of pamphlets, parenting magazines and other topic-specific resources that can be distributed to families. Parent education activities and information are tailored to family interests and needs. Besides the intensive home visits, parents have access to a weekly parent-infant group conducted through the Early Childhood Center.

Staff, Training, and Supervision

Harney County Healthy Start uses trained paraprofessionals to provide intensive services. Both the family assessment worker and the family support worker have many years of experience working with lower income families. In addition, staff members have participated in the basic training provided through the state Commission on Children and Families.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Director	0.1
Family Assessment Worker (Family Assessment Worker)	.25
Family Support Worker (Family Support Worker)	.75

Additional training is done around the Healthy Start model, program policies, home visiting, local resources, and constructing IFSPs. An orientation was also held with collaborating partners in Harney County. Healthy Start staff attend joint monthly trainings with Head Start staff. These trainings focus on early childhood development, child maltreatment, and meeting family needs. In addition, staff members also attend trainings offered by Department of Human Services, Child Welfare and the Harney County Health Department.

Weekly supervision is provided by the program director. Other meetings occur in between scheduled supervision times to handle crises or other issues that may need attention.

Families First Network of Hood River County
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Hood River County First births, per OHD 2001	120	**Total children, screened and/or served further**	138	Average age of mother	21.2 yrs
		Basic Service	97 (70%)	Percent 17 years or younger	30%
Percent of total first births screened by HCHS in 01-02	56%	Intensive Service	40 (29%)	Percent never married	64%
		Refused Further Service	1 (1%)	Median monthly income	$1,200
				Oregon Health Plan/Medicaid	92%
				Minority race/ethnicity status	69.2%

Collaboration and Governance

Building on existing services, Families First Network of Hood River County officially began serving families in May, 1995. Families First Network receives funding under HB 2008. Altogether, 16 agencies and organizations participate in the Families First Network. A strong group of core collaborators including the Hood River County Commission on Children and Families, Providence Hood River Memorial Hospital, New Parent Services, and the Hood River County Health Department are responsible for the daily operation of the network.

CORE COLLABORATORS

- ✓ Hood River CCF
- ✓ Hood River County Health Department
- ✓ New Parent Services
- ✓ Providence Hood River Memorial Hospital

OTHER PARTNERS

- ✓ Child Care Partners, Columbia Gorge Community College
- ✓ DHS: Child Welfare & Self Sufficiency Programs
- ✓ Helping Hands Against Violence
- ✓ Hood River County School District Early Intervention/Early Childhood Special Education
- ✓ Hood River Valley High School – Teen Parent Program
- ✓ La Clinica del Cariño
- ✓ Mid-Columbia Center for Living
- ✓ Mid-Columbia Children's Council Inc. (Head Start/Early Head Start)
- ✓ Next Door, Inc.
- ✓ Oregon Child Development Coalition
- ✓ Oregon State Library and local libraries
- ✓ Oregon State University Extension Service

Other collaborators provide a variety of services and participate on four governance committees. These are (1) a **Coalition Committee** that sets policy, monitors collaboration and determines allocation of resources; (2) an **Interagency Resource Team** that delegates case managers from participating organizations and serves as a source of resource information for families, (3) an **Advisory Board** that identifies resources and service barriers and recommends improvements for service provision; and (4) a **Supervisory Committee** consisting of the core collaborators who monitor the quality of direct services to families and manage funding under the direction of the Coalition Committee.

Screening and Assessment

Families First Network (FFN) staff, with parental permission, review hospital records prior to the birth of each child at Providence Hood River Memorial Hospital and then visit each new family at the hospital's birthing center. The FFN Coordinator, who conducts the hospital visits, tells the parent(s) about parent support resources in Hood River County and offers a Welcome Baby Visit when the mother and baby return home. These Welcome Baby Visits are not limited to first-birth families, but instead, are offered universally to all families expecting or delivering a newborn. While most of the FFN contacts are made through the hospital, a few families are sent letters after the birth of the child. Letters are used primarily for Hood River County residents who deliver outside the county.

Basic Family Support Services

Basic services include screening, Welcome Baby Visits, parenting newsletters, parent support groups, parent education classes, play groups, resource and referral, donated baby items, and resource library. New Parent Services (NPS), one of the FFN core collaborators, provides most of these resources through its staff and trained volunteers. Under a special arrangement, NPS is able to offer "moderate" family support services to families who do not qualify for intensive services but would benefit from additional support and regular home visits by a trained home visitor. Family Support Workers (Family Support Worker) for families receiving moderate service participate in Healthy Start trainings for Family Support Workers and other local training applicable to families.

Intensive Family Support Services

Intensive home visitation services follow the essential components established by the Oregon Commission on Children and Families. Home visits are planned around the *San Angelo Home Visiting Program*, but once the process begins, the content may change depending on immediate family needs and concerns. Other curriculums used are *PIPE*, and *Partners for a Healthy Baby*. Families and Family Support Workers work together to develop an Individual Family Support Plan. This valuable tool helps to bring up difficult issues at the same time that it builds on family strengths. Other programs and activities offered to families include OSU Extension Service Parenting Newsletter, First Books, parent education classes, parent support groups, and resource libraries. Some of the parent support groups focus on the needs of teens and Spanish-speaking mothers.

Staff, Training, and Supervision

Families First Network uses trained home visitors to provide intensive services. All staff members have participated in the basic training provided through the state Commission on Children and Families. During regular meetings, staff review concerns related to home visiting, Individual Family Support Plans (IFSPs), family issues, and staff well-being. Local professionals and service organizations provide specific trainings in areas such as alcohol and substance abuse, domestic violence, housing assistance, children's brain development and discipline.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Network Coordinator	.84
Program Manager, New Parent Services	.5
Family Assessment Worker (Family Assessment Worker)	.5
Family Support Worker (Family Support Worker)	2.0
Volunteers (all part-time)	93

The Program Manager of New Parent Services is responsible for the implementation of the Healthy Start program. The Lead Worker is responsible for the case management supervision. Formal supervision occurs at least twice a month with informal review and debriefing occurring as needed on a day-to-day basis.

Jackson County Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Jackson County First births, per OHD 2000	865	**Total children, screened and/or served further**	653	Average age of mother	20.9 yrs
				Percent 17 years or younger	19%
		Basic Service	334 (51%)	Percent never married	78%
Percent of total first births screened by JCHS in 00-01	55%	Intensive Service	297 (45%)	Median monthly income	$800
		Refused Further Service	23 (4%)	Oregon Health Plan/Medicaid	85%
				Minority race/ethnicity status	27.7%

Collaboration and Governance

Jackson County Healthy Start officially began serving families in September, 1994 with funding under HB 2008. Initially, Jackson and Josephine Counties collaborated to create a joint governance system. Today, the counties have an informal relationship, sharing information and other resources when appropriate.

Jackson County Healthy Start has four core collaborators. The Jackson County Commission on Children and Families is responsible for fiscal planning and advocacy. The remaining three core collaborators provide direct services and include the Jackson County Health Department, La Clinica del Valle, and Southern Oregon Head Start.

CORE COLLABORATORS

- ✓ Jackson County Early Childhood Partnership Team (ECPT)
- ✓ Jackson CCF
- ✓ Jackson County Health Department
- ✓ La Clinica del Valle
- ✓ On Track Substance Abuse Treatment Center
- ✓ Southern Oregon Head Start

OTHER PARTNERS

- ✓ ACCESS Community Action Agency
- ✓ Ashland Community Hospital
- ✓ Child Care Resource Network
- ✓ Community Health Program
- ✓ Community Works
- ✓ Family Focus
- ✓ Jackson County Public Libraries
- ✓ local DHS branches
- ✓ On Track Substance Abuse Treatment Center
- ✓ Oregon State University Extension Service
- ✓ Parent Connection
- ✓ Primary care doctors
- ✓ Providence Medical Center
- ✓ Rogue Valley Medical Center
- ✓ Teen Parent Program, South Medford High School

Jackson County has adopted a service integration model. Under this strategy, ACCESS Community Action Agency, Adult and Family Services, Job Council, Mental Health, On Track Substance Abuse Treatment Center, Public Health, and Services to Children and Families offer integrated services at 4 sites within the county. Healthy Start home visitors are co-located at each of these sites where they both receive direct referrals and participate in joint staffing and combined case management. Healthy Start is mentoring and working collaboratively with the pilot project rolling out The Oregon Children's Plan screen to all births.

Screening and Assessment

Families are referred to Jackson County Healthy Start from a variety of sources such as local health care providers, hospitals, WIC, and through the integrated service centers. In addition, a trained family assessment worker makes daily visits to two local hospitals to screen women who have given

birth. If screening does not occur during a hospital visit, it is conducted during a home visit. Assessment interviews are conducted during a home visit.

Basic Family Support Services
All interested families are offered a "Welcome Baby" visit. In addition to the initial home visits, families are offered the OSU Extension newsletter on child development through the first year of life and referrals to needed community resources. Families are also given a packet of information on community resources, basic health, immunizations and child development.

Intensive Family Support Services
Home visits are structured according to both parent and baby needs. An Individual Family Support Plan (IFSP) is developed with the family and used on an on-going basis throughout the relationship. Goals are revisited frequently and revised as necessary and accomplishments are celebrated.

Jackson County Healthy Start uses a variety of curricula including the *San Angelo Home Visiting Program, Partners in Parenting Education (PIPE),* and the *Partners for a Healthy Baby* curricula. Healthy Start guidelines and parental needs determine the frequency of the home visits. Other activities or programs offered to families include parent support and education groups, a center-based program through Early Head Start, and access to Rogue Valley Medical Center's Child Development Center.

In 2000-01 a family advocate position with .25FTE was created and dedicated to serving cognitively-limited families in collaboration with Living Opportunities and Community Works. Families also attend a specialized parenting class for parents with cognitive limits.

Staff, Training, and Supervision
Trained family advocates make home visits to intensive service families in Jackson County. During the first month on the job, new staff members are introduced to and trained on the Healthy Start approach, program policies, and community resources. New staff members shadow more experienced staff members.

All staff members participate in core training for supervisors, Family Assessment Workers, and Family Support Workers sponsored by OCCF. In-service trainings occur on a regular basis and provide information on specific topics including the Individual Family Support Plans, substance abuse and alcoholism, child development, and family/parenting issues.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Manager	0.5
Child Development/Mental Health Specialist	0.5
Family Advocates (Family Support Worker)	8.0
Clerical	0.8
Volunteers	1.0

Weekly clinical supervision, lasting approximately 1 hour, is provided for staff with less than 3 years Healthy Start experience. While regular clinical supervision is scheduled less frequently for staff with 3 or more years experience. In addition, staff meets for two hours weekly in a group setting for debriefing stress, and reviewing progress and successes.

Josephine County Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Josephine County First births, per OHD 01-02	283	**Total children, screened and/or served further**	342	Average age of mother	20.4 yrs
		Basic Service	203 (59%)	Percent 17 years or younger	24%
Percent of total first births screened by JCHS in 01-02	85%	Intensive Service	135 (39%)	Percent never married	70%
		Refused Further Service	6 (2%)	Median monthly income	$700
				Oregon Health Plan/Medicaid	84%
				Minority race/ethnicity status	14.8%

Collaboration and Governance

Josephine County Healthy Start (JCHS) officially began serving families in September, 1994 with funding under HB 2008. Initially, Jackson and Josephine Counties collaborated to create a joint governance system. Today, the counties have an informal relationship, sharing information and other resources when appropriate.

Josephine County Healthy Start is operated solely through the Josephine County Department of Health and Community Action, Division of Health. While the Josephine County Commission for Children and Families is responsible for fiscal monitoring, the governance mechanism for Josephine County Healthy Start is a review by the Board of County Commissioners in their annual examination of county programs and overview by the Community Healthy Start Advisory Committee, a subcommittee of the Early Childhood Council.

CORE COLLABORATORS

- ✓ Josephine CCF
- ✓ Josephine County Department of Health and Community Action, Division of Health

OTHER PARTNERS

- ✓ Adapt Substance Abuse Treatment Program
- ✓ Child and Family Council
- ✓ Choices Substance Abuse Treatment Program
- ✓ Coalition for Kids
- ✓ Josephine County Job Council
- ✓ local churches and service groups who provide donated goods and service
- ✓ local DHS branches
- ✓ Mid-Rogue IPA
- ✓ Oregon Health Management Services
- ✓ Oregon State University Extension Service
- ✓ Retired Senior Volunteer Program
- ✓ Rogue Valley Medical Center
- ✓ Siskiyou Health Center, Project Baby Check
- ✓ Three Rivers Community Hospital
- ✓ Women's Crisis Support Team

Screening and Assessment

Families are referred through a network of public health nurses working with clients in the Josephine County Maternity Case Management program, WIC, community agencies, and other members of the health care community. The bulk of screenings are conducted by a nurse-supervisor. Family assessment workers (Family Assessment Workers) also screen clients referred through community partners. Families with a positive screen are then assessed by a cross-trained Family Assessment Worker/Family Support Worker or by the nurse-supervisor who is trained as a Family Assessment Worker.

Basic Family Support Services

Families screened at lower risk receive, through the mail, a packet of information with a brochure describing Healthy Start services, a letter welcoming the family to parenthood, an invitation to

attend monthly Parent Group meetings, the OSU Extension Service Newsletter and other information on child health and development. Volunteers often help with mailings.

Intensive Family Support Services

On entering the program, families receive weekly home visits. As defined criteria are met, families are promoted to the next level of service with home visits every other week. Families work with the Family Advocate to develop an Individual Family Support Plan (IFSP) that provides a framework and guidance for the family support process. On each visit, Family Advocates demonstrate age-appropriate activities for the child, provide information on positive parenting practices, assess physical and developmental growth, and make community referrals as needed. Family support services are based on the Healthy Families America approach. A variety of resources are used to structure home visits including the *San Angelo Home Visiting Program, CEDEN Growing and Learning,* and Parents As Teachers *Born to Learn* curriculum.

Family Advocates lead monthly Family Group meetings, available both in Grants Pass and in more remote areas of the county. Separate meetings are conducted in Spanish to insure access for non-English speaking clients. Typically, these family support group meetings are organized around arts and crafts activities and tied to a topic of education appropriate to parenting concerns.

Staff, Training, and Supervision

Trained parent educators, known as Family Advocates, make home visits to intensive service families in Josephine County. All staff participate in the state Healthy Start trainings for Family Assessment Workers, Family Support Workers, and/or Supervisors, as appropriate.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Health Division Administrator	.03
Program Manager	.26
Nurse Supervisor	.3
Cross-trained Family Assessment Worker/Family Support Worker	4
Clerical	.5
Volunteers	25

Initially, staff members spend their first few weeks becoming familiar with policies and procedures of the Josephine County Department of Health and Community Action, Division of Health and the Healthy Start program in particular. Training focuses on learning about program partners, the services they offer, and other community resources available to the families. New employees shadow experienced home visitors to gain appropriate skills and techniques. Staff routinely participate in a variety of in-service training available through JCHS and other service providers in Josephine County. In addition, all of the current family advocates have attended training and are certified as Parents as Teachers educators.

Each week, family advocates meet individually with the nurse-supervisor to review plans for and progress of each family on the advocate's caseload. In addition, the nurse supervisor is available for consultation on an as-needed basis. Healthy Start staff meet as a team on a monthly basis to review cases, problem solve issues and participate in trainings.

Lane County Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Lane County First births, per OHD 01-02	1,418	**Total children, screened and/or served further**	1,457	Average age of mother	21.1 yrs
		Basic Service	666 (46%)	Percent 17 years or younger	18%
Percent of total first births screened by Lane in 01-02	88%	Intensive Service	539 (37%)	Percent never married	78%
		Refused Further Service	252 (17%)	Median monthly income	$834
				Oregon Health Plan/Medicaid	82%
				Minority race/ethnicity status	21.5%

Collaboration and Governance

Lane County Healthy Start (LCHS) was initiated in February, 1995 as one of the pilot projects under HB 2008. After experiencing a closure during the summer of 1996 due to a funding crisis, the Lane County Commission for Children and Families (CCF) re-established Lane County Healthy Start with a central coordinating office in Eugene and family support workers based throughout the county. Lane County CCF contracts with 6 separate agencies to provide Healthy Start home visiting services to children and families: Birth to Three, Catholic Community Services, Centro Latino Americano, Parent Partnership, Peace Health Counseling Service, and the Relief Nursery.

CORE COLLABORATORS

- ✓ Birth to Three
- ✓ Catholic Community Services
- ✓ Centro Latino Americano
- ✓ EC Cares
- ✓ Lane County CCF
- ✓ Lane County Public Health
- ✓ McKenzie-Willamette Hospital
- ✓ Nurse Midwifery Birthing Center
- ✓ Parent Partnership
- ✓ Peace Harbor Hospital
- ✓ Pearl Buck Center
- ✓ Relief Nursery
- ✓ Sacred Heart Medical Center

OTHER PARTNERS

- ✓ Child Development and Rehabilitation Services
- ✓ Child and Family Center, University of Oregon
- ✓ Comforts for Children
- ✓ Community Safety Net
- ✓ Family Relief Nursery
- ✓ Family Resource Centers
- ✓ Family Violence Response Initiative
- ✓ Head Start of Lane County
- ✓ Lane County Department of Developmental Disability
- ✓ Lane County Domestic Violence Council, Children and Family Violence Committee
- ✓ Lane County Early Childhood Planning Team
- ✓ Local Department of Human Services, Self-Sufficiency and Child Welfare Divisions
- ✓ Local teen parent programs in public schools
- ✓ Oregon State Library and local libraries
- ✓ Peace Health Prenatal Clinic
- ✓ Reduce Adolescent Pregnancy Partnership Coalition
- ✓ South Lane Medical Group
- ✓ United Way Success By Six
- ✓ University of Oregon
- ✓ WIC
- ✓ Willamette Family Treatment Services
- ✓ Women's Care Associates

Lane County Healthy Start is governed through a Community Advisory Board and a Coordinating Team. The Community Advisory Board (CAB) meets quarterly to provide policy direction and guidance. The CAB members include representatives of the healthcare community, public and private agencies, mental health and drug and alcohol treatment providers and private citizens (including a former Healthy Start parent). The Coordinating Team meets monthly to focus on service delivery and works to ensure service quality and programmatic consistency. The Coordinating Team is made up of LCHS administrative and supervisory staff, and Healthy Start supervisors from the contracting agencies.

Screening and Assessment

Screening, assessment, and the assignment of families to the contracting agencies for service are handled through the central office of LCHS. LCHS contacts families through outreach screening

carried out at prenatal and pediatric care providers' offices, WIC, teen parent programs; and in the hospitals at the time of birth. LCHS uses a self-screen based on the Hawaii Risk Indicator Screen. The self-screen is signed and completed by parents giving permission to contact them. Trained Family Assessment Workers (Family Assessment Workers) contact all consenting families either in person at the hospital or later by telephone to provide further assessment as needed and to offer program services or referrals. Using the Kempe Family Stress Inventory, the Family Assessment Workers interview interested families with positive screens. Approximately half of the assessment interviews are completed in the hospital and half completed by phone.

Basic Family Support Services

Families with few, if any risk characteristics are offered basic services - a one time Welcome Baby Visit during which they are given a bag filled with information on parenting, child development and community resources, and some gifts donated by community groups and volunteers. Staff, student interns, and experienced volunteers provide the Welcome Baby visits through three contracting agencies: Birth to Three in Central Lane County, Parent Partnership in Cottage Grove and south Lane County, and EC Cares in Florence and west Lane County. LCHS Basic Services also include playgroups offered throughout the county, with a group conducted in Spanish, and another group exclusively for parents with special needs due to cognitive limitations.

Intensive Family Support Services

Each of the seven contracted agencies provides intensive home visiting services for a specific geographic area and/or a targeted group of parents. Birth to Three provides services for families in the North-Central area of the county and for families in east Lane County. Catholic Community Services and the Relief Nursery work with families in North-Central area, with Catholic Community Services focusing on young parents. Centro Latino Americano works with monolingual Spanish-speaking families in the North-Central area. Parent Partnership provides intensive service to families living in Cottage Grove and south Lane County. EC Cares serves Florence and west Lane County. Pearl Buck Center provides services for families whose parents have cognitive limitations.

Intensive home visits are structured according to family strengths and needs. Parents and Family Support Workers work together within the first month of service to identify and set goals. These are recorded in the Individual Family Support Plan (IFSP), and the family's goals drive the services they receive from LCHS. LCHS uses the *San Angelo Home Visiting Program Curriculum*, plus additional materials and resources as needed. In addition, contracted agencies may use specialized curricula appropriate to their target population. Many of the support workers and supervisors are trained in Parents as Teachers, Partners in Parenting Education, and other curricula. Other activities or programs offered to families include parenting classes, parent support groups, interactive playgroups, and other family-oriented social activities.

Staff, Training, and Supervision

Intensive services are provided by trained family support workers located at the seven contracted agencies. All staff members have participated in the statewide Healthy Start training provided through OCCF. In addition, staff members receive basic training through their respective agencies and LCHS.

LCHS meetings are held monthly and include Healthy Start staff from all agencies and the central office. Staff meetings provide an opportunity to share information, to maintain effective cooperation, and to provide regular in-service training. Training topics include goal setting with families, child development, personal safety, cultural competency, nutrition and lactation, and life skills development. In addition, trainings are provided by community partners and other community agencies on topics such as the Oregon Health Plan, infant mental health, substance abuse, domestic violence, and accessing community resources. Staff also attend state and local conferences and trainings.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Clearinghouse (Central Office):	
Program Manager (central office)	0.5
Public Health Nurse	2
Family Assessment Worker	2.5
Office Assistant	.75
At six contracted sites:	
Supervisor	3.5
Family Support Worker (Family	18.25
Support Worker)	17
Volunteers (all part-time)	

Family Support Workers receive two hours of regularly scheduled weekly professional supervision through their contracted agency. Similarly, professional supervision for the Family Assessment Workers is provided through the central office. All staff also receive immediate opportunities to debrief with their on-site supervisor. Supervisory staff meets monthly for a Roundtable Discussion following the Coordinating Team meeting. All staff and supervisors are encouraged to build supportive relationships among the Healthy Start team, and to utilize the county administrative core staff as a resource for additional support and guidance.

The Healthy Start Public Health Nurse (PHN) provides information on health, safety, nutrition and infant feeding to the staff and participating families. She makes joint home visits with Family Support Workers at their request, provides telephone consultation for staff and families on matters of health and safety, and attends playgroups as a resource for families. She is also a Certified Car Seat Technician and assists with car seat clinics and helps individual families with their car seat concerns. The PHN works extensively with families around infant feeding and nutrition, and provides support and assistance with breastfeeding. LCHS and WIC collaborate to distribute breast pumps to eligible mothers.

Healthy Start of Lincoln County
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Lincoln County First births, per OHD 2001	190	**Total children, screened and/or served further**	78	Average age of mother	21.9 yrs
				Percent 17 years or younger	18%
		Basic Service	3 (4%)	Percent never married	63%
Percent of total first births screened by PP/HS in 01-02	17%	Intensive Service	74 (95%)	Median monthly income	$800
		Refused Further Service	1 (1%)	Oregon Health Plan/Medicaid	92%
				Minority race/ethnicity status	44.6%

Collaboration and Governance

In 1998, Lincoln County began providing home visiting to new parents through Parent Partnerships using a variety of funding sources and grants. State funding to continue this effort became available in July, 2000. Today, Healthy Start of Lincoln County (LCHS) is a collaboration between the Lincoln County Commission on Children and Families, Lincoln County Health and Human Services, and Parent Partnerships Program.

CORE COLLABORATORS

- ✓ Lincoln County Commission on Children and Families
- ✓ Lincoln County Health and Human Services
- ✓ Parent Partnerships Program

OTHER PARTNERS

- ✓ Centro de Ayuda
- ✓ Children's Advocacy Center
- ✓ Family Care Connection
- ✓ Head Start of Lincoln County
- ✓ Lincoln County Head Start
- ✓ Linn-Benton-Lincoln ESD, Early Intervention Program
- ✓ local churches and community organizations
- ✓ local DHS branches
- ✓ local obstetricians and pediatricians
- ✓ My Sister's Place
- ✓ North Lincoln Hospital
- ✓ Oregon Coast Community College
- ✓ Oregon Coast Quilters
- ✓ OSU Extension Service
- ✓ Pacific Communities Hospital
- ✓ Siletz Clinic
- ✓ WomanCare Center

Program oversight is provided by the Parent Partnerships Steering Committee under the Children's Advocacy Center Board of Directors. Program staff meet periodically to discuss policies and procedures and, if appropriate, plan for individual families.

Screening and Assessment

At this time, Healthy Start of Lincoln County is screening and providing services to all parents with new babies in the county. Local doctors describe Healthy Start and screen expectant mothers if they give their consent. Healthy Start Family Assessment Worker/Family Support Workers then meet the expectant parents in the doctors' offices to schedule an assessment visit. In addition, other providers, such as Maternity Case Management nurses at the Health Department and Head Start staff, send referrals to the Parent Partnerships Program where families are contacted for screening and assessment. In addition, Family Assessment Worker/Family Support Workers also coordinate with hospital staff at North Lincoln Hospital and Pacific Communities Hospital to introduce Healthy Start to first-birth families, and conduct screening and assessment after families give consent.

Basic Family Support Service

Families with few, if any risk characteristics are offered basic services of a one time Welcome Baby Visit with information on parenting, child development and community resources. The visitor brings a new parent gift pack, including a quilt made by the Oregon Coastal Quilters, receiving blankets from the Womens' Presbyterian Group, a rattle with a hearing test attached to it, a board

book, two videos on child development, a Parent Partnerships refrigerator magnet, and other information on child health and safety. When the child has health risks, Welcome Baby visits are provided by public health nurses; otherwise, Family Assessment Worker/Family Support Workers and volunteers provide Welcome Baby visits. Families are also offered a parent support/interaction group that meets weekly for two hours over a six-week period.

Intensive Family Support Service

For higher risk families who choose to receive home visiting, services are provided by a cross-trained Family Assessment Worker/Family Support Worker. Home visits are structured around the needs and interests of each individual family, the baby's developmental stage, and the family's current situation. Several curricula are available in both English and Spanish, including *First Steps*, *Life Skills*, *Partners in Parenting Education (PIPE)*, *Positive Parenting,* and the *San Angelo Home Visiting Program*. The Parent Partnerships Program also has a variety of pamphlets and other resource material that can be distributed to families as needs and interests arise.

Family support workers help families identify short-term goals that are incorporated into an Individual Family Support Plan (IFSP). The IFSP then provides guidance and structure for the home visiting process. In addition to home visits, families have access to bi-weekly parent-child interactive groups. The groups typically include three components: (a) child development information, (b) discussion with qualified counselor for support, and (c) child/parent interaction activities.

Staff, Training, and Supervision

Parent Partnerships/Healthy Start uses trained family support workers to provide intensive services to higher risk families with few, if any, medical needs. Public health and CaCOON nurses provide services to medically fragile children. Staff members participate in the basic training for family assessment workers, family support workers, and supervisors provided through OCCF and also in other training opportunities sponsored by OCCF.

During 2001-02, PP/HS staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Coordinator	1.0
Public health nurses	1.0
Cross-trained Family Assessment	2.5
Worker/Family Support Worker	.5
Clerical	16
Volunteers	

Staff also attend local and statewide training as it becomes available on topics such as mandatory reporting of child abuse and neglect, health and safety, child development, family violence and other topics.

Supervision is provided bi-monthly, once on an individual basis for case review and once as group supervision for problem solving and peer support. Supervision typically involves a review of each family's progress and plans for future service. The supervisor is also available on an as-needed basis.

Healthy Start of Linn County
FY 2001-2002

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Linn County First births, per OHD 2001	493	**Total children, screened and/or served further**	235	Average age of mother	21.1 yrs
				Percent 17 years or younger	17%
		Basic Service	143(61%)	Percent never married	63%
Percent of total first births screened by Linn in 01-02	40%	Intensive Service	72 (31%)	Median monthly income	$1,200
		Refused Further Service	20 (9%)	Oregon Health Plan/Medicaid	96%
				Minority race/ethnicity status	52.1%

Collaboration and Governance

Healthy Start of Linn County (HSLC) was initiated in April, 1995 as one of the pilot projects established under HB 2008. Healthy Start of Linn County is a collaborative effort among: Linn County Commission for Children and Families, Linn-Benton Community College's Department of Family Resources, Linn County Department of Health Services, and the Linn, Benton, and Lincoln Educational Service District's Early Intervention/Early Childhood Education Department.

Representatives from the four core collaborators serve on a Management Team that meets on a monthly basis for planning, problem solving, and assessment of the Healthy Start effort in Linn County.

CORE COLLABORATORS

- ✓ Linn-Benton Community College, Department of Family Resources
- ✓ Linn-Benton-Lincoln ESD Early Intervention/Early Childhood Education
- ✓ Linn County CCF
- ✓ Linn County Department of Health Services

OTHER PARTNERS

- ✓ Albany General Hospital
- ✓ Corvallis Clinic
- ✓ First Care Physicians Group
- ✓ Good Samaritan Hospital
- ✓ Lebanon Community Hospital
- ✓ Linn-Benton Hispanic Advisory Committee
- ✓ Linn County Teen Task Force
- ✓ local churches and service groups who provide donated goods and services
- ✓ local DHS branches of Child Welfare and Self-sufficiency and Employment Services
- ✓ Mid-Valley Medical Group
- ✓ Oregon State Library and local libraries
- ✓ OSU Extension Service
- ✓ School Service Integration Projects
- ✓ Samaritan Medical Group

Screening and Assessment

Health care providers, hospital staff, and other family-focused agencies and programs introduce first-birth families to HSLC. A network of community health care providers introduce the screening process to the family with around 95% of families completing the screen prenatally or soon after the birth of the baby; HSLC staff screen the remaining 5% of families on a voluntary basis by telephone, office or home visit. All families screened receive a letter that welcomes the new family and describes the services offered by HSLC.

Families with a positive screen who express interest in Healthy Start services are interviewed using the Kempe Family Stress Assessment. A cross-trained Family Assessment Worker/Family Support Worker, public health nurse, or other trained HS partners conduct this assessment, typically during a home visit. Rarely, assessments are done in the hospital or via the telephone.

Basic Family Support Services

Families are offered a Welcome Baby home visit, a community gift, and packet of information. Information and the community gift are mailed if a visit cannot be made. Community gifts include a

bib, burp cloth, a "You Are Precious" tee shirt, and a picture "board" book for the child with information on "How to Read to Your New Baby". The information packet includes a guide to community resources, an "Off to a Healthy Start Booklet" of parenting information, a subscription to the OSU Extension Parenting Newsletter, and other information. Welcome Baby visits are made on a voluntary basis by community volunteers and/or by HSLC staff as part of the family interview.

Intensive Family Support Services

Voluntary home visits to Intensive Service families are based on the age and development of the child and the needs and interests of the family. Home visitors work with parents to establish an Individual Family Support Plan (IFSP) outlining family goals. Broad family goals are broken into short-term goals with achievable steps toward positive outcomes. The IFSP is revisited at least every two months. Curricula in both English and Spanish are used, including *Healthy Families San Angelo*, *Born to Learn* (Parents As Teachers) and the *Nurturing Parent Program.* Resources are tailored to the family's needs. Families with children who have medical or special health care needs can elect HSLC home visits blended with the services of a public health nurse providing Babies First/CaCoon program services. Other activities offered to families include parent support groups in both English and Spanish, parent-tot playgroups and gym, parent education workshops and various family-oriented social activities.

Staff, Training, and Supervision

Intensive services are provided by cross-trained Family Support Worker/Family Assessment Worker's under the supervising public health nurse. New staff receive 90 hours of basic training on program goals, parent education methods and community resources. During the first six-months of employment, new staff members attend state training sponsored by OCCF. In-service trainings focus on identified needs and include topics such as brain research, early literacy, nurturing parent-child interactions, child health and safety, growth and development, goal setting, family violence, and child abuse identification and prevention. Volunteers receive four hours of training on the Healthy Start model, Welcome Baby Visiting, DHS volunteer orientation, confidentiality, safety, community resources and referrals, and mandated reporting. Volunteers are trained and supervised by a volunteer coordinator.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Coordinator/Nurse Supervisor	1.00
Parent Education Specialist & Volunteer Coordinator	1.00
Cross-trained Family Assessment Worker (Family Assessment Worker)/Family Support Worker (Family Support Worker)	4.25
Public Health Nurse	0.70
Clerical	1.00
Volunteers (all part-time)	15

Individual supervision is provided weekly and as needed by the supervising public health nurse and parent educator. Supervision involves a review of each family's progress and service plan and staff reflection on process and practice. Group supervision includes case sharing and problem solving three times per month as part of team meetings. Healthy Start staff meet monthly with the extended Public Health field service team. Blended service families are staffed at this monthly field team meeting so that service is coordinated and not duplicated.

Marion/Polk Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Marion/Polk First births, per OHD 2001	1,922	**Total children, screened and/or served further**	1,209	Average age of mother	21.0 yrs
		Basic Service	616 (51%)	Percent 17 years or younger	21%
				Percent never married	73%
Percent of total first births screened by MPHS in 01-02	47%	Intensive Service	570 (47%)	Median monthly income	$1,000
				Oregon Health Plan/Medicaid	84%
		Refused Further Service	24 (2%)	Minority race/ethnicity status	53.6%

Collaboration and Governance

Marion/Polk Healthy Start officially began serving families in October, 1994 with funding under HB 2008. Together with a wide array of community agencies, the Marion and Polk County Commissions for Children and Families have jointly formed Marion/Polk Healthy Start (MPHS) with offices in West Salem.

CORE COLLABORATORS

- ✓ Children's Guild Therapy Center/Easter Seals Oregon
- ✓ Family Building Blocks Relief Nursery
- ✓ Marion County and Polk County CCFs
- ✓ Marion County and Polk County Public Health Departments
- ✓ Marion County and Polk County DHS branches of Child Welfare and Self-Sufficiency and Employment Services
- ✓ Marion County and Polk County Mental Health
- ✓ Mid-Valley Behavioral Care Network
- ✓ Mid Willamette Valley Community Action Agency
- ✓ Salem Hospital
- ✓ Silverton Hospital

OTHER PARTNERS

- ✓ CASA (Court-Appointed Special Advocates)
- ✓ Catholic Community Services
- ✓ Chemeketa Community College
- ✓ Family Head Start
- ✓ local churches and service groups who provide donated goods and services
- ✓ Oregon State Library and local libraries
- ✓ OSU Extension Service
- ✓ Santiam Memorial Hospital
- ✓ Teen Parent Outreach
- ✓ Valley Community Hospital
- ✓ Willamette Educational Service District
- ✓ YWCA

Marion/Polk Healthy Start is advised by a Policy Board with membership drawn from the collaborating agencies. The Policy Board's mission is to coordinate the collaborative efforts of Marion and Polk Counties in order to assure the on-going integration, availability and delivery of Healthy Start services to communities in both counties. The Policy Board meets quarterly to set policy, review service delivery outcomes, and problem solve issues that affect the success of the collaboration.

Screening and Assessment

Staff at area hospitals introduce Healthy Start to new mothers and provide MPHS with referrals for first-time families. Approximately 81% of families are screened at birth via a face-to-face interview during the hospital stay. Another 11% are screened soon after the birth of the child, usually after a telephone referral has been received. About 8% of families are screened prenatally either through self-referrals, referrals made by health care providers or referrals from family members.

Screening conversations are conducted by a cross-trained Family Assessment Worker/Family Support Worker or a trained Healthy Start volunteer. Families with a positive screen are interviewed

by a cross-trained Family Assessment Worker/Family Support Worker. Using the Kempe Family Stress Assessment, interviews occur during a home visit.

Basic Family Support Services
Lower risk families are offered a "Welcome Baby" home visit, conducted by a trained volunteer, practicum student or staff member. During the visit, a packet of parenting and community information is distributed along with a handmade community gift and a picture "board" book for the baby. If families can't be reached for a home visit, letters are sent, telling the families about Healthy Start and offering a packet of information and OSU Extension Service's Parenting Newsletter.

Intensive Family Support Services
For higher risk families who choose to receive home visiting, services are provided by a Family Support Worker. Home visits are structured around the needs and interests of each individual family, the baby's developmental stage, and the family's current situation. Several curricula are available in both English and Spanish, including *San Angelo Home Visiting Program* and *Little Bits*. MPHS maintains a large collection of pamphlets and other resource material that can be distributed to families as needs and interests arise. Family support workers help families identify short-term goals that are incorporated into an Individual Family Support Plan (IFSP). The IFSP then provides guidance and structure for the home visiting process.

Families who show low stress on the Kempe assessment and families who qualify for intensive services when the program is at capacity are offered one to three focused home visits. Visits are conducted at intervals determined by family need. Families who continue to need services are considered for intensive services when space becomes available.

Staff, Training, and Supervision
Marion/Polk Healthy Start uses professionals from social service and education disciplines to provide intensive services. All staff participate in the statewide core Family Assessment Worker and/or Family Support Worker training provided through OCCF.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Manager	1
Supervisor	2
Administrative analyst	1
Postpartum Depression Intervention Specialist	1
Mental Health Case Manager	1
Cross-trained Family Assessment Worker/Family Support Workers	9.8
Family Support Worker (Family Support Worker)	10.5
Clerical	3
Volunteers (all part-time)	6

Bimonthly in-service trainings are offered on topics such as using IFPSs effectively, domestic violence, CPR, cultural competency, stress reduction and setting of boundaries, child maltreatment reporting, nutrition, literacy and the young child, and family dynamics. In addition, community partners give periodic trainings that showcase their agencies. Volunteers receive two-hours of in-office training and shadow staff on three to four Basic Services home visits. Completion of the Department of Human Resources volunteer training is also required. Monthly volunteer meetings also provide an additional forum for training. Volunteers are also invited to attend staff trainings.

Individual supervision is provided on a weekly basis for new staff and once every two weeks for Family Support Workers who are more experienced home visitors. Supervision involves a review of each family's progress and plans for future service. Staff meetings also provide opportunities for group supervision and problem solving.

Healthy Families of Tillamook County
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Tillamook County First births, per OHD 2001	90	**Total children, screened and/or served further**	159	Average age of mother	21.0 yrs
				Percent 17 years or younger	18%
		Basic Service	103 (65%)	Percent never married	59%
Percent of total first births screened by TCHF in 01-02	53%	Intensive Service	46 (29%)	Median monthly income	$405
		Refused Further Service	10 (6%)	Oregon Health Plan/Medicaid	87%
				Minority race/ethnicity status	15.2%

Collaboration and Governance

Tillamook County Healthy Families was established in July, 1994 in partnership with Clatsop County and as one of the pilot projects under HB 2008. As planned, the partnership ended in July, 1999 with the two sites remaining supportive of each other.

Tillamook County Healthy Families (TCHF) is a collaborative effort of the Tillamook County Commission on Children and Families, Tillamook County General Hospital and four other agencies: Adult and Family Services (AFS), Tillamook County Health Department, Services to Children and Families (SCF), and Tillamook Medical Associates. In general, TCHF focuses on first-birth families. However, TCHF has been able to serve second-birth families through Ford Family Foundation funds.

CORE COLLABORATORS

- ✓ Tillamook County branches of Self Sufficiency and Child Welfare
- ✓ Tillamook County Commission on Children and Families
- ✓ Tillamook County General Hospital
- ✓ Tillamook County Health Department
- ✓ Tillamook Medical Associates

OTHER PARTNERS

- ✓ Businesses of Tillamook County
- ✓ Columbia Pacific Head Start
- ✓ Community Action Resource Enterprises (CARE)/ Community Action Team
- ✓ Healthy Families Volunteers of North County
- ✓ local churches and service groups who provide donated goods and services
- ✓ Northwest Oregon Housing Association
- ✓ Northwest Regional Educational Service District
- ✓ OSU Extension Service
- ✓ Teen Parent Program
- ✓ Tillamook Bay Child Care Center
- ✓ Tillamook County Library
- ✓ Tillamook Family Counseling Center
- ✓ United Way
- ✓ Women's Crisis Center

Screening and Family Assessment

Tillamook County Healthy Families screens 100% of consent families giving birth in Tillamook County General Hospital. Tillamook south County residents who give birth outside of the county are informed of the "Welcome Home Baby" visit and Healthy Families services through the Health Department's south County satellite office. First-birth and second-birth families who screen positive and are interested in the program are assessed using the Kempe Family Stress Assessment.

Basic Family Support Services

Through the Tillamook County General Hospital, all new parents delivering at the hospital receive a packet of child health and development information, follow-up care information for the mothers and parent adjustment information. Also, the local library provides all parents a first book for the child and a coupon for a developmental toy from the library. A partnership between Community

Health, TCHF and the North County Kiwanis provides "Welcome Home Baby" bags, which include a community resource magnet. The "Welcome Home Baby" visits to all new parents are completed by the Community Health Nurses or Tillamook Medical Associates Pediatric Nurse Practitioner. In addition, all families are offered the monthly OSU Extension age-appropriate newsletter. Materials are available in Spanish.

Intensive Family Support Services

Intensive services for higher risk families are provided by trained family support workers (Family Support Workers). Individual Family Support Plans (IFSPs) are developed jointly with the family around basic needs and child-related concerns. They are used as a means of enhancing self-esteem and the parent's ability to problem-solve. There is a continual effort to build a bridge of trust between participating families and community resources. Parent education materials are taken out for each home visit. Intensive services are reduced from weekly to biweekly to quarterly home visits, depending on the individual family's progress. For those eligible for home-based or site-based Head Start, there is a gradual transition from one program to the other or to additional parent/child follow-up services (i.e. Early Intervention).

A variety of curricula are available, with *Growing Great Kids* used as the core curriculum. Other program curricula include: *First Steps*, *HELP*, the *Nurturing Parent Program*, *Partners in Parenting Education (PIPE)*, *Temperament Talk*, *Pediatric Blueprints*, *San Angelo*, *Active Parenting*, *1*, *2*, *3*, *4*, and *Partners for a Healthy Baby.* Of the above, five are in Spanish. TCHF also maintains a supply of pamphlets and other resources that are distributed to families. A focus on early literacy through a CCF partnership grant (First Steps) is now in its third year. In addition, this grant provides a supply of children's board books. Through the local Kiwanis' "Priority #1" service project, a book is purchased for each family. It is titled "What Young Children Need to Succeed". A similar book in Spanish is provided to all Spanish-speaking parents. Other activities offered include parent support groups and family-oriented social events, such as an annual picnic, "Creation Vacation", sponsored by the local United Methodist Church Camp and the annual Christmas party sponsored by the Healthy Families Volunteers of North County. We find that fathers especially respond to these two activities.

Staff, Training, and Supervision

TCHF family assessment and support workers, supervisor and program manager all have received the core OCCF training. Staff also attend statewide training offered by Healthy Start. On-going training is interwoven with the weekly supervision sessions. Also, the Child/Adolescent Program Manager with mental health now offers group consultation and training, each once a month. On-the-spot training is provided by the supervisor and program manager. The hospital has an annual mandatory on-line training, which covers health, safety, violence in the workplace, etc. As funds or sponsorship is available, staff also attend workshops outside the community. The majority of our training is within the community, utilizing local expertise. Topics include child abuse and neglect, failure to thrive, alcohol and drug issues, safety in home visitation, crisis management, domestic violence, etc. Staff receive updates on community resources through in-services, program manager and staff updates from community meetings, partner's newsletters and information from the state Healthy Start.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Manager/Family	.5
Assessment Worker	.2
Supervisor	.5
Family Assessment Worker/Family	3.2
Support Worker	.5
Family Support Worker (Family Support Worker)	20
Clerical	
Volunteers	

The Healthy Families Volunteers of North County (HFVNC) began as a fund-raising group in late 1994. The original group has grown to 21 and they now are an independent non-profit group. Funds are directed to maintenance of curriculum supplies, emergency family needs, ongoing staff training and parent group activities. The major event is the Healthy Families Charity Golf Tournament/Silent Art Auction and Barbecue at the Manzanita Golf Course. The 6th annual tournament (2001) brought in $5000 and each year this event has become increasingly successful. The Manzanita Women's Club partners with HFVNC and sponsors over 20 families each Christmas. There also are other local community resources that sponsor program participants during the Thanksgiving and Christmas season. HFVNC volunteers provide all food for the TCHF participants' party, work at activity stations and as Santa's "elves" take pictures of each child receiving a gift from Santa. Other volunteers are from Tillamook County General Hospital. They make baby receiving blankets, quilts and knitted baby hats. Good Sam also donates the above items. This year we benefited from a student, who chose TCHF as her Senior Community Project.

Direct service staff receive one hour of individual supervision each week, plus on-the-spot supervision when crisis develop. There also is group supervision for 2 hours each month. Monthly staff meetings provide additional opportunities to discuss issues and problem solve with peers.

Healthy Start of Umatilla County
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Umatilla County First births, per OHD 2001	421	**Total children, screened and/or served further**	78	Average age of mother	21.6 yrs
				Percent 17 years or younger	36%
		Basic Service	41 (53%)	Percent never married	71%
Percent of total first births screened by UCHS in 01-02	11%	Intensive Service	29 (37%)	Median monthly income	$600
		Refused Further Service	8 (10%)	Oregon Health Plan/Medicaid	93%
				Minority race/ethnicity status	17.2%

Collaboration and Governance

Healthy Start of Umatilla County is operated as part of the Umatilla County Health Department's prior existing home visiting program, Hands on Parenting for Excellence (HOPE). Today, HOPE includes Maternity Case Management Services, Babies First, CaCOON and Healthy Start. The Healthy Start portion of the HOPE Program officially began visiting families in December 2000 under state funding. The Umatilla County Commission for Children and Families (UCCF) is responsible for fiscal monitoring.

CORE COLLABORATORS

- ✓ Umatilla Commission on Children and Families
- ✓ Umatilla County Health Department

OTHER PARTNERS

- ✓ Community Corrections
- ✓ Good Shepard Hospital
- ✓ Head Start
- ✓ Local branches of DHS including Child Welfare and Mental Health
- ✓ St. Anthony's Hospital
- ✓ Umatilla Education Service District
- ✓ Umatilla Health Department's WIC Program

The governance mechanism for Healthy Start of Umatilla County is through Caring Community Connections for Children (4C). This coalition of providers meets on a quarterly basis and provides oversight for Healthy Start. The coalition includes representatives from the ESD; the school districts; local DHS branches of Child Welfare, Health, Mental Health, and Self-Sufficiency and Employment; Juvenile Department; Umatilla Commission on Children and Families; and the Community Safety Net. Sub-committees of this coalition form work groups that meet on a more frequent basis.

Screening and Assessment

Families are referred to HSUC through several approaches. Public health nurses refer first-birth families prenatally through Maternity Case Managements services. Public health nurses and Family Assessment Workers are also in contact with hospital staff and may meet directly with first-birth mothers in the hospital or set up appointments for screening and assessments at a later date. Families are also referred through private physician's offices, WIC, Head Start, Community Corrections, and Child Welfare.

Public health nurses always conduct the first home visit. With a positive screen, the families are referred for further assessment and service.

Basic Family Support Service

All families are offered a "Welcome Baby" home visit with a packet of information about child development and parenting. Information is given to the new mothers in the hospital if they choose not to have a home visit, or mailed to the family if unable to make contact. The information packet includes information on CPR, safety, nutrition, immunizations, brain growth and development, parenting, and available community resources. Public health nurses conduct all "Welcome Baby" visits.

Intensive Family Support Service

Home visiting services are provided by trained Family Support Workers for higher-risk families who choose to participate. The Family Support Worker works with the family to identify goals and means of accomplishing these goals under an Individual Family Support Plan (IFSP). Home visits are structured around the needs and interests of each individual family, and the baby's developmental stage. The *Parents As Teachers* curriculum is used on each visit, utilizing a wide variety of handout materials for the parents. All materials are available in both Spanish and English. A bilingual Family Support Worker provides home visits for all the Spanish-speaking families.

Staff, Training, and Supervision

Healthy Start of Umatilla County uses trained family assessment and support workers to provide intensive services. All staff have participated in the statewide training for Family Assessment Workers, Family Support Workers, and supervisors sponsored by OCCF. The Family Support Workers also have been trained in the *Parents As Teachers* curriculum. Staff members regularly participate in trainings and workshops, offered locally and throughout the state. Monthly joint staff meetings with public health nurses, Family Assessment Workers and Family Support Workers provide an opportunity to review schedules and new information, upcoming trainings and workshops, and case management issues with specific families.

During 2001-02, HSUC staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Supervisor/Family Assessment Worker	.5
Family Support Workers (Family Support Worker)	2.5
Family Assessment Worker (Family Assessment Worker)	.5
Clerical	.5

Informal case review occurs at least weekly. In addition, the supervisor is available on an as needed basis for crisis management. Multi-disciplinary team (MDT) meetings that occur bi-weekly with community partners or specific clients are attended by the Family Support Workers involved with those families.

Union County Healthy Start
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Union County First births, per OHD 2001	111	**Total children, screened and/or served further**	53	Average age of mother	20.9 yrs
				Percent 17 years or younger	10%
		Basic Service	20(38%)	Percent never married	64%
Percent of total first births screened by UCHS in 01-02	34%	Intensive Service	29 (55%)	Median monthly income	$1,000
		Refused Further Service	4 (8%)	Oregon Health Plan/Medicaid	75%
				Minority race/ethnicity status	7.1%

Collaboration and Governance

Union County Healthy Start (UCHS) was initiated in 1999. UCHS is a formal collaborative effort between Oregon Health and Sciences University (OHSU) School of Nursing located at Eastern Oregon University in La Grande; and Grande Ronde Hospital (GRH). Responsibility for the UCHS program was assumed by this partnership in September, 2000, with assistance from the Union County Commission on Children and Families.

CORE COLLABORATORS

- ✓ Grande Ronde Hospital Family Birth Center Home Health Program
- ✓ OHSU School of Nursing
- ✓ Union County CCF

OTHER PARTNERS

- ✓ Center for Human Development Public Health Home-visiting Staff
- ✓ Community Connections of NE Oregon
- ✓ Health Network for Rural Schools Family Resource Centers
- ✓ La Grande High School Health Clinic
- ✓ local DHS branches
- ✓ Service groups and business who provide donated goods and services
- ✓ Shelter From the Storm (Young Parent Program)
- ✓ Union County Head Start
- ✓ Union County Public Health
- ✓ Union Educational Service District (Early Intervention Program)

Union County Healthy Start is governed by a Partners Committee, composed of OHSU and GRH representatives. This group assumes responsibility for overall program integration, including coordination and maintenance of responsibilities, determination of organizational policies and assurance of mission compatibility.

Other community partners and local CCF staff are members of an Advisory Committee that typically meets on a quarterly basis. Advisory Committee members are responsible for assuring program consistency with state Healthy Start standards, Union County Early Childhood Comprehensive Plan values, and the philosophy of the UCHS mission statement philosophy. The Advisory Committee also assesses availability and delivery of county services and promotes efforts to improve coordination and mutual support among agencies and home visitors.

Screening and Family Assessment

GRH Family Birth Center nurses introduce Healthy Start in a face-to-face conversation with first-birth mothers shortly after delivery. UCHS is presented as a confidential voluntary home visiting program that assists with access to appropriate resources, provides parenting education, and monitors the baby's growth and development. Interested new mothers complete a self-screening form. A trained Family Support Worker (Family Support Worker) makes a home visit to families for a follow-up risk assessment.

Basic Family Support Services
Lower risk families are offered a visit from a GRH Family Birth Center nurse who brings a gift basket of baby care necessities, including newborn diapers, an article of clothing, an infant toy, a board book, a growth chart, and a water temperature monitor. The nurse performs a post-partum and newborn assessment, addresses medical issues, and provides information on immunizations, infant and child health and safety, child development and community resources related to parenting. Lower risk families are invited to contact UCHS at any time with additional questions, concerns or unexpected needs. Families may also choose to receive monthly mailings on infant growth and development and parenting issues.

Intensive Family Support Service
At-risk families are assigned to Family Support Workers, either a paraprofessional or an RN, depending on individualized family criteria. Services for families with newborns with special needs are coordinated with county CaCOON staff and other agencies to ensure optimal care. All Family Support Workers meet the needs of families by providing relevant information and parenting education; monitoring the baby's growth and development; and making referrals to community resources as needed.

Family Support Workers assist with identification and achievement of important family goals through the use of an Individual Family Support Plan (IFSP) that, typically, is updated every two months. Most families are visited weekly for several months or until the family is relatively stable and attaining goals. Program curricula (e.g., *Partners for a Healthy Baby*, *Partners in Parenting Education*, and *OSU's Growing Child* newsletter) and assessment tools provide structure for home visits and are adapted to each family's needs. Information and forms are available in both English and Spanish and interpreter services are accessed when needed.

Staff, Training, and Supervision
UCHS uses both registered nurses and qualified paraprofessionals to provide services. All home visiting staff participate in the statewide core Family Support Worker and Family Assessment Worker training provided through OCCF. An orientation period addresses local program goals and philosophy, policies, community resources, and provides additional training on issues such as home visitor safety, mandatory reporting, and family violence. Continuing education is offered when available regionally, including topics such as brain development, readiness to learn and early literacy, immunizations, childhood illnesses, drug and alcohol issues, developing client relationships and goal setting.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program manager	0.2
Clinical supervisor	0.8
Family Support Worker (RN screening & intake)	0.1
Family Support Worker, RN	0.5
Family Support Workers (2 paraprofessionals)	1.0
Clerical	0.1

Staff is directly supervised by the Clinical Supervisor, who is a nurse. Supervision of staff as a whole takes place during required attendance of weekly case conferences. These meetings provide opportunities for individual guidance as well as peer problem solving and support. Individual supervision consists of one-on-one conference time, chart reviews of caseload families, and periodic accompanied home visits. Supervision occurs weekly for all Family Support Workers; amount of time spent varies depending on experience level of the Family Support Worker. The Program Manager (a Nurse Practitioner) and the Clinical Supervisor are also available on an as-needed basis whenever concerns arise.

Families First of Wasco & Sherman Counties
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Wasco/Sherman First births, per OHD 2001	109	**Total children, screened and/or served further**	142	Average age of mother	21.5 yrs
				Percent 17 years or younger	15%
		Basic Service	61 (43%)	Percent never married	75%
Percent of total first births screened by HCHS in 01-02	55%	Intensive Service	72 (51%)	Median monthly income	$765
		Refused Further Service	9 (6%)	Oregon Health Plan/Medicaid	91%
				Minority race/ethnicity status	38.9%

Collaboration and Governance

Using grant monies and local funding, Sherman County began providing Healthy Start services in September, 1996. Wasco County joined in September, 1997. Today, Families First of Wasco & Sherman Counties is a collaboration of seven major partners: Wasco County and Sherman County Commissions for Children and Families, the Wasco/Sherman Health Department, Services to Children and Families, Mid-Columbia Medical Center, Columbia River Women's Clinic, and Next Door, Inc.

CORE COLLABORATORS

- ✓ Columbia River Women's Clinic
- ✓ DHS, Child Welfare
- ✓ Mid-Columbia Medical Center
- ✓ Next Door, Inc
- ✓ Sherman and Wasco CCFs
- ✓ Wasco/Sherman Health Department

OTHER PARTNERS

- ✓ Columbia Gorge Child Care Partners
- ✓ HAVEN from Domestic Violence
- ✓ Mid-Columbia Center for Living
- ✓ Mid Columbia Child and Family Center
- ✓ Mid-Columbia Head Start
- ✓ North Central ESD
- ✓ Oregon Child Development Coalition (Migrant Head Start)
- ✓ Region 9, ESD – Early Intervention and Migrant Education Programs
- ✓ Sherman County Early Childhood Committee
- ✓ Sherman OSU Extension Service
- ✓ **Tri-County Early Education**
- ✓ Umatilla-Moro Head Start
- ✓ Wasco County Early Childhood Committee
- ✓ Wasco OSU Extension Service

Collaborators and partners in Families First provide a variety of services and participate on the following five governance committees. The Early Childhood Committee of Wasco County and the Early Childhood Committee of Sherman County set policy and determine allocation of resources. An Advisory Team identifies resources and service barrier and makes recommendations to the Early Childhood Committees for service provision. The Home Visiting Network reviews Welcome Baby Visit referrals and assigns prenatal case managers. The Community Resource Team delegates case managers from participating organizations for qualifying home visit families and serves as a source of resource information for families.

Screening and Assessment

Families are screened by a network of health care providers during a prenatal visit or soon after birth and referred to the Home Visiting Network using the Oregon Children's plan. Families are referred to the appropriate resources and to Families First for a Welcome Baby visit. During the visit, families with a positive screen are interviewed using the Kempe Family Stress Assessment.

Basic Family Support Services

Lower risk families are offered a Welcome Baby visit with a packet of child development information. Families are also given a subscription to the monthly OSU Extension Newsletter on parenting plus a quarterly FFN Parenting Newsletter, and information about various community

activities and resources, such as parent support groups, interactive playgroups, and toy lending library. In addition, FFN invites families to a monthly mother-child book club. Welcome Baby visits are conducted by hospital staff, FFN staff and public health nurses.

Intensive Family Support Services

Trained family support workers provide home visits to Intensive Service families. Home visits are structured around both the immediate and the longer-term needs of the family, and varying curricula including *San Angelo Home Visiting Program*, the *Touchpoints* and *Partners for A Healthy Baby*. Individual Family Support Plans are used to engage families, to establish "reachable" goals, and to help families build on their strengths. In addition to the home visits, families also have access to parent support groups, play groups, parenting classes, clothing closet, book resource library, and family-friendly social events.

Staff, Training, and Supervision

Families First Network uses trained paraprofessionals to provide intensive services. Public health nurses are available for consultation as needed. All staff have participated in the statewide training for Family Assessment Workers, Family Support Workers, and supervisors sponsored by OCCF. Monthly or bi-monthly in-service training is offered on specific programmatic issues and needs such as home visiting techniques, stress reduction, and family issues.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Manager	.4
Family Assessment Worker (Family	.5
Assessment Worker)	3
Cross-trained Family Assessment	.5
Worker / Family Support Workers	16
Clerical	
Volunteers (all part-time)	

Along with community partners, Families First staff participated in training through T. Berry Brazelton's Touchpoints Project. This community-level training is for multi-disciplinary professionals to build alliances with parents of children aged 0 to 3 during those predictable periods in a child's development that can disrupt family relations, but can also provide an opportunity for practitioners to connect with parents.

Formal supervision occurs at least twice a month with informal review and debriefing occurring weekly. The supervisor also provides "on-the-spot" supervision and crisis management as needed. Mid-Columbia Center for Living, our mental health department, provides monthly supervision to staff and training for high-risk families.

Washington County New Parent Network
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Washington County First births, per OHD 2001	3,090	**Total children, screened and/or served further**	174	Average age of mother	20.2 yrs
		Basic Service	3 (2%)	Percent 17 years or younger	37%
Percent of total first births screened by NPN in 01-02	3%	Intensive Service	170 (98%)	Percent never married	75%
		Refused Further Service	1 (1%)	Median monthly income	$1,026
				Oregon Health Plan/Medicaid	76%
				Minority race/ethnicity status	61.9%

Collaboration and Governance

Using grant monies and local funding, Washington County began providing Healthy Start services in January 1996. Washington County Commission on Children and Families has built upon existing perinatal and parent education programs to create the New Parent Network (NPN). Upon receiving state Healthy Start funding in FY 2001, New Parent Network expanded its services to include all of Washington County.

CORE COLLABORATORS

- ✓ Community Action Organization, Opening Doors
- ✓ Home Instruction Program for Preschool Youngsters
- ✓ Immigrant & Refugee Community Organization-Asian Family Center
- ✓ Lutheran Community Services Northwest
- ✓ Northwest Regional ESD
- ✓ Oregon Human Development Corporation
- ✓ Parenting Consortium
- ✓ Tualatin Valley Centers
- ✓ Virginia Garcia Memorial Health Center
- ✓ Washington Co CCF
- ✓ Washington Co Health and Human Services

OTHER PARTNERS

- ✓ Developmental Disabilities/DHS
- ✓ Family Resource Centers
- ✓ Kaiser Permanente
- ✓ Meridian Park Hospital
- ✓ Oregon State Library and local libraries
- ✓ OSU Extension Service
- ✓ St. Vincent Hospital
- ✓ Tuality Community Hospital
- ✓ Virginia Garcia Healthy Start
- ✓ Washington County Head Start & Early Head Start

A Partners Group, consisting of representatives from the core collaborators, meets quarterly to discuss programmatic issues and policies. Staff from partner agencies meet on a monthly basis for continuing education in-services and to discuss program issues. Partner agency supervisor's also meet on a monthly basis to discuss program policies and procedures.

Screening and Assessment

Referrals come from a network of social service and health care providers; parents also may self-refer. Screening is conducted by the referring agency or NPN staff. Screenings are completed in person, if possible; otherwise screenings are conducted over the telephone.

Basic Family Support Services

All families receive a "Welcome Baby" letter, information on community resources, parenting newsletters and child development handouts from MELD. A Welcome Baby home visit is also an option. Depending on family circumstances, families may be offered short-term or periodic home visits to provide them parenting and child development information and assist them in accessing

community resources. Parenting classes and workshops, infant massage, and special family events are also offered through the NPN Basic Services component.

Intensive Family Support Services

Trained family support workers provide home visits to Intensive Service families. Home visits are structured around both immediate and longer-term needs of the family through the development of an individual Family Service Plan. NPN has adopted the Parents As Teachers (PAT) *Born to Learn* as its primary curriculum. Other resources are utilized to complement the PAT program including *Partners in Parenting Education* (PIPE), *Padres con Initiativa*, the *Nurturing Parent Program, Hawaii Early Learning Profile, Parenting-Making, Bright Futures* and *Early Intervention for Handicapped and At-Risk Children.* Additional curriculum resources include MELD from Minnesota and *Partners for a Healthy Baby* from Florida State University.

Other activities and programs offered to families receiving intensive services include parenting support groups, parent-child play groups, parenting workshops and classes, infant massage classes and individual instruction, and family social outings and get-togethers.

Staff, Training, and Supervision

The New Parent Network uses trained family support workers to provide intensive services. NPN staff members participate in the basic training for family assessment workers, family support workers, and supervisors provided through OCCF and also in other training opportunities sponsored by OCCF.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Coordinator	1.0
Family Assessment Worker	1.0
Family Support Workers	25.0
Home Health Nurses	0.5
Administrative assistant	0.5
Partner agency supervisors	7.0

NPN regularly schedules "wrap around" training for staff on topics pertinent to child and family issues including mental health, alcohol and drug use and abuse, and case consultation. Monthly staff meetings are devoted primarily to in-service training. Agency supervisors meet with Family Assessment Worker and Family Support Worker staff for clinical supervision once a week. Goals are reviewed and resource needs are identified. Based on family progress, recommendations may be made for promotion to a less intensive visit schedule.

The NPN coordinator meets with agency staff on an as-needed basis.

New Parent Network of Yamhill County
FY 2001-02

SCREENING		SERVICE		INTENSIVE SERVICE FAMILIES	
Total Yamhill County First births, per OHD 2001	468	**Total children, screened and/or served further**	159	Average age of mother	19.6 yrs
				Percent 17 years or younger	25%
		Basic Service	81 (51%)	Percent never married	81%
Percent of total first births screened by NPN in 01-02	29%	Intensive Service	76 (48%)	Median monthly income	$900
		Refused Further Service	2 (1%)	Oregon Health Plan/Medicaid	80%
				Minority race/ethnicity status	26.3%

Collaboration and Governance

In October 2000, the Spirit Mountain Community fund provided one year's funding to initiate Yamhill County's New Parent Network (NPN). State funding to continue this effort became available in February 2001. The New Parent Network of Yamhill County is currently a collaborative effort of Yamhill County Public Health and the Yamhill Commission on Children and Families.

CORE COLLABORATORS

- ✓ Yamhill County Commission on Children and Families
- ✓ Yamhill County Public Health Department

OTHER PARTNERS

- ✓ C.H.I.L.D
- ✓ Head Start
- ✓ Henderson House
- ✓ local Community Progress Teams
- ✓ local DHS branches including Volunteer Services
- ✓ McMinnville City Library
- ✓ Newberg City Library
- ✓ New Mom's Groups
- ✓ Physicians Medical Center
- ✓ Providence Hospital Newberg
- ✓ Spirit Mountain Community Fund
- ✓ Teen Parent Services
- ✓ United Way
- ✓ Victim's Assistance Program
- ✓ Willamette Valley Medical Center
- ✓ Yamhill Co Early Childhood Council
- ✓ Yamhill Co Family and Youth Program
- ✓ Yamhill Co Home Visiting Coalition
- ✓ Yamhill Co Prenatal Clinic

Two collaborative bodies advise and hear reports about the New Parent Network. The Early Childhood Council discusses issues and sets policy specific to the early childhood system planning for Yamhill County. The Home Visiting Coalition acts as the central coordinating point for program development and implementation. Yamhill County Public Health provides program oversight and fiscal management for the universal screening process and intensive services offered to higher risk families. Yamhill Commission on Children and Families provides program oversight and funding for basic services offered to lower risk families.

Screening and Assessment

An NPN staff member goes to each hospital daily to explain the program to new parents and if they are interested, begin the screening process. Typically, assessments are completed on the first home visit. Either English-speaking or Spanish-speaking Family Assessment Worker/Family Support Workers complete the assessment, depending on the family's primary language. Referrals to NPN also come from prenatal clinics, the teen parent program, and other community programs. All NPN staff, as well as some community partners, have been trained to complete the screening and assessment process.

Basic Family Support Service
Families are offered a Welcome Baby home visit, a community gift, and packet of information on infant/child development, child health and safety, and community resources. Currently, the gift is a baby book and baby hat/booties that have been made by community members. The information packet is available in both English and Spanish. Information and the community gift are mailed if a visit cannot be made. Typically, volunteers provide "Welcome Baby" visits.

Intensive Family Support Service
Trained family support workers provide home visits to Intensive Service families. Services are available in both English and Spanish. Home visits are structured around both immediate and longer-term needs of the family through the development of an Individual Family Support Plan.

A variety of curricula are available in both English and Spanish including *Little Bits*, *Partners in Parenting Education (PIPE),* and the *San Angelo Home Visiting Program.* NPN also maintains a supply of pamphlets, parenting magazines and other resources that can be distributed to families. Parent education activities and information are tailored to family interests and needs.

Staff, Training, and Supervision
New Parent Network of Yamhill County uses trained family assessment and support workers to provide intensive services. All staff members and some partners have participated in statewide trainings for Family Assessment Workers, Family Support Workers, supervisors and program managers provided by OCCF.

During 2001-02, NPN staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Coordinator	.5
Supervisor	.6
Family Assessment Worker/Family	3.0
Support Workers	.5
Clerical	3
Volunteers	

Ongoing in-service education is encouraged and topics such as brain research, mandatory reporting of child abuse and neglect, family violence, childhood illnesses, drug and alcohol issues, developing relationships and rapport and goal setting are scheduled or utilized when available.

NPN staff are supervised by a public health nurse, who is also responsible for the Babies First! and CaCOON programs. The supervisor meets individually with staff for one hour per week and for another hour on an "as needed" basis to review and plan for family progress. In addition, a multi-disciplinary team meets monthly, with the consent of participating families, to consult about multi-dimensional families in order to ensure a holistic approach to service

Appendix B
Data Tables
2001 2002

Table 1

Reach Rate for First Birth Children by Birth Year

	FY 2000-01			FY 2001-02		
	2000 First Births from OHD Statistics	**Number of first birth children screened**	**Percent of first birth children screened**	**2001 First Births from OHD Statistics**	**Number of first birth children screened**	**Percent of first birth children screened**
Healthy Start of Clackamas County	1,673	1,413	84%	1,620	419	26%
Clatsop Healthy Families	159	98	62%	153	80	52%
Coos County Healthy Start	249	66	27%	232	27	12%
Deschutes Ready Set Go	590	337	57%	630	291	46%
Douglas County Healthy Start	404	91	22%	438	214	49%
Harney County Healthy Start	38	8	21%	30	3	10%
Hood River County Families First Network	122	57	47%	120	67	56%
Jackson County Healthy Start	807	757	94%	865	476	55%
Josephine County Healthy Start	290	237	82%	283	241	85%
Lane County Healthy Start	1,540	1,342	87%	1,418	1,246	88%
Parent Partnership/Healthy Start of Lincoln County	185	41	22%	190	33	17%
Healthy Start of Linn County	512	397	78%	493	199	40%
Marion/Polk Healthy Start	1,926	1,572	82%	1,922	908	47%
Tillamook Healthy Families	86	57	66%	90	48	53%
Umatilla County Healthy Start	384	30	8%	421	47	11%
Union County Healthy Start	120	66	54%	111	38	34%
Wasco/Sherman Families First	133	79	59%	109	60	55%
Washington County New Parent Network	3,161	112	4%	3,090	88	3%
Yamhill County Healthy Start	445	58	13%	468	135	29%
Total for Sites	**12,824**	**6,818**	**53%**	**12,653**	**4,620**	**37%**

NOTE: First birth statistics for each year are from the Oregon Vital Statistics, Oregon Health Division (OHD). First birth families are those where a mother is bearing her first child. Number of children screened refers only to (a) children whose families who have been screened by Healthy Start and (b) whose screening information has been entered on the OHD Babies First/Healthy Start database. Healthy Start sites are sensitive to family privacy. Confidentiality assurances and appropriate release of information forms must be in place before screening information is entered into the Babies First/Healthy Start database.

Table 2

Percentage of First Birth Families Screened and Assessed by County

	Total Families	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marior Polk	Tilla-mook	Uma-tilla	Union	Wasco, Sherm	Wash-ington	Yam-hill
SCREENING																				
Total first birth families screened with HRI	**4,620**	**419**	**80**	**27**	**291**	**214**	**3**	**67**	**476**	**241**	**1,246**	**33**	**199**	**908**	**48**	**47**	**38**	**60**	**88**	**135**
Number screened at higher risk	3,140	323	60	27	192	172	3	41	379	175	677	30	173	564	39	38	22	44	85	96
Percent screened at higher risk	**68%**	**77%**	**75%**	**100%**	**66%**	**80%**	**100%**	**61%**	**80%**	**73%**	**54%**	**91%**	**87%**	**62%**	**81%**	**81%**	**58%**	**73%**	**97%**	**71%**
Risk Characteristics																				
Mother is single	48%	46%	56%	71%	41%	58%	67%	32%	58%	49%	40%	69%	60%	51%	27%	57%	28%	53%	71%	57%
Inadequate income	40%	48%	65%	76%	45%	42%	67%	41%	62%	72%	24%	55%	55%	26%	16%	26%	11%	40%	71%	45%
Partner is unemployed	15%	23%	12%	45%	10%	24%		14%	24%	17%	8%	32%	20%	14%	33%	16%	8%	23%	22%	18%
Late, minimal, or no prenatal care	16%	27%	24%	22%	12%	8%	33%	3%	16%	11%	14%	16%	20%	14%	43%	15%	3%	9%	45%	22%
History of substance abuse	18%	19%	28%	21%	21%	19%	67%	10%	13%	35%	14%	22%	22%	31%	36%	16%	3%	26%	22%	16%
Teen mother, 17 or younger	11%	10%	14%	15%	8%	17%		6%	15%	9%	7%	27%	13%	12%	15%	18%		12%	26%	17%
Families with 2 or more risk characteristics	**58%**	**71%**	**69%**	**93%**	**57%**	**68%**	**100%**	**55%**	**70%**	**62%**	**44%**	**85%**	**83%**	**49%**	**81%**	**77%**	**45%**	**63%**	**90%**	**60%**
ASSESSMENT																				
First birth higher risk families interviewed with Kempe	**1,428**	**196**	**31**	**25**	**72**	**69**	**3**	**35**	**88**	**38**	**397**	**28**	**44**	**268**	**18**	**12**	**6**	**30**	**20**	**48**
Percent of first birth higher risk families interviewed	53%	66%	56%	100%	43%	48%	100%	95%	27%	25%	72%	100%	27%	61%	46%	33%	35%	79%	25%	59%
Low Family Stress (0 - 20)	18%	7%	21%	4%	7%			71%	18%	11%	19%		24%	23%	11%		33%	26%	23%	24%
Moderate Family Stress (25 - 35)	42%	48%	27%	48%	40%	63%	67%	21%	29%	34%	38%	60%	44%	46%	68%	25%	67%	55%	32%	44%
High Family Stress (40 - 60)	36%	40%	49%	44%	52%	28%	33%	8%	47%	50%	40%	40%	31%	28%	21%	58%		13%	41%	28%
Severe Family Stress (65 - 100)	4%	5%	3%	4%	1%	10%			6%	5%	4%			3%		17%		7%	5%	4%
Percent of assessed families with a moderate or higher level of stress (eligible for intensive service)	**82%**	**93%**	**79%**	**96%**	**93%**	**100%**	**100%**	**29%**	**82%**	**89%**	**81%**	**100%**	**76%**	**77%**	**89%**	**100%**	**67%**	**74%**	**77%**	**76%**

Note: Statistics are limited to screening and interviews conducted with first-birth families. Only families screened at higher risk on the HRI are interviewed. Family stress levels are measured by the Kempe Family Stress Inventory (KFSI), conducted by trained assessment workers either during the prenatal period, at birth, or within two weeks of the baby's birth. Stress is assessed in ten categories, with total scores ranging from 0 – 100. Families with scores of 25 or higher are eligible for Intensive Service.

Table 3

Number of Children Screened/Served by Service Type and County

SITE	2000-01 Basic Service	2000-01 Intensive Service	2000-01 Declined Further Service	2000-01 Total Children Screened/ Served	2001-02 Basic Service	2001-02 Intensive Service	2001-02 Declined Further Service	2001-02 Total Children Screened/ Served	Percent Change
Healthy Start of Clackamas County	1,099 (68%)	386 (24%)	131 (8%)	1,616	125 (19%)	443 (67%)	98 (15%)	666	-59%
Clatsop Healthy Families	97 (55%)	75 (42%)	5 (3%)	177	78 (52%)	73 (48%)		151	-15%
Coos County Healthy Start	4 (5%)	70 (92%)	2 (3%)	76		64 (100%)		64	-16%
Deschutes Ready Set Go	506 (74%)	162 (23%)	21 (3%)	689	382 (70%)	151 (28%)	12 (2%)	545	-21%
Douglas County Healthy Start	18 (16%)	75 (69%)	16 (15%)	109	88 (34%)	135 (52%)	39 (15%)	262	140%
Harney County Healthy Start	1 (4%)	23 (92%)	1 (4%)	25		12 (100%)		12	-52%
Hood River Families First Network	90 (53%)	67 (47%)	1 (1%)	158	97 (70%)	40 (29%)	1 (1%)	138	-13%
Jackson County Healthy Start	625 (64%)	342 (35%)	8 (1%)	975	334 (51%)	297 (45%)	23 (4%)	654	-33%
Josephine County Healthy Start	177 (53%)	142 (43%)	13 (4%)	332	203 (59%)	135 (39%)	6 (2%)	344	3%
Lane County Healthy Start	797 (49%)	589 (36%)	238 (15%)	1,624	666 (46%)	539 (37%)	252 (17%)	1,457	-10%
Healthy Start of Lincoln County	7 (10%)	50 (71%)	13 (19%)	70	3 (4%)	74 (95%)	1 (1%)	78	11%
Healthy Start of Linn County	323 (76%)	88 (20%)	16 (4%)	427	143 (61%)	72 (31%)	20 (9%)	235	-45%
Marion/Polk Healthy Start	1,129 (59%)	710 (37%)	86 (4%)	1,925	616 (51%)	570 (47%)	24 (2%)	1,210	-37%
Tillamook Healthy Families	91 (54%)	73 (43%)	6 (3%)	170	103 (65%)	46 (29%)	10 (6%)	159	-6%
Umatilla County Healthy Start	0	34 (100%)	0	34	41 (53%)	29 (37%)	8 (10%)	78	129%
Union County Healthy Start	30 (34%)	48 (53%)	12 (13%)	89	20 (38%)	29 (55%)	4 (8%)	53	-40%
Wasco/Sherman Families First	66 (38%)	80 (46%)	27 (16%)	173	61 (43%)	72 (51%)	9 (6%)	142	-18%
Washington New Parent Network	23 (13%)	151 (83%)	9 (4%)	183	3 (2%)	170 (98%)	1 (1%)	174	-5%
Yamhill County New Parent Network	1 (2%)	54 (91%)	4 (7%)	59	81 (51%)	76 (48%)	2 (1%)	159	169%
Total	**5,083**	**3,220**	**609**	**8,912**	**3,044**	**3,029**	**510**	**6,581**	**-26%**
	57%	**36%**	**7%**		**46%**	**46%**	**8%**		

NOTE: **Basic Service** is Healthy Start's shorter-term service and includes screening, information about community resources and/or a welcome-home visit. Children in families receiving Basic Service were born during July 1, 2001 – June 30, 2002. **Intensive Service** is Healthy Start's longer-term service. Children in families receiving Intensive Service during FY 2001-02 were born during the period from July 1, 1995 – June 30, 2002. Statistics include families who were screened by Healthy Start but declined further service.
Declined Further Service describes families who refused service after screening.

Table 4

Percentage of Healthy Start Families with Basic Service by Risk Level and County

	Lower Risk Families with Basic Service				Higher Risk Families with Basic Service				Total Families with Basic Service
	Screen + Home Visit	Screen + Other Service	Unable To Locate	**Total Lower Risk**	Screen + Home Visit	Screen + Other Service	Unable To Locate	**Total Higher Risk**	
Healthy Start of Clackamas County	8	83	1	**92 (74%)**	6	14	13	**33 (26%)**	**125**
Clatsop Healthy Families	0	27	1	**28 (36%)**	0	40	10	**50 (64%)**	**78**
Coos County Healthy Start	0	0	0	**0**	0	0	0	**0**	**0**
Deschutes Ready, Set, Go	132	44	0	**176 (46%)**	133	70	3	**206 (54%)**	**382**
Douglas County Healthy Start	5	24	3	**32 (36%)**	3	14	39	**56 (64%)**	**88**
Harney County Healthy Start	0	0	0	**0**	0	0	0	**0**	**0**
Hood River County Families First	3	35	0	**38 (39%)**	26	31	2	**59 (61%)**	**97**
Jackson County Healthy Start	28	57	2	**87 (26%)**	228	16	3	**247 (74%)**	**334**
Josephine County Healthy Start	0	0	66	**66 (33%)**	1	7	129	**137 (68%)**	**203**
Lane County Healthy Start	373	1	70	**444 (67%)**	146	0	76	**222 (33%)**	**666**
Healthy Start of Lincoln County	3	0	0	**3 (100%)**	0	0	0	**0**	**3**
Healthy Start of Linn County	16	10	0	**26 (18%)**	61	18	38	**117 (82%)**	**143**
Marion/Polk Healthy Start	173	40	116	**329 (53%)**	98	53	136	**287 (47%)**	**616**
Tillamook Healthy Families	18	0	1	**19 (18%)**	82	0	2	**84 (82%)**	**103**
Umatilla County Healthy Start	9	3	0	**12 (29%)**	21	7	1	**29 (71%)**	**41**
Union County Healthy Start	12	1	0	**13 (65%)**	7	0	0	**7 (35%)**	**20**
Wasco/Sherman Families First	2	29	0	**31 (51%)**	3	27	0	**30 (49%)**	**61**
Washington New Parents Network	0	1	0	**1 (33%)**	0	0	2	**2 (67%)**	**3**
Yamhill Co New Parent Network	32	6	1	**39 (48%)**	42	0	0	**42 (52%)**	**81**
Total Families FY 2001-02	814	361	261	**1,436 (47%)**	857	297	454	**1,608 (53%)**	**3,044**

NOTE: Lower risk families have either a negative screen on the Hawaii Risk Indicators (HRI) or low stress such as scores of 0 – 20 on the Kempe Family Stress Inventory (KFSI). **Higher risk families** are those with a positive screen on the Hawaii Risk Indicators (HRI) and no KFSI assessment. **Basic Service** begins with screening the family for risk characteristics and often includes a "welcome home" visit by a volunteer or other Healthy Start worker *after* screening has been conducted. Other services may include a friendly telephone call and/or a mailed packet of information about community resources. **Unable to locate** refers to families who can't be located for further service after screening.

Table 5

Percentage of Healthy Start Families Receiving Intensive Service During FY 2001-02 By County and Birth Year of Child

SITE	Born Before 1996	Born FY 96-97	Born FY 97-98	Born FY 98-99	Born FY 99-00	Born FY 00-01	Born FY 01-02	Total Intensive Service FY 2001-02	Average Months of Service (SD)
Healthy Start of Clackamas County	1%	2%	5%	5%	9%	27%	51%	443	16.8 (15.1)
Clatsop Healthy Families	1%	3%	3%	6%	19%	33%	36%	73	21.0 (17.2)
Coos County Healthy Start					3%	58%	39%	64	12.1 (6.5)
Deschutes County Ready Set Go	2%		2%	11%	11%	17%	57%	151	16.8 (17.2)
Douglas County Healthy Start				1%	5%	25%	69%	135	10.2 (8.0)
Harney County Healthy Start					33%	42%	25%	12	18.2 (9.8)
Hood River County Families First Network	5%	5%	3%	18%	18%	25%	28%	40	27.0 (21.1)
Jackson County Healthy Start	6%	3%	2%	8%	11%	25%	44%	297	22.7 (22.9)
Josephine County Healthy Start	13%	2%	3%	5%	22%	26%	31%	135	28.8 (26.2)
Lane County Healthy Start	1%	1%	0.2%	4%	8%	21%	65%	539	12.6 (13.6)
Healthy Start of Lincoln County					1%	46%	53%	74	10.2 (5.7)
Healthy Start of Linn County				1%	7%	40%	51%	72	10.8 (7.9)
Marion/Polk Healthy Start	1%	2%	3%	2%	7%	33%	52%	570	16.2 (16.2)
Tillamook Healthy Families	11%	2%	2%	7%	24%	20%	35%	46	26.9 (24.7)
Umatilla County Healthy Start						55%	45%	29	10.9 (6.1)
Union County Healthy Start	10%	7%			3%	28%	52%	29	21.5 (26.6)
Wasco/Sherman Families First Network			8%	8%	14%	28%	42%	72	19.7 (15.5)
Washington County New Parents Network	4%	6%	2%	3%	5%	29%	50%	170	19.3 (20.5)
Yamhill New Parents Network		1%				28%	71%	76	10.0 (8.8)
Total Intensive Service Families, All Sites, FY 2001-02	**2%**	**2%**	**2%**	**4%**	**9%**	**28%**	**52%**	**3027**	**16.7 (17.2)**

NOTE: Fiscal years begin on July 1 and extend through June 30. Statistics are for children born within those parameters. Average months of service does not include any service provided during the prenatal period. Standard deviation is in parentheses.

Table 6

Selected Characteristics of FY 2001-02 Healthy Start Families by Service Type

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Linc-oln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco/ Sherma	Wash-ington	Yam-hill
Number of Lower Risk Families with Basic Service	**1,436**	**92**	**28**		**176**	**32**		**38**	**87**	**66**	**444**	**3***	**26**	**329**	**19**	**12***	**13***	**31**	**1***	**39**
Average age of mother	27.6	28.2	27.4		29.9	27.2		28.8	26.8	26.1	27.8	22.0	26.2	26.1	27.0	27.7	26.5	28.6	28.0	27.8
17 years or younger	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Avg education level (in years	14.9	14.9	16.9		14.7	14.4		12.6	14.4	13.5	15.4	17.3	14.0	14.7	18.5	17.2	14.3	14.4	20.0	14.6
Less than high school/GED	3%	1%	0%		0%	3%		29%	5%	5%	1%	0%	12%	4%	0%	0%	0%	10%	0%	0%
Avg family size	3.3	3.1	4.1		4.0	2.9		3.7	3.1	3.3	3.2	3.0	3.0	3.2			3.0	3.8		3.3
Mother is employed, full or part-time	67%	69%	56%		70%	56%		76%	68%	78%	66%	0%		0%	84%	100%	84.6	60%	0%	62%
Never married	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Median monthly income	$1,634	4,000	1,962		1,600	2,064		2,000	1,214	1,760	1,587	900	700	1,400			1,400	1,050		1,350
Oregon Health Plan/Medicaid	13%	2%	11%		6%	0%		33%	12%	6%	13%	100%	13%	17%	16%	17%	0%	75%	0%	36%
Number of Higher Risk Families with Intensive Service	**3,027**	**443**	**73**	**64**	**151**	**135**	**12***	**40**	**297**	**135**	**539**	**74**	**72**	**570**	**46**	**29**	**29**	**72**	**170**	**76**
Average age of mother	21.1	21.9	22.4	21.2	20.8	21.0	19.3	21.2	20.9	20.4	21.1	21.9	21.1	21.0	21.0	21.6	20.9	21.5	20.2	19.6
17 years or younger	21%	20%	17%	13%	23%	22%	17%	30%	19%	24%	18%	18%	17%	21%	18%	36%	10%	15%	37%	25%
Avg education level (in years	11.3	11.3	12.6	12.1	12.3	11.9	11.3	8.9	11.2	11.0	11.6	10.4	10.9	10.7	13.5	13.9	12.4	10.8	10.2	10.9
Less than high school/GED	49%	47%	38%	39%	40%	42%	42%	78%	48%	53%	40%	60%	51%	57%	39%	31%	21%	49%	68%	66%
Avg family size	3.1	3.0	2.9	2.9	2.9	2.9	3.3	3.1	3.2	3.1	2.9	3.2	3.6	3.1	3.7	2.8	2.7	3.0	3.8	3.1
Mother employed, full or part time	21%	31%	25%	14%	21%	13%	8%	18%	26%	21%	21%	21%	20%	16%	31%	23%	25%	25%	15%	15%
Never married	73%	62%	76%	75%	78%	73%	92%	64%	78%	70%	78%	63%	63%	73%	59%	71%	64%	75%	75%	81%
Median monthly income	$906	1,080	975	950	737	948	1,100	1,200	800	700	834	800	1,200	1,000	405	600	1,000	765	1,026	900
Oregon Health Plan/Medicaid	82%	69%	70%	89%	89%	87%	92%	92%	85%	84%	82%	92%	96%	84%	87%	93%	75%	91%	76%	80%

NOTE: Statistics describe families receiving Healthy Start Service during FY 2001-02. Lower risk families have a negative screen or a positive screen with low stress (< 25) on the Kempe Family Stress Assessment. Higher risk families are those with a positive screen on the Hawaii Risk Indicators (HRI) and either moderate or higher stress (25+) on the Kempe Family Stress Assessment. Family income is reported only at intake. Sample size varies for some indicators due to missing data. Percentages are not reported when more than 25% of the data is missing for a given indicator or when small sample size threatens confidentiality of information. *** Note percentages can be misleading when sample size is small.**

Table 7

Percentage of Children Receiving Intensive Home Visitation during FY 2001-02 with Selected Demographic Characteristics

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco/ Sherm	Wash-ington	Yam-hill
Child age: July 1, 2001																				
Under 6 months	21%	22%	11%	8%	26%	28%	8%	13%	17%	14%	30%	16%	17%	17%	24%	21%	35%	14%	16%	18%
6 – 11 months	27%	25%	22%	23%	26%	32%	17%	13%	21%	14%	31%	32%	31%	28%	7%	24%	10%	25%	30%	47%
12 – 17 months	19%	17%	16%	39%	18%	22%	17%	8%	20%	12%	13%	38%	25%	24%	11%	31%	17%	16%	19%	20%
18 – 23 months	12%	13%	14%	20%	6%	10%	25%	13%	12%	14%	10%	12%	18%	12%	11%	21%	17%	14%	12%	13%
24 – 29 months	7%	9%	14%	9%	3%	4%	17%	23%	5%	10%	7%		7%	6%	11%	3%	3%	9%	4%	
30 – 35 months	4%	3%	10%		6%	3%	17%	3%	5%	13%	3%	1%	1%	3%	11%			6%	2%	
36 – 37 months	5%	4%	7%		11%	1%		15%	9%	6%	5%		1%	3%	11%			9%	4%	
48 months and older	7%	8%	7%		5%			13%	13%	19%	2%			6%	15%		17%	9%	12%	1%
Child race/ethnicity																				
African-American	1%	2%	1%	3%	1%	1%		3%	1%		2%		1%	1%				4%	1%	
Asian/Pacific Islander	2%	3%		3%				3%	1%		2%			2%			7%	1%	2%	
American Indian/ Alaska Native	1%	2%		9%	1%	1%	8%		2%		1%	1%	1%	0.5%	4%	7%		3%	1%	1%
Hispanic/Latino	30%	28%	22%	11%	9%	4%		73%	26%	7%	17%	47%	50%	53%	11%	10%		33%	60%	34%
White, not Hispanic	66%	66%	77%	73%	89%	94%	92%	23%	70%	93%	79%	51%	47%	44%	85%	83%	93%	58%	35%	65%
Language spoken at home																				
English	77%	73%	74%	90%	99%	96%	100%	35%	86%	94%	87%	62%	60%	64%	91%	97%	97%	75%	49%	74%
Spanish/Spanish dialec	23%	27%	26%	7%	1%	4%		65%	14%	6%	13%	38%	40%	36%	9%	3%		25%	49%	26%
Other	0.4%	1%		3%							0.2%			0.4%			3%		2%	
Number with Health Risks																				
Premature birth	9%	12%	10%	8%	13%	12%	17%	8%	8%	7%	7%	8%	8%	8%	7%	21%	28%	6%	8%	16%
Low birth weight	7%	7%	8%	8%	9%	10%	17%	3%	5%	7%	5%	4%	10%	5%	7%	7%	21%	1%	6%	16%
Drug-affected at birth	3%	3%	3%	3%	5%	4%	8%	5%	9%	3%	1%	1%		2%		14%		3%	1%	1%
Medically high risk (CaCOON)	1%	2%	1%			1%	8%	8%	2%	1%	1%	1%	3%	1%	2%		3%	1%	3%	
Number of Children	**3,027**	**443**	**73**	**64**	**151**	**135**	**12***	**40**	**297**	**135**	**539**	**74**	**72**	**570**	**46**	**29**	**29**	**72**	**170**	**76**

Note: Statistics describe children whose families received intensive home visitation during FY 2001-02. Other languages spoken at home include Russian, Chinese, Japanese, Vietnamese, and Cambodian/Laotian. Premature birth is 36 weeks or less gestation. Low birth weight is less than 5 ½ lbs. Drug -affected is a positive toxicology screen at birth. Medically high risk includes established risk categories such as heart disease, chronic orthopedic disorders, metabolic disorders, microcephaly and other congenital defects of the central nervous system.

Table 8a

Percentage of Intensive Service Families during FY 2001-02 With Risk Characteristics by County

MATERNAL HISTORY	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Mari on Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
Physically abused or neglected as a child	35% (628)	35% (104)	27% (12)	45% (18)	40% (42)	41% (32)	88% (7)	12% (3)	30% (57)	41% (36)	31% (61)	35% (24)	36% (19)	39% (126)	41% (12)	47% (8)	24% (4)	41% (23)	31% (32)	17% (8)
Sexual abuse or incest	21% (310)	13% (30)	34% (12)	19% (4)	30% (26)	43% (23)	67% (4)	5% (1)	17% (29)	12% (9)	33% (54)	33% (21)	14% (6)	17% (45)	35% (10)	43% (6)	23% (3)	12% (6)	16% (16)	11% (5)
Foster or out-of-home care	19% (372)	16% (50)	20% (11)	23% (9)	22% (24)	24% (20)	70% (7)	8% (2)	19% (37)	31% (31)	10% (24)	20% (14)	17% (8)	21% (71)	40% (12)	39% (7)	29% (5)	19% (10)	14% (15)	28% (15)
Raised by alcoholic or drug-affected parent	38% (614)	35% (96)	53% (24)	44% (15)	54% (58)	53% (40)	57% (4)	15% (3)	44% (83)	43% (35)	28% (43)	37% (25)	23% (11)	37% (101)	40% (10)	44% (8)	25% (4)	40% (21)	21% (21)	27% (12)
Developmental disability	6% (128)	5% (17)	2% (1)	4% (2)	8% (10)	13% (14)	10% (1)	0%	7% (13)	4% (4)	7% (22)	4% (3)	4% (2)	6% (20)	13% (4)	19% (4)	6% (1)	6% (3)	2% (2)	9% (5)
Chronic physical health problems	9% (175)	10% (35)	16% (8)	15% (6)	11% (13)	18% (19)	10% (1)	4% (1)	7% (13)	8% (8)	8% (26)	9% (6)	0%	6% (19)	12% (4)	6% (1)	11% (2)	2% (1)	6% (6)	10% (6)
History of depression, other mental illness	41% (765)	41% (126)	40% (19)	37% (13)	60% (68)	59% (51)	10% (1)	13% (3)	37% (72)	47% (45)	52% (133)	36% (24)	21% (11)	40% (124)	22% (6)	46% (6)	27% (4)	35% (19)	26% (27)	31% (13)
History of alcohol or substance abuse	33% (642)	31% (97)	44% (24)	32% (14)	55% (65)	44% (41)	11% (1)	8% (2)	42% (82)	53% (51)	30% (71)	28% (19)	13% (6)	24% (81)	30% (8)	67% (14)	38% (6)	41% (24)	20% (22)	24% (14)
History of criminal activity	13% (247)	12% (38)	13% (7)	12% (5)	23% (27)	23% (19)	0%	0%	18% (35)	14% (14)	6% (13)	16% (11)	0%	13% (45)	8% (2)	44% (8)	27% (4)	14% (7)	8% (9)	6% (3)
Suspected or confirmed child maltreatment	4% (88)	2% (8)	4% (2)	5% (2)	14% (16)	5% (5)	0%	4% (1)	4% (7)	3% (3)	2% (7)	7% (5)	0%	3% (12)	9% (3)	10% (2)	0%	8% (4)	6% (6)	9% (5)

NOTE: Statistics describe Intensive Service families with babies born during the period from July 1, 1998 through June 30, 2002.
Note percentages can be misleading when sample size is small.

Table 8b

Percentage of Intensive Service Families during FY 2001-02 With Risk Characteristics by County

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Mari on Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
PATERNAL HISTORY																				
Physically abused or neglected as a child	38% (341)	42% (68)	33% (8)	60% (18)	30% (16)	54% (26)	100% (1)	0%	32% (38)	55% (26)	33% (21)	15% (7)	38% (9)	43% (64)	64% (7)	22% (2)	17% (2)	40% (8)	31% (15)	22% (5)
Sexual abuse or incest	5% (35)	2% (3)	0%	8% (1)	4% (2)	14% (4)	0%	0%	5% (5)	5% (2)	8% (4)	4% (2)	0%	6% (6)	18% (2)	0%	9% (1)	0%	4% (2)	5% (1)
Foster or out-of-home care	16% (157)	17% (31)	11% (3)	23% (6)	22% (12)	17% (8)	40% (2)	0%	9% (13)	33% (16)	12% (10)	12% (6)	16% (4)	16% (27)	14% (2)	27% (3)	9% (1)	9% (2)	9% (5)	24% (6)
Raised by alcoholic or drug-affected parent	40% (343)	36% (53)	61% (11)	62% (13)	49% (28)	67% (30)	40% (2)	0%	41% (50)	52% (28)	30% (17)	31% (15)	28% (7)	38% (51)	60% (6)	38% (3)	36% (5)	26% (5)	21% (10)	43% (9)
Developmental disability	5% (57)	3% (7)	0%	3% (1)	12% (8)	9% (7)	0%	0%	4% (5)	3% (2)	4% (5)	6% (3)	0%	4% (7)	22% (4)	25% (3)	7% (1)	3% (1)	2% (1)	6% (2)
Chronic physical health problems	6% (73)	6% (13)	0%	10% (2)	5% (4)	10% (7)	0%	0%	5% (7)	7% (4)	9% (12)	7% (4)	0%	5% (9)	0%	9% (1)	6% (1)	10% (3)	7% (4)	6% (2)
History of depression, other mental illness	15% (128)	17% (26)	6% (1)	10% (2)	25% (13)	28% (13)	20% (1)	0%	10% (13)	23% (9)	16% (13)	15% (7)	14% (4)	11% (14)	0%	0%	0%	13% (4)	14% (7)	5% (1)
History of alcohol or substance abuse	49% (578)	49% (98)	56% (15)	40% (12)	68% (52)	59% (38)	60% (3)	14% (1)	58% (85)	67% (43)	50% (49)	43% (23)	27% (8)	40% (77)	53% (8)	55% (6)	54% (7)	60% (22)	35% (23)	30% (8)
History of criminal activity	36% (416)	31% (63)	36% (12)	42% (15)	54% (44)	54% (36)	0%	0%	29% (39)	49% (31)	31% (29)	30% (16)	16% (5)	35% (67)	43% (6)	70% (7)	23% (3)	47% (15)	25% (15)	42% (13)
Suspected or confirmed child maltreatment	6% (76)	5% (10)	5% (2)	0%	16% (11)	9% (7)	0%	0%	6% (9)	3% (2)	2% (3)	6% (3)	3% (1)	4% (8)	10% (2)	15% (2)	8% (1)	11% (3)	11% (7)	14% (5)

NOTE: Statistics describe Intensive Service families with babies born during the period from July 1, 1998 through June 30, 2002.
Note:Percentages can be misleading when sample size is small.

Table 9

Service History for Level One Intensive Service Families during FY 2001-02 in Participating Counties

INTENSIVE SERVICE	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Mario n-Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
Engaged, remained in service	71%	71%	90%	47%	80%	71%	100%	70%	69%	73%	71%	11%	60%	71%	87%	55%	76%	74%	79%	88%
Engaged, graduated	4%	3%	3%	5%	5%	2%		8%	8%	10%	6%	1%	6%	0.5%	2%			8%	2%	
Engaged, left for other reasons	19%	19%	6%	45%	13%	21%		20%	19%	16%	10%	84%	32%	23%	9%	38%	21%	15%	17%	7%
Didn't engage	6%	7%	1%	3%	2%	7%		3%	4%	2%	13%	4%	3%	6%	2%	7%	3%	3%	2%	5%
Total Intensive Service	**3,027**	**443**	**73**	**64**	**151**	**135**	**12***	**40**	**297**	**135**	**539**	**74**	**72**	**570**	**46**	**29**	**29**	**72**	**170**	**76**
Other Reasons Left																				
Moved, no locate	13%	11%	4%	21%	10%	28%		11%	8%	3%	13%	5%	14%	15%		18%	33%	27%	14%	33%
Moved out of county	18%	28%	44%	6%	23%	10%	100%	22%	15%	22%	12%	12%	21%	12%	44%	18%	17%	3%	17%	22%
Declined, due to work/school	16%	21%	22%	24%	18%	17%			14%		16%		21%	25%	11%			3%	14%	
Declined, no longer interested	17%	22%	4%	9%	13%	10%		11%	13%	19%	17%	3%	7%	18%	11%	27%	33%	40%	31%	11%
Other	37%	17%	26%	39%	38%	34%		56%	50%	56%	42%	80%	38%	30%	33%	36%	17%	27%	23%	33%
Total Engaged, left for other reasons	**841**	**162**	**23**	**33**	**40**	**29**	**2***	**9***	**87**	**32**	**87**	**61**	**29**	**147**	**9***	**11***	**6***	**30**	**35**	**9***
MONTHS OF SERVICE																				
1 – 6 months	24%	21%	15%	24%	30%	33%	25%	13%	17%	15%	29%	25%	27%	24%	17%	22%	32%	23%	23%	26%
7-12 months	27%	27%	21%	24%	25%	36%	0%	15%	22%	13%	33%	44%	36%	26%	12%	33%	18%	19%	30%	44%
13-18 months	17%	15%	14%	30%	15%	16%	17%	13%	20%	11%	11%	21%	20%	23%	10%	30%	14%	15%	14%	19%
19-24 months	11%	14%	18%	21%	4%	9%	25%	13%	8%	12%	11%	10%	11%	9%	12%	15%	14%	12%	13%	10%
25-36 months	10%	12%	21%	2%	10%	5%	33%	18%	11%	24%	9%	1%	4%	8%	24%	0%	4%	15%	5%	0%
37-48 months	5%	5%	6%	0%	12%	2%	0%	15%	8%	5%	4%	0%	1%	2%	10%	0%	0%	9%	4%	0%
More than 48 mons	7%	6%	7%	0%	4%	0%	0%	13%	14%	20%	3%	0%	0%	7%	17%	0%	18%	9%	12%	1%
Total	**2804**	**404**	**73**	**63**	**142**	**129**	**12**	**39**	**277**	**125**	**458**	**73**	**70**	**531**	**42**	**27**	**28**	**69**	**169**	**73**
VISITS IN LAST 6 MONTHS																				
More than 12 visits	53%	44%	47%	81%	58%	71%	60%	73%	71%	0%	62%	67%	43%	37%	82%	20%	0%	43%	50%	52%
7 - 12 visits	31%	33%	27%	15%	18%	25%	40%	27%	24%	0%	34%	0%	52%	42%	18%	70%	100%	22%	38%	36%
3 - 6 visits	13%	19%	21%	4%	17%	0%	0%	0%	6%	100%	4%	33%	5%	17%	0%	10%	0%	22%	10%	12%
Less than 3 visits	3%	4%	6%	0%	7%	4%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	14%	2%	0%
Mean visits/month	2.2	1.9	1.9	2.8	2.3	2.6	2.4	2.9	2.6	0.8	2.4	2.6	2.1	1.9	2.8	1.7	1.8	1.8	2.2	2.1
Standard deviation	1.0	1.0	1.0	0.8	1.3	0.8	0.8	1.0	1.1		0.9	1.5	0.8	1.0	0.7	0.7		1.2	1.1	0.9
Number of families	**657**	**141**	**34**	**26**	**71**	**28**	**5***	**15***	**17**	**1***	**96**	**3***	**21**	**59**	**17**	**10***	**1***	**37**	**42**	**33**

NOTE: Statistics describe families with records on the OHD Babies First/Healthy Start database who received Intensive Home Visiting during FY 2001-02. Families are enrolled if they accept Intensive Service. Families are considered to be engaged if they receive three or more months of Intensive Service. Level 1 families are offered weekly home visits.

*** Percentages can be misleading when sample size is small.**

Table 10

Level of Satisfaction for Parents Receiving 12 Months Of Healthy Start Intensive Home Visiting and Family Support Services

PARENT SATISFACTION	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash-ington	Yam-hill
Has Healthy Start helped you:																				
Meet the needs of your child																				
Helped a lot	82%	85%	71%	88%	87%	87%	43%	76%	81%	79%	81%	73%	77%	83%	78%	90%	25%	89%	80%	77%
Helped a little	14%	14%	21%	12%	13%	14%	57%	12%	15%	16%	15%	13%	21%	11%	15%	10%	50%	11%	13%	17%
Total families	1,406	240	44	33	82	52	7*	25	121	87	219	30	34	237	27	10*	4*	36	83	35
Understand your child's behavior and feelings																				
Helped a lot	83%	80%	76%	91%	90%	93%	71%	72%	85%	82%	84%	72%	88%	86%	81%	90%	25%	86%	82%	69%
Helped a little	13%	18%	15%	9%	10%	6%	29%	12%	11%	18%	11%	14%	9%	9%	19%	10%	75%	11%	11%	23%
Total families	1,399	240	41	33	81	53	7*	25	121	85	218	29	34	238	26	10*	4*	36	83	35
Find positive ways to teach or discipline your child																				
Helped a lot	75%	71%	66%	76%	76%	83%	71%	72%	80%	68%	78%	63%	79%	83%	67%	90%	50%	81%	71%	63%
Helped a little	17%	23%	21%	18%	18%	15%	29%	8%	13%	28%	16%	20%	18%	10%	30%	10%		14%	17%	23%
Total families	1,409	241	44	33	82	53	7*	25	121	87	219	30	34	239	27	10*	4*	36	82	35
Meet your needs for community services like education, child care																				
Helped a lot	67%	67%	68%	76%	71%	60%	29%	64%	67%	63%	70%	47%	76%	71%	54%	80%	25%	75%	66%	50%
Helped a little	22%	25%	18%	21%	20%	23%	71%	16%	23%	29%	18%	27%	15%	18%	42%	20%	50%	17%	20%	29%
Total families	1,402	239	44	33	82	52	7*	25	121	87	218	30	33	239	26	10*	4*	36	82	34
Get help with any serious problem																				
Helped a lot	64%	57%	65%	76%	77%	65%	43%	63%	66%	66%	59%	47%	56%	72%	65%	60%	50%	75%	59%	50%
Helped a little	17%	17%	14%	18%	17%	18%	43%	17%	18%	22%	17%	17%	27%	11%	27%	10%	25%	14%	19%	21%
Total families	1,392	235	43	33	82	51	7*	24	121	87	217	30	34	237	26	10*	4*	36	81	34
How are you treated:																				
Always listened to by home visitor	88%	91%	84%	97%	93%	93%	43%	80%	91%	90%	91%	71%	94%	86%	82%	100%	100%	83%	82%	86%
Always can decide what help visitor provides	75%	77%	73%	75%	84%	77%	29%	72%	73%	73%	80%	50%	73%	78%	59%	90%	0%	81%	71%	66%
Always received easy to understand information	81%	78%	73%	82%	84%	89%	71%	72%	89%	83%	87%	63%	70%	81%	63%	100%	25%	86%	72%	80%
Always, in a crisis, visitor helps find a solution	69%	57%	68%	82%	83%	65%	29%	80%	79%	72%	71%	47%	64%	68%	73%	80%	50%	78%	67%	69%
Total families with information	**1,411**	**241**	**44**	**33**	**82**	**53**	**7***	**25**	**121**	**87**	**219**	**31**	**33**	**240**	**27**	**10***	**4***	**36**	**83**	**35**

Note: Parents report experience on Parent Survey II, when the target child is 6, 12, 24 and 36 months old. Ratings are taken from last completed Parent Survey II. How much, if at all, has Healthy Start helped you items are rated as 1=Don't know, 2=Didn't help, 3=Helped a little, and 4=Helped a lot. How are you treated items are rated as 1=Don't know, 2=Not often, 3=Sometimes, 4=Usually, and 5=Always. Percentages refer to only to ratings 5=Always. **Note that percentages can be misleading when sample size is small.**

Table 11

Prenatal Care for Families with Intensive Service During FY 2001-02

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
EARLY COMPREHENSIVE PRENATAL CARE																				
Intensive Service Families with information on prenatal care	2,500	394	65	43	136	80	9*	38	268	105	494	73	53	401	32	19	20	72	148	50
Early, comprehensive prenatal care for initial pregnancy	69%	65%	55%	77%	74%	81%	56%	71%	78%	79%	68%	62%	76%	67%	50%	79%	75%	79%	57%	60%
Intensive Service Families with New Pregnancy	685	144	30	15*	41	18	4*	22	72	43	112	13*	21	76	16	2*	2*	24	18	12*
Early prenatal care for initial pregnancy	68%	65%	43%	87%	85%	89%	50%	59%	72%	72%	72%	31%	81%	61%	63%	50%	50%	79%	56%	58%
Early prenatal care for new pregnancy	80%	81%	80%	93%	73%	89%	100%	77%	78%	79%	83%	85%	86%	75%	81%	50%	50%	79%	83%	83%
Percent change	18%	25%	86%	7%	14%	0%	100%	31%	8%	10%	15%	174%	6%	23%	29%	0%	0%	0%	48%	43%

Note: Statistics refer to Intensive Service families served by each site during the period from July 1, 2001 – June 30, 2002. Information on early, comprehensive prenatal care for initial pregnancy is for Intensive Service families with screening information on the OHD/Babies First database.

Percent change measures the magnitude of the change and refers to the *percentage increase or decrease* between two values. Percent change is calculated by subtracting the first value from the second value. The difference is then divided by the first value to determine what percentage of the starting point, the difference is.

***Note that percentages can be very misleading when sample size is small.**

Table 12

Child Growth and Development for Children with Intensive Service During FY 2001-02

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
NORMAL GROWTH & DEVELOPMENT																				
Percent with normal development at oldest screening age [a]	88%	83%	93%	94%	79%	91%	86%	81%	85%	86%	92%	91%	93%	92%	85%	88%	100%	85%	91%	95%
Number of children with at least one developmental screening	1,647	269	54	34	91	54	7*	26	156	87	239	46	40	313	27	16	10*	48	87	43
CHILD DEVELOPMENT BY AGE																				
Normal development at 12 months	93%	90%	97%	95%	93%	100%	80%	86%	90%	94%	90%	100%	100%	96%	86%	100%	100%	91%	94%	100%
Number screened at 12 months	794	119	29	20	42	18	5*	22	89	64	121	15	21	133	14*	6*	7*	22	31	16
Normal development at 24 months	87%	87%	86%	100%	78%	100%	0%	93%	83%	88%	86%		67%	93%	100%		100%	92%	75%	
Number screened at 24 months	306	47	14*	1*	23	4*	1*	15*	36	33	50	0	3*	56	1*	0	1*	13*	8*	0
Normal development at 36 months	85%	88%	75%		79%			100%	100%	67%	85%		100%	83%	100%			86%	33%	
Number screened at 36 months	130	24	4*	0	14*	0	0	7*	13*	6*	20	0	1*	30	1*	0	0	7*	3*	0
EARLY INTERVENTION																				
Early intervention services	94%	87%	100%	100%	92%	100%	100%	100%	100%	80%	100%	100%	0%	100%	50%	0%	0%	100%	100%	0%
Number of children with developmental dis abilities	97	23	1*	1*	15*	2*	1*	3*	12*	5*	7*	1*	0	15*	2*	0	0	6*	3*	0

Note: Statistics refer to Intensive Service families with outcome information submitted to NPC Research by each site during the period from July 1, 2001 – June 30, 2002. Children are screened for normal growth and development at 4, 8, 12, 18, 24, 30, 36 and 42 months of age using the Ages and Stages Questionnaire, originally published as the Infant/Child Monitoring Questionnaire. If development falls outside of the normal range, further assessment is conducted and if appropriate, the child is referred to early intervention services.

[a] Screening data is for the oldest age at which the child was screened. If the child is not yet 18 months old, for example, screening at 12 months is reported.

***Note that percentages can be very misleading when sample size is small.**

Table 13

Health Care for Children with Intensive Service During FY 2001-02

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
ADEQUACY OF HEALTH CARE																				
Has primary health care provider	97% (1,693)	96% (284)	90% (51)	97% (35)	99% (97)	98% (78)	71% (5*)	100% (26)	97% (152)	99% (86)	98% (239)	94% (44)	100% (40)	96% (314)	100% (29)	100% (16)	100% (10*)	96% (53)	100% (88)	98% (46)
Regular, well-child checkups	91% (1,583)	90% (264)	91% (52)	92% (33)	96% (94)	91% (73)	43% (3*)	96% (25)	84% (132)	95% (82)	94% (229)	85% (40)	98% (39)	92% (301)	83% (24)	75% (12*)	100% (10*)	94% (49)	92% (82)	85% (39)
HEALTH AND NUTRITION STATUS																				
Good or better health	89% (1,558)	87% (256)	95% (54)	89% (32)	95% (93)	88% (70)	100% (7*)	96% (25)	85% (132)	97% (84)	91% (221)	94% (44)	100% (40)	88% (290)	72% (21)	88% (14*)	90% (9*)	91% (48)	92% (82)	77% (36)
Good or better nutrition	84% (1,468)	84% (248)	90% (51)	86% (31)	89% (87)	78% (62)	86% (6*)	96% (25)	78% (122)	93% (81)	86% (208)	81% (38)	93% (37)	82% (270)	69% (20)	81% (13*)	90% (9*)	94% (50)	88% (78)	68% (32)
PASSIVE SMOKE EXPOSURE																				
No passive smoke exposure	63%	70%	63%	65%	44%	44%	50%	93%	64%	51%	64%	71%	82%	66%	47%	52%	43%	39%	81%	48%
Children with passive smoke exposure information	2,319	359	67	52	132	124	10*	30	221	105	349	70	56	410	34	25	21	62	129	63
IMMUNIZATIONS																				
Immunizations up-to-date	91%	89%	95%	78%	95%	93%	43%	96%	94%	87%	94%	92%	90%	92%	93%	94%	100%	93%	93%	75%
Some immunizations, but not up-to-date	7%	9%	4%	19%	3%	5%	57%	4%	5%	12%	6%	9%	8%	7%	7%			4%	7%	23%
Number of children	1,747	293	57	36	98	80	7*	26	157	87	243	47	40	329	29	16	10*	54	90	48
Fully immunized at age 2	93%	92%	92%	0%	94%	100%	50%	94%	96%	89%	95%		80%	94%	100%		100%	94%	100%	50%
Children with immunization information at age 2	452	82	25	1*	33	13*	2*	18	51	36	58		5*	85	8*		1*	17	15*	2*

Note: Statistics refer to Intensive Service families with outcome information submitted to NPC Research by each site during the period from July 1, 2001 – June 30, 2002. Health outcomes are tracked by home visitors and reported at 6-month intervals on a *Family Update*. Outcome information is taken from the most recent report for each child.
***Note that percentages can be very misleading when sample size is small.**

Table 14

Nurturing and Supportive Environments for Children with Intensive Service during FY 2001-02

FAMILY EFFECTIVENESS AS CHILD'S FIRST TEACHER	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
Home Observation for Measurement of the Environment (HOME)																				
Good or higher on HOME at 12 months	74%	70%	77%	44%	79%	64%	20%	74%	72%	83%	72%	92%	89%	78%	80%		100%	89%	38%	33%
Number with HOME scores at 12 months	820	118	34	18	47	42	5*	23	81	71	117	13*	18	162	20		5*	27	16	3*
Good or higher on HOME at 24 months	75%	56%	55%	0%	85%	90%	0%	94%	62%	92%	67%		83%	83%	100%		100%	92%	75%	
Number with HOME scores at 24 months	329	45	11*	1*	27	10*	1*	17	34	36	55	0	6*	64	5*	0	1*	12*	4*	0
HOME Sub-scales																				
Parent responsivity and affection																				
Good or higher at 12 months	75%	67%	85%	44%	85%	64%	40%	91%	56%	79%	75%	77%	89%	83%	80%	100%	100%	89%	63%	67%
Good or higher at 24 months	81%	67%	58%	0%	93%	90%	0%	94%	71%	94%	76%		83%	84%	100%		100%	92%	75%	
Availability of toys/learning materials																				
Good or higher at 12 months	69%	66%	68%	50%	85%	61%	0%	22%	80%	90%	64%	85%	67%	67%	65%		100%	89%	33%	67%
Good or higher at 24 months	80%	71%	59%	100%	92%	90%	100%	71%	91%	92%	86%		67%	73%	60%		100%	85%	50%	
Parent involvement in child learning																				
Good or higher at 12 months	72%	61%	71%	44%	77%	64%	20%	70%	74%	89%	74%	92%	89%	73%	75%	0%	100%	89%	58%	67%
Good or higher at 24 months	78%	49%	63%	0%	74%	80%	0%	100%	85%	92%	75%		83%	84%	80%		100%	92%	100%	
Change in HOME scores																				
Mean HOME at 12 months	39.0	37.8	37.5	34.0	39.7	37.8	32.0	38.6	38.1	41.4	38.1		40.8	39.4	39.4		40.0	41.2	34.0	
Mean HOME at 24 months	39.7	37.6	35.2	23.0	43.2	39.0	28.0	41.0	39.1	41.5	38.8		42.5	40.4	40.0		41.0	41.7	40.0	
Number with HOME scores at both times	279	38	11*	1*	20	9*	1*	17	28	36	42		4*	53	5*		1*	11*	2*	

Note: Family Effectiveness as Child's First Teacher is measured by the Home Observation for Measurement of the Environment (HOME). The HOME combines a semi-structured parent interview with direct observation of the home environment and is conducted when the child is 12 months of age and again at 24 months. Percentages for "good or higher" refer to families whose total scores on the HOME are well above average, falling at the 75th percentile or higher for the normative population. Sub-scales on the HOME include: **Responsivity,** (items such as parent's voice conveys positive feelings toward child and parent spontaneously praises child at least twice during isit), **Learning Materials** (items such as presence of muscle activity toys or equipment, complex eye-hand coordination toys, and toys for literature and music), and **Involvement** (items such as parent consistently encourages developmental advances and provides toys that challenge child to develop new skills).

***Note that percentages can be very misleading when sample size is small.**

Table 15

Family Literacy Activities for Children with Intensive Service during FY 2001-02

FAMILY LITERACY ACTIVITIES	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
Mean Family Literacy Activities, 12 months	2.3	2.4	2.2	2.3	2.5	2.3	1.4	2.5	2.3	2.4	2.3	1.8	2.2	2.2	2.4	1.0	2.6	2.3	2.2	2.0
Percent with 2 or more activities, 12 months	86%	88%	66%	83%	90%	86%	60%	100%	86%	87%	86%	69%	89%	85%	90%	0%	100%	93%	88%	67%
Mean Family Literacy Activities, 24 months	2.6	2.7	2.1	1.0	2.9	2.7	2.0	2.8	2.6	2.6	2.6		2.5	2.5	2.8		2.0	2.8	2.8	
Percent with 2 or more activities, 24 months	93%	91%	65%	0%	100%	100%	100%	100%	97%	97%	93%		83%	89%	100%		100%	100%	100%	
Number w/Family Literacy scores at 12 and 24 months	286	38	16	1*	21	9*	1*	17	28	36	42	0	4*	53	5*	0	1*	12*	2*	0
Percentage change in families with information at 12 and 24 months		1%	0%	-50%	15%	9%	0%	12%	6%	8%	7%		57%	7%	-7%		-33%	17%	50%	
Individual Activities																				
Reads to child at least 3 times per week																				
At 12 months of age	83%	86%	66%	78%	90%	82%	80%	96%	82%	85%	83%	85%	83%	82%	90%	0%	80%	85%	94%	67%
At 24 months of age	90%	91%	59%	0%	100%	90%	100%	100%	97%	97%	86%		83%	89%	100%		0%	92%	100%	
Child has at least 3 books																				
At 12 months of age	97%	98%	100%	94%	100%	98%	60%	96%	98%	99%	98%	77%	100%	96%	100%	100%	100%	93%	88%	100%
At 24 months of age	99%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%		100%	95%	100%		100%	100%	100%	
Home has at least 10 books																				
At 12 months of age	50%	56%	50%	56%	60%	50%	0%	61%	53%	59%	54%	23%	33%	38%	50%	0%	80%	56%	41%	33%
At 24 months of age	70%	78%	59%	0%	85%	80%	0%	77%	59%	67%	73%		67%	61%	80%		100%	85%	75%	

Note: Family literacy activities are measured by three items on the HOME: Ten or more books are present in the home, Child has at least 3 books of own, and Parent reads to child at least 3 times per week. Percent change measures the magnitude of the change and refers to the *percentage increase or decrease* between two values. Percent change is calculated by subtracting the first value from the second value. The difference is then divided by the first value to determine what percentage of the starting point, the difference is.
*** Note that percentages can be misleading when sample size is small.**

Table 16

Utilization of Health Care Resources for Families with Intensive Service during FY 2001-02

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
HEALTH INSURANCE STATUS																				
Private insurance	14%	25%	19%	8%	8%	9%	8%	5%	11%	10%	15%	5%	3%	14%	2%	4%	25%	8%	17%	11%
Medicaid/OHP	82%	69%	69%	88%	89%	87%	92%	92%	85%	84%	82%	92%	96%	84%	87%	93%	75%	91%	76%	80%
CHAMPUS or other public insurance	0.3%	0.2%	1%		1%	1%					0.4%			0.2%					1%	1%
No insurance	4%	7%	10%	3%	2%	4%		3%	4%	6%	2%	3%	1%	3%	11%	4%		2%	6%	8%
Number of families with insurance information	**2,889**	**440**	**72**	**60**	**147**	**128**	**12***	**39**	**290**	**134**	**495**	**74**	**70**	**534**	**45**	**28**	**28**	**66**	**153**	**74**
UTILIZATION OF HEALTH CARE																				
Parent(s) linked to primary health care provider	77% (1,766)	76% (263)	69% (46)	80% (40)	90% (118)	83% (100)	60% (6)	93% (28)	86% (189)	93% (98)	79% (279)	50% (35)	47% (27)	73% (299)	100% (34)	100% (25)	100% (20)	77% (46)	56% (73)	69% (40)
Parent(s) have dental care	61% (967)	60% (155)	61% (34)	54% (14)	74% (69)	78% (57)	57% (4)	80% (20)	77% (118)	83% (71)	67% (143)	46% (21)	33% (13)	47% (135)	63% (15)	85% (11)	78% (7)	52% (25)	41% (35)	59% (20)
Family uses emergency services for routine care																				
Frequently	3%	3%	2%	6%		6%			1%		2%			3%	3%			12%	2%	2%
Once or twice	19%	27%	21%	25%	15%	26%	86%		15%	3%	20%	36%	3%	15%	21%	25%	30%	17%	19%	33%
No utilization for routine care	78%	70%	77%	69%	85%	68%	14%	100%	84%	97%	78%	64%	98%	82%	76%	75%	70%	71%	79%	65%
Number of families with emergency services for routine care information	**1,737**	**294**	**57**	**36**	**98**	**80**	**7***	**26**	**157**	**87**	**242**	**47**	**40**	**324**	**29**	**16**	**10***	**52**	**89**	**46**

Note: Statistics refer to Intensive Service families with outcome information submitted to NPC Research by each site during the period from July 1, 2001 – June 30, 2002. Health outcomes are tracked by home visitors and reported at 6-month intervals on a *Family Update*. Outcome information is taken from the most recent report for each family. Utilization of health care information is available only for families who received 6 months or more of Intensive Service during FY 2001-02.

***Note that percentages can be very misleading when sample size is small.**

Table 17

Adequacy of Essential Resources for Intensive Service Families Receiving 12 Months of Service

	Total	Clack-amas	Clats op	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco/ Sherm	Wash-ington	Yam-hill
BASIC RESOURCES																				
Needs usually met initially	595 (78%)	110	29	21	34	16	4	15	59	45	90	7	21	75	13	3	1	21	18	13
Needs usually met at 12 months	666 (87%)	122	31	22	37	18	4	18	68	52	99	12	20	91	13	2	2	22	18	15
Percentage change	12%	11%	7%	5%	9%	12%	0%	20%	15%	16%	10%	71%	-5%	21%	0%	-33%	100%	5%	0%	15%
Number of families with information at both times	**765**	**146**	**33**	**24**	**42**	**20**	**5***	**21**	**76**	**61**	**112**	**13***	**24**	**104**	**17**	**3***	**2***	**24**	**22**	**16**
HEALTH CARE																				
Needs usually met initially	509 (67%)	92	25	18	36	16	4	13	56	47	72	6	8	61	14	3	2	15	10	11
Needs usually met at 12 months	516 (68%)	88	23	15	32	17	3	18	53	50	76	5	8	71	11	3	2	19	14	8
Percentage change	1%	-4%	-8%	-17%	-11%	6%	-25%	38%	-5%	6%	6%	-17%	0%	16%	-21%	0%	0%	27%	40%	-27%
Number of families with information at both times	**762**	**146**	**32**	**24**	**42**	**20**	**5***	**21**	**76**	**61**	**112**	**12***	**24**	**103**	**17**	**3***	**2***	**24**	**22**	**16**
TRANSPORTATION																				
Needs usually met initially	562 (74%)	98	26	21	32	16	4	15	59	45	87	8	21	75	13	2	1	17	12	10
Needs usually met at 12 months	608 (80%)	108	32	20	36	17	4	16	62	53	93	5	17	81	16	2	1	16	16	13
Percentage change	8%	10%	23%	-5%	12%	0%	0%	7%	5%	18%	7%	-38%	-19%	8%	23%	0%	0%	-6%	33%	30%
Number of families with information at both times	**758**	**145**	**33**	**24**	**42**	**20**	**5***	**20**	**76**	**61**	**112**	**11***	**22**	**103**	**17**	**3***	**2***	**24**	**22**	**16**
CHILD CARE																				
Needs usually met initially	476 (64%)	88	20	15	27	11	4	12	44	40	75	6	16	58	11	2	1	21	13	12
Needs usually met at 12 months	495 (66%)	91	26	16	29	12	3	13	49	40	71	7	11	65	14	1	2	19	14	12
Percentage change	3%	3%	30%	7%	7%	0%	-25%	8%	11%	0%	-5%	17%	-31%	12%	27%	-50%	100%	-10%	8%	0%
Number of families with information at both times	**748**	**146**	**31**	**23**	**42**	**19**	**5***	**21**	**76**	**59**	**111**	**11***	**22**	**100**	**17**	**2***	**2***	**24**	**22**	**15**
EDUCATION / EMPLOYMENT																				
Needs usually met initially	248 (33%)	35	17	9	18	9	1	6	23	20	39	2	5	35	7	1	0	12	5	4
Needs usually met at 12 months	271 (36%)	42	20	9	22	8	1	5	24	26	42	4	4	35	6	2	1	10	5	5
Percentage change	9%	20%	18%	0	22%	-20%	0%	-17%	4%	30%	8%	100%	-20%	0%	-14%	100%	100%	-17%	0%	24%
Number of families with information at both times	**757**	**145**	**33**	**24**	**42**	**19**	**5***	**21**	**75**	**61**	**112**	**12***	**23**	**102**	**17**	**3***	**2***	**23**	**22**	**16**

Note: Parents rate the extent to which family needs are met for various resources using a 5-point scale ranging from 1=never, 2=seldom, 3=sometimes, 4=usually, and 5=always. *Basic Resources* includes ratings for food, housing, money, clothing and baby supplies. *Health Care* includes ratings for medical and dental care. *Education/Employment* includes education, job training and paid work opportunities. Numbers refer to parents who say needs are usually or almost always met. ***Note that percentages can be very misleading when sample size is small.**

Table 18

Reduction in Risk Processes For Intensive Service Families

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Dou-glas	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco/ Sherm	Wash-ington	Yam-hill
SUBSTANCE ABUSE																				
Experienced at intake	129 (32%)	22	4	2	19	14	1	1	17	10	11	1	1	12	3		0	5	3	3
Experienced at 12 months	133 (33%)	25	4	1	18	14	1	0	17	13	10	0	1	18	3		0	5	1	2
Total families with information	402	73	18	11*	30	23	2*	3*	54	32	31	11*	12*	57	11*		2*	14*	12*	6*
Percent change	3%	14%	0%	-50%	-5%	0%	0%	-100%	0%	30%	-9%	100%	0%	50%	0%		0%	0%	-67%	-33%
DOMESTIC VIOLENCE																				
Experienced at intake	47 (6%)	4	1	0	6	5	1	2	9	0	1	0	1	10	2	0	1	2	2	0
Experienced at 12 months	47 (6%)	6	1	0	6	5	0	0	9	1	4	0	0	9	0	0	0	2	2	2
Total families with information	760	129	34	17	41	33	3*	16	85	59	83	19	23	125	20	2*	3*	25	30	13*
Percent change	0%	67%	0%	0%	0%	0%	-100%	-100%	0%	0%	400%	0%	-100%	13%	-100%	0%	-100%	0%	0%	0%
CRIMINAL ACTIVITY																				
Experienced at intake	61 (10%)	10	2	2	7	8	0	0	8	3	1	1	1	12	2	0	0	2	0	2
Experienced at 12 months	80 (13%)	14	3	1	7	10	0	0	8	4	5	0	1	20	1	1	0	3	0	2
Total families with information	610	95	26	19	38	32	3*	9*	74	43	66	12*	16	114	15*	3*	4*	19	13*	9*
Percent change	30%	40%	50%	50%	0%	25%	0%	0%	0%	33%	399%	100%	0%	67%	-50%	0%	0%	50%	0%	0%
RISK REDUCTION																				
One or more risks at intake	104 (29%)	12	2	2	13	9	1	1	16	7	8	1	1	13	4		1	6	2	5
One or more risks at 12 months	82 (23%)	8	2	1	9	9	0	0	13	6	6	0	1	15	3		0	5	0	4
Total families with information	356	61	17	9*	20	21	2*	3*	59	25	19	11*	11*	56	10*		2*	12*	11*	7*
Percent change	-21%	-33%	0%	-50%	-31%	0%	-100%	-100%	-19%	-14%	-25%	-100%	0%	-15%	-25%		-100%	-17%	-100%	-20%

Note: Ratings for *Family Risk Processes* are reported on a *Family Update* at 6 month intervals. Home visitors report if the risk processes is an issue for any of the family members at the current time. Reported data is from the latest Family Update received by NPC Research for each Intensive Service family. Percent change is the percentage of increase or decrease from the first level to the second. It is calculated by dividing the difference between the two levels by the first level. ***Note that percentages can be very misleading when sample size is small.**

Table 19

Parenting Skills for Intensive Service Families Receiving 12 Months of Service

	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco/ Sherm	Wash	Yam-hill
PARENTING SKILLS																				
Improved at 6 months	82%	83%	76%	100%	79%	81%	75%	93%	77%	84%	86%	75%	64%	84%	73%	75%	100%	77%	78%	87%
Improved at 12 months	75%	84%	71%	83%	75%	100%	100%	74%	79%	86%	83%	67%	96%	90%	72%	75%	100%	79%	89%	90%
INDIVIDUAL SKILLS																				
Knowledge of child development																				
Improved at 6 months	74%	74%	68%	89%	69%	76%	50%	93%	66%	77%	78%	68%	68%	78%	68%	75%	100%	46%	71%	83%
Improved at 12 months	74%	76%	68%	63%	59%	91%	80%	78%	67%	81%	78%	67%	76%	82%	61%	75%	50%	54%	78%	79%
Confidence in knowing what is right for child																				
Improved at 6 months	67%	65%	66%	82%	71%	60%	50%	87%	58%	69%	73%	36%	64%	72%	59%	63%	33%	46%	63%	74%
Improved at 12 months	70%	71%	70%	83%	62%	82%	80%	61%	68%	64%	67%	67%	80%	79%	56%	25%	100%	54%	83%	79%
Ability to help child learn																				
Improved at 6 months	61%	61%	52%	71%	63%	54%	25%	93%	48%	60%	66%	57%	59%	58%	59%	63%	33%	54%	63%	74%
Improved at 12 months	62%	64%	59%	54%	62%	68%	80%	64%	57%	59%	58%	53%	88%	66%	50%	25%	50%	36%	78%	74%
Ability to cope with stress in life																				
Improved at 6 months	46%	46%	41%	57%	40%	42%	75%	73%	47%	46%	50%	41%	36%	43%	32%	43%	33%	23%	54%	35%
Improved at 12 months	44%	42%	42%	30%	36%	59%	60%	55%	48%	41%	42%	36%	63%	50%	28%	25%	0%	42%	44%	56%
Families with information at both times	**286**	**38**	**16**	**1***	**21**	**9***	**1***	**17**	**28**	**36**	**42**	**0**	**4***	**53**	**5***	**0**	**1***	**12***	**2***	**0**

Note: Ratings for *Parenting Skills* are reported on the *Parenting Ladder*. Parents self-report on each item at the time of the child's birth, at 6 months and again at 12 months. Also, at 6 and 12 months, parents "retrospectively" report where they were on each item when their child was born. Four items are included in Parenting Skills: knowledge of child development; confidence in knowing what is right for child; ability to help child learn; and ability to cope with stress. Each item is rated from 0 = "low" to 6 = "high. Percentages refer to parents who rated themselves higher in comparison to their retrospective rating of where they were when their child was born.

***Note that percentages can be very misleading when sample size is small.**

Table 20

Parent-Child Interactions
For Families Receiving Intensive Service during FY 2001-02

PARENT CHILD INTERACTION SCALE	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
At Intake																				
Mean	4.05	4.08	4.20	3.88	3.99	3.88	4.03	4.05	4.03	4.32	4.13	3.99	3.91	4.02	3.82	3.63	4.40	4.29	4.08	3.60
Standard Deviation	0.78	0.79	0.86	0.90	0.91	0.98	0.51	0.75	0.61	0.59	0.73	0.65	0.56	0.81	0.60	0.76	0.60	0.84	0.76	0.57
Number at intake	2,228	347	65	49	127	127	10*	29	200	104	359	68	55	380	33	24	18	58	113	62
Positive most of the time or higher	61%	63%	71%	47%	58%	57%	60%	55%	54%	77%	64%	57%	49%	59%	42%	29%	83%	74%	61%	27%
At 6 months																				
Mean	4.29	4.27	4.41	4.40	4.18	4.33	4.33	4.53	4.25	4.42	4.41	4.26	4.34	4.22	4.13	3.69	4.46	4.53	4.24	3.92
Standard Deviation	0.67	0.68	0.71	0.71	0.76	0.74	0.26	0.53	0.61	0.48	0.59	0.55	0.46	0.71	0.70	0.99	1.03	0.76	0.68	0.71
Number at 6 months	1,511	270	49	31	79	68	5*	14*	133	83	219	42	36	271	28	12*	7*	49	73	42
Positive most of the time or higher	73%	71%	78%	77%	73%	71%	80%	86%	74%	90%	80%	81%	83%	67%	61%	42%	86%	86%	64%	52%
At 12 months																				
Mean	4.32	4.27	4.49	4.42	4.14	4.25	4.08	4.40	4.13	4.36	4.39	4.54	4.75	4.36	4.28	3.84	4.89	4.52	4.18	4.02
Standard Deviation	0.65	0.71	0.65	0.50	0.76	0.80	0.53	0.46	0.63	0.50	0.65	0.44	0.36	0.62	0.48	0.73	0.28	0.66	0.76	0.63
Number at 12 months	1,089	191	42	26	60	45	5*	22	103	69	149	20	25	203	23	7*	7*	29	42	21
Positive most of the time or higher	74%	72%	79%	85%	70%	73%	60%	82%	69%	83%	78%	85%	96%	76%	65%	29%	100%	83%	55%	57%

Note: Ratings for the 8-item *Parent-Child Interaction Scale* are reported on a *Family Update* at 6 month intervals. Home visitors rate the most recent observations they have made of the interactions between the mother (or primary caregiver) and the child. Items include expression of warmth of love, sensitivity to child's needs, accurate interpretation of child's cues, appropriate responses to child behaviors, synchronous interactions, plays with child, encouragement of developmental advances, and lack of disapproval, anger, or hostility. Ratings are 1=not at this time, 2=seldom, 3=sometimes, 4=most of the time and 5=almost always.

***Note that percentages can be misleading when sample size is small.**

Table 21

Children Aged 0-2 Free From Maltreatment in 2001 By Screening Results^

HEALTHY START CHILDREN, aged 0-2 yrs.	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Doug-las	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
Families screened at lower risk																				
Child abuse victims in 2001	7	0	0	0	2	1	0	0	0	0	1	0	1	2	0	0	0	0	0	0
Lower risk children, 0 – 2 yrs	5,644	1,254	109	2*	533	23	0	129	491	134	1,194	8*	294	1,220	76	1*	56	57	49	14*
% free from maltreatment	**99.9%**	**100%**	**100%**	**100%**	**99.6%**	**95.7%**		**100%**	**100%**	**100%**	**99.9%**	**100%**	**99.7%**	**99.8%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Incidence rate per 1,000*	**10**	**0**	**0**	**0**	**4**	**43**	**0**	**0**	**0**	**0**	**1**	**0**	**3**	**2**	**0**	**0**	**0**	**0**	**0**	**0**
Families screened at higher risk																				
Child abuse victims in 2001	155	10	5	3	13	3	0	0	20	5	27	1	12	36	3	0	4	7	2	4
Higher risk children, 0 – 2 yrs	8,391	1,252	190	88	643	180	19	122	915	365	1,532	87	496	1,797	161	34	70	190	164	86
% free from maltreatment	**98.7%**	**99.2%**	**97.4%**	**96.6%**	**98.0%**	**98.3%**	**100%**	**100%**	**97.8%**	**98.6%**	**98.2%**	**98.9%**	**97.6%**	**98.0%**	**98.1%**	**100%**	**94.3%**	**96.3%**	**98.8%**	**95.3%**
Incidence rate per 1,000*	**18**	**8**	**26**	**34**	**20**	**17**	**0**	**0**	**22**	**14**	**18**	**11**	**24**	**20**	**19**	**0**	**57**	**37**	**12**	**47**
Total Healthy Start Families																				
Child abuse victims in 2001	162	10	5	3	15	4	0	0	20	5	28	1	13	38	3	0	4	7	2	0
Total children, aged 0 – 2 yrs	14,072	2,507	299	91	1,177	203	20	253	1,408	502	2,729	96	790	3,021	241	37	128	247	216	107
% free from maltreatment	**98.8%**	**99.6%**	**98.3%**	**96.7%**	**98.7%**	**98.0%**	**100%**	**100%**	**98.6%**	**99.0%**	**99.0%**	**99.0%**	**98.4%**	**98.7%**	**98.8%**	**100%**	**96.9%**	**99.2%**	**99.1%**	**96.3%**
Incidence rate per 1,000*	**12**	**4**	**17**	**33**	**13**	**20**	**0**	**0**	**14**	**10**	**10**	**10**	**16**	**13**	**12**	**0**	**31**	**28**	**9**	**37**
Non-Healthy Start Children aged 0 - 2 years																				
Child abuse victims in 2001	1,516	105	23	83	80	68	4	8	101	27	323	43	56	253	22	53	32	25	139	71
Number children, 0 – 2 yrs not served by Healthy Start	50,484	5,798	465	1,110	1,741	1,941	158	408	2,779	1,003	4,559	760	1,943	7,565	236	2,056	481	350	14,857	2,274
% free from maltreatment	97.0%	98.2%	95.1%	92.5%	95.4%	96.5%	97.5%	98.0%	96.4%	97.3%	92.9%	94.3%	97.1%	96.7%	90.7%	97.4%	93.3%	92.9%	99.1%	96.9%
Incidence rate per 1,000*	**30**	**18**	**49**	**75**	**46**	**35**	**25**	**20**	**36**	**27**	**71**	**57**	**29**	**33**	**93**	**26**	**67**	**71**	**9**	**31**

Note: Healthy Start children are those born between January 1, 2000 and December 31, 2001 whose families were screened on the 15-item Hawaii Risk Indicators (HRI). Records were checked electronically by the Oregon State Office for Services to Children and Families (SCF) for confirmed incidents of child maltreatment. Non-Healthy Start Children are the total number of children born in each county during 2000 and 2001 according to OHD birth statistics *minus* the number of children screened/served by Healthy Start. Similarly, child abuse victims among non-Healthy Start children are the total number of child maltreatment victims aged 0 – 2 years for each county *minus* Healthy Start victims. Number of children 0-2 years not served by Healthy Start is calculated as the 2000 + 2001 births in county minus children served by Healthy Start during those two years.

^ Totals may not add up because some families are missing screening result information.

*** Incidence rates are affected by sample size and can be misleading when sample sizes are small.**

Table 22

Healthy Start Children Free From Maltreatment During 2001 By Service Type

Free from maltreatment, 2001	Total	Clack-amas	Clat-sop	Coos	Des-chutes	Dou-glas	Har-ney	Hood River	Jack-son	Jose-phine	Lane	Lin-coln	Linn	Marion Polk	Tilla-mook	Uma-tilla	Union	Wasco Sherm	Wash	Yam-hill
BASIC SERVICE																				
Lower risk no maltreatment	**99.0%**	**100%**	**100%**	**100%**	**99.6%**	**95.7%**		**100%**	**100%**	**100%**	**99.9%**	**100%**	**99.7%**	**99.8%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Incidence rate per 1,000*	1	0	0	0	4	43		0	0	0	1	0	3	2	0	0	0	0	0	0
Total Lower risk, Basic Service	5,644	1,254	109	2*	533	23	0	129	491	134	1,194	8*	294	1,220	76	1*	56	57	49	14*
Higher risk, no maltreatment	**98.4%**	**98.8%**	**98.1%**	**100%**	**99.2%**	**96.7%**	**100%**	**100%**	**97.8%**	**98%**	**99.2%**	**100%**	**97.4%**	**98.5%**	**98.3%**	**100%**	**100%**	**96.1%**	**100%**	**100%**
Incidence rate per 1,000*	16	12	19	0	8	33	0	0	22	20	8	0	26	15	17	0	0	39	0	0
Total Higher risk, Basic Service	3,835	580	108	2*	472	30	2*	45	538	201	353	2*	345	941	116	2*	10*	51	25	12*
INTENSIVE SERVICE																				
Engaged, no maltreatment	**97.5%**	**99.2%**	**95.2%**	**97.2%**	**95.5%**	**98.0%**	**100%**	**100%**	**98.3%**	**99.0%**	**96.7%**	**98.4%**	**98.8%**	**97.2%**	**97.2%**	**100%**	**89.3%**	**95.5%**	**98.3%**	**95.4%**
Incidence rate per 1,000*	25	8	48	28	45	2	0	0	17	1	33	16	12	28	28	0	107	45	17	46
Total Intensive Service, engaged	2,655	370	63	71	110	98	10*	33	230	96	489	63	82	603	36	24	28	66	118	65
DECLINED SERVICE/DID NOT ENGAGE																				
Declined or did not engage, no maltreatment	**98.5%**	**100%**	**100%**	**93.3%**	**93.4%**	**100%**	**100%**	**100%**	**97.3%**	**100%**	**98.8%**	**100%**	**97.1%**	**98.0%**	**100%**	**100%**	**96.9%**	**97.3%**	**100%**	**88.9%**
Incidence rate per 1,000*	15	0	0	67	66	0	0	0	27	0	12	0	29	20	0	0	31	27	0	111
Total Declined/Did Not Engage	1,901	302	19	15*	61	52	7*	44	147	67	691	22	69	253	9*	8*	32	73	21	9*
ALL FAMILIES**																				
No maltreatment, 2001	**98.8%**	**99.6%**	**98.3%**	**96.7%**	**98.7%**	**98.0%**	**100%**	**100%**	**98.6%**	**99.0%**	**99.0%**	**99.0%**	**98.4%**	**98.7%**	**98.8%**	**100%**	**96.9%**	**97.2%**	**99.1%**	**96.3%**
Incidence rate per 1,000*	**12**	**4**	**17**	**33**	**13**	**20**	**0**	**0**	**14**	**10**	**10**	**10**	**16**	**13**	**12**	**0**	**31**	**28**	**9**	**37**
Total children aged 0 – 2 years	14,072	2,507	299	91	1,177	203	20	253	1,408	502	2,729	96	790	3,021	241	37	128	247	216	107

Note: Records of 14,072 Healthy Start children born between January 1, 2000 and December 31, 2001 were checked by the Oregon State Office for Services to Children and Families for confirmed incidents of child maltreatment.

Lower risk families receiving Basic Service include those families who screened negative on the Hawaii Risk Indicators (HRI). **Higher risk families receiving Basic Service** include families with positive screens on the HRI, but no further assessment due to full caseloads; and families with a positive screen on the HRI and a score of less than 25 on the Kempe Family Stress Inventory (KFSI). **Intensive Service** includes higher risk families, all of whom have a positive screen on the HRI and a score of 25 or higher on the KFSI. Engaged families are those who received at least 3 months of service. **Declined Service/Did Not Engage** includes higher risk families who declined further service after screening and Intensive Service families who did not engage (dropped out with less than 3 months service).

* **Incidence rates are affected by sample size and can be misleading when sample sizes are small.**

* **Totals for all families may not be consistent with other row totals because some families are missing information about service type.**

Table 23

Child Maltreatment Victims by Stress Level

	1999			2000			2001		
	Number/ Percent	No Abuse	Victims	Number/ Percent	No Abuse	Victims	Number/ Percent	No Abuse	Victims
Kempe Family Stress Assessment									
Assessed at low stress	624 (20%)	99.5%	5/1,000	633 (19%)	98.9%	11/1,000	379 (13%)	100.0%	0/1,000
Assessed at moderate stress	1,175 (38%)	97.9%	21/1,000	1,297 (39%)	98.9%	11/1,000	1,285 (45%)	98.8%	12/1,000
Assessed at high stress	1,178 (38%)	95.8%	42/1,000	1,219 (37%)	97.0%	29/1,000	1,116 (39%)	96.0%	40/1,000
Assessed at severe stress	137 (5%)	85.4%	146/1,000	123 (4%)	93.5%	65/1,000	99 (3%)	89.2%	108/1,000
Total higher risk families interviewed	3,114	96.9%	31/1,000	3,272	98.0%	20/1,000	2,879	97.5%	25/1,000

Note: Statistics describe confirmed cases of child maltreatment for Healthy Start children aged 0 – 2 years where families have both screening and assessment information. First, families are screened using the 15-item Hawaii Risk Indicators. Families with positive screens are interviewed by trained assessment workers using the Kempe Family Stress Assessment.

Kempe Family Stress Assessments are rated on a scale of 0 – 100. Low family stress is rated as 0-20, moderate family stress as 25-35, high family stress as 40 – 60, and severe family stress as 65 or higher. Families with moderate to higher levels of stress (25 or higher) are offered Healthy Start's intensive visiting services.

Table 24

Likelihood of Child Maltreatment as a Function of Number of Risks in Children aged 0 – 2 years during 2001

Number of Risk Characteristics on 15-item Hawaii Risk Indicators	Parameter Estimate	Odds of Child Victimization
Any one risk vs. none (n=2,944)	0.87	2.4
Any two risks vs. none (n=1,993)	2.41**	11.2
Any three risks vs. none (n=1,550)	2.52**	12.4
Any four risks vs. none (n=1,109)	2.68**	14.6
Any five risks vs. none (n=788)	3.07**	21.5
Any six or more risks vs. none (n=1,112)	3.44**	31.2

NOTE: A logistic regression model was used to model the effects of the total number of risk characteristics shown by each family on the likelihood of child maltreatment for 15,552 children aged 0 – 2 years during 2001, for which there was child victimization information ($\chi^2 = 175.8$, df = 6, $p < .0001$).

Odds ratios show the likelihood of child maltreatment occurrence for families with risk characteristics in comparison to families with no risk characteristics. For example, among families screened by Oregon Healthy Start, children whose families have two or more risks at the time of birth are 11.2 times more likely to have been confirmed victims of child maltreatment than children whose families had no risks.

Appendix C
New Site Descriptions
2001-2002

Baker County Children's Plan
FY 2001-02

Collaboration and Governance

Building on existing service, Baker County Children's Plan officially began serving families in August of 2002.

Baker County Children's Plan is solely operated through the Baker County Health Department. The Commission for Children and Families and is responsible for fiscal monitoring and the governance mechanism is reviewed by Early Childhood Advisory Council.

CORE COLLABORATORS	OTHER PARTNERS
✓ Baker County Health Department	✓ Early Intervention
✓ Calling on Moms	✓ Head Start
✓ Early Childhood Advisory Council	✓ DHS self-sufficiency
	✓ Child Care Resources and Referral

The Early Childhood Committee established by the Baker County Commission on Children and Families will be the governing body and will meet monthly to advise, address policy issues, provide program oversight, facilitate collaboration and coordinate service delivery.

Screening and Assessment

The medical providers, and/or the health department staff will complete initial screening. Interested families with a positive screen will be offered a Kempe Family Stress Assessment. Trained Family Assessment Workers (FAW) will complete the Kempe to identify family strengths and stressors. The Baker County Children's Plan will use a marketing plan to promote the services available through Healthy Start to increase universal acceptance.

Basic Family Support Service

All families of first-born will receive a Welcome Baby hospital visit by Calling on Mom's. Parents receive gifts like the White on Black book, Heartbeat Sleep Tape/CD, a blanket made by Grannies of Baker City, and a Yuck Bag. Parents will also be put on a mailing list if desired, for Calling on Mom's newsletter, plus the monthly child development newsletters produced by OSU Extension Service. The Public Health Nurse (PHN) visits all newborns providing a certified birth certificate to babies born in Baker County. The PHN also provides to families a folder of information, and discuses, immunizations, safety, nutrition, growth and development, while answering any questions that the families might have at the time. Parents will also be offered a periodic developmental screening or services for which they qualified.

Intensive Family Support Service

Families who screen high risk will be offered intensive services, which include regular home visits by a Family Support Worker (FSW). The FSW will provide positive parenting strategies, and also child development information. The FSW may also make referrals to other services to help reduce family stress, help families with goal setting, and follow-up to insure access to health care including immunizations. A large portion of each home visit will include activities to ensure positive parent-child interactions and relationship.

Staff, Training, and Supervision

Currently 1 staff PHN serves all functions (Supervisor, FAW, FSW)
Staff <u>will</u> include 2 part-time skilled home visitors,

During 2001-02, (your program) staff included the following full-time equivalencies (FTE):

part-time supervisor, and a part-time clerical support. Staff members receive basic training through participation in the FAW and FSW training offered through Oregon Committee on Children and Family (OCCF). Weekly supervisor sessions will occur and training will include child and family issues, effective use of Individual Family Support Plan (IFSPs), community resources and other program issues.

Community partners periodically will offer training on topics such as child maltreatment and reporting, substance abuse, brain development research, postpartum depression, domestic violence, infant massage, First Aid and CPR certification, child development and developmentally appropriate activities and interactions.

STAFF POSITION	**FTE**
Family Assessment/Support Workers (FAW/FSWs)	.1
Volunteers (all part-time)	.2

To be determined for 2003-2004

Healthy Start Of Benton County

FY 2001 –02

Collaboration and Governance

Benton County Healthy Start (BCHS) provided home visiting services to all new parents in our community from 1997 through 2001 as a non-state funded Healthy Start program. In April 2002, after receiving state funding the program was able to expand to provide both basic and intensive home visiting services to all families having their first child.

BCHS is coordinated by six key collaborators who provide services to children and families and help manage the program. These collaborators are Benton County Commission on Children and Families, Good Samaritan Hospital, Benton County Health Department, Old Mill Center for Children and Families, Parent Enhancement Program, Linn Benton Community College – Family Resource Department and Benton County Early Intervention.

CORE COLLABORATORS

- ✓ Benton County Commission on Children and Families
- ✓ Benton County Early Intervention
- ✓ Benton County Health Department
- ✓ Good Samaritan Hospital
- ✓ Linn Benton Community College- Family Resource Department
- ✓ Old Mill Center for Children and Families
- ✓ Parent Enhancement Program

OTHER PARTNERS

- ✓ Alsea Rural Health Care
- ✓ Church of Jesus Christ of Latter Day Saints
- ✓ Corvallis Benton County Public Library
- ✓ Corvallis Clinic
- ✓ Corvallis, Philomath, Monroe and Alsea school districts
- ✓ Department of Human Services- Community Human Services – Self Sufficiency Program and Child Welfare Program
- ✓ Healthy Start of Linn County
- ✓ Hewlett-Packard
- ✓ Kidco Head Start
- ✓ LBCC Family Connections
- ✓ OSU Child Development Center
- ✓ OSU Extension
- ✓ OSU Family Policy Program
- ✓ Retired Senior Volunteer Program
- ✓ Samaritan Obstetrics and Gynecology

The BCHS Management Team serves as the Healthy Start Advisory Board, which is composed of staff from the key collaborators. The Management Team meets monthly to ensure that policies and procedures are in place and are implemented in each collaborating organization. Policy decisions are made by the Early Childhood Team that operates as the Implementation Advisory Board and is composed of a broad group of citizens including parents and representatives of family-support organizations.

Screening and Assessment

An Oregon Children's Plan screen is completed in the hospital or during a home visit with a Home Health Nurse from Good Samaritan Hospital. Screens that are positive for risk factors are assigned to a Family Support/Assessment Worker who contacts the family. Trained Family Assessment Workers (Family Assessment Worker) complete a Kempe Family Stress Inventory during a home visit to identify family strengths and stressors. Families with a positive Kempe are offered intensive home visiting services.

Basic Family Support Services

All families in Benton County having their first baby are offered a Welcome Baby visit. These visits are provided by Good Samaritan Home Health Nurses or community volunteers who bring information on child development, health and safety, parenting resources in the community and a gift for the baby. Benton County Healthy Start is able to offer "moderate" family support services to families who do not qualify for intensive services but would benefit from additional support and regular home visits by a trained home visitor. Family Support Workers (Family Support Worker) for families receiving moderate service participate in Healthy Start trainings for Family Support Workers and other local training applicable to families.

Intensive Family Support Services

These families receive intensive home visits provided by a trained Family Support Worker (Family Support Worker). Family Support Workers work with the families to develop an Individual Family Support Plan (IFSP) that provides a framework and guidance for the family support process. Families initially receive weekly home visits. As defined criteria are met, families are promoted to the next level of service with home visits every other week. On each visit, the Family Support Worker demonstrates age-appropriate activities with the child and family, provides information on positive parenting practices and child development while also making community referrals as needed. Using the Ages and Stages Questionnaire, the Ages and Stages – Social Emotional Questionnaire and the HOME Assessment, the Family Support Worker assesses developmental growth. Home visiting curriculum used by BCHS includes Partners for a Healthy Baby, Partners in Parenting Education and the San Angelo Curriculum.

Staff, Training, and Supervision

Staff attended the OCCF Family Support Worker and Family Assessment Worker Core Training, Medicaid Administration Training and additional local trainings. Local trainings have included such topics as healthy brain development, child abuse reporting, domestic violence, boundaries and sensory integration.

Family Support Workers receive one hour of individual supervision and one hour of group supervision a week. Additional supervision/consultation is provided by Maternal Child Health Nurses from Benton County Health Department.

During FY 2001-02, BCHS staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Coordinator/Clinical Supervisor	.6
Clerical	.5
1 Family Support Worker/Family Assessment Worker	.5
3 Family Support Worker/Family Assessment Workers	1.0 each
Home Visiting Nurses (Good Samaritan Hospital)	.5 In-Kind
Nurse (Benton County Health Dept.)	

Healthy Start of Columbia County

FY 2002-03

Collaboration and Governance

Healthy Start of Columbia County (HSCC) was initiated in May 2002. HSCC is a collaborative effort of two agencies that provide Healthy Start services to children and families within the county: Community Action Team, Inc. and Columbia Health District/Public Health Authority. Members of the Columbia County Commission on Children and Families and a HSCC Advisory Committee meets quarterly to advise, address policy issues and provide program oversight. The program administrators for Community Action Team, Inc. and Columbia Health District/Public Health Authority meet monthly to facility collaboration and coordinate service delivery.

CORE COLLABORATORS

- ✓ Columbia Health District/Public Health Authority
- ✓ Community Action Team, Inc

OTHER PARTNERS

- ✓ Caring Options
- ✓ City of St. Helens Library
- ✓ Columbia County CCF
- ✓ Columbia County Mental Health
- ✓ Columbia Pacific Head Start
- ✓ Department of Human Services
- ✓ Educational Services District
- ✓ Even Start
- ✓ Vernonia School District
- ✓ St. Helens School District
- ✓ Legacy at St. Helens
- ✓ Recreational and Educational Activities with Community Help

Screening and Assessment

Families learn about HSCC through a network of community partners, which include health care providers, social service, education agencies, private agencies, friends, neighbors and self-referrals. Cross-trained family service/family assessment workers contact families who have been referred to gather screening information and then conduct the Kempe Family Stress Inventory during a home visit.

Basic Family Support Service

Families referred to HSCC before and after delivery receive information in a "Prenatal" or "Welcome Baby" packet. Families referred to the HSCC during the prenatal period receive a packet on health diet and nutrition during pregnancy, finding a medical provider, preparing for child birth, OHP, housing, financial information, stages of prenatal development, the harmful effect of tobacco, drugs, and alcohol. A book and CD is given to encourage the nurturing of early literacy and brain development. A "Welcome Baby" packet is delivered to families referred after birth including information on breast-feeding, child development, postpartum depression, brain and early literacy and is tailored to meet the needs of first time parent. Families receive a bimonthly newsletter on child safety, guidance, and ages and stages of development until the child is three years.

Intensive Family Support Service

Intensive home visits to higher risk families are structured to provide services and supports tailored to meet the unique and individual needs of the family. Well-child exams are encouraged and immunizations screened. The child's development is screened by the family support worker and the parent to insure that developmental milestones are being met. Age-appropriate child development curriculum is used by the family support worker and the primary goal is to guide the first-time parent in becoming the primary educator of the child through nurturing parent-child activities in the home setting and promoting the development of attachment. The parent becomes confident and knowledgeable about the child's development and is encouraged to become the child's primary teacher.

The family with the support of the family support worker develops an Individual Family Support Plan (IFSP) that is based on the family's unique and individual needs. The family support worker is a resource is helping the family set goals and take steps in meeting their needs by identifying resources in the

community. The Healthy Start nurse completed a nursing assessment for each baby and provides consultation to the family support worker on health related issues.

Staff, Training, and Supervision

HSCC employs staff who are trained in early child development and social services to provide home visiting services. Staff members receive basic training offered through OCCF on home visiting and family assessment and screening tools. Community partners offer training on topics such as domestic violence, child abuse, child development and safety, and other required topics. A professional development plan is developed for each family support worker to identify individual training needs to support performance. Each family Support worker meets weekly with the nursing consultant and program supervisor for case planning and management.

Healthy Start of Crook County
FY 2001-02

Collaboration and Governance

Healthy Start of Crook County started the process to initiate a program starting in January of 2002. The strategy of implementation of a coordinated home-visiting program that provides a range of universal welcome-home visits to intensive program services is identified in the Crook County Comprehensive Plan.

CORE COLLABORATORS

- ✓ Pioneer Memorial Hospital
- ✓ Crook Co. Health Department
- ✓ Crook Co. Commission on Children and Families
- ✓ Crook Co. Community Coalition

OTHER PARTNERS

- ✓ Pioneer Health Care
- ✓ Ochoco Community Clinic
- ✓ Crook Co. Mental Health
- ✓ DHS, Children, Adult and Family Programs
- ✓ Babies First! Program
- ✓ Crook County Library
- ✓ Larson Learning Center
- ✓ Willows Child Care Center
- ✓ COCAAN Child Care Resource and Referral
- ✓ Crook County School District Teen Parent Program
- ✓ Ready-Set-Go of Deschutes Co.

During the course of the year, the application was submitted and approved.

Screening and Assessment

Initial screening is done at the time of pre-admission for delivery at the hospitals and by Healthy Start staff if referrals are received from other sources. Those families that are interested with positive screens are offered a Kempe Family Stress Assessment. A trained Family Assessment Worker completes the Kempe. This FAW will either be a part of Crook County Healthy Start or in the case of out of county deliveries will be contracted to Ready-Set-Go of Deschutes County. Referrals for Welcome Baby visits come from the hospital, medical community or self-referrals.

Basic Family Support Service

All interested families with a first-born child receive a Welcome Baby home visit. For those infants born at Pioneer Memorial Hospital this is incorporated with the current Maternal-Child program visits. Parents receive a packet of information that may include the following: books, information on early brain development, child health and safety, child development, positive parenting strategies, breastfeeding, and community services. Parents are offered periodic Developmental screening (Ages and Stages Questionnaire).

Intensive Family Support Service

Families who screen higher risk are offered intensive services which include regular home visiting by a Family Support Worker to provide child development information, positive parenting strategies, referrals to other services and follow-up to insure access to health care is completed. The home visits will include activities to ensure positive parent-child interactions and relationships.

Staff, Training, and Supervision

Staff will receive basic training through participation in the FAW and FSW training offered through OCCF. The staff will include one part-time FSW, one part-time FAW, one part-time supervisor/director and one part-time clerical staff. Weekly supervisor sessions will occur with training components. The community partners offer periodic training on topics such as community resources, mental health resources, abuse topics, infant CPR, child development, and other topics as the staff request.

During 2000-01, (your program) staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Administrator	1
Managers/supervisors (at 4 sites)	1.65
Clinical supervisors (at 4 sites)	1.0
Volunteer Coordinator	1.0
Family Assessment/Support Workers (FAW/FSWs)	17.78
Parent Educator	.5
Certified Drug & Alcohol Counselor	.75
Administrative Assistant	.85
Clerical	1.07
Volunteers (all part-time)	80

Healthy Start of Curry County
FY 2001-02

Collaboration and Governance

Healthy Start of Curry County (HSCC) was initiated in April 2002. Curry County Health Department provides Healthy Start services.

CORE COLLABORATORS

- ✓ Curry County Health Department
- ✓ Curry County Commission on Children and Families

OTHER PARTNERS

- ✓ Bay Area Hospital
- ✓ Curry Child-care resource and Referral
- ✓ Curry General Hospital
- ✓ Curry Safety Net/Curry Prevention
- ✓ Local churches and community centers
- ✓ Local DHS branches
- ✓ South Coast ESD/Early Intervention
- ✓ South Coast Head Start
- ✓ Sutter Coast Hospital

Members of the Curry County Commission on Children and Families (CCCCF) and the Healthy Start Program Manager form an Early Childhood Advisory Committee that meets monthly to advise, address policy issues and provide program oversight. Partners from the community are invited to attend the meetings.

Screening and Assessment

Families learn about Healthy Start through a network of health care providers. "Welcome Baby" visits are conducted by an Family Support Worker in the families home or at the health department. Cross-trained Family Assessment Worker/Family Support Workers telephone referred families to gather screening information and then conduct the Kempe Family Stress Inventory during home visits.

Basic Family Support Service

Families delivering their child in one of three hospitals receive information on the Healthy Start program. Once consent is received, families are contacted by the Family Support Worker and a "Welcome Baby" visit is provided. Parents receive a tote bag with a packet of information that includes information about early brain development, child health and safety, child development, parenting, breastfeeding, and community resources.

Intensive Family Support Service

Intensive home visits to higher risk families are structured to provide services and supports for both children and parents. Family Support Workers monitor children to make sure they are receiving immunizations, linked to appropriate health care resources, and developing normally. Family Support Workers provide parents with information on child development, referrals to needed community resources, and encourage healthy parent-child relationships.

The family and Family Support Worker work together to develop an Individual Family Support Plan based on the family's identified needs and goals, and is aligned with Curry County Healthy Start program objectives and goals. Family Support Workers use materials from a wide variety of home visiting curricula, including the *Partners in Parent Education (PIPE)*, *Parenting Partnerships*, and the *San Angelo Home Visiting Program.*

Healthy Start of Gilliam County
FY 2001-02
Collaboration and Governance

Although discussion had been going on for nearly two years on the best way to bring Healthy Start to Gilliam County, the actual planning began July 25, 2002 with a regional healthy start meeting hosted in Condon. OCCF staff provided an overview of the essential components and the group of potential partners brainstormed how this program would best be implemented in our county. Meetings continue regularly throughout the year with the application submitted to OCCF November 2002. OCCF is tentatively scheduled to visit Gilliam County the end of February for a site visit. It is the intent of the core collaborators to house the program in North Central ESD Early Education as Gilliam County does not have a public health department.

CORE COLLABORATORS

- ✓ Family Care Resource and Referral
- ✓ CC&F
- ✓ EI/ECSE
- ✓ NCESD Head Start

OTHER PARTNERS

- ✓ Child Care Centers
- ✓ Parents
- ✓ Department of Human Services
- ✓ Kindergarten Teacher
- ✓ Preschools
- ✓ Mental Health Services

The Early Childhood Committee established by the Gilliam County Commission on Children and Families will be the governing body and will meet monthly to advise, address policy issues, provide program oversight, facilitate collaboration and coordinate service delivery.

Screening and Assessment

Initial screening will be completed by the hospitals in the various neighboring counties. Interested families with a positive screen will be offered a Kempe Family Stress Assessment. Trained Family Assessment Workers will complete the Kempe to identify family strengths and stressors. Referrals for Welcome Baby visits will come from the hospitals.

Basic Family Support Service

All families of newborn children in Gilliam will receive a Welcome Baby Basket at the first home visit. This basket will offer to the family informational pamphlets, community resources, and some fun things for the families and their new baby. Parents will be offered periodic Developmental screening through our FAW/FSW (Ages and Stages Questionnaire). The FSW will immunizations and well child check ups and work with families to assure that both are kept up to date.

Intensive Family Support Service

Families who screen higher risk will be offered intensive services which include regular home visiting by a FSW to provide child development information, positive parenting strategies, referrals to other services to reduce family stress, goal setting with the family, and follow-up to insure access to health care including immunizations. A large portion of each home visit will include activities to ensure positive parent-child interactions and relationships.

Staff, Training, and Supervision

The ECT will select a hiring committee for the Supervisor/FSW/FAW. Staffing will be based on education and/or experience, for handling the variety of experiences they may encounter when working with at-risk families. The ECT will be kept informed of the hiring as well as the training of further FSW and FAW staff. All staff will have a criminal background check and will be expected to sign a confidentially agreement before visiting any families. Staff will have Cultural Competency training to represent the diverse needs of families who will be served.

Using the remaining funds of the 2001-2003 biennium, the ECT and CC&F agreed to form a hiring committee. This committee, with the remainder of the funds, would hire a qualified person to be, for the time being, the Supervisor/FSW/FAW. This person would attend the required OCCF sponsored training.

The ECT would at this time be the supervising board of this person. During this time, it is planned to recruit at least one of each of a FSW and FAW worker. At that time, the Supervisor/FSW/FAW will actually be trained as a FSW and FAW, but would be the supervisor.

Once the program has reached the recruitment, the program will demonstrate a plan for effective and ongoing supervision that promotes accountability, quality assurance, skill and professional development as well as retention of staff and families.

The Supervisor/FSW/FAW and any additional FSWs or FAWs will attend the OCCF Core training before Healthy Start services commence. In addition, the above mentioned would attend any supplemental core training and continuing education training. The collaboration of the ECT and CC&F will offer local training in reporting child abuse, domestic violence, drug-exposed infants and services in their community. In addition staff and volunteers will be trained in confidentiality/consent protocols and assurances. They will be trained in safety procedures and protocols. The reading of Home Visiting by Carol Klass will be required. Education will be provided as a continuing part of the program improvement and quality assurance.

Local personnel, who have expertise in the use of the instrument, will train FSWs in the administration of the ASQ. FSWs will also be trained in evaluation procedures to be used with families on their caseloads.

The Supervisor/FSW/FAW and any additional FSW or FAW will attend state OCCF training on Title XIX Medicaid Administration. Home visitation is most successful when home visitors are well trained to promote positive health related behaviors and qualities of infant caregiving, and to reduce family stress by improving the social and physical environments in which families live.

Staff, Training, and Supervision

Healthy Start uses trained professional staff to provide home visits. Staff members receive basic training from the health department and also participate in the Family Assessment Worker and Family Support Worker training offered through OCCF. Bi-weekly staff meetings regularly include training on child and issues, effective use of the IFSPs, and other program issues. Staff members attend state and local conferences focusing on children and families. Community partners periodically offer training on topics such as child maltreatment and reporting, substance abuse, brain development research, and domestic violence. Family Support Workers receive one and a half hours of individual weekly supervision.

During 2001-02, HSCC staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Administrator	.1
Managers/Supervisors	.4
Family Assessment/Support Workers (Family Assessment Worker/Family Support Workers)	.4
Clerical	.2

Healthy Start of Grant County
FY 2001-02

Collaboration and Governance.

Healthy Start is a collaboration of the Commission on Children and Families, Families First of Grant County, Inc., the Early Childhood Team, the Grant County Public Health Department and the Blue Mountain Hospital with support from the physicians delivering babies at the Strawberry wilderness Family Clinic and private physicians doing pre-natal care. Oversight is provided by the CCF Board, Families First Board and the Early Childhood Team.

CORE COLLABORATORS

- ✓ Grant County Public Health Department
- ✓ Blue Mountain Hospital

OTHER PARTNERS

- ✓ Strawberry Wilderness Family Clinic
- ✓ Dr. Holland
- ✓ Dr. Nichols
- ✓ Grant County Center for Human Development
- ✓ Early Childhood Intervention, ESD

Health Start began in Grant County in July of 2002. The first Healthy Start family was enrolled in October. There are currently five families being served by Healthy Start. The response has been quite positive with the parent's calling the office to talk to their Family Support Worker when questions arise. Healthy Start is operated by Families First of Grant County, inc. in collaboration with the Grant County Department of Public Health and the Blue Mountain Hospital. The two Family Assessment Workers attend the first Pre-Natal class at the hospital every other month to explain Healthy Start and acquire the names of potential enrollees. Contact is then made by permission on a sign up sheet with each participant who has expressed an interest in learning more about the program. The FSW contacts the mother-to-be and arranges an in-home appointment to discuss Healthy Start and provide the family with information. Once the family has agreed that they would like services if eligible we move to the screening and assessment phase. Secondarily, for families not identified through the Pre-Natal class we identify potential participants through the New Beginnings Classes at Families First. Healthy Start is explained in the first class of the 12 week series, again at around the 4^{th} and 8^{th} weeks and at the end of the course. Informational brochures are passed out at the first session and the OCP Screen is passed out at the 8^{th} session after a trust relationship has been built. Alternatively, for families not identified pre-natal through these two sources, families are identified through Babies First, Maternity Case Management and other Health Department programs and at the point of delivery through the hospital.

Screening and Assessment

An informational home visit is made to acquaint the family with Healthy Start. If they express interest in the program the OCP Screen is presented *with many disclaimers* so that people don't bolt as soon as they start reading it. Once the screen in completed and evaluated a FAW makes a home visit with both partners if possible and completes a KEMPE Screening interview. The interview is written up according to state guidelines and scored by the FAW. Interviews are them given to the Program Manager to review. Once the Program Manager has signed off on the KEMPE Screen a plan is prepared for the service level for the family and visits are begun accordingly.

Basic Family Support Service

Visits are done every other week pre-natal and every week for the first month after birth. Then the plan is reevaluated based on the FSW and Health Department information. If continued support is necessary it goes to every other week until the third month. During this time the family is provided with a three ring binder "baby book" with information from the San Angelo curriculum on Health, Feeding, Safety, Development, Activities, etc. The FSW spends one hour with the family and discusses the information and activity for that period of time. Referrals are made to community services and other supports the family may need. We try to keep the family in the program until the first ASQ is completed and then just do periodic check-ins to see that things are going smoothly.

Intensive Family Support Service

We haven't been operating long enough to have anyone in this category but our plan is for weekly in-home visits for the first three to four months; twice monthly visits from month five to age one-year; monthly visits from age one-year to age two years; every six weeks visits from year two to three; every other month from year three to four; quarterly from age four to five.

Staff, Training, and Supervision

Linda Harrington, FAW, FSW, Program Manager/Supervisor
Dixie Beard, FAW, FSW
Marsha Delaney, Public Health Nurse, RN; FAW; Babes First, Maternity Case Mangement, Well Baby Checks.

During 2000-02, Families First of Grant County, Inc. staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Administrator/Supervisor	.5
Clinical supervisors (at 2 sites)	.2
Family Assessment/Support Workers (FAW/FSWs at two sites)	1.0

Jefferson County Healthy Start
FY 2001-02

Collaboration and Governance

Jefferson County Healthy Start (JCHS) was initiated in July 1, 2002. JCHS is based out of JCD H & HS and is housed in the same facility.

CORE COLLABORATORS

- ✓ Babies First
- ✓ Cacoon
- ✓ JCD H & HS
- ✓ WIC

OTHER PARTNERS

- ✓ Child Welfare
- ✓ Early Intervention
- ✓ Family Care Clinic
- ✓ High Lakes Health Care
- ✓ Jefferson County Day Care Facilities
- ✓ Jefferson County Mental Health
- ✓ Mountain View Hospital
- ✓ Teen Parenting Program at Madras Senior High School.

JCHS Public Health Nurse attends Quarterly meetings with Jefferson County Maternal Child Health Advisory Committee and Early Childhood Committee. Healthy Start is presented at these meetings and is open for discussion. Any other business thus far is handled between the Healthy Start Public Health Nurse and JCD H & HS Nursing Supervisor.

Screening and Assessment

OCP screens are completed at Mountain View Hospital by either parent. Forms are then faxed to JCD H & HS. JCHS RN then reviews the forms and determines their eligibility. Kempe Family assessments are done during a home visit on any family that screened positive. Level and intensity of services is determined by the assessment.

Basic Family Support Service

All interested first birth families receive a "Welcome Baby" visit. This visit includes a Welcome Baby Bag containing small baby supplies and information on brain development, health care, SIDS, PPD, car seat safety, and a community resource directory.

Intensive Family Support Service

Intensive home visiting is structured to provide parenting education and developmental screening on the infant. Referrals are made as needed to other community resources. Parenting education is provided using the following home visiting curricula: Partners for a Healthy Baby, and Healthy Families Healthy Babies (both are available in English and Spanish).

Jefferson County Healthy Start also has incorporated a prenatal program. Partners for a Healthy Baby home visiting curricula is used for this service. The service offers prenatal support, tobacco cessation education, and education on what to expect during the pregnancy and delivery.

Staff, Training, and Supervision

JCHS sent their HS Public Health Nurse to both the Family Assessment Worker and Family Support Worker trainings. She has also been to other state and county trainings including, Breastfeeding, Smoke Free Mothers and Babies, and HS quarterly manager/supervisors meeting and trainings. From July 2002 to current JCHS staff has included one Public Health Nurse who also serves as the Family Assessment Worker and Family Support Worker. Supervision is provided in-kind by the Public Health Nursing Supervisor.

During 2001-02, JCHS staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Public Health Nurse/Family Assessment Worker/Family Support Worker	1.0

Klamath Healthy Start
FY 2001-02

Collaboration and Governance

An extensive collaborative effort by many local agencies resulted in the funding and subsequent roll-out of the Klamath Healthy Start (KHS) program in February, 2002. All of the core partners, as well as many of the other partners, sat together to develop a plan that would effectively serve our community. Klamath Youth Development Center (KYDC) was given the role of lead agency. The Executive Director and Board of Directors oversee all programming at KYDC. Weekly multidisciplinary team meeting are held to discuss new referrals and coordinate case planning. The Early Childhood Partnership team, a merger of our Early Childhood Education CCF subcommittee and Klamath Local Interagency Coordinating Counsel, act in an advisory capacity to the Healthy Start program.

CORE COLLABORATORS

- ✓ Klamath County CCF
- ✓ Klamath County Public Health Department
- ✓ Klamath Youth Development Center
- ✓ Merle West Medical Center
- ✓ Parent Resource Center
- ✓ Teen Parent Program

OTHER PARTNERS

- ✓ Cascade Comprehensive Care
- ✓ Community Safety Net
- ✓ Crisis Center
- ✓ Early Childhood Partnership Team
- ✓ Early Intervention
- ✓ Klamath County Library
- ✓ Klamath County Mental Health
- ✓ Klamath Falls City Schools
- ✓ Klamath Open Door Family
- ✓ Local DHS Self-Sufficiency and Child Welfare Programs
- ✓ Oregon Institute of Technology
- ✓ OSU Extension Services
- ✓ Practice
- ✓ Tribal Health and Family Services
- ✓ WIC

Screening and Assessment

Klamath Healthy Start receives referrals from a number of sources. Prenatal referrals come from local obstetricians, WIC, Cascade Comprehensive Care, the Public Health Department, Klamath Tribal Health and the Teen Parent Program. At the time of delivery our area's only hospital, MWMC, informs parents about the program and gains consent for services. Referrals are brought to the multidisciplinary team meeting where, depending on what services the family is interested in, they are given to an Family Support Worker/Family Assessment Worker, Teen Parent Program case manager or student intern. A Spanish speaking Family Assessment Worker/Family Support Worker visits all of our Spanish speaking families. Families consenting to screenings will be seen by the Family Assessment Worker/Family Support Worker. They will provide the Welcome Baby Visit as well as complete the Oregon Children's Plan screening and Kempe Family Stress Assessment if indicated. Our student intern (or Family Assessment Worker/Family Support Worker) visits families who are only interested in a Welcome Baby Visit, or would like more information about the program before deciding if they are interested. These visits often lead to screenings. The Teen Parent Program completes the consent, OCP and Kempe on expectant parents involved with their services.

Basic Family Support Service

In Klamath County, basic family support services are comprised of a number of elements. Consenting families receive two home visits, one by a nurse from the hospital and one from a Healthy Start volunteer or Family Assessment Worker/Family Support Worker. How is Welcome Baby visit different from Nurse visit? These visits are coordinated to be at least a week apart, with the nurse visiting first. The second visit is our Welcome Baby Visit. Each family is provided a packet of information that includes information on child development, health and safety, parenting, breastfeeding and helpful resources in our community. Donated layettes and books for infants are provided as the resources are available. Families are welcome to call the program at any time if they need more assistance in locating resources or information.

Intensive Family Support Service

Intensive, on-going home visits are offered to families who are interested in and qualify for the service. The Family Assessment Worker/Family Support Worker and parents work together to develop an Individualized Family Support Plan. These plans are tailored to each family's unique strengths and needs.

The home visitor then structures subsequent home visits to address the needs that have been identified. We use a variety of curriculum, depending on the family and IFSP. Frequently used resources include the OSU Extension News Letter, the San Angelo Home Visiting Program, Parents in Parenting Education, Born to Learn and Partners for a Healthy Baby.

Home visitors complete regular developmental assessments to determine if each child is developmentally "on track". If a concern is notes in an assessment, a referral is made to the appropriate agency. Home visitors also track each child's immunizations and well-baby visits to their physician. In some cases, they consult with the child's physician. Home visitors often participate on planning/coordinating teams developed to assist families meet their goals. Other team members may include DHS, mental health, early intervention, physicians, the tribe, the Teen Parent Program, Developmental Disability Services and many others.

Staff, Training, and Supervision

Klamath Healthy Start employs experienced professionals to deliver our services. Our staff include individuals who are Spanish speaking, who have experience working with our tribal population and who are experienced at working with teen parents. These staff members are provided the basic Family Assessment Worker/Family Support Worker OCCF training upon being hired. They attend other trainings, both locally and around the state, as they become available. Klamath Youth Development Center provides weekly in-house trainings on a variety of children's mental health topics. Each staff member attends individual and group supervision weekly and can consult with her supervisor whenever needed. Volunteers and student interns receive training regarding the Healthy Start model, confidentiality, local resources, child development and child abuse reporting. They shadow staff until they demonstrate a basic skill set. They also receive weekly supervision by the clinical supervisor.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Administrator	.30
Clinical supervisor	.50
Family Assessment/Support Workers (Family Assessment Worker/Family Support Workers)	2.5
Clerical	.50
Volunteers	

Lake County Building Blocks
Healthy Start Program
Lake County

Collaboration and Governance

"Lake County Building Blocks", the Healthy Start Program for Lake County began operation in August of 2002. It was established through a collaborative effort of the United Prevention and Intervention Coalition (UPIC), a unique advisory committee for several programs in Lake County. UPIC is comprised of members from various social services agencies, schools and the faith community. UPIC members from Child Care Resource and Referral, Early Intervention, Head Start/Sunshine Children's Center, Public Health, and Commission on Children and Families serve as the main advisory board for "Lake County Building Blocks. The board and committee meet monthly to advise and address program issues.

CORE COLLABORATORS

- ✓ Lake County Commission on Children and Families
- ✓ Lake County Public Health

OTHER PARTNERS

- ✓ Lake County Head Start
- ✓ Lake District Hospital
- ✓ Lake Couty Education Services District
- ✓ Local Physicians
- ✓ Child Care Resource and Referral
- ✓ Lakeview Sunshine Children's Center
- ✓ Child Welfare Services, DHS
- ✓ Court Appointed Special Advocates
- ✓ Family Services, DHS
- ✓ New Beginnings Crisis Center
- ✓ Lake County Faith Ministries

Screening and Assessment

Information regarding "Building Blocks" and a letter of consent to be contacted are distributed to first birth families through local physicians, the hospital, WIC, and various other service organizations. Families may also self refer for services. First contact with the family is made by Registered Nurse Family Assessment Worker. Each family is requested to complete the Oregon Children's Plan Prenatal and At Birth Screening Tool (OCP). Families are not refused services if they choose not to participate in the screening. If the family chooses to be screened and the FAW R.N. determines a risk factor exists, a Kempe Family Stress Assessment is preformed during a home visit. It may take more than one visit to complete the assessment.

Basic Family Support Service

Every family requesting the services of Building Blocks receive a home visit by the FAW RN with a gift package that includes Black on White by Tana Hoban, "Building Your Babies Brain" CD, written information on developmental stages, breast-feeding, and immunizations. A discussion is held with the family to determine their primary concerns. Education/referral may be given at this visit or a second visit may be scheduled. The FAW will determine appropriate personnel to follow up at the second visit based on family concerns and needs.

Intensive Family Support Service

Intensive family support visits to higher risk families are structured to provide frequent visits by a FSW or FAW RN. These visits are scheduled according to family need and a variety of resource material and referrals are utilized.

Staff, Training and Supervision

Lake County Building Blocks use trained lay and professional staff for all client contacts. All home visitors have attended the Family Support Worker or Family Assessment Worker training sponsored by the Commission on Children and Families. The supervisor make every effort to attend the quarterly Manager/ Supervisor meeting, with a minimum of twice a year. Weekly supervisor interaction targets program and client issues. Continuing education seminars and conferences addressing child abuse, child development**,** first aide and CPR, cultural competency, breast-feeding, alcohol/drug issues effecting families, immunizations, and Oregon Health Plan training were attended in 2001-2002. Monthly meetings with UPIC help inform "Building Blocks" of community programs and resources for referral and continuing education opportunities.

STAFF POSITION	**FTE**
1 supervisor,	.05 FTE
1 Family Assessment Worker,	.10 FTE
1 Family Support Worker	.06 FTE
A satellite clinic in the north end of the county has:	
1 FAW/FSW	.10 FTE

The "Lake County Building Blocks" main office is located in the southern portion of the county. Main office staff Salary expenditures may be routed to the area with the greatest concentration of clients and workers may travel from one area to another.

Healthy Start of Malheur County

FY 2001-02

Collaboration and Governance

The Malheur County Health Department initiated Healthy Start programming in April 2002. The health department provides the direct Healthy Start services and collaborates with many local and government agencies to facilitate referrals, planning and evaluation of services. Malheur County Healthy Start is a collaborative effort between Malheur County Commission on Children and Families and the Malheur County Health Department.

CORE COLLABORATORS

- ✓ Malheur County Health Department
- ✓ Malheur County CCF

OTHER PARTNERS

- ✓ Child Care Referral & Resources
- ✓ Holy Rosary Medical Center
- ✓ Lifeways Behavioral Health
- ✓ Local Physicians
- ✓ Malheur County Child Development Coalition
- ✓ Malheur County DHS
- ✓ Malheur County ESD
- ✓ Malheur County Juvenile Department
- ✓ Malheur County Schools
- ✓ Oregon Child Development Coalition
- ✓ Treasure Valley Community College

The Malheur County Early Childhood Team is the governing committee that meets monthly to advise and provide program oversight. The team meets during the Malheur County Services Meeting. The team consists of the core collaborators listed above.

Screening and Assessment

Families learn about Healthy Start and Babies First through the hospital, private Physician, and WIC. We also distribute information about the program throughout the community. The Nurse contacts the referred families to gather screening information and schedule a home visit for further screening as necessary.

Basic Family Support Service

Families referred for services receive a "Welcome Baby" home visit by a Public Health Nurse. Information regarding community services and educational materials are given to the family at this time. The baby is weighed and measured and questions about breast-feeding and infant care are addressed. A phone call is made to the family at 2 months to remind them of immunizations and field any questions or concerns.

Intensive Family Support Service

Intensive home visits to higher risk families are structured to provide services and supports for both children and parents. PHNs monitor children to make sure they are receiving immunizations, linked to appropriate health care resources and developing normally. Parents are provided with information on child development, referrals to needed community resources and encourage healthy parent-child relationships.

Staff, Training, and Supervision

MCHD use Registered Nurses to provide home visits and program management. Nurses are trained through OCCF and OHD trainings. The Office Assistant is trained in program related areas.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
RN	1.0
Office Assistant II	1.0

Healthy Start of Multnomah County
FY 2001-02

Collaboration and Governance

Multnomah County is a newly funded Healthy Start program in Spring 2002. The majority of fiscal year 2001-02 was spent in planning. The program is built upon the Early Childhood Framework adopted by Multnomah Board of County Commissioners in August 2001. The Implementation Advisory Group (IPAG), co chaired by a County Commissioner and member of the Commission on Children, Families, and Community with membership from the community was responsible for recommendations for the implementation and budget for the Healthy Start proposal. A separate county staff group provided information to the IPAG. Decisions of IPAG were regularly reviewed at the Early Childhood Care and Education Council. Upon receipt of Healthy Start funding, the staff group was integrated into IPAG, which has become the policy advisory group for Healthy Start implementation. The County Chair selected the Health Department to be responsible for overall administration of Healthy Start in Multnomah County.

CORE COLLABORATORS

- ✓ Early Childhood Care and Education Council
- ✓ Immigrant & Refugee Community Organization
- ✓ Implementation Advisory Group
- ✓ Morrison Center
- ✓ Multnomah Commission on Children & Families
- ✓ Multnomah County Health Department

OTHER PARTNERS

- ✓ City of Portland-Bureau of Housing & Community Development
- ✓ Connections for Young Parents
- ✓ Desarrollo Integral de la Familia
- ✓ DHS – Multnomah Co. Service Delivery Area
- ✓ Early Head Start of Portland
- ✓ Healthy Birth Iniative
- ✓ Metro Childcare Resource & Referral
- ✓ Mt. Hood Community College Head Start & Early Head Start
- ✓ Mult. Co. Dept of Community Justice
- ✓ Multnomah Co. Dept of County Human Services
- ✓ Mult Co. Office of Schools & Community Partnerships
- ✓ Multnomah Early Childhood Program
- ✓ Neighborhood House Parent Child Center
- ✓ Nurturing Families-Boys & Girls Aide Society
- ✓ Parent Child Development Services
- ✓ Peninsula Children's Center

Screening and Assessment

Screening and assessment will be done at two touch points: during the prenatal period and at birth. Welcome Baby visits by community health nurses and community health workers will be done at six area hospitals. These visits will provide screening, information and referral and build upon the existing Connections program, which visits teen parents at the hospitals. With 24% of first births occurring in hospitals in neighboring counties, we are working with Clackamas and Washington Counties to coordinate hospital visits. The prenatal screens will involve community prenatal providers to offer the screening as part of their prenatal care services.

Basic Family Support Service

Families eligible for basic services will be offered a Welcome Baby hospital or home visit and a packet of materials. This packet will include health information, community resources and early literacy information currently provided by the library to new parents. Additionally families will be offered referral to existing community services, such as Parent Child Development Services (which are located in 7 community based agencies) and Early Head Start.

Intensive Family Support Service

Multnomah County Healthy Start will be utilizing a community-based team approach. Families who are eligible and interested in ongoing home visits will be assigned a home visitor based on family needs and location. Home visitors will be divided into five teams based in the communities they serve. Home visitors will provide intensive home visits focusing on parent support, education, child development and case management. An Individual Family Support Plan will be developed with each family and will help guide services.. A variety of parenting curricula will be used including Partners in Parenting Education and Parents as Teachers.

Staff, Training, and Supervision

Multnomah County Healthy Start will be using a combination of both nurses and trained parent educators to provide Intensive Services. Two nurse teams will be providing Healthy Start home visiting through Multnomah County Health Department's multidisciplinary teams. Each nurse team will consist of 4 FTE nurse home visitors and 1 FTE nurse supervisor. Three community-based multidisciplinary Family Support teams will be based out of Morrison Center and Immigrant & Refugee Community Organization. The Family Support Teams will each consist of 5 FTE trained family support workers, 1 FTE supervisor, 1 FTE office administrator, .5 FTE community health nurse, and .5 FTE child development specialist. By the end of fy 01-02, one nurse team had been recruited and hired. All staff will participate in OCCF sponsored core training. In addition, staff will also attend local and state training on topics such as mandatory reporting and goal setting. All nurse home visitors will also receive training through the Nurse Family Partnership program.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Administrator	.25
Clinical supervisor	.50
Community Health Nurses	4.0

Staff will receive weekly supervision, involving a review of each family's progress and service plan and staff reflection on process and practice. Healthy Start staff from all five teams will meet regularly to review cases, problem solve issues, and participate in training.

Healthy Start of Morrow County
FY 2001-02

Collaboration and Governance

Healthy Start of Morrow County (HSMC) is operated as part of the Morrow County Health Department's prior existing home visiting program. Other parts of the overall program include Maternity Case Management, Babies First, and CaCOON. The Healthy Start part of the program officially began visiting families in May 2002 under state funding. The Morrow County Commission on Children and Families is responsible for fiscal monitoring.

CORE COLLABORATORS

- ✓ Morrow County CCF
- ✓ Morrow County Health Department

OTHER PARTNERS

- ✓ Community Connections
- ✓ Education Service District
- ✓ Faith Community
- ✓ Good Shepherd Hospital
- ✓ Head Start
- ✓ Local DHS Departments
- ✓ Morrow County Health Department's WIC Program
- ✓ Morrow County School District
- ✓ Oregon Trail Library District
- ✓ Primary care providers
- ✓ Umatilla County Health Department

The governance mechanism for HSMC is through the Early Childhood Coalition. This Coalition coordinates and governs the early childhood system of services and supports countywide. Membership includes representatives from the Morrow County Commission on Children and Families; The Public Health Department; Umatilla-Morrow Education Service District; Behavioral Health; Umatilla-Morrow Head Start and Child Care Resource and Referral; and DHS Child Welfare, Self Sufficiency, and Community Human Services Departments.

Screening and Assessment

Families are referred to HSMC through several sources. Public health nurses refer first-birth families prenatally through Maternity Case Management services. Through a partnership agreement, the Umatilla County Health Department contacts Good Shepherd and St. Anthony Hospitals and notifies Healthy Start of Morrow County of first birth families. Families are also referred through private physician's offices, WIC, Head Start, Community Connections, DHS Child Welfare and Self Sufficiency, and the schools.

Basic Family Support Service

Interested families are offered a "Welcome Baby" home visit with a packet of information about child development and parenting. The packet includes information on CPR, safety, nutrition, immunizations, childcare, and child growth and development. Public health nurses always conduct the first home visit. With a positive screen, the family is referred for further assessment and service.

Intensive Family Support Service

Home visiting services, for higher-risk families who choose to participate, are provided by a trained Family Support Worker, who is bilingual and bicultural. The Family Support Worker works with the family to identify goals and means of accomplishing these goals under an Individual Family Support Plan. Home visits are structured around the needs and interests of each individual family and the baby's developmental stage. The curriculum used on each visit, utilizes a wide variety of handout materials for the parents. All materials are available in both Spanish and English. The Family Support Worker also takes a gift such as a sleeper, booties, blanket, book, toy, or body lotion to the family each time she visits. Many of the gifts have been donated by members of community organizations.

Staff, Training, and Supervision

Healthy Start of Morrow County uses trained family assessment and support workers to provide intensive services. All staff has participated in the statewide training for Family Assessment Workers and Family Support Workers and supervisors sponsored by OCCF. Staff members regularly participate in trainings and workshops, offered locally and throughout the state. Monthly meetings with the governance group provide an opportunity to share new information including trainings and workshops. The meetings are followed by case management sessions with specific agencies as needed. The Morrow County Public Health director supervises all department staff. A trained RN is the Family Assessment Worker and supervises the Family Support Worker. Supervision takes place weekly.

During 2001-02, Healthy Start of Morrow County staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Administrator	.025
Program supervisor / Family Assessment Worker	.5
Family Assessment / Support Workers	1.2
Clerical	.025

Healthy Start of Wallowa County
FY 2001-02

Collaboration and Governance

Planning for Healthy Start of Wallowa County began March 19, 2002. OCCF staff provided an overview of the essential components and the group of potential partners brainstormed how this program would best be implemented in our county. Meetings continued regularly throughout 2002 with discussion centering on the best house for the program and the model for home visiting. In October 2002, the director of the Building Healthy Families Program attended the 4-day Home Visitor training sponsored by OCCF. It is the intent of the core collaborators to house the program in Building Healthy Families. That program currently provides family advocacy through Community Safety Net and Parent Education funded by the Ford Family Foundation and CCF. The housing of this project with this program is dependent upon their securing 501© 3 status.

CORE COLLABORATORS

- ✓ Building Healthy Families
- ✓ CCF
- ✓ Health Dept.
- ✓ Training Wheels
- ✓ Wallowa Memorial Hospital

OTHER PARTNERS

- ✓ Child Care Resource and Referral
- ✓ Department of Human Services
- ✓ Early Intervention
- ✓ Head Start
- ✓ Mental Health
- ✓ Wallowa County Library

The Early Childhood Committee established by the Wallowa County Commission on Children and Families will be the governing body and will meet monthly to advise, address policy issues, provide program oversight, facilitate collaboration and coordinate service delivery.

Screening and Assessment

Initial screening will be completed by the hospital or health department staff. Interested families with a positive screen will be offered a Kempe Family Stress Assessment. Trained Family Assessment Workers will complete the Kempe to identify family strengths and stressors. Referrals for Welcome Baby visits will come from the hospital, medical community or self-referrals. The Building Healthy Families Program will use a marketing plan to promote the services available through Healthy Start to increase universal acceptance.

Basic Family Support Service

All families of first-born will receive a Welcome Baby home visit. Parents will receive a bag that includes the Training Wheels book bag, information about early brain development, child health and safety, child development, positive parenting strategies, breastfeeding, and community resources including parent-child play groups and parent education and support classes. Parents will be offered periodic Developmental screening through the Health Department (Ages and Stages Questionnaire) as well as being put on a mailing list for Training Wheels newsletter, monthly child development newsletters produced by OSU Extension Service as well as the mailing list of the Building Healthy Families for information on upcoming parent education opportunities.

Intensive Family Support Service

Families who screen higher risk will be offered intensive services which include regular home visiting by a Family Support Worker to provide child development information, positive parenting strategies, referrals to other services to reduce family stress, goal setting with the family, and follow-up to insure access to health care including immunizations. A large portion of each home visit will include activities to ensure positive parent-child interactions and relationships.

Staff, Training, and Supervision

Staff will include 2 part-time skilled home visitors and a part-time supervisor. Staff members receive basic training through participation in the Family Assessment Worker and Family Support Worker training offered through OCCF. Weekly supervisor sessions will occur and training will include child and family issues, effective use of IFSPs, community resources and other program issues. Community partners periodically will offer training on topics such as child maltreatment and reporting, substance abuse, brain development research, postpartum depression, domestic violence, infant massage, First Aid and CPR certification, child development and developmentally appropriate activities and interactions.

During 2001-02, staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
To be determined for 2003-2004	

Healthy Start of Wheeler County
FY 2001-02

Collaboration and Governance

Using local funding, Wheeler County began offering "Welcome Baby" visits to all new parents in the fall of 2000. State funding to continue and expand this effort became available in 2002. Wheeler County Healthy Start (WCHS) is a collaboration of six agencies including Family Care Resources and Referral, Wheeler County CCF, Spray Preschool, Fossil Preschool and Day Care, Mitchell Preschool, and Wheeler County Public Health.

CORE COLLABORATORS

- ✓ Family Care Resources and Referral
- ✓ Fossil Preschool and Day Care
- ✓ Mitchell Preschool
- ✓ Spray Preschool
- ✓ Wheeler County CCF
- ✓ Wheeler County Public Health

OTHER PARTNERS

- ✓ Asher Clinic
- ✓ DHS, Condon/Fossil Branch
- ✓ Fossil School District
- ✓ Mitchell School District
- ✓ Morrow Wheeler Behavioral Health
- ✓ NCESD EI/ECSE Specialist
- ✓ Oregon Head Start NCESD EE
- ✓ Spray Scholl District
- ✓ Wheeler County Court Appointed Special Advocate

The Wheeler County CCF's Early Childhood Taskforce meets monthly to address program guidelines and review gaps and barriers to providing services throughout the county. The taskforce consists of all partners listed above with additional input from community members with knowledge of home visiting programs.

Screening and Assessment

Families become aware of Healthy Start through word of mouth, clinic referrals, or by direct contact with a Family Support Worker. Interested families with a positive screen will be offered a Kempe Family Stress Assessment completed in the family's home. Trained Family Assessment Workers complete the Kempe to identify family strengths and stressors. Wheeler County Public Health has received funding for Babies First, which will increase the number of newborn assessments being done. As there is no hospital in Wheeler County, residents chose a hospital in The Dalles, Bend, Prineville, John Day or Pendleton, which has made it impossible to get the birth records or a preliminary screening from the hospital or OB/GYN doctor. Advertisements for the services are done in each community with posters, flyers and informal networking.

Basic Family Support Service

Each family with a newborn receives a "Welcome Baby " basket, which includes information on early brain development, child health and development, parenting and community resources.

Intensive Family Support Service

At this time, Wheeler County's intensive services are provided by North Central Education Service District, Early Intervention and Special Childhood Education Services. Wheeler County Safety Net services which are provided through Multi-Agency Team as family plans are written.

Staff, Training, and Supervision

The position was staffed and supervised by Wheeler County Health Department. The home visitor received Family Support Worker training provided by OCCF and continues attend classes through partnering agencies.

During 2001-02, HSWC staff included the following full-time equivalencies (FTE):

STAFF POSITION	FTE
Program Administrator	.15
Family Assessment/Support Workers (Family Assessment Worker/Family Support Workers)	.1
Certified Drug & Alcohol Counselor	

Appendix D
Fifteen Essential Components of Healthy Start Programs

Oregon Healthy Start Framework
Essential Components

Universal and voluntary

Healthy Start strives to offer all new parents with a first born child a range of services from basic to intensive. Participation is voluntary with positive, continuing outreach efforts to insure that families who would benefit most from the services have an opportunity to become involved.

Family focus

The family is the driving force in determining the constellation of supports needed, and in working in partnership with the program to support their child's development. Services are based on supporting positive parent-child interaction and child development, utilizing a holistic approach that recognizes the needs of the child and the parents.

Diversity is respected

Services are programmatically competent such that the staff understands, acknowledges, and respects differences among participants. Services and materials used reflect the cultural, linguistic, geographic, and ethnic/racial diversity of the population served. Programs will recognize cultural and special needs and make every reasonable effort to address those needs.

Collaboration

Healthy Start is based on a collaboration of local Commissions on Children and Families, Health Departments and community providers of services that builds on existing perinatal programs and develops an integrated home visiting system. Confidentiality barriers are addressed through information sharing and/or interagency collaboration.

Community Investment

The leveraging of community funds (cash and in kind) and other resources is a valued method for assisting in the process of providing Healthy Start services above targeted levels. These leveraged resources may be accounted for as cash, federal funds (other than OCCF grant streams), private grants and contributions, volunteer services (professional or non-professional), community and organizational participation, service and supply donations, and capital outlay contributions.

Comprehensive assessment system

Healthy Start uses a standardized risk assessment process as adopted by the Oregon State Commission on Children and Families to identify families that would benefit most from intensive services.

Early initiation of service

Service is initiated during the prenatal period or at birth.

Basic services

For families assessed with few, if any risk characteristics, short-term services are offered during the perinatal period that, depending on needs, may include a welcome-home visit, information on child

development, positive parenting strategies, breast-feeding assistance, and community resources and supports. Programs are strongly encouraged to maximize the use of trained volunteers and other community resources to provide these services.

Intensive services

For families assessed with multiple risk characteristics, long-term services are offered intensively (initially once a week) with well-defined criteria for increasing or decreasing intensity of service over a five-year period. Depending upon needs, services such as information on child development, breastfeeding assistance, positive parenting strategies, community resources and supports, are provided by trained para-professionals and/or collaborative partners with utilization of other available community resources.

Health care services

The program promotes the health and well-being of the child and all family members by coaching families on prevention of health problems and ways to appropriately access needed health services, and by advocating for their needs within the health care system. At a minimum, all families receiving intensive services are linked to a primary health care provider so that the child can receive timely immunizations and well child care. Routine health and developmental screening is done to identify problems and refer for further assessment and early treatment, if needed.

Limited caseloads

Intensive service caseloads are limited or weighted for intensity of service to assure that home visitors have an adequate amount of time to spend with each family to meet varying needs, plan for future activities, and accurately document services. Healthy Start uses an established weighted caseload system to ascertain caseloads. This system provides for a review of community and client characteristics in determining caseload size. Limited caseload means, for most communities, no more than 15 families on the most intensive level per home e.g., less than 10.

Staff characteristics

Program Staff are selected because of their education, work and life experiences, ability to effectively communicate and establish trusting relationships, ability to demonstrate interpersonal and helping skills, ability to work with diverse communities, ability to identify and provide access to other services, and appropriate technical skills. Staffs have a framework, based on education and/or experience, for handling the variety of experiences they may encounter when working with at-risk families.

Supervision

Program staff will receive ongoing, effective supervision. The purpose of supervision is to optimize the growth of families and children and accomplish program goals. Effective supervision provides regular feedback, evaluation, guidance, training and support to all Healthy Start staff. The program will demonstrate a plan for effective and ongoing supervision that promotes accountability, quality assurance, skill and professional development, and retention of staff and families. Programs will have written procedures outlining the mechanism for providing supervision for all staff classifications.

Training

Local commissions and program staff implementing existing and new Healthy Start efforts will receive research information, technical assistance and training from the State to build local capacity and knowledge. Intensive core training, specific to roles, assures that program staffs understand the essential components of family assessment and home visitation, as adopted by the Oregon State

Commission on Children and Families. All program staff and volunteers receive basic training through their local collaboration including information on working with diverse populations, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.

Results-based accountability

The State Commission on Children and Families will contract with an independent evaluator to provide ongoing data collection and evaluation of Healthy Start services. Local Healthy Start programs will work with the contracted evaluator to assure that the provision of program services, implementation, and performance outcomes for children and families are adequately researched and evaluated.