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Healthy Start of Oregon 2001 – 2002 Status Report

Executive Summary

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prepared for:

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Special thanks go to the staff, volunteers, and families at the 34 Healthy Start sites:

Healthy Start of Baker County	Healthy Start of Lincoln County
Healthy Start of Benton County	Healthy Start of Linn County
Healthy Start of Clackamas County	Malheur County Healthy Start
Clatsop Healthy Families	Marion/Polk Healthy Start
Columbia County Healthy Start	Healthy Start of Morrow County
Coos County Healthy Start	Healthy Start of Multnomah County
Healthy Start of Crook County	Tillamook Healthy Families
Healthy Start of Curry County	Healthy Start of Umatilla County
Deschutes County Ready, Set, Go	Union County Healthy Start
Douglas County Healthy Start	Healthy Start of Wallowa County
Grant County Healthy Start	Families First of Wasco/Sherman Counties
Harney County Healthy Start	New Parent Network of Washington County
Families First of Hood River County	Healthy Start of Gillam County
Jackson County Healthy Start	New Parent Network of Yamhill County
Jefferson County Healthy Start	Healthy Start of Wheeler County
Josephine County Healthy Start	
Klamath Healthy Start	
Lake County Healthy Start	
Lane County Healthy Start	

Healthy Start of Oregon

Executive Summary and Recommendations

Healthy Start recognizes that every new family can use support when a baby is born. Yet every new family does not need the same degree of support. Thus, Healthy Start of Oregon strives to offer all new parents with a first-born child a range of home visitation services from short-term during the period directly after birth to longer-term services sometimes beginning prenatally and continuing throughout the early childhood years.

After nine years of providing home visitation to families with young children, Healthy Start of Oregon has experienced many successes and faced some challenges. Using a performance measurement strategy, the 2001–02 Status Report describes findings relating to implementation, service participation, child and family outcomes, and system outcomes.

Findings: Program Implementation, 2001–02

Program implementation and service delivery processes are evidenced by a series of indicators that measure the success of the comprehensive assessment system, the number of families served, and the type and length of service received.

Fifteen essential components provide a blueprint for Healthy Start's wellness approach. The flexibility of the framework ensures that communities can meet specified quality assurance standards yet also address local needs and utilize local resources.

1. Healthy Start was funded in all 36 Oregon counties during FY 2001 legislative session.

- Sixteen new Healthy Start programs received State funding in 2002-2003. These programs began serving families between May 2002-March 2003. Yamhill County had been providing services since 2000 with Spirit Mountain Community funds.
- Because not all programs served families during all of the FY 2001–02 fiscal year, data are only reported here for the 19 sites that were serving families for this entire period. Descriptive summaries of all 34¹ programs are in Appendices A & C.

2. Oregon's statewide system for screening and identifying first-birth families has faced challenges this year. The Healthy Start model calls for universal, non-stigmatizing supports to be offered to all families with newborns, targeting first-birth families through a comprehensive screening and assessment system. This year, considerably fewer first-births received screening, compared to previous years. This decrease began last year, due to a change in the process for identifying families who could benefit from Healthy Start. With the passage of HB 3659 in 2001, and concern over ensuring strong protection for families' confidentiality, a policy decision was made to require parents' express written consent prior to screening. This has reduced counties' ability to identify at-risk families, and counties have had to spend additional resources creating new identification systems and screening procedures. Some counties were more impacted by this policy than others. In addition to this change in screening procedures, the reduction is also likely related to issues involved in

¹ Two programs are partnerships between two counties.

changing the screening tool from the Hawaii Risk Indicators instrument to the Oregon Children's Plan Screen (which incorporates the same indicators, but uses a different format and approach).

Overall, 37% of the first-born children across the 19 Healthy Start sites were screened for risk characteristics during FY 2001–02 and offered appropriate services. This percentage was considerably lower than in previous years (80% in 2000–01). However, Washington County was not fully funded in FY 2001–02, and was, therefore, unable to serve all eligible families. When Washington County numbers are excluded, the rate increases to 47%. Finally, it is worth noting that significant drops in several large counties that were particularly impacted by policies requiring parents' express written consent for screening (and thus had screened over 85% of first-births in prior years) account for the majority of this reduction. For example:

- Clackamas County screened only 419 out of 1,620 first-births (26%, compared to 84% in 2000–01).
- Jackson County screened only 476 out of 865 first-births (55%, compared to 94% in 2000–01).
- Marion and Polk (a joint Healthy Start site) screened only 908 out of 1,922 first-births (47%, compared to 82% in 2000–01).
- Union County screened only 38 out of 111 births (34%, compared to 59% in 2000–01).

When Clackamas, Jackson, Marion/Polk, and Union counties (in addition to Washington) are excluded, the reach rate increases to 53%, close to the average for the remaining counties in prior years.

3. In other areas, Healthy Start has improved its screening and assessment procedures. Despite the lower number of first-birth families screened, Healthy Start sites improved their screening and assessment process in other areas:

- More families who were screened at higher risk were assessed using the Kempe Stress Interview (53% vs. 45% in 2000–01)
- More families were screened prenatally or at birth (78% vs. 57% in 2000–01)
- In general, a greater proportion of families screened at higher risk, compared to previous years (68% vs. 56%). This finding may reflect changes in counties' strategies for identifying families. Because of new policy requiring parents' express written consent, counties needed to rely more heavily on referrals from medical professionals and other providers serving families. It is possible that providers were more likely to refer families to Healthy Start if they viewed them as higher risk and more in need of home visiting services.

While Healthy Start still aspires to be a universal service, it has been able to maintain services to higher need families despite some of the recruitment challenges it has faced.

Findings: Service Participation, 2001–02

1. Fewer families participated in Healthy Start during 2001–02 than in the previous year; however, the drop is in the number of families screened and provided basic service, not in the number of families receiving Intensive Services. Participation decreased from 8,912 families in FY 2000–01 to 6,581 in FY 2001–02 (this number increases to 6,776 when counties that were new this year are included). 46.0% (3,044) received short-term Basic Service, 45.9% (3,027) were involved in the long-term Intensive Service, and 8.0% (510) declined any further service beyond screening and community information. The decrease in overall participation is due to the smaller number of families being screened and provided Basic Services. Because Healthy Start is voluntary, families are offered services, including the screening, but are free to decline them. Families are not tracked by the data system unless they have been screened, so data are not available on the number of families that Healthy Start contacted who declined to be screened. Further, some of these families, although they decline the screen, do request and receive Basic Services.

The number of families receiving long-term Intensive Service was approximately the same as in previous years (3,027 in FY 2001–02 compared to 3,220 in FY 2000–01).

2. Families who chose to participate in Intensive Services appear to be more successfully engaged this year, compared to prior years. Healthy Start is retaining higher need families for a longer period of time than in previous years (16.7 months vs. 13.9). This is important, as research shows that home visiting is most effective when frequent (at least monthly) visits are provided over an extended period of time (at least one year)¹³. Further, 94% of higher-risk families who accepted Intensive Services received at least 3 months of service, compared to 87% in FY 2000–01.

3. The comprehensive screening and assessment system effectively identified families at greatest risk for poor outcomes, including child maltreatment. Healthy Start uses a targeting approach, which clearly provides an effective means to focus scarce resources on families at greatest risk for poor outcomes, including child maltreatment.

- The likelihood of maltreatment occurring is 2.4 times greater for families with any one risk characteristic in comparison to families with no risk characteristics. With two risk characteristics, the odds for abuse *more than triple* to 11.2 times greater. The probability for maltreatment continues to increase dramatically with the addition of more risk characteristics.
- Families who screen as high risk are then assessed for their level of family stress, using the Family Stress Inventory (KFSI). Ten areas of potential stress are explored in depth, including issues relating to family supports and social isolation, expectations for infant behavior, provides early identification of families facing pervasive stress that erodes family stability and puts children at risk. The rate of child abuse and neglect is 12 per 1,000 children for families with moderate stress. This rate climbs to 40 per 1,000 children for families with high stress, and to 108 per 1,000 children for families with the most severe levels of stress (see Table 23, Appendix B). and parent-child bonding. This assessment

4. Healthy Start is successfully identifying and serving higher-risk families.

Families receiving Intensive Service tend to be single parents who are significantly younger, less educated, and poorer than Basic Service families.

- 73% of the Intensive Service mothers have never been married compared to 0% of the lower risk Basic Service mothers.
- 49% of the Intensive Service mothers have less than a high school education compared to 3% of the lower risk Basic Service mothers.
- 82% of the Intensive Service mothers are income-eligible for the Oregon Health Plan compared to 13% of the lower risk Basic Service mothers.
- Approximately 33% of the Intensive Service mothers and 49% of the fathers have a history of alcohol or substance abuse.

Findings: Outcomes for Children and Families, 2001–02

A series of outcome indicators measure Healthy Start's statewide progress toward Oregon Benchmarks and the wellness goals of healthy, thriving children and strong, nurturing families for Healthy Start's Intensive Service families.

1. Most of Healthy Start's young children are free from maltreatment. A child victimization check by DHS Child Welfare of Healthy Start children aged 0–2 in 2001 showed:

- 98.8% of all Healthy Start children, regardless of family risk characteristics, were free from maltreatment. Only 1.2% (12 per 1,000 children) had confirmed cases of child maltreatment. In comparison, 97.0% of the non-served children aged 0 – 2 years in the same counties were free from maltreatment. The child abuse rate for non-served children (30 per 1,000 children) is **more than double the rate** than among Healthy Start children and is similar to recent national statistics that show an incidence rate of 26 per 1,000 children for this age group, regardless of family risk level.
- 97.5% of higher-risk Intensive Service families with children aged 0 – 2 were free from maltreatment. This percentage is somewhat higher than in other programs providing home visiting services to higher-risk families, including the David Olds nurse home visitation program (96% free from maltreatment) and Hawaii Healthy Start (96.6% free from maltreatment).

3. Children living in higher-risk families show healthy growth and development, and are receiving regular health care and immunizations.

- 88% of the children whose families have received Intensive Service during the past three years are developing normally.
- 97% of Healthy Start's children from families receiving Intensive Service have a primary health care provider and 91% are receiving regular well-child checkups.
- 93% of Healthy Start's two-year-olds have completed the immunization sequence. In contrast, only 76% of all Oregon two-year-olds were adequately immunized in 2001, as reported by the U. S. National Immunization Survey.

4. Pregnant women received better prenatal care for subsequent births.

- Pregnant women are receiving early, comprehensive prenatal care for second pregnancies. 80% of Intensive Service mothers received early comprehensive prenatal care for second pregnancies. Only 68% had received early comprehensive prenatal care for their first pregnancies.

5. Families promote children's school readiness. Family literacy activities are strong predictors of school readiness. The majority of Intensive Service families are effective in their role as their child's first teacher. After 12 months of Intensive Service:

- 74% of Healthy Start's higher-risk families are creating learning environments for their young children that are rated as "well above average" by their home visitor.
- By age 2:
 - 93% of higher-risk Intensive Service families regularly read to their children.
 - 99% of the children have 3 or more books of their own.

6. Healthy Start supports positive parenting. Positive, supportive interactions increase children's well-being and are related to reductions in child maltreatment. By the time their child is 6 months of age:

- 73% of Healthy Start's higher-risk families *consistently* engage in positive, supportive interactions with their children.
- 75% of higher-risk families report improved parenting skills.

7. Healthy Start successfully connects higher-risk families with needed services and resources. After 12 months of service:

- 87% of Intensive Service families report their needs are usually met for basic resources, a 12% increase from when their children were born.
- 77% of the families have a primary health care provider, 61% have dental care, and 78% *never* use costly emergency room services for routine health care.
- Only 3% of Intensive Service families report regular use of emergency room services for routine health care.
- 96% of Intensive Service families had health insurance, and 82% were enrolled in the Oregon Health Plan.

8. Families find Healthy Start of Oregon very helpful. As one parent remarked about her participation, "Healthy Start is a great resource."

- 92% of the Intensive Service parents reported that Healthy Start helped them meet the needs of their child, better understand their child's behavior and feelings, and find positive ways to teach and discipline their child.
- 89% reported Healthy Start helped to provide access to other needed community resources; and 81% said the Healthy Start helped with serious family problems.

- Parents reported that the emotional support provided by home visitors helped them improve their relationships with others. By developing a family support plan, they were able to set and achieve goals for themselves. Many parents accomplished things they never thought were possible, such as getting a high school diploma.

Findings: Systems Outcomes, 2001–02

Healthy Start is designed to provide collaborative, community-based services. Thus, it is important to document the extent to which Healthy Start is effectively bringing providers together to create a coordinated and integrated early childhood program.

1. Healthy Start’s collaborative partnerships have been developed and maintained.

Over the 19 sites described in the report:

- 108 different programs and agencies collaborate to create the core of the Healthy Start effort under the leadership of local Commissions on Children and Families (average of 6 per site). Core collaborators include local Health Departments, hospitals, health care providers, local Department of Human Services (DHS) offices, Educational Service Districts, community colleges, Head Start and Early Head Start, and teen parent programs.

2. A variety of resources are leveraged and mobilized in support of families.

Healthy Start sites have successfully leveraged a variety of resources, including space, materials, staff, and money.

- During the 2001–03 biennium, the Oregon legislature appropriated funds to support Healthy Start in all 36 counties. The program was funded at 80%, which with a 20% local match requirement would have made it possible to serve all of Oregon’s first-birth families. By the end of the fifth Special Session, the funding level had been reduced to 65% in all 36 counties. During FY 2001–02, reimbursement from federal Title XIX Administrative Case Management funds yielded approximately \$2.4 million. Additionally, the Oregon Commission on Children and Families allocated approximately \$525,000 in federal Family Preservation and Support monies to the Healthy Start effort.
- Communities invested local resources to support, at a minimum, 20% of the local program costs. Further, communities utilized 312 volunteers to support Healthy Start services.
- The Oregon State Library and the Spirit Mountain Community Development Fund both provided funds for children’s books to be distributed to Healthy Start families across the state. Many local sites also received funds through First Books to distribute books to families.

Recommendations: 2001–02

The outcome evaluation shows clearly that many children and families benefit from Healthy Start services. Healthy Start appears to be especially effective in helping to link families to needed basic resources, supporting the development of positive home environments for

children, supporting positive parent-child interactions, helping children to become fully immunized, increasing early, comprehensive prenatal care for subsequent pregnancies, and, perhaps most importantly, reducing the incidence of child abuse and neglect.

Despite many successes, a proportion of Healthy Start's higher-risk families continue to struggle, experiencing conditions that place both adults and children at risk for poor outcomes. Further, this year brought significant changes to Healthy Start screening and identification systems, resulting in fewer families being served. However, while changes in screening procedures reduced the number of families who were screened this year, services to higher need families were expanded. Though approximately the same number of families received Intensive Services this year, those families received services for a longer period of time. Further, more families were screened early in the child's development, allowing services to begin during the critical early infancy or prenatal periods. In addition, this year brought expansion of Healthy Start to new counties, which required local and state coordination and implementation efforts and will contribute to a broader availability of Healthy Start services in coming years. Based on the findings from this fiscal year, we make the following recommendations.

1. **Continue to work to provide a continuum of non-stigmatizing Healthy Start service to all Oregon families with newborn children.** Healthy Start builds on family strengths, implementing a legislative philosophy designed to create wellness for all Oregon children and families. Information from participating counties shows family interest and need for Healthy Start service is substantial. It is important for Healthy Start to continue to provide *a continuum of service*, ranging from short-term, basic service during the period after birth to long-term support service beginning prenatally and continuing through the early childhood years, so that *all* families with newborn children may benefit from this important community support. More families have begun to be served prenatally, a trend that appears to be positive in terms of providing early screening and successfully engaging families.

Additionally, new sites that began to serve families during FY 2001–02 may have particular challenges. Some serve particularly small, isolated rural Oregon communities. Others (especially Multnomah County) involve implementing Healthy Start within a complex pre-existing system of home visiting programs in a way that augments, rather than duplicates, existing services. Intensive, ongoing support is needed to ensure that these sites implement high quality Healthy Start services.

2. **Refine the comprehensive screening and assessment system to ensure that all families are offered service.** Healthy Start of Oregon's comprehensive screening and assessment system went through significant changes during the past year. Sites clearly face challenges in developing new strategies for effectively identifying and screening all first-birth families. Strategies employed in those counties that have been successful in reaching a large proportion of first-born children should be shared with other counties. Further, it may be important to develop ways of documenting the Basic Services provided to families who decline to participate in the screening process.
3. **Continue to provide high quality long-term Intensive Service for higher-risk families throughout the early childhood years.** Higher-risk families have stressful lives that put parents and children at risk for poor outcomes. Multiple risk factors create an

“environment of risk” that substantially reduces the chances for children’s healthy development and school success. Although this year there appeared to be a significant increase in the length of time that families remained enrolled in Intensive Services, continued efforts should be made to reduce the attrition rate among higher-risk families. When families do leave before graduation, they should be linked to other quality services within the early childhood system of supports to ensure the best outcomes for themselves and their children.

4. **Maintain and expand quality assurance mechanisms to ensure high quality service throughout the system.** Healthy Start’s impact on the Oregon Benchmarks will depend ultimately on maintaining the quality and integrity of the Healthy Start services. Healthy Start of Oregon uses a framework of research-based essential components to guide supports and services. In addition, quality assurance standards have been developed for Oregon’s Early Childhood System of Supports and Services. Healthy Start has embarked on a systematic Quality Assurance initiative during FY 2001–02; the results of these efforts should be evaluated in next year’s report. Further, quality assurance efforts should draw on the county-specific data contained in this report to target technical assistance in counties whose outcomes are not meeting state expectations. Integration of quality assurance efforts into all aspects of service will help to insure that Healthy Start supports families in achieving positive outcomes.
5. **Continue to provide quality statewide training.** Resources have been used this year to develop statewide training and networking for Healthy Start staff and their supervisors. A statewide training committee comprised of local staff and program partners has been established and used as a vehicle to plan several training initiatives. For example, OCCF and Linn-Benton Community College have collaborated to provide on-line training in infant-toddler development to staff from Healthy Start and its collaborative partners. Although not a focus of evaluation this year, continuing emphasis on accessible, regular training is likely will help ensure that Healthy Start staff provide high quality services to families.
6. **Continue tracking Healthy Start activities, outputs, and outcomes through a common performance measurement system.** Performance measurement allows managers to be accountable for results. The Oregon Commission on Children and Families is to be commended for its leadership in establishing a standard system for data management that allows the effective tracking of Healthy Start activities and outcomes for sites across the state. Special commendation also goes to the Department of Human Services for its support and participation. Many improvements have been made in the performance measurement system over the past nine years. Nevertheless, the system continues to need refinement to focus on the data elements that are the most powerful indicators of progress. In particular, Healthy Start should consider developing specific benchmarks it would like each site to achieve based on each site’s current level of performance. For example, a Healthy Start site could work toward increasing its county reach rate from 60% to 70% the following year. Specific outcome targets are helpful in focusing programs on particular goals and in measuring achievement of those outcomes.