

KEY FINDINGS: HEALTHY START OF OREGON MALTREATMENT REPORT 2004-2005

Child Maltreatment in Oregon

Rates of reported child maltreatment in Oregon have increased steadily over the past 5 years. Oregon's Office of Children, Adults and Families (CAF) attributes these increases to two primary factors: (1) the dramatic increase in methamphetamine abuse among Oregon families; and (2) the reduction in funding for child welfare, substance abuse treatment and other services during the 2004-06 biennium. Other western states have reported similar increases in their child welfare populations due to the prevalence of methamphetamine use (Generations United, 2006). Oregon's Healthy Start program, an intensive home visiting program for first-time parents and their young children, aims to reduce child maltreatment rates among those most at risk.



Oregon's Healthy Start program uses the Healthy Families America (HFA) program model, which has been shown to be effective in reducing the risk of child maltreatment (Mitchell-Herzfeld, Izzo, Greene, Lee, & Lowenfels, 2005). The Healthy Families America program model has been certified as a "proven practice" by the Rand Promising Practices Network (www.promisingpractices.net).

Healthy Start Reduces Maltreatment Rates

Maltreatment rates among Healthy Start children (up to age 3) were determined by matching Healthy Start participant data to records of substantiated reports of maltreatment kept by the CAF office. CAF also provided maltreatment rates at the county level for families not served by Healthy Start.

Healthy Start vs. Non-Healthy Start Families

- The rate of maltreatment among families served by Healthy Start through either screening and referral or intensive home visiting was 15/1000 (98.5% free from maltreatment). The rate among families not served by Healthy Start was 24/1000. These rates are similar, although slightly higher, compared to 2003-04 data (12/1000 for Healthy Start families vs. 20/1000 for unserved families).
- Thus, the Healthy Start program was associated with a 37.5% lower rate of reported maltreatment. For the 18,640 children served by Healthy Start, this equates to 168 fewer children with reported maltreatment than would have been expected had Healthy Start not been available.

Healthy Start Families are High Risk

- Families served with Healthy Start intensive home visiting services are at high risk for maltreatment at program enrollment. Identified risk factors include: being a single or teen parent, financial difficulties, maternal depression, use of alcohol or drugs, family relationship problems, lack of adequate prenatal care, unemployment, or low educational attainment (less than a high school diploma/GED). Rates of maltreatment among Healthy Start families are strongly related to the number of risk factors a family has at enrollment:
 - Healthy Start Intensive Service families had, on average, about three risk factors; families screened and provided with information and referral only had about one risk factor.

- Families with any three risk factors were *twice as likely* to have a substantiated report of maltreatment than families who were screened by Healthy Start but who had no risk factors. Families with any six risk factors were *seven times more likely* to have a substantiated report of maltreatment compared to those who had no risk factors.
- Higher-risk children served with Healthy Start intensive home visiting services were *less likely* to experience physical or sexual abuse (8% of victims) compared to lower-risk children served with information/referral only (12% of victims).

Quality of Program Implementation is Associated with Maltreatment Rates

During FY 2004-05, programs were rated on a set of performance indicators related to program implementation and fidelity (e.g., number of expected home visits delivered, program retention rates, timing of screening, etc.). Results, shown in Figure 1 below, found that:

- Programs that were implemented with a high degree of fidelity to the HFA model (specifically, whose performance was “good or adequate” on 5 or more of the 7 performance indicators) had significantly lower maltreatment rates, compared to programs that scored in the “good or adequate” range on two or fewer of the indicators:
 - 97.6% of Intensive Service children in High Fidelity programs were free from maltreatment (22 programs, 13,408 children).
 - 97.1% of Intensive Service families in Medium Fidelity programs were free from maltreatment (9 programs, 5,048 children).
 - 92.0% of Intensive Service families in Low Fidelity programs were free from maltreatment (4 programs, 148 children). These Low Fidelity programs were required to significantly restructure their service delivery programs prior to receiving funding for the 2006-07 fiscal year.
- These results suggest that the quality of program implementation is extremely important to outcomes, and support the further use of the HFA credentialing standards and the Oregon Program Performance Indicators to guide ongoing program monitoring and improvement.

Figure 1. Percent Free From Maltreatment by Program Implementation Group

