

## HOUSE COMMITTEE ON HEALTH AND PUBLIC ADVOCACY

March 06, 2001  
1:30 P.M.

Hearing Room D  
Tapes 39 - 42

**MEMBERS PRESENT:**     **Rep. Jeff Kruse, Chair**  
                                  **Rep. Bill Morrisette, Vice-Chair**  
                                  **Rep. Bill Garrard, Vice-Chair**  
                                  **Rep. Phil Barnhart**  
**Rep. Jerry Krummel**  
                                  **Rep. Jan Lee**  
                                  **Rep. Laurie Monnes-Anderson**  
**Rep. Carolyn Tomei**  
                                  **Rep. Cheryl Walker**

**MEMBER EXCUSED:**

**STAFF PRESENT:**       **Diane Lewis, Committee Administrator**  
                                  **Rachel Brown, Committee Assistant**

**MEASURE/ISSUES HEARD: The Oregon Children's Plan**

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These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

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TAPE/#	Speaker	Comments
<b>TAPE 39, A</b>		
004	Chair Kruse	Calls committee to order at 1:39 p.m. Opens an informational meeting on the Oregon Children's Plan.
<b>INFORMATIONAL MEETING ON THE OREGON CHILDREN'S PLAN</b>		
015	Pam Curtis	Health and Human Services Policy Analyst, Office of the Governor. Submits and presents written testimony supporting the Oregon Children's Plan ( <b>EXHIBITS A &amp; B</b> ). Provides a historical perspective of the Oregon Children's Plan and outlines its key components. Discusses the connection between the Oregon Children's Plan as outlined in SB 900 and SB 555 which was passed by the 1999 legislative assembly: Lists some essential elements of SB 555 (1999): <ul style="list-style-type: none"><li>• In home supports for children who are medically fragile</li><li>• Support for children with developmental delays or other disabilities</li><li>• Monitoring of children that live in families that have significant psychosocial risks</li></ul> Explains that there is \$30 million in the Governor's proposed budget for the State Commission on Children and Families to implement elements of the Oregon Children's Plan.
125	Rep. Monnes-Anderson	Asks what portion of these funds will be designated for Healthy Start programs.
127	Curtis	Responds that the Children's Plan is proposed as a blended approach.
198	Chair Kruse	Asks about screening tools used in Health Start programs.
200	Curtis	Lists two assessment tools used in Healthy Start: <ul style="list-style-type: none"><li>• Brief screenings</li><li>• In-depth assessments</li></ul>
211	Chair Kruse	Asks about the agreement of the Oregon Medical Association (OMA) that physicians will conduct initial assessments, specifically social and medical risk assessments.
219	Curtis	Responds that the agreement with the OMA involves the use of screening tools, and that it is not the Governor's intention to have physicians conduct in-depth, psychosocial assessments. Discusses the importance of identifying

		risks as early as possible
243	Rep. Krummel	Asks about issues of confidentiality.
245	Curtis	Responds that since services are entirely voluntary, this has not been an issue.
249	Rep. Krummel	Asks if consent forms must be signed.
245	Curtis	Responds that protocols are being worked out with the OMA, and that current practices do not involve the use of consent forms.
273	Rep. Monnes-Anderson	States that the issue of confidentiality is a highly debatable one among the proponents of Healthy Start programs.
283	Curtis	Replies that once a family agrees to services, a release form is signed.
287	Rep. Krummel	Asks if gynecologists and obstetricians are involved in this important issue.
296	Curtis	Responds that both groups are included in the debate.
310	Steve Marks	Senior Policy Advisor, Office of the Governor. Submits and presents written testimony in support of the Oregon Children's Plan ( <b>EXHIBIT C</b> ). States that the Governor's budget reflects an attempt to move resources toward funding long-term solutions.
363	Marks	Discusses the importance of empowering local communities and the Governor's intention to instigate legislation to support children at a very young age.
<b>TAPE 40, A</b>		
004	Marks	Discusses the Oregon Children's Plan's commitment to providing a statewide system that supports a family's first born child.
139	Chair Kruse	Asks how the plan justifies the cuts in the Oregon Youth Authority programs.
144	Marks	Responds that juvenile crime prevention dollars will be increased by \$10 million.
154	Chair Kruse	Comments on the importance of appropriate resource allocation. Explains that when this discussion was spurred by HB 2004 (1993), a shift to incorporate local level programs and viewpoints occurred. Comments that more recently, funds that local communities use to provide services to children and families have been cut. Asks what kind of signal this sends to the people of Oregon.
189	Marks	Responds that statewide gains have been made. Indicates that in order to attain funding equity among the counties, some counties must sacrifice certain resources so other counties can raise service levels. States that under this "blended" model, local control is strengthened.
207	Chair Kruse	Asks about programs geared for children ages 8-12 years.
211	Marks	Responds that this age group will not be entirely forgotten within the Children's Plan, however, 8 to 12-year-old children are not the plan's focus.
223	Chair Kruse	Asks about further reductions in current programs serving families and children of all ages.
229	Marks	Responds that the plan's implementation process provides a waiver, but the emphasis is on prevention rather than the provision of basic services.
240	Chair Kruse	Asks if the focus is on what is appropriate.
246	Curtis	Responds that 2/3 of the plan's focus should be on prevention and 1/3 of it on basic services.
258	Rep. Lee	Asks how the funding is implemented.
268	Chair Kruse	Replies that Ways and Means will decide how the funding will occur.
278	Rep. Lee	States it would be helpful to have a comprehensive picture of all the bills the committee has approved and sent to Ways and Means.
280	Chair Kruse	Responds that Diane Lewis will provide this information during the next committee meeting.
281	Diane Lewis	Committee Administrator. Responds affirmatively.
283	Rep. Walker	Maintains that it is a contradiction to take a program that is highly successful and eliminate or reduce it.
303	Curtis	Makes the distinction between service integration sites and family resource centers.

324 Rep. Walker Asks if it would be prudent to keep family resource centers as a vehicle to deliver services for children and their families.

329 Curtis Responds that family resource centers can be funded with the flexible resources in the Children's Plan.

334 Chair Kruse Addresses the subject of benchmarks. Asks what would happen if the community planning process finds fault with the focus of the benchmarks.

350 Curtis States that current negotiations regarding amendments to SB 900 would significantly reduce the number of benchmarks and might focus on broader ways of measuring program outcomes.

362 Chair Kruse Asks what the impact is of tying the communities to specific benchmarks that do not necessary match the direction that the communities would like to head towards.

364 Marks Responds that outcomes and benchmarks are the only accountability mechanisms that work to incorporate the entire clientele spectrum into the system. Adds that negotiating the benchmarks is certainly a possibility.

383 Chair Kruse Discusses two perspectives:

- Funds are generated from local communities and should be returned to local communities
- Community satisfaction is important

407 Rep. Krummel Asks what the expected outcomes of the Children's Plan are.

413 Curtis Responds that it will be two years before results can be reported.

**TAPE 39, B**

001 Rep. Krummel Points out that during the 1999 legislative session, a large investment was made in a particular juvenile program and asks what results were observed from the program.

008 Curtis Discusses some initial results.

011 Rep. Krummel Asks how the Oregon Children's Plan can report results in two years when it is important to see children through adolescence and then take stock of the impact.

017 Curtis Responds that specific incremental benchmarks are important to understanding if the plan is being successful or struggling with barriers.

027 Rep. Monnes-Anderson States that Healthy Start has similar benchmarks.

033 Rep. Barnhart Believes that by age five, one can clearly tell how kids are going to develop throughout their lives.

041 Chair Kruse Assures the committee that he is fully committed to early childhood programs.

050 Marks Comments that the Governor does not want to do anything to dampen community enthusiasm.

058 Mike Brott Chairman of the Oregon Commission on Children and Families. Testifies in support of the Oregon Children's Plan.

159 Brenda Hawes Program Administrator for Clackamas County Healthy Start. Submits and presents written testimony in favor of the plan (**EXHIBIT D**).

285 Rep. Tomei Asks when reviewing birth certificates, what kind of information is used by the program's staff.

290 Hawes Replies that information is available about prenatal care and basic demographic information.

302 Rep. Tomei Asks what proportion of families are screened.

304 Hawes Responds that he does not have statistics for each county.

310 Rep. Tomei Asks what proportion would be further assessed after the initial screening.

312 Hawes Replies that a follow-up letter is sent to first time families inviting them to contact a Healthy Start program.

321 Rep. Barnhart Comments that the "Cadillac" model involves home visits with both parents present and the "Volkswagen" model involves simply reviewing vital statistics during the hospital visit.

336 Hawes Responds that a telephone screening may be used instead of a hospital or home visit.

357 Rep. Krummel Asks what is being done in the instances of a home birth that uses a midwife.

364 Hawes Responds that the vital statistic review will pick up these cases.

374 Rep. Talks about caseloads in Clackamas County being full and most are from

Monnes-Anderson  
391 Chair Kruse face-to-face screenings.  
Asks for the definition of “paraprofessional”.

404 Curtis Responds that it is defined as a ‘trained volunteer’.

419 Chair Kruse Asks if the terms ‘volunteer’ and ‘trained workers’ are synonymous.

425 Curtis Responds that a trained professional is a step up from a volunteer.

431 Rep. Monnes-Anderson Mentions that the term ‘paraprofessional’ has different meanings in different counties.

**TAPE 40, B**

017 Bruce Piper President, Oregon Treatment Network. Gives testimony in reference to addiction as it relates to the Children’s Plan. Discusses two aspects of treating parents with substance abuse issues that legislators must keep in mind:

- Intervene with parents and pregnant women in very specific, consistent and targeted ways
- Make sure there is enough outpatient and residential treatment capacity to effectively deal with these referrals

152 Chair Kruse Asks about Mr. Piper’s relationship with Healthy Start programs in Coos County.

166 Piper Responds that he works closely with the Relief Nursery and the Cobbs Street Learning Center, but at this point he doesn’t have much contact with Healthy Start programs.

182 Rep. Barnhart Asks about preferred treatment.

190 Piper Responds that what occurred in the past was not to take pregnant women into residential treatment because of the lack of medical staff, but now every pregnant woman is prioritize and judges in court are sentencing pregnant women to residential treatment.

214 Dawnelle Marshall Director, Douglas County Health Department. Discusses Douglas County Models:

- Public health nursing
- Healthy Start

300 Marshall Continues discussion of Douglas County’s programs.

403 Chair Kruse Asks what the biggest impediment is that Douglas County must deal with as it works to roll out services.

407 Marshall Responds that when new programs are added, the space to put people becomes an issues.

**TAPE 41, A**

003 Judy Newman Chair, State Interagency Coordinating Council (SICC). Submits written material (**EXHIBIT E**). Explains that SICC’s job is to provide advice to agencies on policies and service gaps and funding in relation to services to children with developmental disabilities and delay or showing signs of being at-risk. Details how some of SICC’s Oregon’s infants, toddlers, and preschool children operate.

107 Newman Believes the Oregon Children’s Plan will offer:

- Healthy Start support in every county
- Comprehensive systems that connect the inner relating of family issues to child outcomes
- Ability to track common outcomes
- High quality standards for services and support

Concludes with the comment that for the plan to be successful, the planning and implementation process must be a collaborative one.

139 Ray Mathis Executive Director, Citizen’s Crime Commission. Submits and presents written testimony in support of the Oregon Children’s Plan (**EXHIBIT F**).

220 Rep. Tomei Asks what happens when young people leave the justice system.

235 Mathis Discusses the need to address problems faced by youth during their first contact with the justice system.

- 252 Rep. Garrard Asks what would be the public's response if, two years from now, juvenile crime increases, and the prisons start filling up with more youth.
- 267 Mathis Responds that he believes people are willing to invest in the future up to 15 years down the road, because youth-at-risk prevention efforts so far have not been very successful.
- 285 Monica Pile Manager, Tillamook and Nestucca Valley Head Start Centers. Submits and presents written testimony in support of the Oregon Children's Plan **(EXHIBIT G)**.
- 397 Chair Kruse Asks what would be the major impediment to blending funds.
- 403 Pile Responds that if funds were blended between Healthy Family and Head Start programs it would be important first to develop a system to communicate effectively because the two programs which are not in the same facility.
- 415 Chair Kruse Asks why there are not more collaborative funding streams.
- 427 Pile Responds that five years ago, a grant was written for the same facility for both the local certified childcare center and the Head Start program and it has been an effective effort.
- TAPE 42, A**
- 018 Monica Ford Mental Health Social Worker, Morrison Center in Portland, OR. Addresses the importance of including early childhood mental health services as one component of an integrated system of care.
- 071 Ford Believes that prevention should be addressed at all stages in a child's life and services for children must be both integrated and coordinated.
- 083 Chair Kruse Thanks all witnesses for their comments. Closes the informational meeting and adjourns the committee at 4:05 PM.

Submitted By,

Reviewed By,

Rachel Brown,  
Committee Assistant

Diane Lewis,  
Committee Administrator

Transcribed by,

Debbie Malone

**EXHIBIT SUMMARY**

- A - Written material, Pam Curtis, 14 pp.**  
**B - Written material, Pam Curtis, 29 pp.**  
**C - Written material, Steve Marks, 3 pp.**  
**D - Written material, Brenda Hawes, 2 pp.**  
**E - Written material, Judy Newman, 1 p**  
**F - Written material, Ray Mathis, 49, pp.**  
**G - Written material, Monica Pyle, 5 pp.**