

HOUSE COMMITTEE ON HUMAN RESOURCES

February 2, 1999 Hearing Room E

1:00 PM. Tape 14-15

MEMBERS PRESENT: Rep. Jeff Kruse, Chair

Rep. Kitty Piercy, Vice-Chair

Rep. Betsy Close, Vice-Chair

Rep. Tim Knopp

Rep. Jerry Krummel

Rep. Mike Lehman

Rep. Bill Morrisette

Rep. Jackie Taylor

Rep. Jackie Winters

STAFF PRESENT: Janet L. Carlson, Administrator

Diane M. Lewis, Administrative Support

MEASURE/ISSUES HEARD: HB 2066 Public Hearing

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.

TAPE/#	Speaker	Comments
TAPE 14, A		
005	Chair Kruse	Opens the meeting at 1:05 PM and opens a public hearing on HB 2066.
<u>HB 2066 PUBLIC HEARING</u>		

015	Janet Carlson	Committee Administrator, provides background information on HB 2066. Explains that the bill directs the State Commission on Children and Families to establish Healthy Start Family Support Services beyond the existing pilot programs. States that the bill does not specify amount of funding.
023	Chair Kruse	Explains that the governor has added \$7 million to his budget for Healthy Start.
028	Mickey Lansing	Deputy Director, Oregon Commission on Children and Families (OCCF), introduces Fritz Jenkins, Healthy Start Program Manager, and provides the committee with a brief overview of Healthy Start and home visiting: <ul style="list-style-type: none"> • Healthy Start has been part of OCCF since 1993. • \$7 million dollars has been put into the governor's budget for home visiting services.
065	Rep. Piercy	Asks the Chair if the committee will be receiving a copy of the report that is currently looking at home visiting services.
072	Chair Kruse	Responds affirmatively. States that the report will be made available to committee as soon as it is finished.
074	Lansing	Explains that the report that Rep. Piercy is referring to involves the Department of Education which has programs including Head Start, Oregon Prekindergarten, and Early Intervention. The report also includes the Health Division which has programs including home visiting, Babies First and CaCoon, and various childcare services.
085	Fritz Jenkins	Program Manager, Healthy Start, OCCF, presents a slide presentation (EXHIBIT A) and submits written materials regarding Oregon Healthy Start Status Report for 1997-98 (EXHIBIT B). Begins the slide presentation by explaining what Healthy Start is: <ul style="list-style-type: none"> • Healthy Start is voluntary and universal
105	Rep. Lehman	Asks for a definition of "universal."
107	Jenkins	Replies that universal programs do not pre-qualify program recipients. Explains that when a baby is born it is considered a valuable asset to the community and regardless of the families' class or status, a home visit will be offered as a one time support contact.
115	Rep. Winters	Asks if the term "universal" is specific to Healthy Start or is it a term that is being used more widely in the social service industry.
120	Jenkins	Responds that "universal" is a term being used throughout the social service industry.

125	Rep. Piercy	Voices her concerns that limited resources could make it difficult to provide services to communities in a universal capacity and wants to be sure that families in need are receiving services that they otherwise cannot afford.
133	Lansing	Explains that when Healthy Start was first created the idea that services were "universal" was to prevent families from being stigmatized by having higher risk factors. Reminds the committee that home visits are for first births only and are conducted on a voluntary basis.
147	Jenkins	<p>Continues with the slide presentation by explaining how Healthy Start impacts early childhood benchmarks:</p> <ul style="list-style-type: none"> • Promoting school readiness • Health care utilization • Reduction of child abuse <p>Discusses collaborative partnerships:</p> <ul style="list-style-type: none"> • Health departments • Local hospitals and health care providers • Community colleges • DHR branch offices • Parent education and support services including Head Start programs <p>Explains the "community investment" theory of Healthy Start and the idea that mobilizing resources locally creates a system of support. States that Healthy Start is built on existing resources.</p>
175	Jenkins	Discusses the 15 essential components of the framework for Healthy Start, page 2, EXHIBIT A . States that the components are in 3 categories: program values, service delivery system, and service operations.
193	Rep. Winters	Asks for definition of WIC and CACOON.
198	Jenkins	<p>Explains acronyms:</p> <ul style="list-style-type: none"> • WICñ Women, Infants and Children nutrition program funded both federally and by the state. • CACOON- Care Coordination through the Oregon Health Sciences University, Child Development Rehabilitation Center.
215	Rep. Close	Asks for clarification of the 64% figure of first birth families noted on the Comprehensive Assessment slide page 3, EXHIBIT A .
222	Jenkins	Explains that the 64% figure represents all first birth families in the counties listed in HB 2008 that were screened. The 2/3 figure represents that portion of the 64% of families screened that showed one or more risk factors for poor child and family outcomes. States that the families showing a risk factor weren't all demonstrating unhealthy family outcomes, they simply contained one or more risk factors at the time that they were screened.

239	Carlson	Comments that Healthy Families America found a 90% screening rate with 20% of the families screened as having one or more risk factors. States that Oregon showed a higher rate of families with risk factors than what the national survey results revealed. Comments that the demographics of Oregon counties affects statistics as does the fact that Oregon only screened 65% of first births. Comments further that hospital personnel are known to lead screeners to higher risk, first birth parents such as single mothers.
257	Chair Kruse	Concurs with Carlson's comments and states that Oregon was more selective in the families that were screened than was the national survey.
260	Jenkins	Explains that screening is conducted diversely among counties: <ul style="list-style-type: none"> • 4 Oregon counties screened over 80% of first birth families • 4 counties screen over 70% of first birth families • 2 counties screen approximately 15% of first birth families Refers the committee to EXHIBIT B , table 2 (in the back of the book), which has specific data on the first birth families surveyed in Oregon.
275	Jenkins	Continues presentation by providing the committee with statistics of Oregon first birth families, EXHIBIT A , page 3. Discusses the characteristics of the intensive service families and notes the contrasts between the slide showing statistics of first birth families and the slide showing characteristics of families receiving intensive services.
296	Jenkins	Continues presentation by discussing two types of service provided by Healthy Start: <ul style="list-style-type: none"> • Basic Service-short term • Intensive Service-long term States that 7,445 families participated in Healthy Start in 1997-98. Discusses key outcomes of Healthy Start as noted on the Key Outcomes slides, EXHIBIT A , page 5. Concludes the presentation by discussing statistics regarding child maltreatment as noted in EXHIBIT A , page 5.
356	Rep. Piercy	Comments that the risk factors families are living with are not labels of "good families" or "bad families." States that risk factors are stresses in a family's life and are looked at to evaluate which supports a family will need to achieve healthy outcomes.
380	Jenkins	Concurs with Rep. Piercy's comments. States that risk factors are characteristics looked at to provide families with the best services and support possible.
390	Rep. Piercy	Discusses her concerns of public perception that Healthy Start is judging and labeling families in negative and inappropriate ways. States the importance of building on the positive aspects and characteristics of a family.
408	Jenkins	Responds that Healthy Start is a strength-based program that looks at the strengths of families, allowing them to design their own goals and supporting

		families in attaining their goals. States that building trust with families is key in their attainment of healthy outcomes.
426	Rep. Winters	Refers to the Marion-Polk County first birth family statistics located in EXHIBIT B , tables 1 and 2, pages 55-56 and asks if the data indicates that 75% of Marion-Polk families that were screened showed risk factors.
TAPE 15, A		
010	Jenkins	Responds affirmatively.
015	Rep. Winters	Asks for clarification of the risk factors.
017	Jenkins	Explains that the screen tool used to survey families contained 15 items including single parent, limited education, social isolation, no telephone, low income, etc. Will provide the committee with the full list of screen items. Notes that in EXHIBIT B , table 2, page 56, approximately half of the screening items are listed across the top of the table. Explains the scoring methodology of the screen.
037	Rep. Close	Asks for a definition of "child maltreatment."
038	Jenkins	States that Healthy Start uses the definitions cited in Oregon statute.
043	Chair Kruse	Asks for a definition of "wellness approach."
044	Lansing	Discusses wellness approach in terms of getting supports to families prior to any family crisis and building on the family's strengths. States that wellness is having a "whole approach towards the family support system." It is putting supports in place so that when the family is experiencing stresses, the supports are readily accessible.
058	Chair Kruse	Asks about the program approval process and wonders if the state commission approves plans adopted by local commissions that have Healthy Start in their communities.
067	Jenkins	Responds that the start up for local Healthy Start programs involved an RFP process. Explains that local programs report to local commissions. Local commissions send quarterly reports to, and are monitored by, OCCF.
074	Chair Kruse	Refers to EXHIBIT A , page 3, and asks how the statistic, rating 42% of screened families as single parents, compares with the state as a whole.
085	Jenkins	Replies that he does not have the extent of statistical information that the Chair is requesting, however he will work with DHR and the Health Division to provide

		the information requested.
088	Rep. Winters	Asks for information on the baseline used to define "low-income."
091	Jenkins	Promises to provide low-income information.
097	Rep. Winters	Asks if the process for expanding a local county Healthy Start program includes submitting a written plan to the state commission for approval.
100	Lansing	Responds affirmatively.
101	Carlson	Refers to EXHIBIT B , table 2, page 56, and asks if a small number of the families screened actually get the second, more intensive interview that will approve them for intensive home visits.
118	Jenkins	Responds affirmatively. Explains that with a voluntary program there are a small percentage of families that will decline services. Discusses the value of the screening process in terms of providing information to county collaborators, county officials, legislators, and the governor's office. States that resources dictate how many of the families can be reached and served.
130	Rep. Knopp	Refers to EXHIBIT B , table 1, page 55 and asks why there was a drop in the amount of screening that Jackson-Josephine counties were doing from 1995-98 as opposed to most other listed counties that increased the amount of screening they were conducting.
137	Jenkins	Responds that the counties that were in HB 2008 have remained the same in regard to allocation of resources. States that many of the same families they started with have continued services, thus reducing the number of new families that programs can take on. Because of limited resources, counties are deciding whether to decrease or increase screening, based on how well they can serve existing families as well as new families coming into the system.
154	Rep. Winters	Asks what the average time is that a family stays involved with services.
155	Jenkins	Replies that the average time a family stays with a program is 14.7 months. States that families have been staying with programs longer each year.
166	Rep. Winters	Asks if a study has been done to determine why families are staying with services longer and what services are most requested.
168	Jenkins	Replies that there hasn't been an extensive look at why families are staying longer or specifically what services are most requested. Discusses how positive awareness and attitudes about early childhood programs are generating more public interest. Families involved with the programs are talking with friends and family about the positive differences that they are experiencing. Explains that higher risk families that are reaching their goals want to stay with the supports

		that are making dramatic differences in their lives.
185	Rep. Winters	Asks if there is a plan to conduct a survey regarding the time duration that families are using services and which services are being accessed the most.
187	Jenkins	States that a survey is a very good idea. Reminds the committee that Healthy Start is universal and voluntary. Discusses how the dependency level of a family drops as they continue services.
198	Rep. Taylor	Commends Jenkins for the service his office provides. Discusses the services that exist in her district.
217	Knopp	Asks for a definition of "marital or family problems" as defined by Healthy Start.
223	Jenkins	Responds that families are asked to define these terms for themselves based on the issues they struggle with, the situations that they consider stressful, and the goals that they define for themselves.
230	Rep. Knopp	States that the term "family problems" is very general. Asks if this is also something the program has the families define for themselves.
237	Jenkins	Explains that family problems are those issues that are stressful to the family including, but not limited to, relationship issues, personal choice issues that the family is facing, loss of a loved one, financial issues and concerns, and child behavior and education issues.
256	Chair Kruse	Asks if "family problems" becomes a catch-all definition for most troubles that don't fall under a specific category of treatment the way that drug and alcohol abuse does.
258	Jenkins	Responds affirmatively. States that as families begin to open up and discuss their problems and concerns, they disclose issues that cannot be defined by a single risk characteristic. Explains that issues surface for families during the general day-to-day operations of their lives.
274	Rep. Winters	Asks about staff credentials.
277	Jenkins	Responds that many staff personnel have bachelor degrees in child development, psychology, and special education. Some program workers have a year or two of college but no special degree. States that public health nurses are doing home visits. Explains that supervisory positions are all upper level personnel with extended education as clinical social workers, licensed professional counselors, human development specialists, and masters degrees in nursing. The diverse resource of workers and professionals is a result of the local implementations of the programs. States that all Healthy Start workers go through a core training. There is a 60 hour wraparound training that local communities conduct using an agenda of training provided by the State Commission. Explains that ongoing training exists at all programs.

314	Lansing	Comments that Healthy Start programs look at their efforts as a continuum of services where every person is valued in the system.
340	Ginger Bensman	Marion-Polk County Healthy Start, submits and presents written testimony in support of HB 2066, (EXHIBIT C). Provides a brief overview of Marion-Polk Healthy Start. Lists the members of the policy board, page 1, EXHIBIT C . Explains the two primary types of services provided by the Marion-Polk Healthy Start program, page 2-3, EXHIBIT C . Concludes the overview with budget and statistical information, page 3, EXHIBIT C .
420	Rep. Piercy	Asks what happens when a home visit volunteer encounters a situation that is too complex or difficult and may be beyond their capacity to handle.
TAPE 14, B		
001	Bensman	Responds that the program would conduct a screening with that family right away. Referrals would be made to the health department if there were health issues, and if there were abuse or neglect issues there would be referrals to Services to Children and Families (SCF). States that Healthy Start would make use of its partnerships.
005	Rep. Close	Refers to HB 2066, page 1, lines 10-11, and asks if families must be US citizens to get services. Asks for statistical information comparing non-US citizens receiving services to US citizens receiving services.
012	Bensman	Responds that the question of citizenship is not asked and is not used as a reporting statistic. States that there are undocumented families being served by Marion-Polk Healthy Start. Discusses the philosophy of the program that it is a universal program.
023	Rep. Close	Refers back to HB 2066, page 1, lines 10-11, and asks how families are documented as living in Oregon.
025	Bensman	Replies that the address where the family is physically present and where the program worker visits on an ongoing basis is used as proof of Oregon residency.
034	Chair Kruse	Comments that Oregon residency issues were numerous in the 1997 Oregon legislative session. Explains that last session, representatives of border counties were concerned about problems of out-of-state people coming into Oregon to receive services.
045	Rep. Morrisette	States that any child born in the United States is a citizen and eligible for services.
049	Rep. Winters	Comments that in her community the decision was made that program workers were not going to be put in the position of acting as immigration agents. The community agreed that everyone would be given the option of applying for services.

057	Rep. Taylor	States that non-citizens or illegal aliens might avoid effective services such as prenatal and early childhood care if citizenship was a pre-requisite.
063	Rep. Krummel	Asks how people learn about Marion-Polk Healthy Start.
065	Bensman	Explains that most families learn about Healthy Start programs at the hospital during a birth. Explains that because Marion-Polk Healthy Start is part of the county health department, they have access to birth records which they use to contact families by mail.
075	Rep. Krummel	Asks how contact occurs if a family refuses services and then later decides that they would like to participate in programs.
080	Bensman	Explains that Healthy Start is in the phone book. States that if a person reaches out to any of the Healthy Start partners, they will be given a referral.
092	Rep. Piercy	Asks if many referrals come from doctors who treat babies and children.
094	Bensman	Responds that many referrals come from the nurses at the hospitals. Referrals come from physicians when there is a suspected problem or concern about a child's situation. States that doctors do not provide very many referrals.
100	Rep. Winters	Asks for elaboration regarding the volunteer staff of Marion-Polk Healthy Start.
106	Bensman	Replies that the two-county program runs between 16 and 20 volunteers. States that university students volunteer within the program. Explains that extensive training requirements keep the number of volunteers at 16-20 people. States that recruitment occurs once a year.
119	Rep. Winters	Asks if Marion-Polk Healthy Start is including the Ready-to-Read program in their scope of service.
121	Bensman	Replies that Marion-Polk Healthy Start uses a program very similar to Ready-to-Read. A grant from the state library provides developmentally appropriate books to children.
130	Chair Kruse	States that gaps exist for children moving out of one program while waiting to become eligible for another. States that disconnects between programs have created these gaps and asks for an explanation of how Healthy Start and some of its partners are filling in these gaps to assist children and families through the transition of moving from one program to another.
140	Bensman	Responds that the safety net in Marion and Polk Counties is responding to the issues that face families transitioning to new programs. Explains that Marion-Polk Healthy Start has only been around since 1994, so some of the older children that started with the program are now entering school and becoming eligible for new programs. States that she has watched transitions occurring in a

		cooperative and safe manner, however programs must have the support of the Legislature if they are going to continue to provide cohesive transitions as children get older.
180	Beth Meyers	Executive Director, Wasco County Commission on Children and Families, presents testimony in support to HB 2066. Explains that the Wasco-Sherman County program is called Families First of Wasco and Sherman Counties. The counties collaborated as a result of seeing overlap in available resources as well as family need. Explains that collaboration works well for many reasons such as the small population of the counties, program collaboration with Children and Youth Services Commission, and the previous determination of access points and touch points that contribute to child wellness and healthy development. Discusses how the commission and program workers collaborate to look at system design and budget issues. Explains that a strong partnership exists with the medical community. States that the community does not see the program as "government."
230	Meyers	Discusses how the commission developed its collaborative program by purchasing consultants' and facilitators' time. The county created a wish list of all the services and outcomes they wanted to obtain and then collaboratively worked out strategies to meet those goals. Federal grants from the state commission assisted in creating home visits. Explains that the county commission sits down with a resource team twice a month and looks at every new birth and what needs those families may have. States that home visits are universal and voluntary.
275	Meyers	Explains that Wasco-Sherman Counties use the OSU project to measure their results. States that immunization statistics are at 100%. Talks about family referrals from state agencies and the desire the commission has to approach families as part of the community and not as state agency clients.
316	Rep. Winters	Asks for additional comments on why the Wasco-Sherman County communities don't see the commission and its programs as "government."
320	Meyers	Replies that the medical community took a lead role in the collaborative effort of the program and its outreach. Local doctors do the screening. Discusses the marketing strategies used to reach all parents. States that community-based programs, built on community strengths, and run by familiar faces are inclusive of all community members.
345	Rep. Piercy	Asks if the Wasco home visit program is a Healthy Start program.
350	Meyers	Responds that the Wasco home visit program has all the components of a Healthy Start project but has a few differences in its system that fit with the structure of the counties it serves.
366	Rep. Piercy	Asks if the Healthy Start model was used.
368	Meyers	Responds affirmatively. States that the components of Healthy Start best practices were used to develop the Wasco program.

390	Chair Kruse	Comments that Wasco is not a pilot program that has been state funded. Asks what the genesis was for the Wasco-Sherman program.
393	Meyers	Replies that the county was looking at its early childhood system eight years ago and discovered a need for prenatal care outreach and preschool programming. An agreement was made to look at the Healthy Start model and keep moving forward toward the goal of healthy families and communities. Explains the creative outreach to Hispanic families that the county invested in after discovering that 64% of Hispanic women had no prenatal care before giving birth. The county is now at 100% of Hispanic women getting prenatal care.
443	Rep. Winters	Asks about the agency umbrella that Wasco worked under eight years ago before the county commission was developed and Families First was created.
444	Meyers	Replies that the State Commission on Children and Families was the agency umbrella that they worked under and received support and guidance from.
465	Pat Rogers	Director, Lane County Commission on Children and Families, presents testimony in support of HB 2066 and submits written testimony in support of HB 2066 from Judith M. McMakin, Director, Coos County Commission on Children and Families (EXHIBIT D). Explains the components of Healthy Start in Lane County.
TAPE 15, B		
001	Rogers	Discusses the collaborative efforts of Lane County to look at program structure and flexible, integrated funding. Emphasizes the importance of focusing on program outcomes as well as the importance of creating a program focused on self-determination and independence. States that families determine what services they need and the strategies they will use to reach their goals. The program takes on the role of family advocate. Discusses community involvement, neighborhood partnerships, and the support of the public safety coordinating council that put together a community safety and justice levy. Within the levy was a continuum of funding for Healthy Start. States that the mayor in Eugene identified Healthy Start as a necessary program that needed to be supported by the city council.
050	Pam Strimling	<p>Program Manager, Lane County Healthy Start, presents testimony in support of HB 2066. Explains that Healthy Start in Lane County started in January 1995. Discusses the format that Lane County Healthy Start came up with to be more consistent with and make better use of services as well as increase the program's capacity. Explains that the county continues to screen and assess families and make referrals to agencies. Local agencies provide all the services in the homes. States that there are six agencies that provide services in Lane County as it is a very large county.</p> <ul style="list-style-type: none"> • Peace Health Counseling Service in Florence serves west Lane families. • Parent Partnership in Cottage Grove serves south Lane families. • Birth to Three in Eugene-Springfield serves east Lane families. <p>Continues to list other partnership organizations of Lane County Healthy Start:</p>

		<ul style="list-style-type: none"> • Catholic Community Services • Centrol Latino Americano • Crisis Relief Nursery
090	Strimling	<p>Discusses the formation of the community advisory board and explains how it provides policy, guidance, and direction.</p> <p>Explains how Lane County receives screens and referrals and discusses how the program makes contact with families in order to make assessments and offer appropriate services. Each family has an individual family support plan. Plans are gradual in their movement towards independence. Discusses components of Healthy Start; i.e., parent education, health care assistance, problem solving education. Voices her concern that Healthy Start is not available for all families. States that it is not a quick fix and it is only one piece of a puzzle that maintains healthy families and communities.</p>
184	Rep. Winters	Asks if Lane County Healthy Start takes into account culture and ethnicity differences when parent training is being addressed.
191	Strimling	Responds that all materials on parenting have been published in English and Spanish and there are bilingual home visit volunteers. There are small pockets of Russian and Asian communities that the program has not been able to provide with bilingual material; however it is a goal of the program to be able to do so.
207	Rep. Piercy	Thanks the presenters for their hard work in Lane County.
220	Judy Treanor	Public Health Nurse Supervisor, and Linn County Healthy Start Coordinator, submits and presents written testimony in support of HB 2066 (EXHIBIT E). Provides the committee with background information regarding the development of Linn County Healthy Start, page 1, EXHIBIT E .
295	Treanor	Continues by discussing the collaborators and partners of Linn County, page 2, EXHIBIT E . Lists the volunteers and organizations that meet different needs and developmental stages of children and families, page 2, EXHIBIT E .
345	Treanor	Explains the lessons that Linn County Healthy Start has learned, page 3, EXHIBIT E .
368	Chair Kruse	Thanks the presenters.
372	Rep. Winters	Invites participants to an informational breakfast regarding Crisis Relief Nurseries on Thursday, February 4, 1999, at 7:00 am.
390	Rep. Piercy	Comments that Kay Toran has chosen to leave her position at the Department of Human Resources, Services to Children and Families Division. States that Kay has made a great contribution to the state and she will be missed.
425	Chair Kruse	Closes the meeting at 3:00 PM.

Submitted By, Reviewed By,

Diane M. Lewis, Janet L. Carlson,

Administrative Support Administrator

EXHIBIT SUMMARY:

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A ñ Healthy Start slide presentation, Fritz Jenkins, 5 pp.

B ñ Healthy Start 1997-98 status report, Fritz Jenkins, 82 pp.

C- Written testimony regarding Marion-Polk Healthy Start, Ginger Bensman, 3 pp.

D ñ Written testimony regarding Coos County Healthy Start, Pat Rogers, 2 pp.

E ñ Written testimony regarding Linn County Healthy Start, Judy Treanor, 9 pp.