

# OREGON'S VOLUNTARY HOME VISITING SERVICES



## Voluntary home visiting

is a powerful way to improve outcomes for children and families facing the stresses of poverty, social isolation, intimate-partner violence, substance abuse, or mental health challenges. Families enrolled in these programs are regularly visited by a nurse, social worker, or other trained professional, often beginning in pregnancy and continuing into the first years of a child's life. Home visiting programs can help assist expectant and new parents in challenging situations by providing them with practical information and support on a range of issues, including maternal and child health, early learning, and improving parent-child interactions.

Loving and supportive parent-child relationships are essential for children's physical, social, and emotional development. The education and support provided by home visiting programs can help struggling parents make better choices for themselves and their children.

## CURRENTLY IN OREGON:

THOUSANDS  
IN NEED

THOUSANDS of low-income pregnant women, low-income children ages 0-5, and children ages 0-5 with special health needs **QUALIFY FOR AND NEED** home visiting services.

20 MONTHS  
BEHIND

Children from low-income families typically enter kindergarten **20 MONTHS BEHIND** their wealthier peers in cognitive development.<sup>1</sup>

MORE THAN  
1 IN 3

**MORE THAN ONE IN THREE** children live in households that lack secure employment and affordable housing.<sup>2</sup>

NEARLY  
1 IN 4

**NEARLY ONE IN FOUR** new mothers experiences depression during and after pregnancy. Half these mothers are still depressed when their child reaches 2 years old.<sup>3</sup>

LESS THAN  
20%

Home visiting programs in Oregon are reaching **LESS THAN 20%** of eligible families.<sup>4</sup>

# Increase Access

While Oregon is making important investments in a variety of home visiting programs, too many families still need these essential services. Voluntary home visiting provides the greatest benefits to families with the most significant needs.

## Home visiting increases:

- Optimal child development and health
- Confidence and competence of parents
- School readiness for children

## Home visiting decreases:

- Child abuse and neglect
- Maternal depression
- Low-weight births and other preventable childhood health conditions

As Oregon’s population becomes more ethnically and linguistically diverse, culturally specific home visiting has also become a greater need. For vulnerable families who live in rural communities, the challenge of receiving vital home visiting services is further complicated by lack of access to professional home visitors.

## Oregon’s HOME VISITING PROGRAMS <sup>5</sup>

### HEALTHY FAMILIES OREGON

An evidence-based model serving families at risk of child abuse and neglect.

### EARLY HEAD START

A national evidence-based model serving low-income families through home-based and center-based services.

### NURSE-FAMILY PARTNERSHIP

A national evidence-based model serving first-time, low-income mothers and their children with home visits by a trained public health nurse.

### BABIES FIRST!

A program focused on improving maternal and child health through home visits by a trained public health nurse.

### MATERNITY CASE MANAGEMENT

A program providing prenatal and postpartum home visits to low-income women to ensure healthy pregnancies and births.

### CACOON

A program serving families with children who have disabilities or chronic health conditions.

### FAMILY SUPPORT AND CONNECTIONS

A program serving low-income families accessing Temporary Assistance for Needy Families (TANF).

### RELIEF NURSERY

A program serving families at risk of child abuse and neglect through home-based and center-based services.

AGE RANGE	COUNTIES	FAMILIES SERVED
Prenatal to age 5	All 36	2,750
Prenatal to age 3	18-20	2,000
Prenatal to age 3	6-8	850
Birth to age 5	All 36	4,250
Prenatal to postpartum	All 36	2,200
Birth to age 21	30-36	1,800
Prioritizes children under 6	All 36	2,700
Birth to age 6	12	2,100

## NOTABLE OREGON INVESTMENTS IN HOME VISITING

1993

Oregon Legislature creates Healthy Start-Healthy Families. Program provides home visiting services to first-time parents.

2001

Healthy Start-Healthy Families expands. Program receives funding to serve families in all 36 counties.

2007

Healthy Start-Healthy Families evolves. Program implements quality standards and becomes Healthy Families Oregon.

2010

President Obama signs Patient Protection and Affordable Care Act. Funds high-quality, evidence-based home visiting services through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program.

# Build the System

Voluntary home visiting programs are an essential element in a system of support, beginning with prenatal care, to ensure young children are developmentally and academically prepared for lifelong success. For Oregon's voluntary home visiting programs to better support families and improve outcomes for children, the programs must be better coordinated and aligned.

Currently, most home visiting programs in Oregon use different application forms and processes for screening and enrollment, have different requirements for home visiting professionals, and don't track data consistently across services.

Research shows that a well-coordinated voluntary home visiting system is a valuable tool for:

- Improving access for the most vulnerable families and reducing disparities by connecting families to the program that best suits their needs.<sup>6,7</sup>
- Ensuring home visiting professionals have the training and support they need.<sup>8</sup>
- Using evaluation and data-sharing to stimulate continuous quality improvement for children and families.<sup>9,10</sup>



Some communities in Oregon are leading the way in **BUILDING A COORDINATED SYSTEM.**

**YAMHILL COUNTY** has implemented a universal referral form, called Family CORE, to provide a simple way for any provider to help a family get connected to the home visiting and family support program that will best meet their needs.

In **MULTNOMAH COUNTY**, multiple programs have come together to ensure home visiting professionals have access to comprehensive trainings and support. This group has created a shared training calendar, held cross-program trainings, and consulted with parents and culturally specific organizations on how home visitors can best serve diverse families.

**2010**

Oregon receives first MIECHV grant. Funds high-quality, evidence-based home visiting service to strengthen the state's home visiting system.

**2012**

Oregon conducts statewide home visiting needs assessment. Assessment finds that only a small fraction of eligible families receive home visiting services, and persistent racial and ethnic disparities exist in home visiting participation.

**2015**

Oregon Legislature increases funding for home visiting. Additional state dollars support expansion of Healthy Families Oregon home visiting.

**2015**

Best Beginnings Committee established. Created by the Early Learning Council to build on MIECHV progress, with home visiting coordination and continued alignment of Oregon's multiple home visiting programs.



# Children's Institute's Recommendations for Voluntary Home Visiting

## Reach more kids

Currently, less than 20 percent of eligible children and families have access to home visiting. To improve the lives of children and families with the greatest needs, Oregon must serve more children in home visiting programs.

## Improve the system

Investing in system coordination for home visiting programs will:

- Assist in increasing enrollment in programs
- Improve collaboration, coordination and alignment of home visiting services
- Implement universal intake and referral forms
- Invest in Oregon's home visiting data system to track shared outcomes across programs
- Improve professional development for home visiting professionals and strengthen training opportunities



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Pictures for this report were taken at the home of Hami Da in Southeast Portland, Oregon Child Development Coalition in Gresham, and Yoncalla Elementary School in Yoncalla. *Photography by Heidi von Tagen and Rafael Otto.*



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