

Universal Home Visitation “study”.

TESTIMONY

Hi Chairwoman Monnes Anderson, Vice Chair Linthicum and Members of the Committee,

Chairwoman Monnes Anderson, I have extreme respect for you. Willingness to listen and hear all concerns and issues that citizen advocates and parents have brought before you and I personally want to thank you for meeting with me, taking my call and being genuinely interested in my concerns.

I am writing regarding SB526 and my concerns after spending 3 years in the field now helping low income families who have been provided services that are already in place in the counties they live in.

Upon reviewing the home visitation program my key concerns after talking to Oregon DHS partners, county officials, OHA staff and also HealthyFamilies are these:

1. FamilyConnect is a new program with only one town implemented. It's a brand new program. Has not been piloted yet in our state. So a study of this program seems futile. It's a new program. I am concerned that the study implies a review of what's already happening, when that's not the intent. It's to implement a new program “as amended”.
2. FamilyConnect model per the literature online says it's intention is universal and for all qualified families (all people with a newborn baby) yet the letter that Senator Elizabeth Steiner-Hayward provided says it would be PHN (Public Health Nurses). These families would not be getting serviced by their PCP, midwife or person of their choice. They would be assigned. For this to be truly universal, all people delivering babies should be the ones that visit these families and also a person the family knows and trusts.

Also, I've heard from many that they interview their doctors, they find a nurse or a doctors office that suits their needs. Many do not feel comfortable having someone from the Public Health Department coming to their door.

3. Per a Healthy Families Manager, Oregon already had 17 counties implementing home visitation. The program is limited due to qualifications of those who can be entered into that program. Seems more conducive and less cost upfront to not only STUDY what we have with these home visitation programs already in place FIRST, see what's missing and then look at improving those to include opening up to more families and expanding to remaining counties.

4. Per SB526 there is no mention in the law that this program would be voluntary.

5. Per Oregon DHS Databook from 2017 the biggest removals of families into their system are for domestic violence, drug abuse and inadequate housing. The majority of these being low income families. With over 50 million in lawsuit over the past number of years, seems like our focus should remain purely in fixing our own family support programs that are failing these children right now.

Oregon DHS is on track to remove more children this year than any year before and the highest counties have these home visitation programs already. Why are they not preventing these outcomes?

My biggest concern is that we are adding a NEW program, when we cannot even fix the ones we have. Oregon DHS has more partners and non profits trying to fix the errors of foster care than any other government agency in Oregon.

6. Per FamilyConnects the program due to it's extensive targeted audience is not covered by Medicaid. The cost per family to do this is \$700 per family. We already have a huge deficit for our education and I think this money could be better spent creating graduates and better citizens in Oregon .

My suggestion:

1. Study what we currently have and iron out the kinks. Expand HealthyFamilies adjusting their program to actually focus on areas of need. Too much focus on mental health when parents are begging for help in these three areas:
 - A. Domestic violence support
 - B. Housing
 - C. Drug abuse
2. Utilize much needed funds and resources to restore families support groups, drug prevention groups, domestic violence safety homes and housing. Studies show that keeping families out of foster care will give that child much better outcomes for the future.
3. FamilyConnects needs to be piloted FIRST and not just one town. Then studied.
4. That if FamilyConnects model rolls out, it should be listed as purely voluntary, the contracts are an opt-in with easy opt outs, and the model should include universal care (the person's own Doctor, PCP or midwife). It's not a universal program and it will put a lot of burden on the county public health departments, especially in rural towns.

Thank you for your time, and until a proper study has been done on what we have and a good explanation of not utilizing what we already have in place and expanding this, I cannot ethically support this legislation.

I encourage all Members of the Committee to oppose this legislation until we iron out why HealthyFamilies is not working to have to bring in a NEW not studied or piloted program.

Brittany Ruiz
Parental rights Advocate