

<b>Priority:</b>	Education	<b>Lead Agency:</b>	Health Department
<b>Program Offer Type:</b>	Existing Operating	<b>Program Contact:</b>	WALLINDER Janet L
<b>Related Programs:</b>	40026B		
<b>Frameworks:</b>	Early Childhood Framework, Poverty Framework		

### **Executive Summary**

Early Childhood Services provides home visits and classes for families with young children to improve health during pregnancy and promote healthy child development. Priority clients are high or at-risk pregnant and postpartum women, infants, and children with special health care needs. Services for first-time parents are based on the Nurse Family Partnership (Olds project), a research-based model that has demonstrated positive outcomes for mothers and children. This program offer addresses several of the Education team strategies, by providing health care to women and children, with a primary focus on readiness to learn; parenting skills assessment and development; and by assisting families access other social and health services, before they become barriers for their children's academic success. (Part A and B combined represent current service level, after reductions taken in FY05.)

### **Program Description**

Early Childhood Services are provided through:

1) Home visits: Nurses and community health workers provide prenatal and other health education; education to parents about child development, age-appropriate stimulation and nurturing, and discipline; screening for health and developmental risks; counseling. 2) Linkage to community services: Includes housing programs, substance abuse treatment, and early childhood education programs such as classes on childbirth education, nutrition, parenting, and infant massage to promote parent-infant bonding. 3) Community partners: Develops contracts to provide parent education and support. 4) Targeted services: To reduce racial/ethnic perinatal disparities, family violence; for first-time parents, young teen parents, parents in the criminal justice system, children with special health care needs.

### **Program Justification**

Services directly impacts readiness to learn and bridges gaps and reduces barriers to early childhood school readiness. of the Education priority. Factor 1: The research of David Olds and others has demonstrated that promoting healthy behaviors, providing parenting support and education, and assisting families to meet their basic needs positively impact the growth & development, cognitive functioning, and learning abilities of children. Factor 2: Intervening in issues that negatively affect the well-being of the individual and the family unit, such as lack of stable housing, substance abuse, and family violence, has been shown to promote successful participation in school. Healthy Birth and Early Childhood Initiative offer direct support of Education strategies to 1) ensure that children's basic physical and mental health needs are met; 2) support parents in preparing children to learn; and 3) bridge the gaps and breakdown the barriers to help all youth succeed in school. These services are culturally and developmentally appropriate and adhere to the other values stated by the Education team.

### **Performance Measures**

% low birth weight infants(LBW); % of Premature births  
Number of visits

### **Summary of last year's program results and this year's expected results**

LBW percentage for Multnomah County is 5.9%, compared to Pierce Co., Washington at 6.1%, and the national average at 7.7%. The program goal is Healthy People 2010 target of 5%.

Premature birth rate for Multnomah County is 7.7%, compared to Pierce Co., Washington at 14.4% and the national average at 11.9%. The Healthy People 2010 target is 7.6%.

To assure continued improvement the program targets populations that may have disparate rates due to race, ethnicity or have other risk factors such as teen parents or first time single mothers.

2,100 pregnant women received 8,278 visits; 3,080 infants and children received 12,279 visits. Contracts with community based agencies provided 553 families with 5,020 home visits and 1,080 classroom visits in FY04. (FY04 numbers represents current funding level. Option A alone would serve approximately half.)

### Program Mandate: 3 Program Choice but No Funding/Service Level Choice

Contracts with Mt Hood Community College Head Start to provide nursing services to their Head Start children; with DHS-Office of Family Health to provide child care consultation for in home family child care providers; with OHSU-CDRC to provide nursing care coordination (CaCoon) services to families with children with special health care needs, with OHSU-School of Nursing to provide Faculty in resident position for nursing students

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2005	2005	2006	2006
<b>Program Expenses</b>				
Personnel	\$2,825,318	\$4,617,657	\$1,772,321	\$2,754,474
Contracts	\$0	\$2,733,187	\$451,429	\$1,501,588
Materials & Supplies	\$1,029,420	-\$685,070	\$62,376	\$106,940
Internal Services	\$432,049	\$1,280,230	\$298,049	\$767,210
Capital Outlay	\$0	\$0	\$0	\$0
<b>Subtotal: Direct Exps:</b>	<b>\$4,286,787</b>	<b>\$7,946,004</b>	<b>\$2,584,175</b>	<b>\$5,130,212</b>
Administration	\$0	\$0	\$104,813	\$0
Program Support	\$0	\$0	\$390,919	\$177,833
<b>Subtotal: Other Exps:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$495,732</b>	<b>\$177,833</b>
<b>Total GF/non-GF:</b>	<b>\$4,286,787</b>	<b>\$7,946,004</b>	<b>\$3,079,907</b>	<b>\$5,308,045</b>
<b>Program Total:</b>	<b>\$12,232,791</b>		<b>\$8,387,952</b>	
Program FTE	0.00	0.00	18.04	35.81
<b>Program Revenues</b>				
Indirect for dep't Admin	\$584,818	\$0	\$268,274	\$0
Intergovernmental	\$0	\$7,946,008	\$0	\$5,130,221
Program Revenue for Admin	\$0	\$0	\$259,014	\$177,833
<b>Total Revenue:</b>	<b>\$584,818</b>	<b>\$7,946,008</b>	<b>\$527,288</b>	<b>\$5,308,054</b>

### Explanation of Revenues

The general fund is used to provide a broad umbrella of services for pregnant women and their children who are poor but ineligible for the Oregon Health plan. Typically these are undocumented residents, teenage mothers, or working poor who do not have sufficient insurance to cover a medically needy child. General fund reductions to this program would reduce the number of these types of clients served, but not eliminate an entire service array or client type. Part A and B combined represent current service level. Other revenues are Medicaid for maternity case management for pregnant & postpartum women, targeted case management for children 4 and under, family planning. County general fund in this program is used as match to generate additional Medicaid revenue. Healthy Birth Initiative federal grant ends May 31, 2005. HD has re-applied to focus on African American pregnant women in North & Northeast to reduce perinatal disparities.

### Significant Program Changes

Going into the FY05 budget the Health Department needed to cut \$6 million in General Fund. \$1 million of this was cut from Early Childhood services. The program implemented a Central Intake for all referrals for services. Field team sites were reduced from 5 to 3, while striving to serve the same number of clients. The management structure was collapsed and flattened as a result of the consolidation of sites.