

Priority: Education
Program Offer Type: Existing Operating
Related Programs:

Lead Agency: Health Department
Program Contact: WALLINDER Janet L

Program Characteristics:

Executive Summary

Early Childhood Services (ECS) provides home visits to more than 4,500 clients, to promote healthy pregnancies & healthy child development. Priority clients are those at most risk of a difficult pregnancy or not achieving healthy child development. ECS strategies are based on county's early childhood framework. Since the early '90's, ECS has used "Children ready to learn by Kindergarten" as an organizing principle for their services.

Program Description

Nurses & community health workers provide home visit based services focusing on prevention, risk reduction, early identification of problems (screening), & linkage to community resources. Services include prenatal & health education, screening for health risks, counseling nutrition education, & assistance with breastfeeding. Services begin early in pregnancy to assure optimal health of mother & continue through infancy to assist parents meeting infant's basic health & developmental needs. ECS first priority is to focus on populations that are at risk of having poor pregnancy outcomes, thus reducing the number of infants born prematurely, at low birth weight or with health problems. Priority clients are young pregnant teens, at-risk first-time mothers, pregnant women with previous newborn with health problems, African American pregnant women who have historically had disparities in birth outcomes, pregnant women with medical conditions, pregnant women experiencing violence, & pregnant women using alcohol or other drugs.

Program Justification

Readiness to learn is best ensured if children are born healthy, have parents prepared to support their growth & their physical & social-emotional development; & where infants & toddlers have experiences that promote healthy child development. Research of David Olds has shown long-term benefits for children receiving home based services starting early in their mothers pregnancy. The services promote healthy behaviors; provide parenting support & education, & help families meet their basic needs. This offer support strategies 1 & 2 of the Education team. We work with parents to ensure the basic needs of their children are met by providing direct services to impact physical & mental health & linking to community resources to meet their food, housing & other basic needs. Providing parents appropriate health & development education prepares & supports parents' ability to meet their child's health & developmental needs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of maternity case management visits to pregnant and postpartum women	8,804	8,800	8,800	8,900
Outcome	Percentage of children within normal limits for development at one year of age	0%	0%	0%	75%
Output	Percentage of pregnant women who have been screened for domestic violence	75%	75%	80%	85%
Outcome	Percentage of low birth weight infants *(continued below)	7%	7%	7%	6%

Performance Measure - Description

% of children within normal limits for development as measured by the Ages & Stages Questionnaire, is a new measure for the program. % of low birth weight infants born to women enrolled in ECS maternity case mgmt by 28 weeks gestation. *Percentage of low birth weight infants born to women enrolled in maternity case mgmt services by 28 weeks prenatally. 6% compares with African American women in calendar 00-02, who had a rate of 10.8%. The Countywide average for all women is 6.4%

Legal/Contractual Obligation

Services reimbursed by Medicaid must comply with Medicaid administrative rules.
Nurse Family Partnership (NFP aka Olds model) must follow program guidelines per contract with NFP.
HBI services must comply with grant guidelines from HRSA MCH Bureau.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$2,794,436	\$3,123,066	\$2,005,648	\$2,384,944
Contracts	\$395,185	\$482,095	\$226,727	\$323,545
Materials & Supplies	\$95,039	\$161,374	\$65,436	\$152,403
Internal Services	\$497,059	\$852,155	\$250,673	\$541,819
Capital Outlay	\$0	\$0	\$0	\$0
Subtotal: Direct Exps:	\$3,781,719	\$4,618,690	\$2,548,484	\$3,402,711
Administration	\$0	\$0	\$95,064	\$0
Program Support	\$0	\$0	\$303,549	\$42,170
Subtotal: Other Exps:	\$0	\$0	\$398,613	\$42,170
Total GF/non-GF:	\$3,781,719	\$4,618,690	\$2,947,097	\$3,444,881
Program Total:	\$8,400,409		\$6,391,978	
Program FTE	0.00	0.00	19.27	25.73
Program Revenues				
Indirect for dep't Admin	\$255,956	\$0	\$155,598	\$0
Intergovernmental	\$0	\$4,618,674	\$0	\$3,402,711
Program Revenue for Admin	\$0	\$0	\$0	\$42,170
Total Revenue:	\$255,956	\$4,618,674	\$155,598	\$3,444,881

Explanation of Revenues

Healthy Birth Initiative grant-federal funding to address perinatal disparities.
Medicaid reimbursement for maternity case management, targeted case management and family planning service.

Significant Program Changes

Last year this program was:

Last year this program offer was part of 40046A and 40046B. This year's program offers have been completely revised and are population risk based. Last year the two offers were the same and just split to meet the general fund cap limit.