

**Lead Agency:** Health Department

**Program Contact:** RUMINSKI Diane T

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The conditions of our early life have a profound impact on our long-term health and stability. ECS provides home based services to pregnant women and families with young children to assure optimal maternal and infant health and assist parents in meeting their child's basic health and developmental needs.

**Program Description**

This offer includes a range of services to reduce the risk of poor pregnancy outcomes in women at risk and to families with an infant or child at risk for poor growth and development. 3,400 women and infants will receive services. Home visits by nurses and health workers focus on health promotion, risk reduction, early screening, and linkage to community resources. Services are provided to women most at risk including pregnant teens, women with medical conditions, women experiencing domestic violence, or alcohol/drug use. Activities include: health education on pregnancy; screening for health risks: hypertension, gestational diabetes, substance use, domestic violence; nutrition education; breastfeeding assistance. Healthy Birth Initiative (HBI) is a project focused on African-American women who have historical birth outcome disparities. In addition to services listed, a community consortium supports community activities to improve health of pregnant women.

Infants can be at risk due to being born premature/low birth weight, having medical conditions, or having parents who are not able to fully meet their needs or need education and support to provide responsible and competent care. Services for infants and children include screening for growth and development; parent education such as discussing child development (what to expect when baby is 6 mos., 9 mos., etc.), age-appropriate stimulation, nurturing, and discipline. Nurses observe parent/child interactions and look for "teachable moments" that can give parents cues to their baby's behavior. Case management assists families to meet their basic needs. Health consultation to child care providers ensures the health needs of infants and children will be met when in child care. These home visit services are part of two statewide programs, Babies First! and CaCoon. Babies First! identifies and screens infants at risk over time to assess growth and development. CaCoon serves children with known medical problems (e.g., cerebral palsy, Down's Syndrome), connecting them with community care services such as special education or special needs clinics. This program's unique emphasis on home visits by nurses & health workers provides significant support to parents, tailored to their needs as observed in their home environment. The program empowers parents with information and promotes positive maternal behavior. With support, families can learn how to cope with existing health issues and prevent or reduce the consequences of future health problems. Poor pregnancy outcomes such as low-birth weight have profound effects on our risk of disease later in life. Babies who are born to mothers who experience under nutrition or chronic stress during pregnancy are more likely give birth to infants who will develop chronic diseases as adults, such as diabetes. Breastfeeding has been shown to contribute to prevention of chronic diseases such as obesity, diabetes and asthma in children as well as benefits to the nursing mother of decreased rate of maternal obesity and diabetes. ECS services improve early-life determinants of health.

**Performance Measures**

| Measure Type | Primary Measure   | Previous Year Actual (FY08-09) | Current Year Purchased (FY09-10) | Current Year Estimate (FY09-10) | Next Year Offer (FY10-11) |
|--------------|---|--------------------------------|----------------------------------|---------------------------------|---------------------------|
| Output       | # of visits to women & infants                                    | 11,281                         | 0                                | 10,170                          | 7,775                     |
| Outcome      | % of mothers who are still breastfeeding at 6 months              | 0.0%                           | 0.0%                             | 35.0%                           | 40.0%                     |
| Output       | % of pregnant and postpartum women screened for domestic violence | 0.0%                           | 96.0%                            | 89.0%                           | 90.0%                     |
| Output       | % of infants 0-12 months with developmental screening             | 0.0%                           | 0.0%                             | 61.0%                           | 70.0%                     |

**Performance Measure - Description**

 **Measure Changed**

Breastfeeding measure is new. Healthy People 2010 goal is 50%. Domestic violence screening rate has been changed from screening in last 24 months to screening last 12 months to reflect emphasis on more frequent screening. Rate dropped slightly when looking at 12 months. Developmental screening measure is new, to reflect program emphasis on developmental screening for early identification of problems and health education during the infant's first year of life.

## Legal/Contractual Obligation

Healthy Birth Initiative (HBI) services must comply with grant guidelines from HRSA MCH Bureau. Babies First & CaCoon funds must comply with contract requirements. Services reimbursed by Medicaid must comply with Medicaid rules.

## Revenue/Expense Detail

|                          | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|--------------------------|-----------------------|----------------------|-----------------------|----------------------|
| <b>Program Expenses</b>  | 2010                  | 2010                 | 2011                  | 2011                 |
| Personnel                | \$1,671,417           | \$3,814,237          | \$2,179,902           | \$3,219,626          |
| Contracts                | \$867,094             | \$145,340            | \$769,971             | \$52,650             |
| Materials & Supplies     | \$83,037              | \$149,672            | \$50,927              | \$158,152            |
| Internal Services        | \$296,762             | \$733,526            | \$144,819             | \$852,461            |
| Capital Outlay           | \$150,000             | \$0                  | \$0                   | \$0                  |
| <b>Total GF/non-GF:</b>  | <b>\$3,068,310</b>    | <b>\$4,842,775</b>   | <b>\$3,145,619</b>    | <b>\$4,282,889</b>   |
| <b>Program Total:</b>    | <b>\$7,911,085</b>    |                      | <b>\$7,428,508</b>    |                      |
| Program FTE              | 17.15                 | 37.40                | 23.10                 | 30.10                |
| <b>Program Revenues</b>  |                       |                      |                       |                      |
| Indirect for dep't Admin | \$275,601             | \$0                  | \$254,685             | \$0                  |
| Intergovernmental        | \$0                   | \$4,546,091          | \$0                   | \$4,282,889          |
| <b>Total Revenue:</b>    | <b>\$275,601</b>      | <b>\$4,546,091</b>   | <b>\$254,685</b>      | <b>\$4,282,889</b>   |

## Explanation of Revenues

-Medicaid reimbursement for maternity case management and targeted case management; Federal grant from HRSA MCH Bureau for Healthy Birth Initiative; Babies First grant of state general fund; CaCoon contract with OHSU of federal Title V funds; Mt Hood Community College Head Start contract; State DHS contract for child care health consultation

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #40013B, Early Childhood Svcs for High Risk Prenatal

This program offer combines previous #40013B and 40013C.

End of 5 year CDC grant; reduced State Healthy Start funding; changes to Medicaid reimbursement regulations, would have resulted in significant staffing reductions.

The Chair and Board provided additional general fund supported to Early Childhood to offset many of the cuts that would have come from the end of the CDC grant. In FY11 Early Childhood will identify emerging and urgent health needs, and continue to assure services such as prenatal care, universal newborn screening, promotion and support for breastfeeding, parent education, immunizations and health care coverage.

They will maintain nursing capacity for Early Childhood service teams as they transition from a general field nursing model to the Nurse-Family partnership or other evidence based home visiting interventions. This will allow us to take advantage of healthcare reform funding, which specifically calls out best practices like Nurse Family partnership as a key element for early childhood preventative health.

In addition to nursing capacity Early Childhood will kick-off a comprehensive breastfeeding campaign engaging all the programs addressing maternal child health including WIC, home visiting nurses, Chronic Disease (now renamed the Prevention and Wellness program), Environmental Health and community based organizations, focusing on women and children experiencing health inequities. Breastfeeding has been shown to contribute substantially to the prevention of childhood illness and chronic diseases such as obesity, diabetes and asthma in children, as well as benefits to the nursing mother with a decreased rate of maternal obesity and diabetes.

This capacity will also allow Community Health Services to close gaps in our maternal child health program array. This will optimize the use of resources across programs to improve health outcomes in our community with a specific focus on communities in which we know health disparities exist.