

Lead Agency: Health Department

Program Contact: RUMINSKI Diane T

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Early Childhood Services provides home visiting to pregnant women and families with young children to assure that those at risk for poor health outcomes receive the support, education and resources needed to achieve optimal health during the critical early years of life. We expect to serve approximately 6,300 women and children in FY 12.

Program Description

Voluntary home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, reductions in the incidence of child abuse and neglect, low birth weight and prematurity, and improvements in maternal life course. High risk families including teens, African Americans and other groups experiencing health disparities, low income, and single parents appear to benefit the most from these interventions. Long term benefits to the county include a healthier, well prepared work force and decreased costs related to school failure, juvenile crime, and chronic disease. Early childhood services uses community based epidemiologic data to help inform us about the current health of our young families and how to tailor interventions to address their needs.

The Healthy Birth Initiative(HBI) program is designed to reduce the historical disparities in poor birth outcomes by addressing the social determinants of health in the African American population. Core service components include outreach, case management, health education, interconceptual care, and depression screening and referral. A community consortium, mental health groups, and a contract with Black Parent Initiative (BPI) to educate and support African American fathers are unique components of HBI. Transportation and childcare support are wraparound services available to HBI families. Services begin in early pregnancy and children are followed up to their second birthday.

Albina Early Head Start Program provides nursing services through contract to families enrolled in this Head Start program serving N/NE Portland.

The Nurse Family Partnership Program (NFP)is offered to first-time low income pregnant women. Services begin in early pregnancy and follow families up to their child's second birthday. NFP evaluations demonstrate improved prenatal outcomes, fewer subsequent births, increased intervals between births, increased rates of breast feeding, and fewer childhood injuries. Research on the long-term benefits for children receiving NFP services has shown at age 15 they are more likely to be in school, and less likely to be in the criminal justice system. The mothers who received NFP services are more likely to have finished high school, be in the workforce, and not use public assistance.

General Home Visiting Services: Families who do not meet the criteria to enter HBI or NFP programs are also offered home visits by nurses and community health workers. These include pregnant women with medical conditions, women experiencing domestic violence, or alcohol/drug use as well as premature, low birthweight or infants with medical conditions. Services include health screening and assessment, case management, health education and community referrals.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	% of infants 0-12 months with developmental screening	62.0%	70.0%	70.0%	70.0%
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	48.0%	50.0%	50.0%	50.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	0.0%	0.0%	0.0%	80.0%
Output	% women enrolled in HBI who are screened for depression**	0.0%	0.0%	0.0%	95.0%

Performance Measure - Description

 **Measure Changed**

*New performance measure designed to obtain client input on services offered by measuring client satisfaction.

**New measure this year and also a requirement of the federal grant.

Legal/Contractual Obligation

Nurse Family Partnership (NFP) follows program guidelines set forth by the NFP National Service Office. Healthy Birth Initiative (HBI) must comply with HRSA grant 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
Program Expenses	2011	2011	2012	2012
Personnel	\$1,011,686	\$2,043,391	\$1,476,272	\$1,950,831
Contracts	\$1,286,071	\$46,091	\$804,582	\$94,224
Materials & Supplies	\$41,998	\$103,531	\$37,868	\$159,108
Internal Services	\$170,492	\$506,429	\$182,623	\$337,440
Total GF/non-GF:	\$2,510,247	\$2,699,442	\$2,501,345	\$2,541,603
Program Total:	\$5,209,689		\$5,042,948	
Program FTE	7.04	18.90	16.10	17.85
Program Revenues				
Indirect for dep't Admin	\$160,524	\$0	\$150,914	\$0
Intergovernmental	\$0	\$2,699,442	\$0	\$2,541,603
Total Revenue:	\$160,524	\$2,699,442	\$150,914	\$2,541,603

Explanation of Revenues

Early Childhood Services for pregnant/parenting families - N/NE is funded by county general fund, the federal Healthy Birth Initiative, and Medicaid fees from: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum (\$249/visit); and 2) Targeted Case Management (TCM) for infants and children up to age 5 years (\$303/visit). CaCoon is a Care Coordination grant designed to serve children with special health care needs. This grant is shared between both Early Childhood Services program offers. The Babies First! state general fund grant and is divided between two Early Childhood Program offers.

Healthy Birth Initiative federal grant: \$850,000
 Medical fees: \$1,588,515
 CaCoon and Babies First! grant: \$87,088
 County general fund: \$2,510,247

Significant Program Changes

✔ Significantly Changed

Last year this program was: #40013A, Early Childhood Services for First Time Parents

This program offer structure, not services, has been changed for ease of monitoring and reporting on the budget. Offer A is now for staff working out of the N/NE office. Offer B is for staff working out of Mid and East County office. The services described herein are provided to the whole community.

Programmatic changes include changes in response to State rules changes to Medicaid funded services. These rule changes affect provider types, initial assessment visits, and place of service restrictions, resulting in the same number of patient visits but fewer reimbursable visits. Changes to the match rate have offset some of the revenue shortfall. Other changes include the CDC-Intimate Partner Violence/Nurse Family Partnership grant ended in FY 2011. All staff from this grant were retained and redeployed with the Early Childhood Services programs. The result of these changes to the ECS programs is a net reduction in State and Medicaid revenue of \$854,649 and 4.80 FTE. The reduction in FTE was achieved without reducing services, eliminating vacancies and staff reassignment prevented layoffs.