

Lead Agency: Health Department

Program Contact: Jessica Guernsey

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

ECS provides home and community-based services to pregnant women, families with young children, and systems that interact with families with young children to assure optimal maternal and infant health and to assist parents in meeting their child's basic health and developmental needs. The conditions of early life have a profound impact on our long-term health and stability. We expect to serve approximately 900 families in this program offer. Of these 900 families approximately 72% are ethnic minorities including 13% African American, 1% Native American and 39% Hispanic (all races).

Program Description

Community and 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 health outcomes for mothers. These programs target high risk families including teens, racial and ethnic groups, and immigrant and refugee families experiencing health disparities. Low income, single, first birth parents benefit the most from these interventions which help establish positive lifelong parenting practices. Long-term benefits to the county include healthy children ready to learn, a healthier work force, and decreased costs related to school failure, juvenile crime, and chronic disease.

The Healthy Birth Initiatives Program (HBI) is designed to reduce the historical and persistent disparities in poor birth outcomes by addressing the social determinants of health in the African American community. Core service components include community engagement, case management, health education, inter-conceptual care and depression screening and referral. A consumer-run community consortium, education/support groups, leadership development, and men's groups are unique components of HBI. Transportation and childcare support are wrap around services available to families enrolled in HBI. Case management services begin in early pregnancy and continue through the child's second birthday. Community education and engagement utilize a culturally specific approach and are open to all community members.

Children with special health care needs (infants born prematurely, of low birth weight or children with special medical conditions) who are not engaged with NFP are offered other home visiting services through our CaCoon program. The CaCoon Program helps families coordinate their children's care, develop care management skills and link to appropriate services through home visiting. Children seen in CaCoon have chronic health conditions and require more care coordination than other children (for example, more doctor visits, specialized treatments, prescription drugs, and mental health services.) Nursing consultation is provided to pregnant and parenting families enrolled in the Mt Hood Head Start program, to pregnant/parenting women involved in the corrections system as part of a multidisciplinary team including the Department of Community Justice, and to child care centers to support breastfeeding practices.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of infants 0-12 months with developmental screening	64.0%	80.0%	65.0%	65.0%
Outcome	% HBI clients will be screened for depression, DV, tobacco, WIC eligibility	91.0%	95.0%	95.0%	96.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	98.0%	98.0%	95.0%	95.0%

Performance Measure - Description

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

Legal/Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,773,369	\$1,717,445	\$1,441,241	\$2,127,207
Contracts	\$535,292	\$148,000	\$416,859	\$405,904
Materials & Supplies	\$26,263	\$162,488	\$33,969	\$119,584
Internal Services	\$252,299	\$479,515	\$319,754	\$417,499
Total GF/non-GF:	\$2,587,223	\$2,507,448	\$2,211,823	\$3,070,194
Program Total:	\$5,094,671		\$5,282,017	
Program FTE	17.47	14.33	13.66	17.64
Program Revenues				
Indirect for dep't Admin	\$155,520	\$0	\$195,724	\$0
Fees, Permits & Charges	\$0	\$73,579	\$0	\$0
Intergovernmental	\$0	\$2,433,869	\$0	\$3,035,194
Other / Miscellaneous	\$0	\$0	\$0	\$35,000
Total Revenue:	\$155,520	\$2,507,448	\$195,724	\$3,070,194

Explanation of Revenues

Early Childhood Home/Community based services is funded by county general fund, Medicaid fees for: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum, and 2) Targeted Case Management (TCM) for infants and children up to age 5. CaCoon is a Care Coordination grant serving children with special health care needs. The HBI is funded by a federal grant.

Healthy Birth Initiative Summary-Federal Healthy Birth Initiative grant: \$850,000; Medicaid MCM: \$96,783; Medicaid TCM: \$96,560; federal grants: \$20,529; and county general fund: \$439,560.

General Field Summary-Medicaid MCM: \$282,805; Medicaid TCM: \$1,341,900; Federal CaCoon grant: \$120,000; State Babies First grant: \$83,878; Mt Hood Community College Head Start contract: \$72,850; Fed/State Maternal Infant & Early Childhood Home Visiting grant: \$84,889; other state/local grants: \$20,000, and county general fund: \$1,772,263.

Significant Program Changes

Last year this program was: #40013B, Early Childhood Home and Community Based Services
Five General Field staff will transition to NFP teams in FY14. This will not affect the overall number of families served in the community. Screening in first birth families has been less because of a decline in birth rate. The decline has happened over the last few years.

Changes in FTE are the result of an 0.80 fte increase for a Community Health Specialist 2 position under the CDC ACHIEVE grant to bridge work between family health and chronic disease prevention specific to the African American Community, ensuring that this work is seamless and efficient. Administrative and supervisory staff were reduced. A small car seat grant has been added to HBI to ensure clients receive car seats and car seat education. ECS will act as the fiscal agent for the Future Generations Collaborative (FGC) Kaiser grant (\$40,000) to develop a trauma-informed approach to support healthy pregnancies and healthy births in the Native American community.