



**Program #40097 - Parent, Child, and Family Health Management** FY 2025 Adopted

**Department:** Health Department **Program Contact:** Veronica Lopez Ericksen  
**Program Offer Type:** Administration **Program Offer Stage:** Adopted  
**Related Programs:** 40054, 40055, 40056, 40058,  
**Program Characteristics:**

**Executive Summary**

Parent, Child, and Family Health (PCFH) Administration provides leadership, compliance, quality, and program data oversight and support to PCFH programs within the Public Health Division. PCFH Administration is committed to addressing health equity, and providing culturally responsive home visiting and other perinatal, parental, and family programming. Administration assures compliance to program and fiscal standards.

**Program Description**

PCFH Administration supports the following programs: Healthy Birth Initiatives, Healthy Families, and Community Based Health Consulting. It ensures that service delivery effectively improves health outcomes and reduces racial/ethnic disparities in perinatal and birth outcomes, with the ultimate goal of eliminating inequitable perinatal disparities and creating foundations that improve the health and wellbeing of generations to come.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs, based on program outcomes; overseeing contracts, billing, health information data systems, compliance with Local, State, and Federal guidelines; and implementing quality and process improvements. Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support and enhance program staff, program leadership, clients, community-based service-delivery partners, and other County programs to set the strategic direction for PCFH programs. Examples include working to shift the PCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally reflective and responsive programs and meaningful community partnership engagement.

PCFH monitors local and national maternal and infant health data, as well as program-level data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. PCFH programs reach populations most impacted by perinatal disparities through targeted marketing and outreach to BIPOC and low-income communities and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through advisory boards. Clients influence and guide how they engage in PCFH services, hold leadership roles in the advisory boards, and provide input to influence program design and/or implementation.

**Performance Measures**

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of billable visits that meet targeted case management (TCM) requirements	3,898	5,448	3,824	3,480
Outcome	Percent of contracts granted to BIPOC vendors	80%	56%	80%	80%

**Performance Measures Descriptions**

Client service records will be created in a new Electronic Health Record (EHR) in FY24, and paper charting will be eliminated. New protocols within the EHR will maximize billable claims, efficiency and accuracy, allowing more time for client support and programmatic deliverables. A new measure will be added in FY25 to demonstrate program quality with this change.

## Legal / Contractual Obligation

PCFH Administration ensures that all PCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,094,714	\$70,170	\$965,531	\$0
Contractual Services	\$13,400	\$100,000	\$11,000	\$133,000
Materials & Supplies	\$44,787	\$53,992	\$19,963	\$20,965
Internal Services	\$162,700	\$9,803	\$455,099	\$88,802
<b>Total GF/non-GF</b>	<b>\$1,315,601</b>	<b>\$233,965</b>	<b>\$1,451,593</b>	<b>\$242,767</b>
<b>Program Total:</b>	<b>\$1,549,566</b>		<b>\$1,694,360</b>	
<b>Program FTE</b>	8.00	0.44	6.00	0.00

Program Revenues				
Intergovernmental	\$0	\$233,965	\$0	\$153,965
Service Charges	\$0	\$0	\$0	\$88,802
<b>Total Revenue</b>	<b>\$0</b>	<b>\$233,965</b>	<b>\$0</b>	<b>\$242,767</b>

## Explanation of Revenues

Direct State - \$88,802 - MCH Babies First Grant  
Federal through State \$53,965 Title V: Child and Adolescent Health - Mgmt  
Federal through State \$100,000 Title V: Child and Adolescent Health - IR

## Significant Program Changes

**Last Year this program was:** FY 2024: 40097 Parent, Child, and Family Health Management

Staff reductions include 1.00 FTE Office Assistant Sr. and 1.00 FTE CHS2- Marketing and Outreach Coordinator. Reflective of the reduction of FY 2025, PCFH will undergo space consolidation and changing productivity expectations. Program enhancements include the Epic EHR build and roll-out. Quality assurance via real time data will improve work flows and alter some staff roles. Several RFPs, including the Healthy Families RFP, are planned for FY 2024, and will require Administrative staff support. HBI has also pursued grant funding from HRSA in the 5-year cycle and we will be planning for Family Connects, a State mandated program that is expected to be implemented in FY 2026.