

<b>Department:</b>	Health Department	<b>Program Contact:</b>	Jessica Guernsey
<b>Program Offer Type:</b>	Existing Operating Program	<b>Program Offer Stage:</b>	As Requested
<b>Related Programs:</b>	40055, 40056, 40058		
<b>Program Characteristics:</b>	In Target		

**Executive Summary**

Multnomah County Health Department is the only organization in the County to provide and support the Nurse Family Partnership Program (NFP). NFP is an evidence-based community healthcare program supported by 25 years of extensive research. NFP supports a partnership between low-income, first time mothers with a home-visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy and provide competent care for their children and families. This program serves over 400 families per year.

**Program Summary**

Research shows the conditions of early life have a profound impact on long-term health and life stability. The Nurse Family Partnership Program (NFP) is a nurse home visiting program offered to first-time, low-income pregnant women through two Multnomah County teams, one team located in Northeast Portland, and one team located in East County. Home visiting services begin in early pregnancy and follow families up to their child's second birthday.

NFP consistently demonstrates improved prenatal health, fewer childhood injuries, increased intervals between births, increased maternal employment and improved school readiness. Multnomah County has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, a Community Advisory Council, and rigorous evaluation support through the NFP National Service Office. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, and addresses underlying causes of population health by focusing on a life course health perspective. Long-term benefits to the county include healthy children ready to learn; a healthier work force; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

In FY15, Nurse Family Partnership and Healthy Birth Initiative (HBI) began the process of better connecting the two programs so that African American first time mothers are enrolled in NFP and receive all of the wraparound, culturally-specific services and leadership development of the HBI program. Additional families served through the coordinated programs are reflected in the HBI program offer.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served	485	450	450	450
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	62%	60%	70%	65%
Quality	Client retention in prenatal phase of NFP program	64%	71%	71%	71%
Quality	Client satisfaction	NA	98%	NA	98%

**Performance Measures Descriptions**

Output "Number of families served": Data source is EPIC, combining MCHD NFP teams for ECS Northeast and East. Additional families served by HBI nurses trained in the NFP model are reflected in the HBI program offer.

Outcome "% of mothers enrolled in NFP services who are breastfeeding at 6 months": Data source ETO (NFP reporting port

## Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. 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	2016	2016	2017	2017
Personnel	\$1,908,070	\$812,909	\$1,402,075	\$1,337,769
Contractual Services	\$33,038	\$431,012	\$461,010	\$180,000
Materials & Supplies	\$34,641	\$42,659	\$65,012	\$10,784
Internal Services	\$133,068	\$271,706	\$282,207	\$161,086
<b>Total GF/non-GF</b>	<b>\$2,108,817</b>	<b>\$1,558,286</b>	<b>\$2,210,304</b>	<b>\$1,689,639</b>
<b>Program Total:</b>	<b>\$3,667,103</b>		<b>\$3,899,943</b>	
<b>Program FTE</b>	17.80	5.40	9.96	10.44

Program Revenues				
Indirect for Dept. Admin	\$93,685	\$0	\$125,940	\$0
Intergovernmental	\$0	\$92,120	\$0	\$282,120
Other / Miscellaneous	\$14,190	\$0	\$0	\$0
Service Charges	\$0	\$1,466,166	\$0	\$1,407,519
<b>Total Revenue</b>	<b>\$107,875</b>	<b>\$1,558,286</b>	<b>\$125,940</b>	<b>\$1,689,639</b>

## Explanation of Revenues

NFP is funded in part by Medicaid fees from Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and Targeted Case Management (TCM)\* for infants and children up to age 5 years. \*In the future, MCM and TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Local Public Health Authority IGA: \$272,120  
Target Case Management Babies First fees: \$1,001,952  
Medicaid Maternity Case Management fees: \$405,567  
Early Home Visiting grant: \$10,000

## Significant Program Changes

Last Year this program was: FY 2016: 40054-16 Nurse Family Partnership