

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Public Health's Parent Child Family Health (PCFH) Nurse Family Partnership Program (NFP) is an evidence-based community healthcare program supported by more than 30 years of extensive research. NFP supports a partnership between low-income, first-time pregnant people with a home visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy. This partnership and the tools pregnant people receive, enable families to build confidence and work towards a life of stability and success for both parents and child.

Program Summary

NFP is a nurse home visiting program offered to first-time, low-income pregnant people through two Multnomah County teams located in Northeast Portland and East County. The goals of NFP are to improve pregnancy outcomes by promoting health-related behaviors; and improve child health, development, and safety by promoting competent care-giving. 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 for children.

PCFH has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, a Community Advisory Board, and rigorous evaluation support through the NFP National Service Office and State Nurse Consultant. Long-term benefits to the county include healthy children ready to learn; decreased costs related to child welfare and juvenile justice; and over the long-term, families less affected by chronic disease. PCFH has connected the NFP model with the Healthy Birth Initiative (HBI). This partnership provides African American first-time pregnant people who are enrolled in NFP with all of the wraparound, culturally specific services and leadership development of the HBI program. African American families receiving NFP services through HBI are reflected in the HBI Program Offer (40058).

PCFH programs review and monitor local and national maternal and infant health data, as well as program specific data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. PCHF programs reach populations most disparately 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 boards/collaboratives. NFP's Community Advisory Board enables clients to influence and guide how they engage in PCFH services and provide input in other collaborative settings to influence program design and/or implementation.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of families served	191	200	183	270
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	66%	65%	65%	65%
Quality	Participants who remain in program until child is two years old	N/A	80%	70%	70%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	N/A	95%	95%	95%

Performance Measures Descriptions

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. Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, 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	Proposed General Fund	Proposed Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$153,893	\$1,073,763	\$89,611	\$1,580,995
Contractual Services	\$430,423	\$0	\$462,147	\$2,000
Materials & Supplies	\$38,140	\$4,666	\$37,906	\$23,976
Internal Services	\$169,461	\$143,025	\$147,257	\$254,842
Total GF/non-GF	\$791,917	\$1,221,454	\$736,921	\$1,861,813
Program Total:	\$2,013,371		\$2,598,734	
Program FTE	0.81	5.89	0.44	8.56

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$88,802
Other / Miscellaneous	\$0	\$33,312	\$0	\$46,556
Beginning Working Capital	\$0	\$0	\$0	\$566,348
Service Charges	\$0	\$1,099,340	\$0	\$1,160,107
Total Revenue	\$0	\$1,221,454	\$0	\$1,861,813

Explanation of Revenues

This program generates \$212,486 in indirect revenues.

- \$ 46,556 - Miscellaneous Revenues
- \$ 88,802 - State MCH Babies first grant
- \$ 1,160,107 - NFP Medicaid Babies First
- \$ 566,348 - Medicaid BWC

Significant Program Changes

Last Year this program was: FY 2022: 40054A Nurse Family Partnership

In FY22, there was a reduction in required County General Fund Target Case Management match due to reduced visit revenue for the first six months of the fiscal year. In FY22, PCFH programs had a reduction in referrals and services; staff were reassigned into COVID-19 response activities; and in-home services were primarily telehealth services, all of which impacted visit numbers. FY23 projects a return to some in-person services and an associated increase in number of families served. Staff will also continue to support COVID-19 response for PCFH clients. This program offer includes beginning working capital to support the transition to a hybrid of in-person and telehealth services. The beginning working capital is adding 2.8 existing FTE to this offer.