

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	Requested General Fund	Requested Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$153,893	\$1,073,763	\$89,611	\$1,092,525
Contractual Services	\$430,423	\$0	\$462,147	\$0
Materials & Supplies	\$38,140	\$4,666	\$37,827	\$13,730
Internal Services	\$169,461	\$143,025	\$147,336	\$189,210
Total GF/non-GF	\$791,917	\$1,221,454	\$736,921	\$1,295,465
Program Total:	\$2,013,371		\$2,032,386	
Program FTE	0.81	5.89	0.44	5.76

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$88,802
Other / Miscellaneous	\$0	\$33,312	\$0	\$46,556
Service Charges	\$0	\$1,099,340	\$0	\$1,160,107
Total Revenue	\$0	\$1,221,454	\$0	\$1,295,465

Explanation of Revenues

This program generates \$146,836 in indirect revenues.

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

Significant Program Changes

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

COVID-19-Related Impacts - 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. Program Offer 40199L will provide bridge support to maintain NFP service capacity until Medicaid revenue returns to pre-pandemic levels.