



Program #40054 - Nurse Family Partnership Restoration FY 2025 Department Requested

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Restoration Request **Program Offer Stage:** Department Requested
Related Programs: 40055, 40056, 40058, 40097
Program Characteristics: Out of Target

Executive Summary

Out of target funding allows the transition to reduce NFP services and pull in more services to serve more families in a culturally congruent way. We would like to transition services very thoughtfully and gradually; most families would be able to have a smooth transition into the Babies First program. We will develop a transition plan to be revenue neutral and stabilize our service delivery. We would be better aligned to identify the unmet needs of the communities we serve and offer services in the way our communities would want to be served. Our goal is to hear from the communities and restructure our home visiting programs with community input.

Program Description

NFP is a nurse home visiting program offered to first-time, low-income pregnant people through two Multnomah County teams serving the entire 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). NFP's Community Advisory Board enables clients to influence and guide how they engage in PCFH services and provide input assure services are reflective of families served, impacting program design and/or implementation. We ask for CGF support in order to support the transition to adding Babies First and Family Connects home visiting programs. We believe that families continue to need intensive case management and holistic support. We have the honor to serve the families who participate in our programs in this unique way. By moving to a Babies First model, we will increase the number of families served in fiscal year, decrease barriers to services, and increase revenue by billing/reimbursement for more visits. An increase in caseload means that more visits are eligible for Medicaid billing, including an increased number of people who now are eligible for Medicaid services, during the critical periods of service delivery- prenatal, postpartum, and early childhood.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of families served	216	330	204	200
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	60%	65%	65%	65%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	95%	95%	95%	95%

Performance Measures Descriptions

The transition to various home visiting models may have an impact on productivity in the first year of transition; we are estimating conservatively as we build upon the services we would like to offer in the PCFH restructure.

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 from the County general fund at 40% of the generated revenue.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$183,578	\$1,876,725	\$1,597,719	\$1,132,419
Contractual Services	\$701,808	\$0	\$590,335	\$0
Materials & Supplies	\$21,875	\$23,834	\$15,000	\$1,927
Internal Services	\$75,194	\$386,627	\$0	\$191,493
Total GF/non-GF	\$982,455	\$2,287,186	\$2,203,054	\$1,325,839
Program Total:	\$3,269,641		\$3,528,893	
Program FTE	1.11	9.09	7.60	5.60

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$0
Other / Miscellaneous	\$0	\$46,556	\$0	\$0
Service Charges	\$0	\$2,151,828	\$0	\$1,325,839
Total Revenue	\$0	\$2,287,186	\$0	\$1,325,839

Explanation of Revenues

This program generates \$191,493 in indirect revenues.

Revenue is from fee for service visits for Targeted Case Management. Targeted Case Management includes the Babies First and Nurse Family Partnership home visiting services.

\$1,325,839 Medicaid TCM/Babies First

Significant Program Changes

Last Year this program was: FY 2024: 40054 Nurse Family Partnership

Restore and restructure of home visiting services to align with home visiting models of Babies First and Family Connects.