

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

**Executive Summary**

The Future Generations Collaborative (FGC) is a collective impact model whose partners include Native American and Alaska Native community members, Native-serving organizations, and government agencies. The FGC seeks to increase healthy pregnancies and healthy births and strengthen families in Native American and Alaska Native communities.

**Program Summary**

Research shows the conditions of early life have a profound impact on long-term health and stability. In Multnomah County, one in five births to Native American women results in a poor birth outcome. The historical trauma experienced by Native people has set the stage for poor birth outcomes and associated long-term health effects, and has hindered partnerships between Native communities and government agencies. The Future Generations Collaborative (FGC) is a culturally-specific, trauma-informed collective impact model to reduce serious health inequities experienced by Native communities, especially birth outcomes related to Fetal Alcohol Spectrum Disorders (FASDs). Eliminating the root causes of FASDs ensures that all Native families are supported to heal, grow and thrive; and that a healthy pregnancy and healthy start to life is possible for every Native person.

The FGC has adopted a trauma-informed collaborative process that helps heal people, organizations, and systems. Using the model, the FGC builds trusting relationships between and among people and organizations. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. The FGC builds community capacity to mobilize, educate, and inform community through peer-to-peer support and training; increasing use of the relational world view and trauma-informed approaches within health and social service systems; and enhancing participation of Native-identified community health workers and community members in policy and systems changes. Finally, the FGC plays a unique role in Multnomah County, providing culturally-relevant and trauma-informed technical assistance and training to health and social service providers, including community health workers, to more effectively adapt systems and programs to support people and families affected by FASD.

The work of the FGC responds to the 2014 Report Card on Racial and Ethnic Disparities, as well as other local and regional community health assessments and community health improvement plans. The FGC addresses the underlying causes of health inequities by focusing on the social determinants of health, operating in a life course health perspective, and building capacity within the Native community and Native-serving organizations.

**Performance Measures**

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of TA and capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders	15	12	14	14
Outcome	% participants w/increased awareness of FASD prevention & effective support for those affected by FAS	NA	90%	90%	90%
Quality	# of Elders/Natural Helpers and Native-identified community health workers engaged in policy advocacy	42	13	24	20
Quality	# Meaning Making meetings to gather and integrate input on successes and process improvements for the FGC	3	2	2	2

**Performance Measures Descriptions**

2) Due to transition in evaluation, quantitative participant outcomes weren't tracked at each training or TA session. A new Indigenized process has been developed with greater emphasis on qualitative evaluation. 3) Revised: measures changed from unique clients to not unique contacts as some individuals engage in more than one event.

## Legal / Contractual Obligation

The Health Department serves as the backbone agency for the FGC. In this role we have developed contracts with three Native-serving, community-based organizations to complete the planned work. Those contracts are Native American Youth and Family Center [contract number 44-1937], the Native Wellness Institute [44-1092] and SPIRITS [44-1537]. We expect these contracts to continue until the grant period ends (January 2018). The FGC is seeking additional grant funds to sustain the current scope of work and supplement general fund contribution to the collaborative.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$147,265	\$0	\$171,112	\$0
Contractual Services	\$71,334	\$263,435	\$81,476	\$150,000
Materials & Supplies	\$2,143	\$0	\$2,058	\$0
Internal Services	\$15,626	\$0	\$24,004	\$0
<b>Total GF/non-GF</b>	<b>\$236,368</b>	<b>\$263,435</b>	<b>\$278,650</b>	<b>\$150,000</b>
<b>Program Total:</b>	<b>\$499,803</b>		<b>\$428,650</b>	
<b>Program FTE</b>	1.35	0.00	1.50	0.00

Program Revenues				
Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$113,435	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$263,435</b>	<b>\$0</b>	<b>\$150,000</b>

## Explanation of Revenues

Future Generations Collaborative (FGC) is funded by county general fund, Local Public Health Authority Title V funds, In FY18, Title V support will be increased.

Maternal Child Health Federal Block Grant: \$150,000

## Significant Program Changes

**Last Year this program was:** FY 2018: 40057 Future Generations Collaborative

In FY17, this program was 100% funded with general fund. In FY18, 30% of the general fund was replaced with federal Maternal Child Health Title V funding.