

**Department:** Health Department      **Program Contact:** Veronica Lopez Ericksen  
**Program Offer Type:** Operating      **Program Offer Stage:** Proposed  
**Related Programs:** 40054, 40055, 40056, 40097  
**Program Characteristics:**

### Program Description

**Issue:** The Black/African American community experiences the highest rates in Multnomah County of poor outcomes across the spectrum of perinatal health, including infant mortality, low birthweight, and preterm birth. The latter two are also linked to poorer health later in life, and correspondingly, Multnomah County's Black/African American population experiences the highest mortality rates compared to other racial/ethnic subpopulations for many of the leading chronic diseases contributing to deaths, including heart disease, Alzheimer's disease, diabetes, and essential hypertension and hypertensive renal disease. These poorer health outcomes are preventable, and addressing their root causes improves the overall health of the entire population, bringing about economic, social and direct health benefits to the community. For over 25 years, HBI has helped improve birth outcomes in the Black/African American community using a culturally responsive model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of engagement in early prenatal care compared to Black/African Americans not enrolled in the program. HBI also focuses on the importance of father involvement in achieving better outcomes.

**Goal:** HBI's core goal is to improve health outcomes before, during, and after pregnancy and eliminate the disparities experienced by the local Black/African American community in infant death and adverse perinatal outcomes. Long-term benefits of the program include increased parent advocacy skills; healthy children who are ready to learn; a healthier workforce; decreased costs across health and social service systems; and gains in equity for the county's Black/African American community.

**Activities:** HBI provides case management/home visiting, health education, and support groups using a family-centered approach that engages parents and other caretakers in supporting a child's development. HBI services are available throughout pregnancy and for the baby's first two years of life. Additional components of HBI include community engagement, service coordination, and consumer, partner and community engagement through the Community Consortium whose members work together to implement community-identified strategies. HBI serves as a subject matter expert to local health and hospital systems, community-based service providers, and regional and state legislative efforts. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems. HBI uses program data, as well as local, state, and national data to guide programmatic focus. The Community Consortium also offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation.

### Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families served in HBI program	275	320	366	366
Output	Number of billable visits in Targeted Case Management (TCM) for HBI enrolled families	1,609	2,340	1,968	3,420
Quality	Percent of participants who remain in program at least until child reaches 18 months of age	75%	70%	75%	75%
Quality	Percent of participants who express satisfaction with cultural specificity of program	90%	99%	87%	90%

### Performance Measures Descriptions

1) Families who participate in HBI typically show improved outcomes in maternal/infant mortality and morbidity. 2) HBI strives to serve the African American community regardless of income and type of insurance. Meaning not all visits will be eligible for TCM billing. However, the addition of 3 new staff creates more capacity for visiting more families in FY26. 3) Case closure report indicates timeframe when families disenroll or disengages from the program. 4) Participants are asked to complete program evaluations to measure satisfaction and progress.

## Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,277,231	\$1,466,290	\$1,090,214	\$2,057,898
Contractual Services	\$541,962	\$186,064	\$860,700	\$307,760
Materials & Supplies	\$64,168	\$71,536	\$95,295	\$204,786
Internal Services	\$0	\$652,433	\$0	\$771,474
<b>Total GF/non-GF</b>	<b>\$1,883,361</b>	<b>\$2,376,323</b>	<b>\$2,046,209</b>	<b>\$3,341,918</b>
<b>Program Total:</b>	<b>\$4,259,684</b>		<b>\$5,388,127</b>	
<b>Program FTE</b>	8.00	8.25	6.50	11.20

Program Revenues				
Intergovernmental	\$0	\$1,338,572	\$0	\$1,342,394
Other / Miscellaneous	\$0	\$25,092	\$0	\$25,092
Beginning Working Capital	\$0	\$0	\$0	\$400,000
Service Charges	\$0	\$1,012,659	\$0	\$1,574,432
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,376,323</b>	<b>\$0</b>	<b>\$3,341,918</b>

## Explanation of Revenues

This program generates \$322,676 in indirect revenues.

HBI grant = \$1,100,000 (with 12% of grant award to be allocated to mental health supports)

TCM revenue = \$1,574,432

HBI Regional Perinatal Continuity of Care = \$529,894 (Grant for HBI programming for Tri-County area)

HBI Reproductive Health Program = \$112,500 (Grant funding from HSO to create culturally specific Repro Health Planning curriculum)

HBI Misc Charges/Recoveries = \$25,092

## Significant Program Changes

**Last Year this program was:** FY 2025: 40058 Healthy Birth Initiative

In 2024, HBI was awarded the Healthy Start grant from HRSA for its core program funding for the current 5-year period, and has been receiving this funding since 1997. HBI also transitioned from paper charting to Epic Electronic Health Records to streamline data collection and increase efficiency. Service expansion continues with the addition of a partnership with Adventist Hospital and MCHD primary care clinics. HBI hired a part time Certified Nurse Midwife, as required by our HRSA grant, to implement the Centering Pregnancy model and had Increased revenue due to HBI filling vacancies and recalculating revenues.