



**Program #40097 - Parent, Child, and Family Health Management** **FY 2026 Department Requested**

**Department:** Health Department **Program Contact:** Veronica Lopez Ericksen  
**Program Offer Type:** Administration **Program Offer Stage:** Department Requested  
**Related Programs:** 40054, 40055, 40056, 40058  
**Program Characteristics:**

**Program Description**

Parent, Child, and Family Health (PCFH) Administration provides leadership, compliance, quality, and program data oversight and support to PCFH programs within the Public Health Division.

PCFH Administration is committed to addressing health equity, and providing culturally responsive home visiting and other perinatal, parental, and family programming. Administration assures compliance to program and fiscal standards.

PCFH Administration supports the following programs: Healthy Birth Initiatives, Healthy Families, and Community Based Health Consulting. It ensures that service delivery effectively improves health outcomes and reduces racial/ethnic inequities in perinatal and birth outcomes, with the ultimate goal of eliminating inequitable perinatal disparities and creating foundations that improve the health and wellbeing of generations to come.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs, based on program outcomes; overseeing contracts, billing, health information data systems, compliance with Local, State, and Federal guidelines; and implementing quality and process improvements. Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support and enhance program staff, program leadership, clients, community-based service-delivery partners, and other County programs to set the strategic direction for PCFH programs. Examples include working to shift the PCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally reflective and responsive programs and meaningful community partnership engagement.

PCFH monitors local and national maternal and infant health data, as well as program-level data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. PCFH programs reach populations most impacted by perinatal disparities through targeted marketing and outreach to most impacted communities (i.e., BIPOC and low-income communities) and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through advisory boards. Clients influence and guide how they engage in PCFH services, hold leadership roles in the advisory boards, and provide input to influence program design and/or implementation.

**Performance Measures**

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percent of contracts granted to vendors who represent and serve highly impacted communities	80%	80%	80%	80%
Output	Percent of electronic chart audits completed	N/A	N/A	N/A	90%

**Performance Measures Descriptions**

1. PCFH strives to reflect the communities we serve and through an equity and empowerment lens, we have been able to increase our highly impacted communities (i.e., BIPOC and low-income).
2. Client service records were created in a new Electronic Health Record (EHR) in FY25, eliminating paper charting. New protocols within the EHR will maximize billable claims, efficiency and accuracy, allowing more time for client support and programmatic deliverables.

## Legal / Contractual Obligation

PCFH Administration ensures that all PCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook 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	Department Requested General Fund	Department Requested Other Funds
<b>Program Expenses</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>	<b>2026</b>
Personnel	\$965,531	\$0	\$966,939	\$0
Contractual Services	\$11,000	\$133,000	\$79,063	\$133,000
Materials & Supplies	\$19,963	\$20,965	\$19,000	\$20,965
Internal Services	\$455,099	\$88,802	\$501,388	\$88,802
<b>Total GF/non-GF</b>	<b>\$1,451,593</b>	<b>\$242,767</b>	<b>\$1,566,390</b>	<b>\$242,767</b>
<b>Program Total:</b>	<b>\$1,694,360</b>		<b>\$1,809,157</b>	
<b>Program FTE</b>	6.00	0.00	6.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$153,965	\$0	\$153,965
Service Charges	\$0	\$88,802	\$0	\$88,802
<b>Total Revenue</b>	<b>\$0</b>	<b>\$242,767</b>	<b>\$0</b>	<b>\$242,767</b>

## Explanation of Revenues

\$88,802 Maternal, Child and Adolescent Health Babies First  
 \$100,000 - TITLE V -IR  
 \$53,965 - TITLE V- Management

## Significant Program Changes

**Last Year this program was:** FY 2025: 40097 Parent, Child, and Family Health Management

FY26 reductions include 1 FTE Program Specialist and Nurse Family Partnership teams. We have begun our space consolidation and adjusted productivity expectations as the transition to EPIC EHR was successful. Quality assurance via real time data will improve work flows and alter some staff roles. PCFH continues to strategize how to adapt service delivery to meet the needs of the community, including interpretation services for any language spoken and planning for universal home visiting, a State mandated program that is expected to be implemented in FY26.