

Early Childhood Services and Healthy Birth Initiative



Model changes in response to education and healthcare transformation

FY2014

FY2015

Nurse Family Partnership

- Best-practice evidenced-based Nurse home-visiting.
- First time families.
- Prenatal through 2nd birthday.

21.2 FTE / \$3.7m

Nurse Family Partnership

No model changes

22.12 FTE / \$3.6m

- General Field Nurses moved to NFP.
- NFP is a unique service only the County provides.
- Spans both health outcomes and early childhood outcomes supporting both health and early learning transformation efforts.

General Field

- Nurse home-visiting.
- Pregnant or parenting medically or socially high risk families not eligible for other Early childhood programs.
- Not evidence based.

20.7 FTE / \$3.1m

CaCoon

- Promising practice, evidence based Nurse-home visiting.
- At risk families with children ages 0-5 with special health needs (e.g. cerebral palsy, developmental delays)
- Builds family capacity to manage their child's health and social service needs.

11.32 FTE / \$2.4m

- Some Nurses from General Field have transitioned to CaCoon.
- Medically high risk families moved to CaCoon.
- CaCoon is a unique service only the County provides.
- More Nurses in CaCoon = more families served by this program.

Future Generations Collaborative

- Unique approach to address American Indian and Alaska native maternal child health disparities.
- Focuses on the community experience of trauma and health data (e.g. 1 in 5 births to American Indian and Alaska Native women have a poor birth outcome).

1.0 FTE / \$187k

Healthy Start

- Family Support Workers home visiting provided by community based agencies.
- First-time parents with medical/social risks.
- Birth to 3 years old.
- Clients are identified by community health workers who screen patients at seven local hospitals.
- Nurses consult with some families at the Family Support Workers request.

9.6 FTE / \$2.9m

- Name changed and scope changed to any birth not just first births.
- Part of the Early Learning Council hubs.
- Nurses not part of national model.
- State 1/2 what it was 5 yrs ago, won't pay for nurse time, nor can we bill for nursing visits in this program.
- New RFP for community based agencies July 2014.

Healthy Families

- Family Support/Community Health Worker home visiting.
- Child abuse prevention focus.
- Birth to 3 years old.
- Same number of families will be served with Family Support Workers as Healthy Start model.

10.23 FTE / \$2.8m

Healthy Birth Initiative

- Nurse and Community Health Worker home visits, health education and support groups.
- Pregnant and parenting African American women and families residing in zip codes with high infant mortality rates.
- Birth to 2 years old.

12.65 FTE / \$1.8m

- African Americans have the worst inequities in birth outcomes (e.g. low birth weight, infant mortality) in Multnomah County.
- Demand is higher than current capacity.

- HRSA grant requires a local investment in addressing health inequities.
- Grant requires a substantial investment in order to achieve the ambitious outcomes.
- Requires a focus on policy and system changes.
- Increase service expectations from 125 clients to 500.

Healthy Birth Initiative

- Adding male and Father involvement services (parenting groups, mental health support, & referral).
- Culturally specific family planning tools.
- No zip code requirements.

11.23 FTE / \$1.5m

HBI grant funding (pending)

- First double, then triple the amount of clients served by year five, from 250 in year 1 to 1,000 after 5 yrs.

5.9 FTE / \$750k

Total: 64.15 FTE / \$11.5m

Prepared on Friday, March 7, 2014

Total: 61.8 FTE / \$11.3m (including Federal grant)