



## AGENDA COVER MEMO

**Memorandum Date:** April 10, 2024

**Order Date:** April 23, 2024

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**TO:** Board of County Commissioners

**DEPARTMENT:** Department of Health & Human Services

**PRESENTED BY:** Eve Gray, Director

Brian K Johnson, Healthy Communities Unit Manager

**AGENDA ITEM TITLE:** ORDER 24-04-23-07 / IN THE MATTER OF ACCEPTING A GRANT AWARD FROM THE LANE COMMUNITY HEALTH COUNCIL IN THE AMOUNT OF \$500,000 AND DELEGATING AUTHORITY TO THE COUNTY ADMINISTRATOR TO EXECUTE THE AWARD DOCUMENTS

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### **I. MOTION**

In the Matter of Accepting a Grant Award from the Lane Community Health Council in the Amount of \$500,000 and Delegating Authority to the County Administrator to Execute the Award Documents.

### **II. AGENDA ITEM SUMMARY**

The County Department of Health & Human Services (H&HS) seeks to accept a grant from the Lane Community Health Council (LCHC) in the amount of \$500,000 and have authority delegated to the County Administrator to execute grant documents. Funding is provided for the Family Connects Program, which seeks to ensure that all families of newborns are provided with the opportunity to receive home visiting services. As this represents the proposed launch of this Program in Lane County, there will be a fifteen minute presentation on Family Connects, prior to requesting that Action be taken.

### **III. BACKGROUND/IMPLICATIONS OF ACTION**

#### **A. Board Action and Other History**

The Lane Community Health Council grant award will support the rollout of Family Connects as part of the greater service array within Lane County Public Health's Family & Child Health programming. Family Connects is a legislative mandate resulting from the 2019 passage of Senate Bill 526. Local start-up funding is necessary to support the program launch, and Lane Community Health Council is awarding \$500,000 to support the first two years of costs towards rolling out Family Connects in Lane County. The award covers costs related to materials and services, but does not pay for personnel. Personnel costs are covered by other funding sources. By year three, the program is anticipated to be fully staffed at scale for a community of our size and is projected to be self-sustaining financially via billable revenue generation from state Medicaid and Commercial payors. This investment would allow Lane County to meet this mandate by supporting initial startup and planning costs and make registered nurse home visiting services accessible to all community members with a newborn.

The Oregon Health Authority has awarded Lane County \$60,000 to assist with implementation of this program for the period July 1, 2023 through June 30, 2024 and Lane County is eligible to receive continued funding of \$160,000 for planning and implementation costs for FY2024-26.

#### **B. Policy Issues**

There are no negative policy implications related to the acceptance of these grant funds, which must be expended by April 30, 2026.

#### **C. Board Goals**

This action meets the Board's strategic plan priority 1: Safe and Healthy County.

#### **D. Financial and/or Resource Considerations**

Grant funds will provide funding for materials, supplies and indirect costs required to provide for the effective launch of the Family Connects Program in Lane County. Acceptance and use of the funds necessitates the launch and implementation of the Family Connects program which requires hiring new employees to staff the newly created program. Beyond those funds provided through acceptance of the Lane

Community Health Council funds, Family Connects will be supported through a combination of two other sources; \$160,000 issued through Program Element 42-13, and revenue generated through direct billing of insurance. In year 1, approximately 40% of the Nursing supervisor position for Family Connects will also be supported by the Babies First! and CaCoon programs which includes a combination of both state provided funds and local General Fund investments.

**E. Health Implications**

Family Connects increases care coordination, reduces the likelihood of Adverse Childhood Experiences (ACEs), and reduces geographic and access disparities for rural families. By providing screening and assessment with a registered nurse in the immediate postpartum window and effective nurse case management to connect the family to supportive resources, Family Connects improves health outcomes.

The First 1000 Days, from conception through a child's second birthday, are the most impactful period of life. Although children are incredibly resilient, exposure to chronic stressors early in life charts a course for physical, cognitive, and emotional health problems that can be costly for families and society to navigate. Lane County Public Health: Family & Child Health programs (FCH) deliver improved outcomes in pregnancy health, child health and development, and economic self-sufficiency, starting families out with a strong foundation and reducing the prevalence of Adverse Childhood Experiences (ACEs) in the next generation.

**F. Analysis**

The information required by the Board of County Commissioners to approve application and acceptance of a grant award is provided below.

Family Connects serves to de-stigmatize and normalize family participation in services, increases trust in healthcare and governmental entities, and improves community awareness of service availability and access pathways to connect with supports. The need in Lane County for these services is high, and referral volume and family interest exceed capacity for existing services. Home visiting programs with registered nurses engage families in a strengths-based, connection-centered way to support improved family outcomes across health and social needs. Launching Family Connects in Lane County will expand capacity and increase the number of families served across all home visiting programs, improving health for the community as a whole.

1. Please describe how grant impacts or obligates County funds. Provide grant budget details regarding the amount and which county funds will cover the expenses. To the extent the grant requires match or obligates Special Revenue other dedicated funds, please identify the specific revenue source. Please include obligations for the following:

- ☐ Cash or in-kind match
- ☐ Expenditures for administration, audit, and evaluation obligations, etc.
- ☐ Other program activities or expectations

No match is required. The grant funds will support funding received from the Oregon Health Authority (OHA) under Program Element 42-13, Family Connects Oregon.

2. For any required match, which will be spent first - grant funds or other County funds - or will they be spent concurrently?

No match is required.

3. Are there unique or unusual conditions that trigger additional County work effort, or liability, i.e., maintenance of effort requirements or supplanting prohibitions or indemnity obligations?

No, funds will be used in coordination with the State funding for this program.

4. Does the grant proposal include the addition of new County positions? If so, how much FTE, in what kinds of positions, and in which programs? Will these positions be regular, temporary, or extra help?

The grant proposal does not include the addition of new county positions. The grant funds are restricted for payment of materials, services and indirect costs related to the implementation and operations of the Family Connects program only. It should be noted, however, that acceptance and use of the funds assumes and necessitates the implementation of the Family Connects Program which is supported by additional resources. Implementation of the program will result in the addition of 8.5 FTE phased in over two years. These new positions include a Nursing Supervisor (Professional/Technical Supervisor 1.0 FTE) a part-time Office Assistant 2 (0.5 FTE), a Bilingual Community Service Worker 2 (1.0 FTE), 2 Bilingual Community Health Nurse 2 (2.0 FTE), and up to 4 additional Community Health Nurse 2 (3-4 FTE). All position are regular.

5. Describe the plan for continuation of the grant program/project after the end of the grant. What is the expectation of grant stakeholders regarding future funding of the program/project? Please consider the applying department one of the stakeholders and describe any expectation of ongoing County funds (both discretionary and non-discretionary).

The program as designed can be self-sustaining through billing of public and private insurance upon achieving a reach of 60-70% of the population. Based upon the implementation of Family Connects in other communities in Oregon and around the nation and based also on our own experiences with training new nurses in home visiting programs, we've been able to make reasonable projections about likely caseload, revenue, and staffing, as well as implementation timelines. These learnings have informed the budget and rollout scenario. We have modeled likely staffing and revenue generation scenarios and explored alternative options that might accelerate our productivity estimates. We anticipate that we can scale up Family Connects over three years which will allow time to hire and train employees at a rate consistent with caseload projections and establish protocols and procedures. Until the program is fully staffed and with full caseloads, the program will be funded by the Lane Community Health Council Grant, funding from the Oregon Health Authority (Program Element 42-13), and billing of insurance for services. By year three the program is projected to achieve caseload levels that maintain revenue sufficient to fund the program going forward without additional investments.

To what extent will the grant cover the Full Indirect Cost or the A-87 Indirect Cost associated with the grant program/project?

- ☐ If only the A-87 costs are covered, how will the department cover the difference?
- ☐ As the County's Indirect Plan charges for actual indirect costs incurred in the prior year, how will the department plan to cover countywide indirect charges associated with the program in the fiscal year/s after the end of the grant?

The grant will cover all indirect costs related to implementation of the Family Connects program in Year 1 and 2 of implementation. Countywide indirect charges associated with the program will be covered through self-sustaining billing for services in year 3 and beyond

#### G. Alternatives/Options

1. Approve acceptance of a grant award from the Lane Community Health

Council in the amount of \$500,000 and delegate authority to the County Administrator to sign grant documents.

2. Decline to accept the grant award at this time.

#### **IV. RECOMMENDATION**

To approve Option 1, above.

#### **V. TIMING/IMPLEMENTATION**

H&HS will process and route the grant award for execution by the County Administrator, upon approval of the Board.

#### **VI. FOLLOW-UP**

Same as above.

#### **VII. ATTACHMENTS**

Board Order

Slides

BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 24-4-23-07

IN THE MATTER OF ACCEPTING A GRANT  
AWARD FROM THE LANE COMMUNITY  
HEALTH COUNCIL IN THE AMOUNT OF  
\$500,000 AND DELEGATING AUTHORITY  
TO THE COUNTY ADMINISTRATOR TO  
EXECUTE THE AWARD DOCUMENTS

**WHEREAS**, the County has adopted as a strategic priority the promotion of a Safe and Healthy County; and

**WHEREAS**, use of these grant funds will enhance the ability of Public Health staff in the Family Child Health Section with the launch of the Family Connects Program in Lane County; and

**WHEREAS**, the County takes this opportunity to thank the Lane Community Health Council for these grant funds; and

**WHEREAS**, Lane Manual 20.650 requires that the Board of County Commissioners must approve acceptance of a grant in excess of \$150,000;

**NOW, THEREFORE**, the Board of County Commissioners of Lane County **ORDERS** as follows:

1. Approve acceptance of a grant award from the Lane Community Health Council in the amount of \$500,000 to be expended in support of the initiation of the Family Connects Program in Lane County.
2. Authority is delegated to the County Administrator to execute grant documents, grant extensions, and sign any resulting grant awards.

**ADOPTED** this 23rd day of April, 2024.

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Laurie Trieger, Chair  
Lane County Board of Commissioners



# PUBLIC HEALTH

FAMILY & CHILD HEALTH

April 23,  
2024



**PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.

# CURRENT FCH PROGRAMS



4 Programs

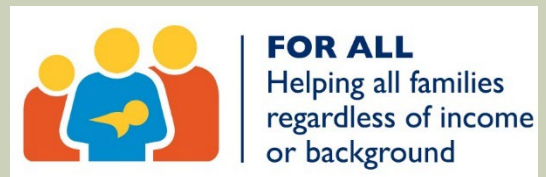
1 Home

500-600  
families per  
year

# FAMILY CONNECTS



- Is a screening, assessment, and community connection program, not a “home visiting” model
- 2019’s Senate Bill 526- *universally-offered, opt-in nurse ‘home visit’* for families with newborns.
  - OPENS COMMERCIAL BILLING
  - Current ‘Early Adopters’ launched in 9 counties, using 4 sites.



# FAMILY CONNECTS INTEGRATED 'HOME VISIT'

## ■ Registered Nurse conducts a single visit

- 1 visit is standard, up to 3 total in limited cases
- Identified needs result in referrals to other programs or agencies



## ■ Assessment-based

- Physical assessment of birthing person & newborn(s)
- Assessments across 4 Domains, using 12 Factors (Ecological Systems assessment)

## ■ Post Visit Connection Call

- 2 weeks after (final) Nurse visit
- Check w/ family on accessing referrals, collect feedback on program

## ■ Care Summaries sent (w/ client consent)

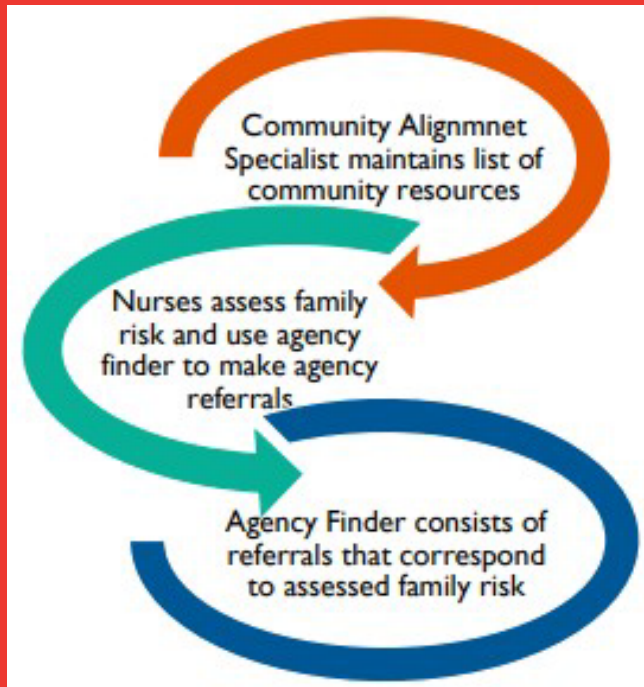
- To pregnancy care provider
- To pediatrician



# FAMILY CONNECTS

## -“Community Alignment”

- Responsibility of the “Community Alignment Specialist”
- Create & Maintain Agency Finder w/ community resources & referral info
- Advisory Board of service providers meets quarterly
  - Reviews data on referral systems & utilization
  - Collaborates to address systems gaps



*Model  
Fidelity*

PROJECTED  
FAMILY  
CONNECTS  
OUTCOMES

- Birthing parents were 28% less likely to report anxiety
- Community connections increased by 15%
- Infants had 50% fewer emergency room visits in the first year of life
- ROI: Every \$1 spent on program resulted in \$3.02 savings on emergency care at 6 months of age

# COMMERCIAL BILLING

- Biggest value-add of Family Connects

- Currently families without OHP are not eligible to work w/ a Registered Nurse

- Commercially insured families are served by Family Support Specialists through



- Commercial insurance billing is everything that is not OHP

- OHP covers ~48% of births, ~60% of newborns (2022)

- OHA is still working through extending coverage to all families with commercial plans

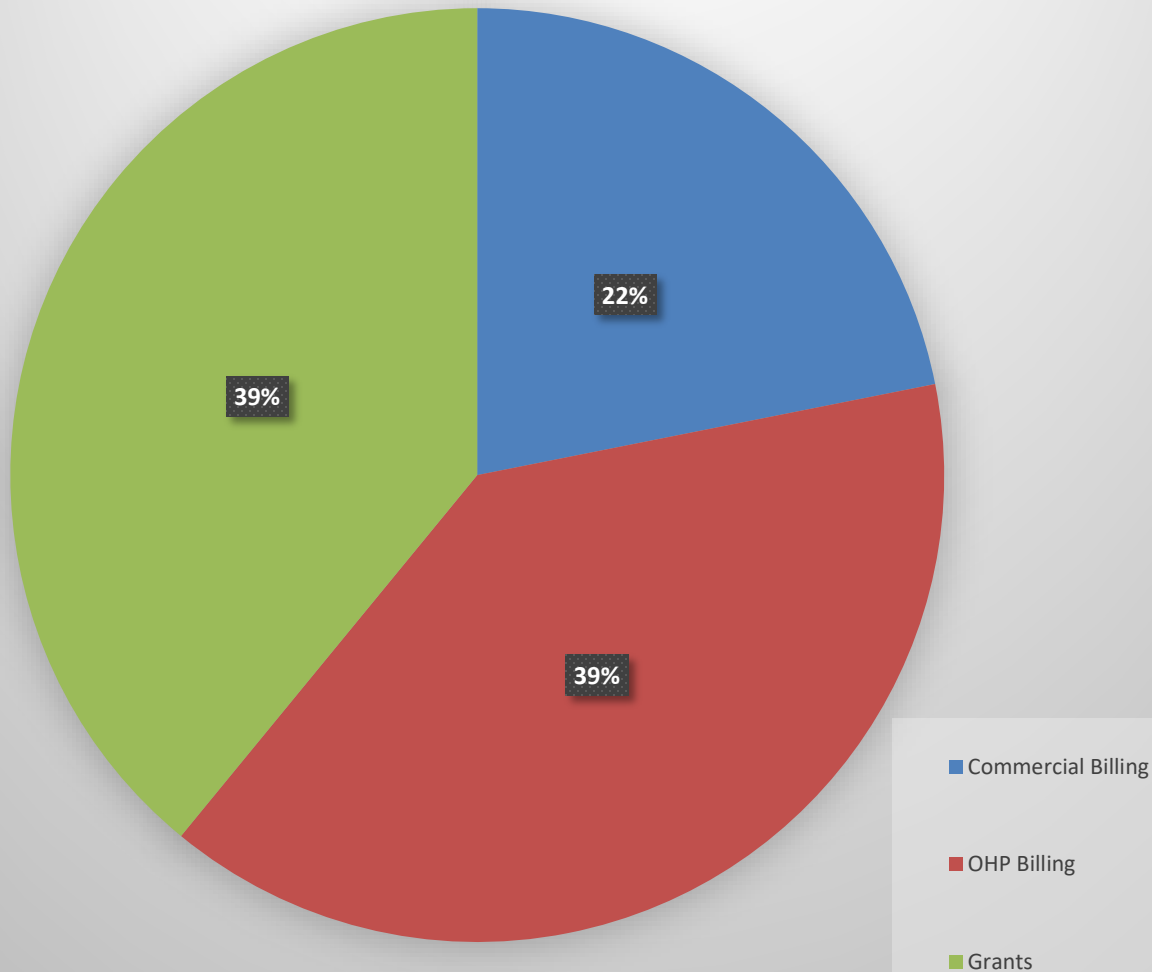
- Billed under baby, not billable in cases of loss or other times newborn not w/ birthing person

- Currently excludes plans that are self-insured & plans not regulated by DCBS

- Started 1/1/23

*Billing*

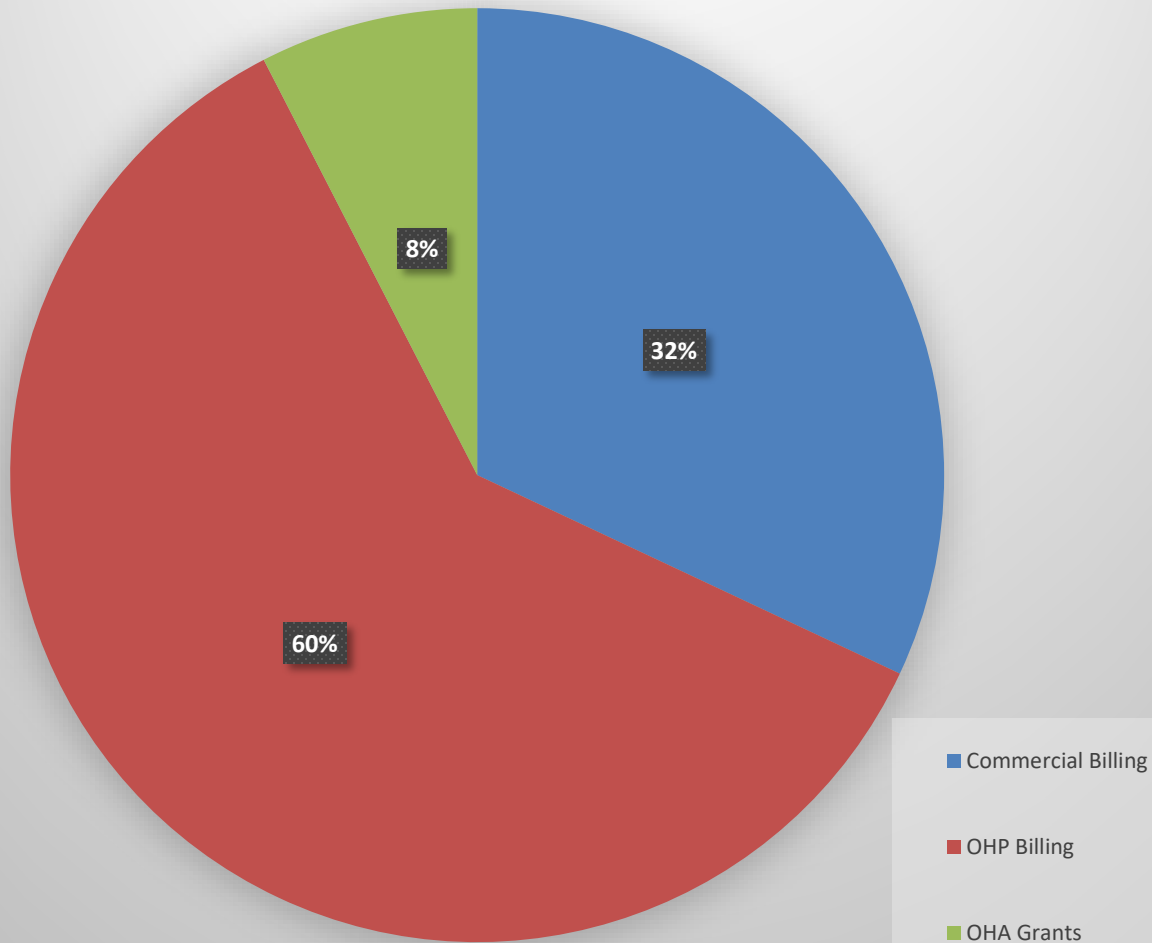
## Projected Year 1 Funding Streams for Family Connects



## YEAR 1 FUNDING RATIOS

In the first year of Family Connects launch we anticipate about 40% of program costs needing to come from grants or local funding sources

## Projected Full Implementation Funding Streams for Family Connects



## FULL SCALE FUNDING RATIOS

After 3 years of program operation we anticipate Family Connects being near sustainability with about 10% of program expenditures needing to come covered by state grants, or local funding sources

| Year 1                     |                      |
|----------------------------|----------------------|
| <b>Total Expenditures</b>  | <b>(\$1,280,000)</b> |
| <b>Revenues</b>            | <b>\$1,280,000</b>   |
| Grants (OHA/LCHC)          | \$500,000            |
| Medicaid Billing           | \$500,000            |
| <i>Commercial billing*</i> | \$280,000            |
| <b>Bottom Line</b>         | <b>(\$0)</b>         |

\*commercial billing only partly implemented by OHA, does not yet cover all claims

| Year 3                     | Likely               | High                 | Low                  |
|----------------------------|----------------------|----------------------|----------------------|
| <b>Expenditures</b>        | <b>(\$1,950,000)</b> | <b>(\$1,730,000)</b> | <b>(\$2,250,000)</b> |
| <b>Revenues</b>            | <b>\$1,980,000</b>   | <b>\$1,980,000</b>   | <b>\$1,980,000</b>   |
| OHA Grant                  | \$150,000            | \$150,000            | \$150,000            |
| Medicaid Billing           | \$1,200,000          | \$1,200,000          | \$1,200,000          |
| <i>Commercial billing*</i> | \$635,000            | \$635,000            | \$635,000            |
| <b>Bottom Line</b>         | <b>\$30,000</b>      | <b>\$250,000</b>     | <b>(\$270,000)</b>   |

## STAFFING & SCALING

*Year 1  
(exploration & implementation)*

*Year 3  
(fully implemented)*

# THANK YOU!

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