

Deschutes County Healthy Start Request for Application
Program Summary
October 15, 2009

Healthy Start General Fund Allocation Request: \$206,360

Family Service Units to be Provided 11/1/09-6/30/2010: 66 Family Service Units

Deschutes County Option Selected: Continue with the existing contracted provider, (High Desert Education Service District, Healthy Families of the High Desert) with revised allocation amounts.

Deschutes County will serve at least 66 family service units (minimum of 119 families annually) between November 1, 2009 and June 30, 2010 by developing a contract between the Deschutes County Commission on Children & Families (CCF) and the High Desert Education Service District, Healthy Families of the High Desert for \$206,360 of Healthy Start general funds. These family service units will be served by Core staff of .85 FTE Program Manager, 75 FTE Supervisor,. 4.0 FTE Family Support Workers and support staff of 225 Administrative Assistant.

Healthy Families of the High Desert has been in operation in Deschutes County since 1994. At that time it was one of seven counties to receive funding from the State Commission on Children and Families to provide the state Healthy Start program. It has been serving families in Jefferson County since 2008. It is administered through the High Desert Education Service District. In 2007 the program became accredited through Healthy Families America, Prevent Child Abuse America. The program has established itself as an integral part of a coordinated early childhood system of services, serving children and families in Deschutes and Jefferson Counties.

Healthy Families of the High Desert (HFHD) works collaboratively to support and strengthen the child maltreatment and neglect system in Deschutes County. HFHD partners with local hospitals, Deschutes County Health Services and Community Justice, State of Oregon Department of Human Services, High Desert Education Service District Early Intervention, Bend LaPine School District's Teen Parent Program, MountainStar Family Relief Nursery, KIDS Center, Neighbor Impact Head Start, early childhood programs, Deschutes County Public Libraries and others. The Healthy Families of the High Desert Program Manager sits on the CCF Professional Advisory Council, is Treasurer of the Deschutes County Partnership for Young Children (statutory Early Childhood Committee) and is an active member of the Deschutes County Child Abuse System Task Force and the Deschutes County Family Drug Court Policy Advisory Group.

Healthy Families of the High Desert adheres to the 12 Critical Elements of Healthy Families America and has met and/or exceeded the minimum Performance Indicators for Oregon's Healthy Start Program. The program will continue to do so under the contract of High Desert Education Service District.

All services offered will be respectful of cultural differences among families, staff and community. Materials provided will reflect the cultural, linguistic and geographic diversity of the population served. The program provides services to Spanish speaking families through a bi-lingual Family Support Worker (FSW). Families are served in both rural and urban geographic locations. The HFHD Advisory Board is representative of the cultural diversity of Deschutes County. HFHD has a cultural competency plan which is reviewed and revised on an annual basis based on demographic data provided by NPC.

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 October 15, 2009

The HFHD Advisory Board meets on a monthly basis to review semi-annual data reports, outcomes and program performance measures. A CCF board member serves on the Advisory Board.

Healthy Families of the High Desert formerly known as Ready*Set*Go recently partnered with a nationally recognized branding and marketing professional to rebrand the organization. This includes using the name “Healthy Families of the High Desert,” and a new logo along with collateral materials. The brand will be launched at a fundraising event held on November 18, 2009.

Healthy Families of the High Desert will meet the Healthy Start Performance Indicators as outlined below:

Performance Indicator	Action Plan
1. 50% of expected first births screened	Formed screening collaboration between local hospitals, County Health Services and HFHD. Screening using the New Baby Questionnaire (NBQ) will be performed at local hospitals to assure the minimum 50% will be met.
2. 70% of screenings occur prenatally or within first 2 weeks of child’s birth	Screenings using NBQ will be performed at local hospitals at time of birth or by referral from other agencies within 2 weeks of child’s birth. Families will be informed participation is voluntary.
3. 80% receive first visit prenatally or within 3 months of baby’s birth	First visit will occur by a FSW within 3 months of baby’s birth. Family intake will be conducted beginning at the first home visit and completed by the third home visit.
4. 65 % of families receive 75% of expected visits	Home visit completion rates will be monitored on a monthly basis using the caseload management tracking form to assure the minimum is met. Caseloads will not exceed 30 points and will follow the levels of intensity from level one to level four.
5. 75% of Intensive Service (IS) families engaged in IS for 90 days or longer	IS family engagement rates will be monitored on a monthly basis during supervision meetings and analyzed on an annual basis to assure the minimum is met. The program will partner with enrolled families to develop a family support plan based on family strengths, goals, and activities. Goals will include parent child interaction, health and safety and family support.
6. 50% of families engaged in IS for 12 months or longer	IS family engagement rates will be monitored on a monthly basis during supervision meetings and analyzed on an annual basis to assure the minimum is met.
7. Caseload capacity <ul style="list-style-type: none"> • 4.0 FTE FSW to serve 66 Family Service Units. 	Caseload capacity is monitored monthly during supervision by reviewing home visit completion forms and caseload management tracking forms to assure no more than 25 families or 30 points are assigned to a FSW at one time.
8. Match Expectations <ul style="list-style-type: none"> • Cash \$18,500 • Cash Equivalent \$40,000 • In Kind \$9,720 	HFHD will exceed match requirements. Cash match will be met through fundraising and public and private grants. Cash equivalent is provided by screening partnership. In-kind is provided by volunteers and facility donations.

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9. 70% of children have primary care provider	Deschutes County exceeds HFA standard.
10. 70% of children have up-to date immunizations	Deschutes County exceeds HFA standard.
11. 70% of children ready 3x per week	Deschutes County exceeds HFA standard.
12. 70% of parents report positive parent-child interactions	Deschutes County exceeds HFA standard.
13. 50% of parents report reduced parenting stress	Deschutes County will meet HFA standard.
14. 70% of parents report Healthy Start helped with social support	Deschutes County exceeds HFA standard.

CCF expects that HFHD will meet the service expectations and will issue a contract amendment to include the remaining balance of the General Fund allocation to extend services through June 30, 2010. There will be no interruption of services.

CCF will monitor the performance of HFHD through quarterly program reports, meetings as needed and an annual site visit. CCF board members will participate in an annual educational/informational visit. CCF will continue to partner with Healthy Families of the High Desert to develop community partnerships and problem solve around solutions to ensure that the program serves the minimum Family Service Units, meets each of the 12 Critical Elements of Healthy Families America, meets or steadily improves service delivery and outcome indicators and follows the Healthy Start Program Policy & Procedure Manual.