



VANESSA CORNWALL

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DATE: February 27, 2024
TO: Senate Committee on Early Childhood and Behavioral Health
FROM: Chelsea Whitney, Nursing Support Supervisor
RE: SB 1033, Relating to Programs Providing Targeted Case Management
Nursing Services to Perinatal Families

Dear Chair Reynolds, Co-Chair Anderson, and Members of the Committee:

Good Afternoon, my name is Chelsea Whitney, and I am the Nursing Supervisor for Nurse-Family Partnership in Lane County, I am here in support of SB1033. I have been serving as the NFP supervisor for Lane County since 2015. Our Lane team currently has 7 nurse home visitors for NFP and we serve clients throughout Lane County from Florence to Oakridge, Cottage Grove to Junction City—and everywhere in between. Our team includes 2 bilingual Spanish speaking nurses, { one of whom is a former NFP client herself! } We launched NFP in 2012, and currently enroll about 100 new families per year and serve 165 families at any moment in time.

Our team has many long-time nurses and what we value most about the Nurse-Family Partnership model is the commitment to long term relationship centered care, family choice and autonomy, and the ability to serve the entire family unit leading to generational change. Our nurses come to NFP from a variety of backgrounds including mental health nursing, labor & delivery, and pediatrics but all share a desire to holistically support families in their most natural environments—their homes. For myself, personally, what keeps me coming back to NFP day after day for over a decade is my Gran Phyllis. My grandmother became a mother young, becoming pregnant at 15 and having three children in quick succession. Like many young mothers she paused her education to raise her children and only when my Uncle, her oldest child was about to graduate high school, did she too complete her high school education -- receiving a degree the same year as her son. NFP wasn't an option for my Gran, and I often wonder the path her life would have taken had it been. Her memory remains with me as I work in NFP and reminds me of the why of the work. Nurses provide both physical and mental health assessments, discuss in depth social determinants of health from transportation to employment goals, and assist families in navigating resources. Many young families are overwhelmed and nurses tailor the level of support to the family need—this might look like attending a parenting support group with the client, calling with the client to arrange transportation, or teaching verbally or visually how to navigate a phone tree in a language other than English to access supports.

In Lane County we are fortunate to have five home visiting models under one shared central coordination: Nurse-Family Partnership, Babies First, CaCoon, Healthy Families Oregon, and the recently launched Family Connects Oregon. Often it is wondered why a community would choose to offer so many different home visiting programs? For Lane County we find that families have a multitude of different needs—and offering an array of options allows family choice in type of home visitor, duration, and frequency of visits.



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We find many families welcoming their first baby and whom are lower income have an array of questions, needs, and wonderings—the long term nature of NFP is often an excellent match for families with greater support needs.

Families and referring providers can access any of these programs through one centralized online referral pathway. Internally, our referral coordinators review families needs, eligibility, and play a bit of matchmaker to connect families to the best fit program and home visitors for them. On the occasions that a family is seeking a service other than home visiting or a model we do not offer our robust home visiting innovation team includes partners from Early Head Start, Early Intervention, local community based organizations, parenting education programs, and our CCOs so that our referral coordinators can explore a family's desire and connect them to the best fit community program as well.

Lane County like many counties throughout Oregon has financial pressures that necessitate tough decision making. This past year as non-federal match has been covered by the state it has allowed key local resources to be invested in other aspects of families health and county needs. When the county is responsible for the non-federal match the greater the number of families we serve, and the greater efficiencies we employ to increase visits per nurse results in a higher need for local match. This reality is a bit of a negative feedback loop—the more we serve the community the greater the need for local investment. We ask that you support Senate Bill 1033 to bring Nurse-Family Partnership into alignment with other Medicaid evidenced based services in Oregon and bring needed stability to counties and families served.

**ELECTRONICALLY SUBMITTED BY VANESSA CORNWALL, LANE COUNTY
INTERGOVERNMENTAL RELATIONS OFFICER**