# PRENATAL CARE COORDINATION IN MHD Informational on Milwaukee Health Department's PNCC Services

Deputy Commissioner of Community Health Erica Olivier | February 15<sup>th</sup>, 2022



### MHD PRENATAL CARE COORDINATION

## OVERVIEW OF PROGRAMS PROVIDING PRENATAL CARE COORDINATION

	Empowering Families of Milwaukee (EFM)	Parents Nurturing and Caring for their Children (PNCC)
Summary of Services	Using evidence-based home visiting models, EFM provides intensive case management, parenting education, health education, connection to resources, advocacy and support to pregnant mothers in Milwaukee. Services are offered for up to three years. Staff is comprised of Public Health Nurses and Public Health Social Workers.	PNCC connects public health nurses with pregnant mothers to provide assessments, health education, and promotion of prenatal care to best support healthy birth outcomes. Nurse care is available prenatally and through 2 months postpartum.
Funding	EFM is Grant funded by the Department of Children and Families (DCF) Family Foundations in Comprehensive Home Visitation (FFHV). The Grant has a 25% minimum required City match. The program accrues revenue from Medicaid billable activity reimbursement as well.	PNCC is funded through the City's budget and revenue from Medicaid billing for eligible services.

### **PROGRAM INCOME**

- Program income provides supplemental revenue to offset grant expenses or tax levy dollars
- EFM and PNCC provide services that align with Medicaid billable services that include:
  - Risk Assessments
  - Pregnancy Questionnaires
  - Care Plans
  - Case Management
  - Health Education
- Program income increases MHD's capacity including the impact of the joint investment of the City and the State

### **PROGRAM INCOME – PARAMETERS**

 Allowable uses of program income include operations, staff salaries, client and program supplies

 Funds are managed by Community Health Deputy Commissioner and Maternal and Child Health Director

All expenses are reviewed by MHD Finance and Comptroller prior to payment

# IMPACT OF EFM & PNCC ON INFANT MORTALITY AND FAMILY HEALTH

### **OVERVIEW OF EFM & PNCC PERFORMANCE**

EFM & PNCC	2018	2019	2020	2021
# of infant deaths among families enrolled	0	0	1	0
# of stillbirths among families enrolled	0	1	0	0
% of infants who are born full-term following program enrollment	90%	95%	90%	88%
% of infants who are born of healthy weight following program enrollment	96%	98%	95%	92%
Total number of families enrolled into programs	90	127	53	78

Less than 1% of all births of our enrolled families result in infant mortality (death or stillbirth)

Approximately 90% of our babies are born full term and of healthy weight.

Parents are also connected to all MHD services:

Health Insurance

FoodShare

Childcare benefits

WIC

Doulas

Lead Safe programs

**Immunizations** 

Parents overwhelmingly report feeling supported, educated and meeting their personal goals\*

#### WHAT SUPPORT DO MHD PNCC/CCC PROGRAMS NEED?

- Improve recruitment/retention efforts to maintain staffing necessary to meet caseload demands and reach further into the community
- Continued investment in performance-driven PNCC programs
- Increase community awareness of MHD programs by investment in strategic, culturally-inclusive marketing campaigns
- Integrate home visiting as a natural part of Birthing Cares

## WHAT WILL IT TAKE TO IMPROVE PRENATAL CARES FOR THE COMMUNITY?

- Re-evaluation of DHS statutory minimum qualifications for PNCC providers
- Prenatal Care Communities of Practice across the State
- Standardization of foundational trainings for all PNCC providers



## THANK YOU!

ERICA OLIVIER

PRONOUNS: SHE • HER • HERS

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