



July 16, 2020

Re: Universally Offered Newborn Nurse Home Visiting Proposed Administrative Rules

Dear Rules Advisory Committee,

Thank you for accepting public comment on the proposed administrative rules for Universally Offered Newborn Nurse Home Visiting (UoHV) Program written for SB 256 (2019). The Oregon Coalition of Local Health Officials (CLHO) advocates for effective and improved public policies, programs, and financing to support local public health. CLHO offers four recommendations to the administrative rules that address data collection, funding, and training needs for community leads. Adoption of these recommendations will ensure the program is fully supported, and there is adequate data to address community needs

CLHO took an active role in passing SB 256 and advocating for program funding for the 2019-2021 biennium. Several Local Public Health Authorities (LPHAs) in CLHO's memberships are early adopters for UoHV and the Family Connects model. Even in areas where the community lead is an Early Learning Hub, the LPHA is an active partner in ensuring successful community planning and alignment with other public health nurse home visiting programs, CaCoon and Babies First!. LPHA's across Oregon are committed to ensuring the success of UoHV as an upstream public health intervention and maintaining adequate funding for the program.

It is important to note that full, statewide implementation of this program will come with significant cost of compliance for a combination of LPHAs, Early Learning Hubs, and Tribes. The Cost of Compliance section of the Statement of Need and Fiscal Impact for these rules states:

“Local Public Health Authorities (LPHAs), early learning hubs and tribes may apply to be designated as a community lead. Requirements for community leads are described in the rule. This is not a required activity for LPHAs, early learning hubs or tribes but any LPHA, early learning hub or tribe designated as a lead agency would need to comply with the proposed rule.”

Successful expansion to all Oregonians will require designation of a community lead everywhere in the state. It's critical to acknowledge the cost of compliance, as well as the initial startup costs for community leads. While participation is technically voluntary, statewide coverage will require LPHAs and Early Learning Hubs to take on the community lead role or the community will be underserved. As such, it's imperative to acknowledge the full cost of compliance for community leads.

Furthermore, CLHO has four recommendations for the proposed administrative rules:

Funding Requirement for Community Leads

In June 2020, the Conference of Local Health Officials (a statutory body separate from CLHO), approved Program Element 63 for UoHV community lead requirements with a change. The change required community leads to develop and implement strategies to obtain funding *in collaboration with the Oregon Health Authority*. PE 63 was copied from the proposed OAR 333-006-0050. It is imperative for this change in PE 63 to also be reflected in the administrative rules. OHA must share responsibility in obtaining funding.

Recommendation:

333-006-0050 Section (1)(c) should read, “Develop and implement strategies *in collaboration with the Authority* to obtain funding to facilitate the provision of newborn nurse home visiting services.”

REALD Data Collection

333-006-0050 Section (4) states, “Community leads shall engage in quality assurance activities that include: (a) A monthly review of data including key performance indicators such as scheduling rate, comprehensive newborn nurse home visit completion rate, follow-up rate, demographic profile of families receiving services, community connections and referrals in the identified community.” Explicitly requiring REALD data collection is important for ensuring cultural responsiveness in the UoHV program and for promoting health equity.

Recommendation:

CLHO proposes strengthening data requirements in the UoHV administrative rules by explicitly requiring collection, reporting, and quality improvement of REALD (Race, Ethnicity, Language, and Disability) data. Successful REALD data collection might require modifications to 333-006-0110 Sections on Newborn Nurse Home Visiting Services Provider Requirements to ensure both providers and community leads are collecting REALD data. 333-006-0130 Sections should also include training for REALD data collection for Services Provider Training Requirements.

OHA Support for Community Lead Training

It is unclear what funding and/or resources will be available to community leads to satisfy the training requirements in the 333-006-0060 sections.

Recommendation:

333-006-0060 sections on Community Lead Training Requirements should require OHA to provide support in obtaining training resources if requested by the community lead.

Service Transition

333-006-0100 Section (4) requires that “A certified provider discontinuing services voluntarily must notify the community lead(s) and the Authority at least 90 days prior to the date of

voluntary closure and provide a written plan to appropriately maintain records.” This might not be sufficient time or transition planning to ensure there are no gaps in providing UoHV to families with newborns.

Recommendation:

In addition to this requirement, the services provider should also be required to coordinate with the community lead on a transition plan to ensure a seamless continuity of care for families already participating in the UoHV program and for newborns born during the transition period.

CLHO will continue to monitor statewide implementation of UoHV and will advocate for sufficient funding for the community leads to start up and carry out this program.

Thank you for reviewing these comments.

Regards,

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