

MULTNOMAH COUNTY OREGON

5/6/2009



FY 2010 Budget Worksession – Health Department

Issues/Discussions/Findings

Health Department

What Early Childhood Services are and are not funded in the FY 2010 Proposed Budget.

Service	General Information	Change from FY 2009
Nurse Family Partnership (NFP)	Community Health Nurse home-visits that averages 8-9 prenatal and 23-25 infant & toddler visits per family. NFP serves 350 families with 6,500 home visits annually.	Services were preserved in the FY10 budget and there will be no reductions in services.
Health Start	3, 100 first-time mothers receive screening from the Welcome Baby Team; 650 families receive support services from Family Support Workers annually. Family Support Worker services include home-visits, referral management, parent and child assessments, development of Individual Family Plans, case management, group activities/classes, parent education, and child development assessments and intervention.	If state funds remain at the current projected reduction, Family Support Worker service numbers will be preserved but reductions in Welcome Baby (screening) staffing will occur through changing the model from a mix of Community Health Nurses and Community Health Workers to just Community Health Workers. Other state budget scenarios include reductions of between 10-30%, which would cause a loss of home-visiting services to between 125 and 250 families and possibly administrative support.
Health Birth Initiative	120 African American families receive case management annually; 300 participants receive health education classes annually; 2,000-3,000 community members receive educational outreach annually	Grant is flat funded for FY10. FY10 is a competitive re-application year where ECS will expand services to Mid and East County, use a tiered approach to providing case management services, and increase community based support activities if the program is funded. Early word is that we were funded and we're awaiting written confirmation.

Field Services	4,300 clients (women and infants) receive over 16,000 visits annually for maternity case management, home-visit, educational, and Babies First services to at risk pregnant women and infants/toddlers who do not meet NFP, HBI or Healthy Start criteria	There is a 30% reduction in direct service staff for FY 2010, which will lead to 700 pregnant women and 600 infants not receiving services. Efforts to meet this staff reduction include redesigning of referral, outreach, and intake to improve linkage with community partners; reducing travel time by more neighborhood focus and increased use of information technology, It is expected ECS Field Services staff will continue to work with the most at risk clients and refer others to available community services.
For more information on Early Childhood Services, see attached.		
<p>Provide dental care statistics for example, what % of Multnomah County adults get dental care at County Clinics (etc.).</p> <p>14% of Multnomah County adults enrolled the Oregon Health Plan get dental care at county clinics. Total number of OHP enrollees in Multnomah County for all dental managed care plans is approximately 87,000. Approximately 40% of this population are adults or 34,800 individuals. For calendar year 2008 Multnomah County Dental clinics provided for clients 18 years and older:</p> <ul style="list-style-type: none"> • 21,685 dental visits to • 7,358 unduplicated clients • Approximately 3 visits/year per client <p>Approximately 30% of the total visits are for uninsured clients</p> <p>What are the long term effects on health/social outcomes from the lack of dental care?</p> <p>Heart disease, stroke and diabetes have been linked to periodontal disease (gum disease). Untreated periodontal disease leads to chronic infection and inflammation in the mouth that may have adverse effects on other systemic diseases. There have also been recent links to some pulmonary infections when oral bacteria are inhaled or aspirated into the lungs.</p> <p>Adults and children miss thousands of hours of work and school each year due to dental problems. For children, poor attendance, poor nourishment, decreased learning and lower self esteem are all affiliated with poor oral health and difficulty accessing care. Once dental disease becomes moderate or advanced, it can be more difficult to find a job, access housing and other basic necessities due to a variety of socioeconomic barriers. Getting hired for a new job can be very difficult without a healthy smile.</p> <p>What is the cost of the state's decision to not fund adult dental care? i.e. Medicaid "left on the table" costs shifts to emergency rooms etc.</p> <p>No answer yet. Health Department did follow-up and are waiting for Medicaid office at state to get the information back to us. They will forward as soon as it is received.</p>		

Commissioner Kafoury - Do the federal stimulus Medicaid dollars limit what states can do with their Medicaid programs i.e. can states cut services or are there maintenance of effort requirements? Specifically, can the state completely eliminate adult dental services?

If we lose the OHP standard population we do lose the enhanced federal match --- i.e. if we do not get a new provider tax or some sort of revenue and lose the 25,000 people on OHP standard than we lose the enhanced match. There is going back and forth on the benefit issue. At this time the intention of the State **is to try to maintain** all benefits currently provided including Adult Dental.

Chair's Office

Commissioner Kafoury – Directs the County Lobbyist to research and report back to the BCC what is going on with dental services advocacy in Salem.



MULTNOMAH COUNTY HEALTH DEPARTMENT EARLY CHILDHOOD SERVICES

Introduction to ECS

Early Childhood Services (ECS) is situated in the Health Department's Community Health Services group, and has the mission to strengthen high risk pregnant and parenting families. This mission was articulated in FY10 Program # 40013A (ECS First Time Parents), FY10 Program # 40013B (ECS High Risk Prenatal), and FY10 Program # 40013C (ECS High Risk Infants and Children). There are currently around 65 Community Health Nurses, 10 Community Health Workers, a Health Educator, a Mental Health Consultant, and Administrative Support staff who help realize the ECS mission through supporting two main goals: (1) *Promote healthy pregnancy in populations at risk of not having a healthy pregnancy*; and (2) *Promote healthy infant/child development in populations at risk of not achieving healthy development*.

ECS also impacts three of the County's Early Childhood framework goals (Health & Wellness, Family Support, and Social/Emotional Development) by annually providing over 11,000 unduplicated clients with more than 30,000 visits. Early Childhood programs are tied to the Health Department's Healthy People 2010 targets for teen pregnancy, infant mortality, low birthweight babies, and inadequate prenatal care rates, which are much higher among vulnerable populations such as teen parents, first time parents, premature infants, and persons of color.

ECS has four programs that provide case management, home-visiting, risk reduction through health promotion and education, developmental screening and health status monitoring services to high risk parents and children as a means to reduce disparities throughout the County and serve vulnerable populations. Last fiscal year, 49% of ECS clients were children age 3 or under; 12% were women between 13 and 20; 50% were racial/ethnic minorities; and 20% required interpretation assistance.

ECS Programs

Nurse Family Partnership:

- ❖ General Information
 - Research, evidence-based model for frequent Community Health Nurse home-visits that averages 8-9 prenatal and 23-25 infant/toddler visits per family.
- ❖ Special Populations
 - First time mothers and their children from early pregnancy until infant is 2 years old.
 - 60% of mothers have not completed high school; 87% are unmarried; 60% are persons of color; the median annual income is \$12,000; and the median age is 19.
- ❖ Outputs/Outcomes
 - 350 families (6,500 home-visits) annually served with home-visits; 29% reduction in women smoking during pregnancy; 54% of clients without a high school diploma/GED receive one by program completion; 75% of mothers without subsequent pregnancy within 2 years; and 82% of toddlers scored above the 10th percentile on language development.
- ❖ Budget
 - FY10 and Impact on Services: Services were preserved in FY10 budget and there will be no reductions in services.

Healthy Start:

- ❖ General Information
 - State-funded, nationally credentialed program from the Commission on Children and Families for Family Support Worker home-visits, referral management, parent and child assessments, development of Individual Family Plans, case management, group activities/classes, parent education, and child development assessments and intervention.

- ❖ Special Populations
 - First time mothers and their children from birth until child is 3 years old; there are specific services for young teen parents.
 - 60% of participants are persons of color; of those offered services, 44% of Asians, 28% of Hispanics, 26% White and 32% of African American families accept services.
- ❖ Outputs/Outcomes
 - 3100 first-time mothers received screening from the Welcome Baby Team; 650 families receive support services from Family Support Workers annually; over 90% of children meet normal growth and development, are up-to-date on immunizations, and receive regular well-child check-ups; over 75% of parents have increased parenting skills, positive family interaction, and read to their children regularly; and 64% of families complete the expected number of home-visits during the year, exceeding national standards.
- ❖ Budget
 - FY10 and Impact on Services: If state funds remain at the current projected reduction, Family Support Worker service numbers will be preserved but reductions in Welcome Baby (screening) staffing will occur through changing the model from a mix of Community Health Nurses and Community Health Workers to just Community Health Workers. It is anticipated that this new service model will be more cost effective. Other state budget scenarios include reductions of between 10-30%, which would cause a loss of home-visiting services to between 125 and 250 families and possibly administrative support.

Healthy Birth Initiative:

- ❖ General Information
 - Federally-funded project focused on reducing perinatal disparities in birth outcomes through case management, health education and outreach, and a Consortium of community members.
- ❖ Special Populations
 - African American families in North and Northeast Portland
 - 100% of women are low income; the median age is 22.
- ❖ Outputs/Outcomes
 - 120 African American families receive case management annually; 300 participants receive health education classes annually; 2,000-3,000 community members receive educational outreach annually; 80% of enrolled women receive prenatal care in the first trimester; and 95% of enrolled women who identify a housing, employment or education need make a linkage with resources; there have been no infant deaths in the program for over 4 years.
- ❖ Budget
 - FY10 and Impact on Services: FY10 is a competitive re-application year where ECS will expand services to Mid and East County, use a tiered approach to providing case management services, and increase community based support activities if the program is funded. Grant is flat funded for FY10.

Field Services:

- ❖ General Information
 - Provide maternity case management, home-visit, educational, and Babies First services to at risk pregnant women and infants/toddlers who do not meet NFP, HBI or Healthy Start criteria.
- ❖ Special Populations
 - ;Pregnant and parenting teens; pregnant women with health risks; pregnant women who are experiencing domestic violence or mental health issues; first time mothers and their children, low birthweight infants; infants with medical conditions; and infants whose parents are at risk of not providing adequate developmental support.
- ❖ Outputs/Outcomes
 - 4,300 clients (women and infants) receive over 16,000 visits annually; 90% of infants with medical problems receive appropriate community care; and 82% of infants are within normal limits for development at age 1.
- ❖ Budget
 - FY10 and Impact on Services: There is a 30% reduction in direct service staff for FY10, which will lead to 700 pregnant women and 600 infants not receiving services. Efforts to meet this staff reduction include redesigning of referral, outreach, and intake to improve linkage with community partners; reducing travel time by more neighborhood focus and increased use of information technology. It is expected ECS Field Services staff will continue to work with the most at risk clients and refer others to available community services.