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Report to Management Early Childhood Services Review – July 2007

Introduction

The Auditor's Office completed a review of the delivery of early childhood services in Multnomah County. There are several organizations within the County that provide early childhood services. Having multiple departments, contractors, and independent organizations all involved in the delivery of services can enrich the breadth of these services. However, it may also increase the risk of the inefficient and/or inequitable use of resources if the services are not provided in a coordinated manner. The purpose of our review was to determine the extent to which early childhood services are being efficiently and equitably planned and delivered.

While we did not identify significant problems, we believe the efficiency of early childhood service delivery would improve with coordination and information sharing between programs and between departments. Improved information and data sharing would also allow program managers to better monitor the equitability of program participation within the county. Our analysis of participant data suggests that, taken as a whole, participation in early childhood service programs appears to be equitably distributed; however, the factors that determine who enrolls for services are largely out of the control of program managers. These factors could disrupt the current equitable distribution in the future and should be monitored.

Background

In 2000, the Multnomah County Commission on Children, Families, and Community (CCFC) and elected officials from Multnomah County, the City of Portland, and the City of Gresham participated in the development of the Early Childhood Framework – a document designed to assist in planning and coordination of services to children and

families. The Framework established these county-wide goals:

1. help the community nurture children and families;
2. help families nurture their children;
3. strengthen high-risk families;
4. work to ensure child care meets family needs;
5. help children succeed in their early education; and
6. work to ensure the early education system meets community needs.

Several County units deliver services to pregnant women and very young children through a variety of programs that address some of these goals. But, County and CCFC staffs pointed to goal number three, strengthening high-risk families, as the primary focus of County early childhood programs. The majority of these programs are administered by the Health Department (Health) or the Department of County Human Services (DCHS) in health clinics, through home visits, and at various locations around the county:

- Health administers the Women, Infants, and Children (WIC) program and delivers services in its clinics.
- Health's Early Childhood Services (ECS) unit administers home visiting services for Oregon Healthy Start, Healthy Birth, Nurse Family Partnership, Teen Insights (for teen parents), and general early childhood services.
- DCHS administers the Parent Child Development Services (PCDS) program.
- DCHS provides mental health consultation services to local Head Start, Early Head Start, and Multnomah Educational Service District programs.
- The Library supports a variety of County and local programs with reading materials and education.
- CCFC plays a role in the planning and funding of some programs, and they also convene meetings of early childhood program stakeholders.

The County's early childhood programs vary in terms of some of their specific goals, but they are primarily focused on the same group of recipients: pregnant women, newborn children, and infants at risk for poor health and abuse. For example, the Healthy Birth Initiative has a specific focus on infant mortality among African Americans and WIC focuses on nutritional assistance, but they both also provide referrals to health and other social services and education on parenting and child development issues. Table 1 below summarizes the various early childhood programs we reviewed and highlights the similarities between the programs.

Table 1: Early Childhood Program Summary

	WIC	Teen Insights	Healthy Birth	Nurse Family Partnership	Healthy Start	General ECS	PCDS
Case management		X	X	X	X	X	
Nutrition education	X	X	X	X	X	X	X
Parenting & child development education	X	X	X	X	X	X	X
Links to health care and immunizations	X	X	X	X	X	X	X
Referrals to other programs	X	X	X	X	X	X	X

Table 2 shows the County's primary early childhood programs administered by Health and DCHS, the level of funding, and the number of participants for each program.

Table 2: Early Childhood Programs and Participants

Department	Program Name	Total Funding (FY2006)	Participants (FY2006)
Health	WIC	\$3,025,497	18,384
	ECS	\$11,560,924	6,251
DCHS	PCDS	\$1,884,768	1,718

Results of Review

Information Sharing Could Improve Efficiency

A well-coordinated system of early childhood services intended to serve at-risk children and families should match the need throughout the county. It should also provide these services in a manner that makes good use of program data, is not unintentionally duplicative, and works best with the strengths of each department. Coordination and data sharing would make it possible for the County's early childhood efforts to act as a system, rather than as individual programs.

Health's ECS home visiting programs appear to be well coordinated. However, there appears to be less coordination between these programs and WIC and little or no coordination or information sharing between the ECS programs and PCDS. Moreover, the CCFC does not have a formal role in facilitating coordination even though it is relatively well-positioned to do so.

With several home visiting programs operating out of its early childhood services unit, Health actively coordinates the services and participants in its programs:

- Individuals seeking to participate in programs are directed to the program that best fits their circumstances via a central intake unit.
- Data are collected from the various programs to ensure that participants are not enrolled in multiple programs with similar services.
- The participant data are mapped to determine whether participants are being drawn from areas where program managers perceive the need to be high.

Outside the ECS unit at Health, there is little coordination of services and no analysis of participant data across programs. Data sharing and program coordination would allow program managers to determine if there is any duplication of services. Moreover, without data and information sharing, it is more difficult for managers to know if clients are enrolled in complementary services offered by the County:

- Health's ECS unit and DCHS' PCDS program have different delivery models, but perform similar services. Approximately 10 percent of the PCDS program clients are also enrolled in ECS programs (about 170 individuals).
- Early childhood program staffs frequently refer clients to WIC for nutrition assistance, but program managers do not compare participant data to determine the extent to which this desired overlap is achieved.

The Multnomah CCFC is well-positioned to facilitate cross-departmental analysis. The

State mandated that each county create a commission on children and families to develop policy, oversee the development and implementation of a comprehensive local service plan, and monitor outcomes of services for children, youth, and families. The State also tasked the local commissions with coordinating services to children and families in their local areas. The Multnomah CCFC developed county-wide planning documents to comply with its State mandate, and they regularly convene the Early Childhood Council which includes some County early childhood program staff. However, with the exception of programs that are linked to the CCFC because of funding, it has no official role in the development or implementation of County early childhood programs.

The CCFC's influence with departments regarding specific programs is even limited for those that receive CCFC funding. For example, Multnomah County is the only county in the state where the funding for Healthy Start does not pass through the local commission on children and families. Instead, funding for the program goes directly to Health. Not having the money pass through the CCFC decreases its leverage over program managers, although we saw nothing to suggest that this creates a problem with service delivery.

Program Participation Appears to be Equitable Across the County

Sharing information and client data between the early childhood programs would also allow managers to view the programs as a holistic system, rather than individually. However, County managers currently do not perform this sort of system analysis. Our analysis of participant data suggests that, taken as a whole, early childhood service programs appear to be equitably distributed. However, some individual programs do not match as well as others. And, it is more likely that the good match between program participation and need is the result of a variety of factors that are outside program control – such as informal community group or ethnic networks. These factors impact the distribution of services and may skew the distribution in the future.

To perform our system-wide analysis, we divided the county into regions by zip code. The regions approximated the existing County human service districts. We did not use the identical district boundaries because several zip code areas span multiple districts. We then compared the home zip codes of program participants to those zip code areas where there is the highest concentration of families at risk. We used poverty – as measured by the free and reduced lunches (FRL) at neighborhood schools – and juvenile criminal referrals as proxies for areas with concentrations of at-risk families. We used poverty as a proxy because it is strongly correlated to factors that put children and

families at risk, such as substance abuse and domestic violence. We used juvenile criminal referrals as the other proxy because it is associated with risk and is also a benchmark used by the State. (For further details, see the Scope and Methodology section beginning on page 11 and the Appendix on page 13.)

Ideally, we would expect to find the percentage of participation in early childhood programs in a particular zip code equal to the percentage of county residents who we would consider to be at risk, according to our proxies. It is unlikely that the proxies and methodology fit the situation perfectly. The concentrations of poverty and juvenile crime are not identical in each zip code, so the participation percentage could match one and not the other proxy. Also, the proxies identify geographic areas where there are concentrations of people we believe to be at risk, but there is no way of knowing if the actual program clients are the individuals who are most at risk within that geographic area. (Note: we gave FRL data greater weight than juvenile crime data in our comparison of program participants to risk proxies.)

Figure 1 shows the percentage of the county's students who receive free or reduced cost lunches at schools as well as the percentage of total juvenile referrals in each area of the county compared to the percentage of the participants in DCHS's PCDS program and Health's ECS programs. The figure shows that program participation matches our proxies for risk. The differences in participation and risk are small; for example, participation in North and Northeast Multnomah County is slightly higher than expected based on our comparison to the proxies. Participation in East Multnomah County is slightly lower than the proxies would suggest.

Figure 1: Health/PCDS Early Childhood Program Participation Compared to Poverty and Juvenile Crime Statistics (FY2006)

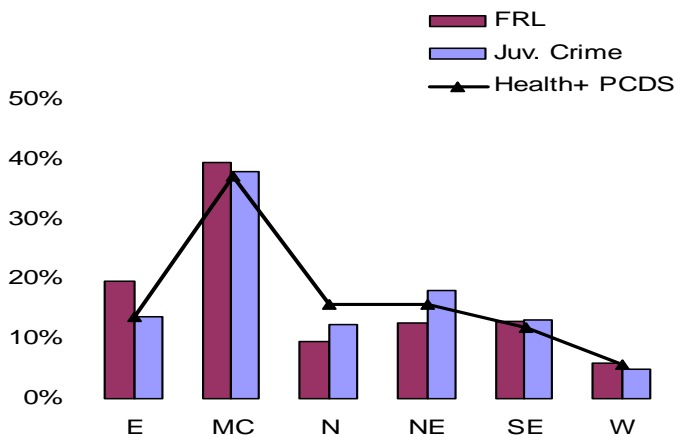
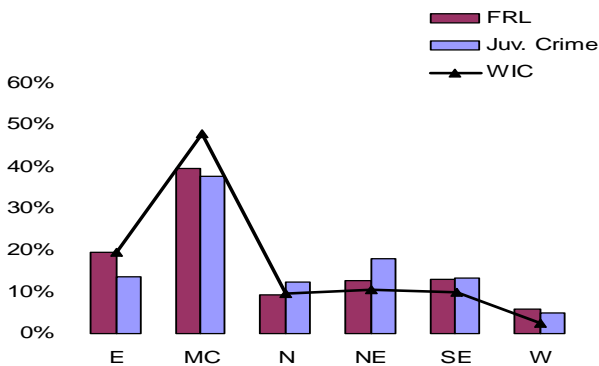


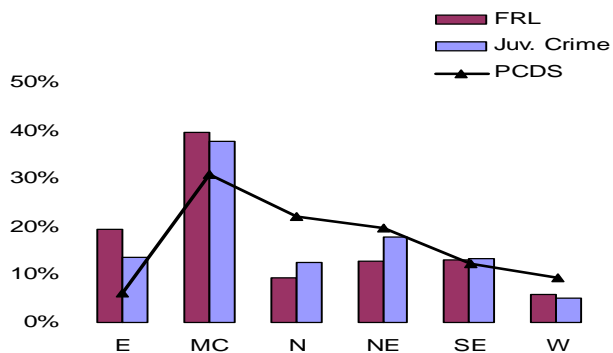
Figure 2 compares the free or reduced cost lunch and juvenile referral data to areas where WIC participants live. We show WIC in a separate graph because there are many more program participants in WIC than in the other programs (more than 18,000 in WIC compared to about 8,000 in the other programs combined). There is also significant overlap between WIC and other early childhood programs which would result in the double counting of some participants. This figure shows that participation in Mid Multnomah County is higher than the proxies would suggest and participation in Northeast, Southeast, and West Multnomah County is lower.

Figure 2: WIC Program Participation Compared to Poverty and Juvenile Crime Statistics (FY2006)



When we used this same methodology, it did not appear that most of the individual programs fit the intended population as well as the combination of all the programs. Figures 3, 4, and 5 show the distribution of PCDS, Nurse Family Partnership (NFP), and Healthy Start participants compared to our risk proxies. Figure 3 shows that participation in PCDS is higher than the proxies would suggest in North, Northeast, and West Multnomah County and lower in East and Mid Multnomah County.

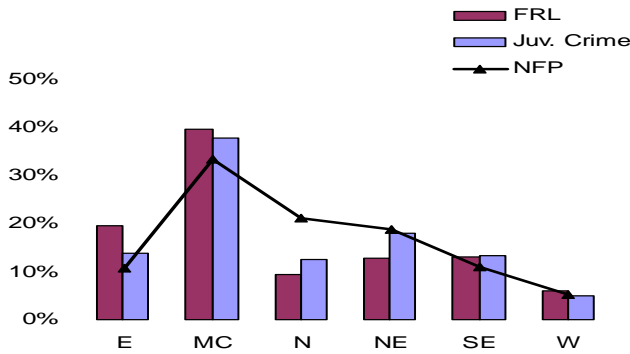
Figure 3: PCDS Participation Compared to Poverty and Juvenile Crime Statistics (FY2006)



Note: The PCDS program had 1,718 participants in FY2006

Figure 4 shows that participation in the Nurse Family Partnership in FY2006 was higher than the proxies would suggest in North and Northeast Multnomah County and lower in East, Mid, and Southeast Multnomah County.

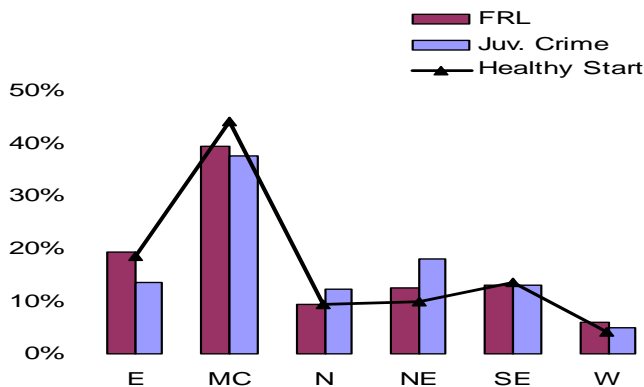
Figure 4: Nurse Family Partnership Participation Compared to Poverty and Juvenile Crime Statistics (FY2006)



Note: The NFP program had 615 participants in FY2006

Figure 5 shows that participation in the Healthy Start program is higher than the proxies would suggest in Mid Multnomah County and lower in Northeast Multnomah County.

Figure 5: Healthy Start Participation Compared to Poverty and Juvenile Crime Statistics (FY2006)



Note: The Healthy Start program had 921 participants in FY2006

There are a variety of factors that help to determine who participates in the various County early childhood programs. Some of these factors are directly related to the programs themselves – either in program design or in eligibility requirements. Other

factors are more closely related to department or County priorities and/or management decisions:

- Early childhood programs are voluntary – only individuals who choose to participate are enrolled in the programs. As a result, some individuals who may be most at risk – such as active drug users – may not be willing to participate.
- Program funding requirements also limit managers' ability to target their efforts. For example, the Healthy Start program is statutorily limited to first-time parents and the Healthy Birth Initiative grant could only be applied to an area of the county with a high infant mortality rate that meets or exceeds the grant requirement.

Other limiting factors are the result of policy decisions and departmental priorities:

- Some program managers have chosen not to perform significant outreach efforts because they do not see a shortage of eligible participants and resources are limited.
- Health has also chosen to emphasize Medicaid eligibility for program participants. Health has a goal of being able to bill the Oregon Health Plan/Medicaid for services to 75 percent of participants. This decision makes it less likely that the working poor, who are not eligible for Medicaid, can participate, but it also stretches available funding.
- WIC is managed on a separate track with its own State-run data system, which makes coordination more difficult. For example, in order to identify individuals that are participating in both WIC and other early childhood programs, the membership lists of each program must be manually compared.

Finally, informal networks among program participants are also a driving force behind participation that is beyond the control of program managers. For example, some ethnic groups have effective networks that direct group members toward programs. One program manager told us that one of the first places some new immigrants with infants go after arriving in Multnomah County is to sign up with WIC because their local network points them in that direction and facilitates their enrollment.

Conclusion/Recommendations

The extent to which the lack of coordination has been or will be a problem is not obvious. Intuitively, coordination has appeal, but it also has costs in terms of staff time, resources, and program autonomy. Despite these costs, we believe the departments would benefit from looking more closely at coordination, and recommend that the departments:

1. examine program services and determine whether or not there are efficiencies to be gained from making them more consistent across programs;
2. analyze participant data to establish the extent to which individuals are participating in multiple programs and whether this duplication can or should be eliminated; and
3. monitor aggregate participation data to determine if factors contributing to participation result in certain areas of the county being over represented.

Scope and Methodology

For our examination of program planning and efficiency, we used a variety of information sources on delivery models and governing rules and regulations, including:

- Federal regulations, State laws and administrative rules, and County policies and procedures that govern the specific programs we included in the report;
- planning documents and evaluations from these individual programs;
- publicly available evaluations of early childhood delivery system models used by other jurisdictions; and
- academic and professional literature.

We focused the review on Health's early childhood home visiting programs and WIC as well as DCHS's PCDS program. We chose these programs because they had relatively large numbers of participants and also because departments had primary control over the program activities. Other County units provide services and materials for early childhood programs – like the Library and Mental Health and Addiction Services – but these programs tend to be components of other larger programs.

We interviewed program managers from Health, DCHS, and the Library for information on program planning as well as day-to-day program operation. We also interviewed CCFC staff and met with Multnomah County Commissioner Lisa Naito to obtain information on the history, planning, and policy development of the State and County early childhood programs. We used budget data from the FY2006 adopted budget.

To determine the extent to which services were equitably distributed, we compared the home zip codes of program participants to zip codes where risk to children and families were high. We used client residence zip codes and grouped them into six regions that approximated the regions identified for County human service delivery (see the Appendix, page 13). We could not use the precise districts because several zip code areas span multiple districts.

Because there are no clear definitions of risk, we used poverty and juvenile criminal referrals as a proxy for risk to families. For poverty, we used FY2006 free and reduced lunch (FRL) data from the Oregon Department of Education's DBI database. This type of data is commonly used in professional literature to measure children's economic well-being. For juvenile referrals, we used data from County's Department of Community Justice - Juvenile Services Division. These data come from the Juvenile Justice

Information System (JJIS) and include juvenile referrals for criminal and lesser violation allegations. The data included zip codes from the last known address of the referred youth. We determined that JJIS data are sufficiently reliable based on State audit reports.

For the purposes of comparing program participation to risk proxies, we gave FRL data greater weight than juvenile referral data in cases where there was a difference between those factors.

We believe the WIC and Health Early Childhood Service client zip code data are sufficiently reliable because department staff and contractors visit the clients in their homes to deliver the services. PCDS data are self-reported and not verified. Even though we believe the risk of errors is low, we were not able to determine its reliability and accuracy.

This audit was conducted in accordance with generally accepted government auditing standards.

Appendix

We divided the zip codes below into the following regions to show where early childhood program participants reside. The regions are based roughly on the regions used by DCHS's School and Community Partnerships unit. We did not use the precise DCHS regions because the Health Department does not necessarily use the same definitions and because, in some cases, multiple regions include some of the same zip codes.

<u>East</u>	<u>North</u>	<u>West</u>
97009	97203	97034
97010	97217	97035
97014	97231	97056
97019		97124
97024	<u>Northeast</u>	97133
97030	97211	97201
97055	97212	97204
97060	97213	97205
97080	97218	97209
	97227	97210
<u>Mid</u>	97232	97219
97216		97221
97220	<u>Southeast</u>	97225
97230	97202	97229
97233	97206	97239
97236	97214	97258
97266	97215	
	97222	

Responses to Report



Public Health
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July 20, 2007

LaVonne Griffin-Valade
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RE: Audit Findings for Early Childhood Services (ECS)

Dear Ms. Griffin-Valade:

Thank you for your office's thorough review of the county programs targeted to help young children and their families.

I have reviewed the audit findings for ECS and concur that there is little collaboration between ECS and WIC. I spoke with the leadership of these program areas and tasked them to design a system process for improving collaboration and referrals.

I do think there are possibilities to better collaborate and strategize services together. We look forward to reporting on our progress to implement these recommendations.

Sincerely,

Lillian Shirley, MPH, MPA
Director



Multnomah County Commission
on Children, Families & Community

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Multnomah County Auditor's Office



Making Multnomah County a Great Place to
Grow Up and Live

July 26, 2007

LaVonne Griffin-Valade
Multnomah County Auditor
501 SE Hawthorne, Room 601
Portland, OR 97214

Dear LaVonne:

Thank you for the opportunity to provide feedback on the Early Childhood Services Review. I appreciate the team effort that went into this report.

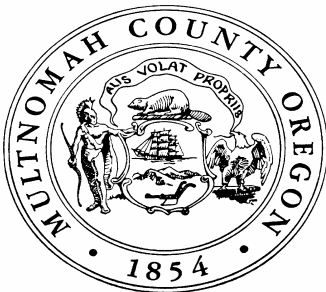
Several points made in the audit about formal and informal coordination were on target. In addition to those areas outlined in the audit, early childhood services and efforts are also impacted in the County budget process. Specifically, early childhood program offers are spread among several different priority teams. This creates a structural disconnect in the early childhood system within the County.

A partial solution would be to for the Commission on Children, Families and Community to assist in convening all program managers connected with early childhood program offers. This should help improve coordination within the budget development process.

Sincerely,

Wendy Lebow, MSW
Director

Carla Piluso, Chair • Wendy Lebow, Director • Pauline Anderson • Rich Brown • Jeff Cogen
Diane Cohen-Alpert • Monica Ford • Carolyn Graf • Pam Greenough • Alissa Keny-Guyer • Alice Kersting
Janet Kretzmeier • Steve March • Marilyn Miller • Emily Ryan •
Nan Waller • Thomas Wright



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