

<b>Department:</b>	Health Department	<b>Program Contact:</b>	Jessica Guernsey
<b>Program Offer Type:</b>	Existing Operating Program	<b>Program Offer Stage:</b>	As Requested
<b>Related Programs:</b>	40054, 40056, 40058A		
<b>Program Characteristics:</b>	In Target		

### Executive Summary

Multnomah County Health Department is the only organization in the County that provides and supports CaCoon home visiting services. CaCoon is a nurse home visiting program providing care coordination for children birth through four years of age with special health needs and for families identified as high medical and social risk. CaCoon serves approximately 300 families a year.

### Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. The Multnomah County CaCoon program serves families with children from birth to age four who have (or are at risk of having) a chronic health condition or disability or are identified as high risk in hospital or community settings. CaCoon care coordination services are offered by Community Health Nurses who are specially trained to care for children with special health needs and families that may be drug-affected. Since family members have a central role in the care of their child, all services are planned around the desires and concerns of the family. CaCoon children and their families often have very complex needs requiring coordination across multiple systems of care. Through home visiting, the CaCoon program helps families coordinate their child's care, develop care management skills, and link to appropriate services. Multnomah County has one full CaCoon team located in East County with the ability to serve 300 families a year. Additionally, CaCoon Community Health Nurses provide technical support to all other Multnomah County home visiting programs for families enrolled in non-CaCoon programs in the event a child has developed a special health care need, to families enrolled in the Mt Hood Head Start program, LifeWorks NW, Multnomah Early Childhood Program, and to pregnant/parenting women that are drug-affected in drug treatment and other community settings.

Children that received CaCoon nurse home visits demonstrated significantly higher rates of immunizations, annual well-child visits, and annual dental care visits all resulting in potential Medicaid costs savings, compared to children on Medicaid without CaCoon. CaCoon is recognized by the Association of Maternal and Child Health Programs as a promising practice and is part of a larger network of training, evaluation, and technical support through the Oregon Center for Children and Youth with Special Health Needs.

CaCoon aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. Long-term benefits to the county include healthy children ready to learn; a healthier work force; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served by CaCoon team	346	300	346	300
Outcome	% of participants breastfeeding at 3 months	71%	60%	71%	70%
Quality	Completion of 6 mandatory assessments as directed by State program for families seen more than 3 times	93%	95%	93%	95%
Quality	Client satisfaction	NA	98%	98%	98%

### Performance Measures Descriptions

1) Output: Number of families served includes CaCoon-specific families and high-risk families that do not have a CaCoon diagnosis.

## Legal / Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$292,573	\$1,074,617	\$833,305	\$373,388
Contractual Services	\$515,396	\$45,611	\$0	\$141,708
Materials & Supplies	\$19,943	\$53,329	\$22,704	\$19,503
Internal Services	\$304,581	\$143,075	\$34,612	\$301,492
<b>Total GF/non-GF</b>	<b>\$1,132,493</b>	<b>\$1,316,632</b>	<b>\$890,621</b>	<b>\$836,091</b>
<b>Program Total:</b>	<b>\$2,449,125</b>		<b>\$1,726,712</b>	
<b>Program FTE</b>	3.12	8.20	6.94	3.16

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$89,678	\$0	\$50,265	\$0
Intergovernmental	\$0	\$120,499	\$0	\$410,315
Other / Miscellaneous	\$6,758	\$3,333	\$4,256	\$10,000
Service Charges	\$0	\$1,192,800	\$0	\$415,776
<b>Total Revenue</b>	<b>\$96,436</b>	<b>\$1,316,632</b>	<b>\$54,521</b>	<b>\$836,091</b>

## Explanation of Revenues

CaCoon is funded by the following: Medicaid Targeted Case Management (TCM)\*

\*Beginning July 1, 2015, TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Mount Hood Community College Head Start grant: \$37,000; Lifeworks CHN contract: \$10,000  
Oregon Child Development Coalition contract: \$37,000; David Douglas contract: \$216,315  
OHSU CaCoon grant: \$120,000

## Significant Program Changes

**Last Year this program was:** FY 2015: 40055 CaCoon

The CaCoon program has added capacity through a contract to provide a Community Health Nurse and a Community Health Worker to work with the Multnomah Early Childhood Program working in a classroom setting to provide family health support for children identified with developmental delays and disabilities. Additionally we have shifted resources working with corrections-involved families to adding a Mental Health Consultant to work with the same population of women enrolled in our Nurse Family Partnership and CaCoon programs. This change was made to respond to the clear need articulated from home visiting staff for Mental Health Consultation for existing programs to begin to support a trauma-informed approach and address higher acuity families enrolled in home-visiting programs.