

Department: Health Department **Program Contact:** LaRisha Baker

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

This Parent Child Family Health (PCFH) program includes Healthy Homes Asthma Home Visiting and community-based early childhood health consulting. Using nurse and community health worker home visiting models, these services support vulnerable families with children who have health conditions. Services include health assessments in the home; care coordination; technical assistance for providers who serve children with special healthcare needs; advocacy for children and families in the health care, social service, and education systems; building a family's capacity to work with health/social services systems; reducing environmental toxins in the home; and building culturally congruent health care.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. Home- and community-based services support families with children who have a chronic health condition and/or are identified as high-risk in community settings.

The Healthy Homes Asthma Home Visiting program addresses health inequities by improving the livability of the home environment. Healthy Homes goals are to improve adherence to the child's asthma action plan and the livability of the home environment while reducing asthma triggers for children and families. A bilingual, multi-disciplinary team provides in-home asthma nursing and environmental case management to reduce environmental triggers and improve health outcomes, quality of life, and housing conditions. Staff provide home-based environmental and nursing assessment/interventions for high-risk children with asthma; consult with medical providers/ pharmacists; partner with landlords and tenants to improve housing conditions; coordinate asthma care with school/day-care; provide supplies to reduce or eliminate asthma triggers; and advocate for safe, healthy, stable, and affordable housing.

Early childhood health consulting is provided through community health nurses and community health workers. These services are provided by both staff and community contracts to support families enrolled in the Mt. Hood Head Start program, Oregon Child Development Coalition (OCDC), and Multnomah Early Childhood Program (MECP).

PCFH Consulting services utilize demographic data from Mt. Hood Head Start, OCDC, and MECP programming to tailor services to address racial health inequities and reach families most disparately impacted. MECP, Mt Hood, and OCDC have advisory boards with parents and community members on them to influence programming. Healthy Homes uses data on housing conditions, demographics, and health indicators to inform services. Referrals are received from parents, teachers, providers, and other community agencies to reach families most disparately impacted.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of families receiving an environmental home inspection	14	30	15	30
Outcome	% completion of final Asthma Home assessments	100%	80%	80%	80%
Output	# of technical assistance consults to service providers who work with children with special health care needs	300	300	300	300

Performance Measures Descriptions

FY21 Actual for Measure 1 were via telehealth.

Legal / Contractual Obligation

Legal/Contractual Obligation:

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds. Some activities under this program offer are subject to contractual obligations under the DMAP Healthy Homes State Health Plan Amendment, and DMAP programs funded by Oregon Public Health Division must comply with work plans and assurances.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$216,395	\$680,326	\$293,673	\$609,325
Contractual Services	\$102,844	\$3,000	\$59,899	\$2,000
Materials & Supplies	\$12,466	\$19,016	\$12,903	\$16,290
Internal Services	\$120,970	\$90,622	\$135,696	\$81,894
Total GF/non-GF	\$452,675	\$792,964	\$502,171	\$709,509
Program Total:	\$1,245,639		\$1,211,680	
Program FTE	1.20	5.60	1.90	5.10

Program Revenues				
Intergovernmental	\$0	\$34,000	\$0	\$34,000
Other / Miscellaneous	\$0	\$515,605	\$0	\$550,762
Service Charges	\$0	\$243,359	\$0	\$124,747
Total Revenue	\$0	\$792,964	\$0	\$709,509

Explanation of Revenues

This program generates \$81,894 in indirect revenues.

\$ 550,762 - DDSD CHN

\$ 17,000 - MHCC Head Start CHN

\$ 17,000 - OCDC CHN

\$ 124,747 - Healthy Homes TCM

Significant Program Changes

Last Year this program was: FY 2022: 40055 Home and Community Based Consulting

FY23 program revenue is decreased by \$83,455 due to a reduction in the Healthy Homes per visit rate. County General Fund is increased by \$49,496 to help offset the reduction. COVID-19-Related Impacts: In FY22, PCFH programs had a reduction in referrals and services; staff were deployed into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers and assessments. FY23 projects a return to some in-person services and an associated increase in performance. Staff will continue to support COVID-19 response for PCFH clients.