Program Overview

Healthy Homes of Multnomah County, Oregon, was established after a needs assessment conducted by Multnomah County Environmental Health revealed that asthma and a lack of healthy housing were two of the largest issues affecting the community. Healthy Homes works to address uncontrolled pediatric asthma by focusing on the medical, environmental, and social origins of asthma. Healthy Homes targets children who are either Medicaid eligible or at a comparable income level, and it accepts referrals from providers, families, and community partners such as community-based social service agencies; Head Start; schools; health programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and field nurses; and housing providers such as landlords. Healthy Homes prioritizes children with more serious cases of uncontrolled asthma, acknowledging that there is a greater need and impact among sicker patients.¹

Healthy Homes uses several community-based interventions:

- A nurse case manager and a community health worker (CHW) visit the home of a child an average of four times each over a six-month period, totaling an average of eight visits. The nurse case manager typically makes the first few visits to assess the family’s situation and knowledge of the disease, review the child’s medical chart and pharmacy records, and provide necessary asthma education such as medication management.

- A CHW makes subsequent home visits to conduct an environmental assessment of all potential asthma triggers in the home and address any potential safety issues.

- Healthy Homes provides approximately $330 worth of supplies per family, including vacuums, humidifiers, encasements, pulsoximeters, integrated pest management supplies, furniture, and green cleaning kits, and the CHW teaches families how to properly use them during the home visits. Supplies are dictated by the needs of the clients to meet their asthma action plan, and as a result may vary widely depending on the family.

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Healthy Homes of Multnomah County

**Fast Facts**

**Established:** 2005

**Location:**
- 8 cities, including Portland, in the state’s most populous county

**Populations Served:**
- Targets children under the age of 18 with uncontrolled asthma from low-income families (≤185 percent of the federal poverty level)
- 60 to 70 percent of families served are Hispanic
- Serve refugee and immigrant families
- Aim to serve 142 children per year

**Medicaid Reimbursement:**
- Targeted case management, billing $716 per visit

**Intervention Type:**
- Community-based
• The nurse is responsible for maintaining communication with a child’s school, medical care providers, and the hospital if need be, while both the nurse and the CHW are able to assist families with referrals to social services such as weatherization or relocation.ii

Healthy Homes aims to provide culturally and linguistically appropriate services to its patients. Most of Healthy Homes’ staff is bilingual in Spanish, and they offer interpreters for other languages. In an effort to increase outreach and referrals for those in need, some of the CHWs at Healthy Homes work at community-based organizations located in disadvantaged neighborhoods.

Financing and Measurement

While originally funded entirely through grants, Healthy Homes began working with the deputy director of Oregon’s Department of Medical Assistance Program (Medicaid) in 2009 to develop a more sustainable financing strategy through Medicaid reimbursement. A year later, Oregon’s Medicaid State Plan Amendment (SPA) included Healthy Homes services as part of a new targeted case management (TCM) program for children meeting certain asthma or respiratory distress criteria.iii Healthy Homes researched other existing TCM examples and identified key service components necessary for reimbursement (for example, assessment, care plan development, service linkage and coordination, monitoring/follow-up, and reassessment).iv TCM covers approximately two-thirds of the Healthy Homes program costs, with the nurse educators and CHWs receiving reimbursement at the same rate. The remaining one-third of program costs are currently covered by Multnomah County General Fund dollars, which cover non-Medicaid-covered patients and costs not covered by Medicaid (such as the provision of supplies).

Healthy Homes staff use iPads to maintain patient charts and collect data such as environmental scores, emergency department visits, hospitalizations, medication ratios, and missed school and workdays both before and after patients complete the Healthy Homes program. During a previous grant period, Healthy Homes contracted with a principal investigator who determined the costs associated with the parental lost wages information for the data they’d collected. While collection of these data has helped to demonstrate the success of the Healthy Homes model, staff have expressed interest in assistance with future program evaluation. Healthy Homes has been able to collect some data from the state, while other types of data, such as medication ratio information, have been more challenging to collect. They have had more success in collecting data through the HMO/Oregon Health Plan provider and have received emergency room and hospitalization data six months before and after program participation from this source. Staff expect that future funding will be dependent on improvements in data collection and evaluation.

Program Results for 100 Children (2013)

• 39 percent decrease in emergency department visits
• $1,281,377 saved in hospitalizations
• $108,567 saved in emergency department visits
• $97,600 saved in parental lost wages

SOURCE: www.asthmacommunitynetwork.org/system/files/7-c-Harris-Tierney-Existing-Programs.pdf
Lessons Learned and Next Steps

While Healthy Homes is currently operating only in Multnomah County, staff are hopeful that it will expand to other parts of Oregon in the future. Oregon’s SPA was written to allow two counties to receive TCM reimbursement, but since then Oregon has launched statewide Medic-aid payment and delivery reform that provides a potential opportunity for spread. Medicaid providers are now organized within a network of community-based coordinated care organizations (CCOs) that provide coordinated, integrated, high-value care to beneficiaries. CCOs operate under a fixed global budget from the state that allows them flexibility to create alternative payment methodologies for providers and support community-specific transformation goals. Healthy Homes has recently partnered with local CCOs in Oregon to explore alternative funding for Healthy Homes services and to expand the model to other counties. Both Washington and Clackamas counties have adopted the Healthy Homes model with training from Multnomah County, and the three counties are joining together to work with Health Share of Oregon, one of their local CCOs. Staff at Healthy Homes acknowledge that the TCM reimbursement rate is subject to change as they begin working and possibly contracting with CCOs to provide program services to children with asthma.

Author’s note: This case study is an excerpt from The Effectiveness of Interventions to Address Childhood Asthma, published in August 2016. The information in this case study reflects data verified as of July 2015

1Risk factors for children with poorly controlled asthma could include, but are not limited to, unscheduled visits for emergency or urgent care; one or more in-patient stays; a history of intubation or intensive care unit visits; a medication ratio of control medications to rescue medications of less than or equal to 0.33, indicating less than desirable control of asthma; environmental or psychosocial concerns raised by a medical home; school day loss greater than two school days per year; inability to participate in sports or other activities due to asthma; homelessness; or inadequate housing, heating, or sanitation (U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. 2010b. “RE: Oregon State Plan Amendment Transmittal Number 10-002.” Let-ter to Bruce Goldberg, MD, Director, Department of Human Services. Website: www.medicaid.gov/State-Resource-Center/Downloads/OR/OR-10-002-179.pdf.).

iiService referrals can also include medical and mental health, legal, tenant rights, home repair, and transportation services.

iiiState plans are agreements between states and the federal government that detail how states administer their Medicaid and CHIP programs. Any changes to the state plan must be approved by the federal government through a SPA.
