

Jefferson County Public Health – **Report** Performance Measures 2011

FAMILY HEALTH SERVICES

BUDGET/PROGRAM: Community Health: Family Health Services

Maternal Child Health (MCH) including Breast Feeding Support, Maternity Support Services/Infant Case Management, Nurse-Family Partnership (NFP), Children with Special Health Care Needs (CSHCN), Women Infants and Children (WIC), and the Child Protective Services (CPS) Contract Programs: Early Family Support Services (EFSS), Early Intervention Program (EIP).

MISSION:

The mission of Family Health Services is to promote health and reduce injury and disease in Jefferson County pregnant women and families with young children.

GOALS FOR FY2011:

1. Monitor the rate and continue efforts to reduce the incidence of low birth weight infants.
2. Prevent and reduce prenatal exposure to substances.
3. Prevent injuries to infants and young children.
4. Prevent child neglect through education and support to parents.
5. Promote early learning and healthy development in infants and young children.
6. Educate parents about the impact of adverse childhood experiences.
7. Promote healthy nutrition choices for pregnant, post-partum, and breast-feeding women, and children under five.
8. Reduce unintended pregnancies.
9. Monitor family health indicators and provide community access to data.

OBJECTIVES FOR FY 2011

1. Increase access to prenatal care in the first trimester by collaborating with local physicians to reduce barriers for Medicaid eligible pregnant women. Provide comprehensive education to pregnant women about health risks and changing health behaviors.
2. Screening, education, referrals, and risk reduction strategies on tobacco, alcohol, prescription narcotics, and illegal substances will be offered to pregnant women.
3. Screening, education, referrals, and risk reduction strategies to prevent shaken baby syndrome/abusive head trauma, sudden infant death syndrome, falls, burns, and other injuries will be offered to pregnant and parenting families.
4. Continue Nurse Family Partnership program as first priority evidence based prevention. Continue to offer education and support for nurturing and safe parenting skills through office visits, breastfeeding support group, South County drop in clinic and play group, and targeted home visits to higher risk parents.
5. Teach parents how to support their infant/child's development and learning. Screen for developmental progress using standardized measures and refer to community providers for specialized services.
6. Include a comprehensive screening during program intake for pregnant women, parents, and caregivers that includes standardized questions about substance use, mental illness, family violence, and the short form of the adverse childhood experiences (ACE) questionnaire. The screening process is an educational opportunity and guides intervention and referrals.
7. Educate pregnant women and their families about the benefits of breastfeeding, of increasing fruits and vegetables, daily exercise, and healthy weight strategies.
8. Educate parents about the benefits of making goals and plans around family size and child spacing, make referrals for family planning services.

9. Maintain contract with Nurse Family Partnership (NFP) National Office for analyzing data on program fidelity and client characteristics/outcomes. Maintain contract with Kitsap Health District for other program data analysis. Family Health Services data will be available to Board of Health and community through web site and reports.

| <u>PERFORMANCE INDICATORS:</u> | 2008 Actual | 2009 Actual | 2010 Actual | 2011 Actual |
|---|------------------------|------------------------|------------------------|------------------------|
| 1. Number of depression screenings completed * | 85 | 53 | 56 | * |
| 2. Number of comprehensive health screenings completed | | | | 69* |
| 3. Number of home and office visits provided in all Family Health programs. | 1363 | 1349 | 863 | 706** |
| 4. Families served annually in Family-Nurse Partnership | 25 | 25 | 25 | 29 |
| 5. Total number of women infants and children served by WIC in Jefferson County (from CIMS report) | 881 | 868 | 872 | 825 |
| 6. Number of children with special health care needs Birth through age 18 referred for Public Health Nurse Case Management. | 85 | 75 | 66 | 72 |
| 7. Number of families served through CPS/DSHS contract. | 40 | 57 | 35 | 28 |

* Number of depression screenings completed changed in 2011 to comprehensive screening completed

** Reduced staff, reduced funding

SUMMARY OF KEY FUNDING/SERVICE ISSUES: from the beginning of 2011

JCPH Family Health Services are funded from a variety of sources: State and Federal Department of Social and Health Services, Department of Health, local funds through the 1/10th of 1% Mental Health/Substance Abuse (MH/SA) sales tax, County Liquor Excise tax and County General Fund. State funding has been reduced both in actual dollars and change in service criteria to effectively reduce the Maternity Support Services and Infant Case Management programs by 40%. Nurse Family Partnership is also affected as it is funded in large part by billing these programs. NFP is our top priority prevention program and we are sustaining NFP by using funds from the MH/SA tax. Federal funding for WIC have increased. It was anticipated that Children’s Administration would move ahead with a legislative mandate to privatize services. As of February 2012 the State Children’s Administration has not moved ahead with privatizing Child Protective Services family intervention services.

With this overall reduction in funding Family Health Services has not filled 1.5 FTE positions over the past year. We are experiencing high demand for our services as families are feeling increased stress from the poor economy and the concurrent reduction in almost all agency and community resources especially child care and housing. Because of small numbers local data is hard to capture but clinically we see a dramatic increase in addictions in mothers of young children. We are working very closely with local physicians and other providers to create a safety net of services for these vulnerable families.

STUDY/ANALYSIS 2011 RESULTS:

Funding for Maternity Support Services and Child Protective Services contracts remained relatively stable but it is anticipated that funds will be reduced as early as March 2012. Quen Zorrah, Public Health Nurse (PHN) Lead, resigned in January 2012. After analysis and anticipation of possible funding reductions the department will not replace the PHN position at this time. Other PHNs will readjusts their work responsibilities and a

Health Educator will assist the Family Health team providing services to low risk families. Experienced PHNs will continue to work with high risk families.

Nurse Family Partnership continues to maintain services to about 25 families at a time, supported mostly with local funding. Port Gamble S'Klallam Tribe is contracting with JCPH NFP program for supervision and support as they implement an NFP program. In 2012 JCPH will also apply for a contract with Kitsap Public Health to provide NFP supervision and support for their new NFP program.

Family Health staff continues to work closely with local Jefferson Healthcare (JHC) Prenatal Care Providers meeting monthly for care conferencing, and discussion and collaboration around access to care and health concerns. In 2012 JHC Social Worker will meet regularly with JCPH Family Health Team to provide Case Conferencing resources for families and coordination of services.

In 2011 Children's Administration did not follow through on a legislative mandate to privatize services for families involved with Child Protective Services (CPS). The local CPS Office continues to send referrals for Public Health Nursing interventions with families. The future continues to be unknown as Washington State Legislature deliberates how to reduce state spending with reduction in state revenue.

Federal funds remain stable for WIC as caseload. Families served remain stable also. We continue to anticipate an increase in demand depending on how the economy recovers.

Additional activities and changes in 2011 are:

- 1) Collaborated with the Jefferson Healthcare (JHC) Family Birth Center on the Period of PURPLE Crying education campaign to prevent abusive head trauma in infants and young children. JCPH family support team members reinforced information on PPC for postpartum women and families and to those families who had not received information/given birth at JHC.
- 2) August 2011 WIC expanded clinic services in Chimacum to 2 days a month up from one day a month. Since August there has been an increase in WIC participation in Chimacum
- 3) Concerned Citizens discontinued regular on-site Birth to 3 year old, developmental screening at the Chimacum WIC clinic in 2011. However, JCPH WIC/Family Health Staff continue to refer families that have a concerns regarding their infant or toddler's development to Concerned Citizens for screening and Health Care Provider as needed.
- 4) In 2011 WIC services at Quilcene clinic were reduced to 2 day a month down from 4 days a month due to staffing needs and sporadic participation. Ongoing analysis of the client participation and access to services will be needed.

The Family Health Team is structured dramatically different in 2012 so the ongoing analysis will be needed.

March 16, 2012