

2014 GRANT SUMMARY PAGE

**MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY
HUMAN SERVICES DEPARTMENT**

Proposal Title: Nurse-Family Partnership (NFP) Program: Prevention and Early Intervention for Substance Use Disorders (SUD), Mental illness, and Adverse Childhood Experiences (ACEs)

Proposal Summary: This project proposes to expand the Kitsap NFP program to serve an additional 12 families by adding a 0.5 FTE nurse home visitor. The NFP assesses for evidence of SUDs, mental illness, and ACEs. The NFP program is a nationally recognized, evidence based nurse home visiting program implemented in 2012 through a public/private partnership. Healthy Start Kitsap (HSK) chose to partner with the Kitsap Public Health District (KPHD) to bring the NFP Program to Kitsap because of their expertise in nurse home visiting. This partnership is committed to helping low-income, first time mothers have healthy birth outcomes and become successful parents. Highly trained registered nurses begin visiting early in pregnancy through the child's second birthday. Nurses visit regularly to build trusting relationships that foster young women's abilities to reach goals and build healthy lifestyles for themselves and their children. The nurse provides education to promote health and helps build problem-solving skills that promote self-sufficiency and a positive life course. Measureable outcomes include but are not limited to early enrollment in pre-natal care, reduced perinatal substance use/abuse, regular screening for pre and postpartum depression, and referral for treatment.

Requested Funds Amount: \$50,166.00

Matching/In-kind Funds Amount: \$ 377,270.00

Healthy Start Kitsap

Agency or Organizational Name

PO Box 3968

Street Address

Silverdale

WA

98383

City

State

Zip

Marge Herzog, MN, RN (360) 981-2152

marge@healthystartkitsap.net

Primary Contact

Phone

E-Mail



President, Healthy Start Kitsap

Signature

Title

Legal Status:

Non-Profit Status: 501©3 of the Internal Revenue Code? Yes No

Federal Tax ID Number: EIN: 20-2523198

If incorporated, attach a list of the members of the Board of Directors, including names and addresses. **See Attached Healthy Start Kitsap Board of Directors.**

If not incorporated (sole proprietor or partnership), attach a list of the names and addresses of the principals.

**Healthy Start Kitsap
Board of Directors**

Marge Herzog, MN, RN
President, Immediate Past Board Member
PO Box 455
Hansville, WA 98340

Susan Ferreira, ARNP, MSN
Vice President, Immediate Past Board Member
2411 E Phinney Bay Drive
Bremerton, WA 98310

Brian Nyquist, MD
Treasurer, Immediate Past Board President
2411 E Phinney Bay Drive
Bremerton, WA 98310

Natalie Coleman, RN
Secretary, Immediate past Board Member
23 NE Dusty Road
Belfair, WA 98528

Gini Gobeske, MSN, RN
Board Member
1127 Campbell Way
Bremerton, WA 98310

Suzanne Plemmons, RN, MN, PHCNS-BC
Ex-Officio Member, Immediate Past Vice President
739 NE Woods Court
Bremerton, WA 98311

Phil Broms
HSK co-Founder and Board Member Emeritus

Laura King
Interim Executive Director, Immediate past Board Member
9830 Kingston Farm Rd
Kingston, WA 98340

Organizational Capacity

Staffing Capacity

Current Kitsap Public Health District (KPHD) Nurse Family Partnership (NFP) Program Staffing includes:

- Nancy Acosta, RN, BSN (1.0 FTE) is a trained NFP nurse with 14 years of public health nursing home visiting experience. She completed her initial NFP training in August 2012 and has been working as a NFP nurse home visitor since that time.
- Mindi Outhwaite, RN, BSN, IBCLC (0.6 FTE) is a trained NFP nurse with 9 years of public health nursing home visiting experience. She completed her initial NFP training in July 2012 and has been working as an NFP home visitor since that time. Mindi is also an International Board Certified Lactation Consultant.
- Yuko Umeda, RN, BSN is a trained NFP nurse supervisor with 15 years of NFP experience. She is contracted from Jefferson County Public Health to supervise Mindi and Nancy. She provides one hour of one-to-one reflective supervision to each nurse weekly plus conducts biweekly case conferences and biweekly NFP team meetings.
- Suzanne Plemmons, RN, MN, PHCNS-BC is the NFP administrator as part of her Community Health Director responsibilities. She completed the NFP Administrator training in September 2012 and has been overseeing the program implementation from the start of the program. She has been a member of the HSK Board since 2007 and actively supports the partnership.

Prospective Staffing

- Jan Wendt, RN, BSN is a public health nurse with over three years of public health nursing home and she is a trained NFP nurse with a year of NFP experience at Tacoma Pierce County Health Department (TPCHD). Jan began work with KPHD in February 2014 after a lay off from TPCHD. This provides a trained NFP nurse ready to begin working with NFP immediately if funding is secured for the requested 0.5 FTE position.

This NFP nursing team has demonstrated success in implementing the NFP program with fidelity to the evidence-based program model and is working at capacity with a waiting list of eligible NFP clients. NFP nurses are adept at addressing the needs of the mentally ill and substance abusing population. Highly trained and educated nurses work with first time mothers to focus on a range of inter-related health issues during pregnancy: mental illness, family violence, substance abuse, and child abuse/neglect. The nurse home visitors provide intensive home-based treatment services to pregnant women to decrease adverse risks of maternal substance use and mental illness on the fetus and to families with co-occurring disorders to improve maternal and child health outcomes.

Board Capacity

The Healthy Start Kitsap (HSK) Board is comprised of five voting Directors, one ex-officio member, and an interim Executive Director. The Board of Directors brings diverse knowledge and experience to HSK. The Directors represent medical, nursing, public health, educational, non-profit, and business professionals.

Marge Herzog, President and immediate past Board Director, has worked as a Nursing Education Administrator, Nursing Faculty member at Olympic College, and a Pro Tem member for the Washington State Nursing Care Quality Assurance Commission (NCQAC). Marge earned her Master's Degree in Nursing from the University of Washington in Maternal Child Health. Marge also completed all required course work for the Educational Leadership Doctoral Program at Seattle University.

Susan Ferreira, Vice President and immediate past Board Director, began her nursing career in the newborn nursery and later with neonatal intensive care and pediatrics. For the last 16 years she has worked In Women's Health working as a nurse Practitioner for Dr. Barbara Levy and as an RN for the US Army.

Dr. Brian Nyquist, Treasurer and immediate past President, is a private practice anesthesiologist and a family physician. During his term as President, he guided the corporation through the decision of how to best use their passion, commitment, and resources to produce long- term positive health outcomes for the most vulnerable Kitsap families. Dr. Nyquist provided the necessary leadership to undertake a public-private partnership with the KPDH to initiate and support a NFP Program.

Natalie Meyer, Secretary and immediate past Board Director, received her Associates Degree in Nursing from Olympic College. She currently works as an Emergency Department nurse at Harrison Medical Center in Bremerton. She is a fourth generation born and raised Bremertonian, and is passionate about families in Kitsap County.

Gini Gobeske, RN, MSN, Board Director, works at Tacoma-Pierce County Health Department as public health nurse consultant. She earned her Masters degree at the University of Washington Tacoma and has many years of nursing experience working in hospitals, private practices, and schools.

Suzanne Plemmons is an Ex Officio member and immediate past Vice President of HSK. She has served as the KPHD Community Health Director since May 2001. Suzanne has a Masters degree in Nursing from the University of Washington and is certified as a Clinical Nurse Specialist in Public Health Nursing. She has overall responsibility for all technical and service delivery aspects of the Kitsap NFP program.

Laura King, interim Executive Director and immediate past Vice President, is a professional, experienced Doula. She is co-owner of the Salmonberry Community Birth Center. She is working with a group of birth professionals to bring the first freestanding birth center to Kitsap County and the Olympic Peninsula in Washington State.

Internal Policies

The year 2013 was pivotal for HSK. The Board of Directors took on a major review of its fiscal controls, mission, vision, and Bylaws, including non-discrimination, budget, Strategic and Resource Development Plan. The organization follows strict financial procedures related to donor funds and separation of duties for money handling. Bank statements are reconciled monthly. Additionally, prior to filing 990 tax forms each year, the Treasurer and one additional Board member conduct an internal audit. The Board reviews all financial bank statements, profit and loss year to date comparisons, and compares financial data to the approved budget during its monthly meetings. The Bylaws and articles of incorporation delineate accounting record keeping, reimbursement of expenses, procurement, and financial review and/or audit requirements. A non-discrimination policy is included in the New Board Member packet and HSK Bylaws. All fiscal policies and procedures have been reviewed and strengthened to ensure accountability and transparency.

History of Project Management

HSK realized very early on the importance of partnering with an experienced agency with a history of successful project management. We chose to work with KPHD because of their expertise and successful implementation of nurse home visiting programs. The HSK project management role is to raise community awareness and educate the public about adverse childhood experiences (ACEs) that impact mothers and their babies. We also educate the public about the importance of the NFP's ability to mitigate the impact of ACEs such as substance use, mental illness, abuse, neglect, and household dysfunction.

Multiple sources of funding are needed to increase the NFP capacity. In 2014, HSK received a \$10,000.00 grant from the Franciscan Foundation. The Executive Director role is to ensure that program support and operating costs meet the reporting requirements for the Franciscan Foundation and other donors. HSK successfully manages an annual appeal, donor recognition program, and all donor award requirements. The Strategic Plan is reviewed quarterly to assess and evaluate the effectiveness of the HSK fund development plan.

Financial Management Capacity – Fiscal Review

Prior to 2014, an independent financial review was economically not feasible. The President, one Board Director, and the Treasurer complete an internal financial record review annually. All financial records including QuickBooks, fiscal policies and procedures, and record keeping for grant requirements were included. The immediate past Treasurer is a retired Certified Public Accountant (CPA). She continues to provide oversight for all financial records. HSK is in compliance with the Internal Revenue Service and the Secretary of State Registration and Charities program requirements. An independent financial review will be completed by June 30, 2014. Additionally, the KPHD 2012 financial audit showed no deficiencies.

Community Needs and Benefit

Needs Assessment

Healthy Start Kitsap (HSK) addresses the need for prenatal care, child development education, and parent coaching. Our mission is to foster community and build partnerships that improve the health and independence of our most vulnerable Kitsap families. HSK's targeted population are low-income, first time mothers and their babies living in Kitsap County.

Since 2008, HSK has been in a public/private partnership with the Kitsap Public Health District (KPHD) to identify a nurse home visiting program that mitigates the worsening trends in pregnancy outcomes, substance use and mental health disorders. The Nurse Family Partnership (NFP) was selected because it is a nationally recognized evidence based mental health and substance abuse early prevention and intervention parent program. The NFP was implemented in Kitsap County in 2012.

The need for the expansion of the Kitsap NFP is compelling. Kitsap County has approximately 3000 births per year. In 2012, approximately 860 (42%) of births were to low-income mothers. Of those 860 births 63% were unmarried, 22% did not have a high school education, 23% smoked during pregnancy, 12% did not breastfeed at birth and 7% had low birth weight babies (KCHP birth data, 2007-11, Kitsap and Jefferson Co MCH Community Profile 2013, WA State Department of Health Home Visiting Needs Assessment (WAHVNA), 2011).

In May 2013, Kitsap County Core Health Indicators identified pregnancy and birth data that again reflects serious community health concerns. Civilian women seeking prenatal care in the first trimester of pregnancy has declined from 80% in 1998 to 76% in 2011. Civilian births paid by Medicaid have increased from 38% in 1998 to 45% in 2011. Kitsap residents living below 100% of poverty increased from 9% in 1998 to 11% in 2011 (Kitsap County Public Health Indicators, May 2013).

The Kitsap Interagency Coordinating Council Head Start/ECEAP Partnership's 2013 Update and comparison to the 2011 Comprehensive Community Assessment provides current data pertaining to the needs, priorities, and lives of low-income families with young children in Kitsap County. Most notable is the that Kitsap County is worse than Washington State in both the proportion of civilian women beginning prenatal care in the first trimester and the proportion of pregnant women who smoke. There is an alarming increase in the following trends:

- Number of births to low-income women
- Low birth weight infants
- Children under the age of 5 living in poverty
- Children under the age of 18 are living in single parent households (22%)
- Women with late or no prenatal care
- Child abuse and neglect referrals are increasing after a steady decline (www.oesd.wednet.edu).

The Kitsap NFP currently serves 38 mothers and their babies. Kitsap nurse home visitors are required to screen and assess for a range of inter-related health problems during pregnancy. Of significant note is the screening for adverse childhood experiences (ACEs). ACEs screening assesses for physical, psychological, and sexual abuse, physical and emotional neglect, and household dysfunction, i.e., substance abuse, parental discord (divorce, separation, abandonment), mental illness, maternal violence, and an incarcerated family member. ACEs research documents the effect that adverse childhood experiences have on our health in adulthood. The greater the number of adverse childhood experiences, the more likely adults will suffer from chronic diseases (Felitti et al., 1998, Burke et al., 2011, Kitsap Board of Health presentation, 2014).

The Kitsap electronic health record system (Nightingale Notes, 6/1/2012-12/31/2013) tracks client problems over time. Significant findings are 16 of 22 (73%) of mothers report ≥ 3 adverse childhood experiences (ACEs). Additionally, 18 of 28 (64%) of mothers report a mental health problem; 13 of 28 (46%) of mothers report substance use; and 2 of 28 (7%) of mothers report abuse.

Link between Services and Community Need

The NFP design is an evidence based, intensive early intervention and prevention program that serves high risk, low-income, first time mothers and their babies. The NFP is a voluntary nurse home visiting program that begins early in the mother's pregnancy and continues until the baby's second year of life. The program is offered in the family's home. All families are offered depression and ACEs screening. Referrals for treatment and therapy are made to mental health providers as necessary and as acceptable to families. The nurse home visitors facilitate and coordinate care between all agencies that may interface with families.

KPHD contracts with the NFP National Service Office (NSO) to provide the program in Kitsap County. The contract requires strict adherence to the NFP model to ensure fidelity to the research model and assure short and long term positive outcomes. The model elements define a client caseload of no more than 25 families per one FTE nurse. The nurse home visiting schedule consists of weekly home visits during the first month of enrollment, then twice/month until the baby's birth. After the birth, home visits are weekly for six weeks and return to twice/month until the child is two years old.

The NFP is time intensive in preparation, actual visit time, and data collection. Each visit requires extensive preparation; the nurse can deliver a maximum of four home visits/day. Data collected includes information on mental health, maternal substance use, and ACEs. The data is analyzed by the NFP NSO and reviewed locally by the NFP team to ensure quality of services delivered.

In addition to completing a rigorous NFP curriculum, nurse home visitors participate in on going continuing education. Most recently, the KPHD nurse home visitors completed the Dyadic Assessment of Naturalistic Caregiver-child Experiences or DANCE. The use

of the DANCE tool will further assist nurses to objectively assess young parents' skills in interacting with their babies and to use this information to support the unique strengths and challenges of parents.

Enrolling mothers early in the pregnancy allows the nurse home visitor to model appropriate trusting relationship behaviors with the mother. The relationship between the nurse and the mother is the critical foundation for making long lasting changes. Nurses support behavior changes by helping the mother build on her own strengths and successes. Using motivational interviewing, nurses coach mothers to learn new skills and make changes on difficult life course issues such as decreasing and/or eliminating substance use, preventing relapses, making referrals for mental illnesses, and addressing intergenerational destructive patterns of abuse and neglect. Nurses help mothers to build a healthy attachment with their babies, learn safe parenting skills, and establish goals for a healthier life course.

NFP referrals are made directly to the program at KPDH by phone or by fax from community resources, including Department of Social and Health Services (DSHS), Women, Infants, and Children (WIC) nutrition services, health care providers, schools, family planning clinics, and the KPHD Maternity Support Systems program. Women may also self-refer to the program.

Eligibility is determined based on income status, first time pregnancy, and whether the mother is less than 28 weeks gestation. Priority is given to mothers who are at the earliest gestation and those who have a history of substance use, mental illness, and ACEs.

The NFP model is based on three decades of rigorous research. The NFP Program directly addresses the need for prenatal care, child development education and parent coaching. NFP goals include:

- helping young, high risk, low-income mothers have healthy pregnancies
- teaching parents about child health and development
- improving economic self-sufficiency of young parents (www.nursefamilypartnership.org).

Project Scope

Kitsap County has approximately 300 births to low income, first time mothers who meet the eligibility criteria for the NFP. The Kitsap NFP currently serves 38 mothers and babies. There is a current waiting list of ten eligible clients. The NFP is serving 13% of the eligible potential clients. This funding would provide services for an additional 12 mothers and their babies. This would help make significant progress toward filling the service gap in Kitsap County. Prevention and early intervention are the critical essentials of the NFP. The NFP is an evidence based program that promotes healthy pregnancy outcomes, and provides early intervention and referrals for substance abuse, mental illness, and ACEs.

Project Description

Community Collaboration, Support and Synergy

HSK's mission to promote the health and independence of vulnerable Kitsap families directly supports and advances the KPHD mission to prevent adverse conditions contributing to diseases, including low birth weight, perinatal substance use, and untreated postpartum depression.

Healthy Start Kitsap (HSK) has partnered with the Kitsap Public Health District (KPHD) since 2007 to implement an enhanced nurse home visiting service to low-income, first time mothers and babies. KPHD nurses were able to provide services to the mother and her baby through the child's first year of life. Successful implementation of this home visiting program led to the implementation of the NFP in 2012.

HSK and KPHD have a strong history of collaboration with community partners. Coordinating home visiting services without duplication is critical for matching scarce resources for high-risk mothers with prevention and early intervention programs that best meet their needs.

Collaboration occurs through several venues. These include the Kitsap Community Health Priorities (KCHP), the ACEs partnership and the Olympic Kitsap Peninsulas Early Learning Coalition (OKPELC). Providers represented in these groups include Early Head Start and Head Start, Community Action Consortiums, health care providers, home visitors, educators, early learning specialists, and public health professionals. HSK's strategic plan includes the goal of raising community awareness about the benefits of the NFP and the impact it has on mitigating the effects of ACEs.

HSK and KPHD have a positive relationship with other home visiting agencies to assure families are linked with the most appropriate programs and to avoid duplication of services. Letters of support from Olympic Educational Service District 114 and Kitsap Community Resources demonstrate their commitment and ongoing support to expand the NFP.

HSK participates on the Community Advisory Board (CAB) for the regional NFP partnership that includes Kitsap NFP, Jefferson County NFP, and the Port Gamble S'Klallam Tribe NFP programs. The purpose of the CAB is to help grow and advocate for NFP and the health and well being of children and families in our region and in each of our respective communities.

Project Goals

The goals of the expansion of the Kitsap NFP are to prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for substance abuse and/or mental health problems.

The NFP is a nationally recognized evidence based program that has three decades of rigorous research. Investing in the NFP is one of the best uses of money a community can make. The Washington State Institute for Public Policy, the RAND Corporation and the Brookings Institution have all concluded that the NFP program is a smart investment. For every dollar a community invests in NFP, they can see up to \$5.70 in return.

The NFP was the only early childhood intervention model identified as “top tier” by the Coalition for Evidenced Based Policy, which will produce meaningful improvements for society (www.coalition4evidence.org).

Measurement of important and well-defined public health outcomes is a cornerstone of the NFP. Communities can be confident in supporting the NFP because more than 35 years of research from randomized, controlled trials proves it works. It delivers multigenerational outcomes that benefit communities and reduce the costs of long-term social service programs. The following long-term maternal and child outcomes indicate

- 48% reduction in child abuse and neglect
- 67% reduction in behavioral and intellectual problems at child age six
- 35 % fewer hypertensive disorders of pregnancy
- 59% reduction in arrests at age 15 (www.nursefamilypartnership.org).

Project Activities

The project activities to expand the NFP include adding a 0.5 FTE nurse home visitor to serve 12 additional mothers and babies. Increasing program capacity will ensure that more clients receive services for the prevention of mental illness, behavioral problems, and addiction. This is a step forward in decreasing the service gap for NFP eligible clients. A detailed description of activities is provided in the HSK: NFP Expansion Logic Model that is found at the end of the Project Description.

Program Design

The NFP is an evidence based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mother is partnered with a RN early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership, for the mother and her child. The NFP helps families – and the communities they live in – become stronger while saving money for local, state and federal governments. This early intervention during pregnancy allows for any critical behavioral changes needed to improve the health and welfare of the mother and child (www.nursefamilypartnership.org).

Project Outcomes

Year one project outcomes are delineated in the HSK: NFP Program Expansion Logic Model. NFP National Service Office (NSO) quarterly reports that aggregate and analyze client data are shared with the Kitsap NFP staff. The outcomes of this report

are used for quality assurance and to inform practice changes. The staff regularly present a summary of the outcomes report to the HSK Board of Directors and the regional NFP Community Advisory Board (CAB). HSK shares the outcomes with our donors and supporters through the HSK quarterly newsletter and donor appreciation events. HSK community presentations to service organizations such as Rotary and Kiwanis include program outcomes as part of our strategic plan to raise community awareness about the impact of the NFP on mitigating the effects of ACEs.

Outcome Measurement

Data systems used for data aggregation and analysis are the NFP “Efforts to Outcomes” (ETO) database and the KPHD electronic health record, Nightingale Notes (NN). Baseline data is derived from the client data collected on enrollment in NFP. Quarterly ETO reports document progress toward meeting outcome goals. This report additionally tracks performance on meeting the NFP fidelity measures, which are listed in the HSK: NFP Program Expansion Logic Model. NN will be used to measure outcomes not tracked in ETO.

The HSK: NFP Program Expansion Logic Model follows on pages 4-5. It clearly describes the resources, activities, outputs, fidelity measures and year one outcomes of this project. We plan to report quarterly performance on meeting the fidelity measures and progress toward year one outcomes.

Healthy Start Kitsap: Nurse Family Partnership (NFP) Program Expansion Logic Model

2014

Goal: Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for, substance abuse and/or mental health problems.

RESOURCES		ACTIVITIES		OUTPUTS		NFP MODEL FIDELITY MEASURES		YEAR ONE OUTCOMES	
<p>Target Population: low income, first-time pregnant women residing in Kitsap County</p> <p>Target Geographic Area: Kitsap County</p> <p>Staffing: 0.5 FTE nurse home visitor</p> <p>Home Visiting Curriculum Used: NFP visit guidelines</p> <p>Partners In Parenting Education (PIPE) parenting education curriculum</p> <p>Funding Sources: Kitsap Public Health District Healthy Start Kitsap Thrive by Five grant through partnership with Jefferson County Public Health</p>	<p>1: Staffing</p> <ul style="list-style-type: none"> 1.1: Add 0.5 FTE nurse home visitor <p>2: Training</p> <ul style="list-style-type: none"> 2.1: NFP staff will participate in ongoing training and education as required by NFP NSO 2.2: NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs. <p>3. Outreach/Recruitment</p> <ul style="list-style-type: none"> 3.1: Existing caseload will be increased by 12 families 3.2: Maintain outreach and referral plan to reach target population and maintain caseload 3.3: Monitor effectiveness of outreach plan <p>4: Home Visits</p> <ul style="list-style-type: none"> 4.1: Provide home visits for first time, low-income pregnant women, mothers and infants 	<p>1.1: Existing staff is increased by 0.5 FTE Nurse Home Visitor (NHV)</p> <p>2.1: NFP Supervisor will participate in: - 1 monthly Supervisor Community of Practice call - 1 quarterly Supervisor Community of Practice meeting - annual 3 day National Education Symposium in Denver</p> <p>3.1: Each FTE NHV will maintain a caseload of 22-25 clients</p> <p>3.2: Supervisor will have a written plan for cultivating relationships with referral sources and community partners including in-person contacts, follow-up visits and/or letters and/or calls, and community presentations.</p> <p>3.3: Supervisor will use ETO data on enrollment by referral source to monitor effectiveness and adapt plan.</p> <p>4.1: 12 clients will each receive 1-3 home visits per month</p>	<p>Measure 1 Nurse home visitors and supervisors are registered nurses with a minimum of a Bachelor's degree in nursing.</p> <p>Measure 2 Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.</p> <p>Measure 3 Client meets low-income criteria at intake as defined by program.</p> <p>Measure 4 Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.</p> <p>Measure 5 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.</p> <p>Measure 6 A full-time nurse home visitor carries a caseload of no more than 25 active clients.</p>	<p>100% of clients not already receiving prenatal care begin prenatal care within a month of enrollment in NFP</p> <p>100% of clients will be offered the Adverse Childhood Experiences (ACEs) screen and will receive education on the impact of ACEs, how to mitigate the impacts, and the importance of preventing ACEs for their child</p> <p>100% of clients screening positive for depression are referred to a mental health professional</p> <p>90% or more of clients with an identified mental health problem will show improvement in knowledge, behavior, and status as measured by the Omaha System Problem Rating Scale</p> <p>100% of clients screening positive for substance use (tobacco, alcohol, illicit drugs) are referred for appropriate diagnostic and treatment services</p> <p>90% or more of clients with an identified substance use problem will show improvement in knowledge, behavior, and status as measured by the Omaha System Problem Rating Scale</p>					

<p>Data Systems: “Efforts to Outcomes” (ETO) NFP National Database CHAMP Nightingale Notes Electronic Health Record</p>	<ul style="list-style-type: none"> • 4.2: New clients will be enrolled before 28 weeks of pregnancy and receive visits according to NFP guidelines • 4.3: Content of home visits will be aligned with NFP guidelines 	<p>according to the NFP standard and/or flexible visit guidelines 4.2: 12 clients enrolled by 28 weeks of pregnancy, 40 % enrolled by 16 weeks of pregnancy. Quarterly average completed to expected visit ratio will be: Pregnancy completers : 90 % Infancy completers: 80 % Toddler completers: 90 % 4.3: The quarterly average Maternal Role Domain will be: Pregnancy: 23-25% Infancy: 45-50% Toddler: 40-45%</p>	<p>Measure 7 A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.</p> <p>Measure 8 Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.</p>	<p>100% of clients screening positive for domestic violence have a safety plan and are referred for domestic violence services</p> <p>100% of referrals are monitored for client follow-through</p> <p>100% of clients are enrolled in a health insurance plan</p> <p>100% of NFP babies receive well child care on time as recommended by AAP</p> <p>100% of NFP babies receive immunizations on time as recommended by ACIP</p> <p>61% or more of NFP babies are breastfeeding at 6 months (61% is the Healthy People 2020 target for duration of breastfeeding)</p> <p>100% of clients receive education on:</p> <ul style="list-style-type: none"> • prevention of child injuries topics such as safe sleeping, shaken baby syndrome, or traumatic brain injury • child health and development • general cognitive skills and positive approaches to learning • communication, language, and emergent literacy • social behavior, emotion regulation, and emotional well-being • parent emotional well-being and stress management
<p>5: Supervision</p> <ul style="list-style-type: none"> • 5.1: Staff who provide home visits will receive individual reflective supervision • 5.2: All staff will participate in reflective case conferences 	<p>5.1: Supervisor will provide individual, 60" reflective supervision sessions 3 times per month for each NHV 5.2 Reflective case conferences are held twice a month for 1.5 -2 hours.</p>	<p>6.1 Supervisors will review ETO quarterly reports with NHVs and State NFP Nurse Consultant (SNC) and use this data to create the Annual Plan. 6.2 Supervisor and SNC review Annual Plan quarterly.</p>		
<p>6: Continuous Quality Improvement</p> <ul style="list-style-type: none"> • 6.1: Supervisors and nurse home visitors will review and utilize their data • 6.2: Data is used for quality and fidelity monitoring and improvement 				

Project Financial Feasibility

Budget

The total annual Nurse Family Partnership (NFP) project budget is estimated at \$427,436 and will provide an evidence based nurse home visiting program to 50 low-income first-time Kitsap mothers and their babies from early in pregnancy until the baby's second birthday. We are requesting \$50,166 to fund the salary, benefits, and a portion of the required training for an additional 0.5 FTE nurse home visitor to serve 12 of these mothers and their babies. We currently have funding to serve only 37 of the 300 women eligible for NFP services.

The largest budget line items are professional registered nursing staff salaries and benefits at \$265,698; Kitsap Public Health District's (KPHD) indirect costs of \$102,627; and \$37,432 for the specialized training required for the nurses by the NFP National Service Office to assure the nurses have the skills needed to deliver this evidence-based program with fidelity to the model. This project will directly serve a minimum of 100 persons (mothers plus babies) at an annual cost of \$4,274 per person.

Additional funding to support the NFP is provided by KPHD (\$292,270) and a Thrive by Five grant (\$87,500).

Additional Resources

KPHD is a strong partner who has included the NFP as a strategy in their 2011-2021 Strategic plan to achieve the goal of promoting healthy child development and health equity by ensuring all children have healthy starts. This commitment to NFP is demonstrated by their 2014 budget allocation of \$292,270 (combination of state and local dollars) to this project.

Our Kitsap NFP is part of a regional NFP partnership with Jefferson County Public Health's NFP program and the Port Gamble S'Klallam Tribe's NFP program. This partnership is known as the "Bridge NFP Partnership". Because of this partnership, KPHD was able to collaborate with Jefferson County Public Health on a grant request to Thrive by Five which was funded in July 2012. The Kitsap NFP's share of this grant was of \$87,500 from the state Home Visiting Services Account (HVSA). This was a one year grant that was renewed in July 2013 and we expect this grant to be renewed annually as long as there are sufficient funds in the HVSA.

Healthy Start Kitsap (HSK) was recently awarded a \$10,000 grant from the Franciscan Foundation to support the NFP and has been invited to submit a full grant request to the Medina Foundation to support NFP in Kitsap. We will continue to seek other grant funds and to cultivate new institutional and individual donors.

Sustainability

Any organization that is sustainable over the long-term needs a multi-pronged funding approach beyond a single grant; it must have a broader framework that looks across all possible revenue streams and actively plans its fundraising strategy.

Healthy Start Kitsap's resource development goals over the next year are to:

- * Renew, explore and cultivate relationships with natural institutional constituencies.
- * Increase level of engagement with current individual donors.
- * Cultivate new institutional and individual donors by engaging the community at large.
- * Strengthen HSK Board's level of engagement in fundraising.
- * Renew HSK Board's commitment to financial support for the organization.
- * Collaborate with other non-profits to co-sponsor events to increase our visibility and funding efforts.

The year 2013 was one of self-evaluation for Healthy Start Kitsap. Fiscal year 2013 ended with a net loss and at its annual retreat in July, the Board of Directors reevaluated its organizational strengths and weaknesses as well as the community's need for its services. The result was renewed commitment to the mission by the board as well as a commitment to investing in fundamental change in the organization's infrastructure. The Board initiated several activities to strengthen organization's viability including:

- * Defining Board of Directors' obligations to the organization.
- * Engaging the board in fundraising efforts.
- * Developing a realistic fundraising plan.
- * Initiating an organizational strategic plan.
- * Reengaging constituents and renewing public outreach efforts.

The HSK Board has a long term commitment to positively changing the lives of young Kitsap families as demonstrated by the strategic goals listed below.

HEALTHY START KITSAP 2014-2016 STRATEGIC PLAN GOALS

Goal 1: Support outcomes based programs that provide assistance to and help encourage parental involvement in their child's development.

Goal 2: Explore partnerships and foster collaboration with agencies having similar missions to increase the collective impact of empowering families to be healthy and thrive.

Goal 3: Raise awareness within the Kitsap community regarding the importance of creating resiliency among vulnerable families.

Attachment C Addendum

Healthy Start Kitsap (HSK) Total Agency Budget Detail on Line Items Larger Than 10% of the Budget

The “personnel” line item of \$12,161 is the estimated annual 2014 salary for the part-time Executive Director who handles the overall operation of the organization. The Board believes this position is critical to the future of HSK and our ability to continue support of the NFP program. The Executive Director facilitated the development of a multi-tiered fund development plan and is overseeing the implementation.

The “program/project cost” line item of \$12,791 is an increase over the previous year’s contribution in support of the NFP program. This funding supports professional nursing staff salaries. The HSK Board is committed to increasing this line item allocation annually.

MH/CD/Courts Special Project Budget Form

Agency Name: Healthy Start Kitsap

Project: Nurse Family Partnership (NFP)
Prevention and Early Intervention

Enter the estimated costs associated with your project/program	Total	Requested Funds	Other Funds
Personnel			
Managers and Staff (Program Related)	211,629	33,614	178,015
Fringe Benefits	54,069	14,052	40,017
SUBTOTAL	\$ 265,698	\$ 47,666	\$ 218,032
Supplies & Equipment			
Equipment	-		
Office Supplies	10,560		10,560
SUBTOTAL	\$ 10,560	\$ -	\$ 10,560
Administration			
Advertising/Marketing	-		
Audit/Accounting	-		
Communication	300		300
Fees and Taxes	-		
Indirect Administrative Expenses (KPHD)	102,627		102,627
Insurance/Bonds	-		
Legal Services	-		
Training/Travel	37,432	2,500	34,932
Transportation	-		
SUBTOTAL	\$ 140,359	\$ 2,500	\$ 137,859
Ongoing Operations & Maintenance			
Janitorial Service	-		
Maintenance Contracts	10,569		10,569
Maintenance of Existing Landscaping	-		
Repair of Equipment and Property	250		250
Utilities	-		
O & M Staff Salaries & Benefits	-		
Other (Describe):	-		
SUBTOTAL	\$ 10,819	\$ -	\$ 10,819
Other			
Debt Service	-		
Short Term Rental Assistance	-		
Other (Describe):	-		
SUBTOTAL	\$ -	\$ -	\$ -
TOTAL PROJECT BUDGET	\$ 427,436	\$ 50,166	\$ 377,270

Project Salary Summary**Description**

Number of Professional FTEs		2.40
Number of Clerical FTEs		-
Number of All Other FTEs		-
Total Number of FTEs		2.40

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	211,629.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)		
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	211,629.00
Total Payroll Taxes	\$	12,893.00
Total Cost of Benefits	\$	26,158.00
Total Cost of Retirement	\$	15,018.00
Total Payroll Costs	\$	265,698.00

Total Agency Budget

ATTACHMENT C

Agency Name: Healthy Start Kitsap

Project: Nurse-Family Partnership (NFP) Program:
Prevention and Early Intervention

accrual basis cash basis

AGENCY REVENUE AND EXPENSES	2012 Column 1	2013 Column 2	2014 Column 3	variance between col 2 & 3
-----------------------------	------------------	------------------	------------------	----------------------------------

AGENCY REVENUE

Beginning Fund Balance	-	-	-	-
Coordinated Grant Application Funds Revenue	-	-	-	-
Federal Revenue	-	-	-	-
WA State Revenue	-	-	-	-
Local Revenue	-	-	-	-
Grant Funds	10,000.00	1,500.00	29,250.00	27,750.00
Private Funding Revenue	10,289.00	11,619.00	12,421.00	802.00
Agency Revenue	-	-	-	-
Miscellaneous Revenue	-	-	-	-
Total Agency Revenue (A)	\$20,289.00	\$13,119.00	\$41,671.00	\$28,552.00

AGENCY EXPENSES

Personnel (Including Payroll Taxes, Benefits)				
Managers - Part-time Executive Director	7,659.00	8,430.00	12,161.00	3,731.00
Staff	-	-	-	-
Subtotal	7,659.00	8,430.00	12,161.00	3,731.00
Supplies/Equipment				
Equipment	-	-	-	-
Office Supplies	-	513.00	380.00	(133.00)
Other (Describe)	-	-	-	-
Subtotal	-	513.00	380.00	(133.00)
Administration				
Advertising	-	73.00	750.00	677.00
Audit	-	-	350.00	350.00
Communication	-	-	-	-
Insurance/Bonds	997.00	1,251.00	1,537.00	286.00
Postage/Printing	-	86.00	1,090.00	1,004.00
Operations and Maintenance Expenses	501.00	145.00	65.00	(80.00)
Training/Travel/Transportation	108.00	-	233.00	233.00
Other (Describe) Fundraising/Special Events	-	1,200.00	200.00	(1,000.00)
Subtotal	1,606.00	2,755.00	4,225.00	1,470.00
Program/Project Costs				
Other (Describe) NFP Program Support	12,995.00	8,359.00	12,791.00	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Subtotal	12,995.00	8,359.00	12,791.00	-
Other Costs				
Other (Describe)	-	-	-	-
Subtotal	-	-	-	-
Depreciation (Building and Equipment) OR-if Cash Basis-Asset Acquisition	-	-	-	-
DEFICIT OR EXCESS - (A) MINUS (B)	(\$1,971.00)	(\$6,938.00)	\$12,114.00	\$19,052.00

NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.

Attachment D

**Letters of Commitment or other documentation of support
from collaborating agencies.**



Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 782-5093

Head Start/Early Head Start/ECEAP Program

Lorraine Olsen, Director

April 8, 2014

Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs
Citizens Advisory Committee
619 Division Street, MS-7
Port Orchard, WA 98366

Dear Citizens Advisory Committee:

The Olympic Educational Service District 114 (Olympic ESD 114) enthusiastically supports Healthy Start Kitsap's (HSK) proposal to expand the Nurse Family Partnership (NFP) program in our region. Our region looks to the partnership HSK has with the Kitsap Public Health District (KPHD) for their expert leadership and coordinating efforts in thoughtfully planning for these additional services.

HSK has been partnering with the KPHD since 2007 to expand nurse home visiting services for low-income families. This partnership provided an enhanced nurse home visiting program for first time, low-income moms where the nurse was able to visit the family from early in the pregnancy until the child's first birthday. This successful program was phased out when the partnership was able to implement the evidence-based NFP program in July of 2012.

KPHD is a strong partner for HSK because of their long history of working collaboratively in our region, as evidenced by their involvement in the Olympic Kitsap Peninsulas Early Learning Coalition. For a few years now KPHD has been coordinating home visiting services by convening community organizations to develop a shared list of services offered. Because of this work, the Coalition is able to advance its home visiting priorities and expand education and understanding of the importance of home visiting.

This expansion of NFP to the continuum of home visiting services in Kitsap County will allow us to assure families in our region have the best support to meet their individual needs. Olympic ESD 114 actively recruits eligible low-income pregnant women in our Early Head Start program, and will continue to refer all first-time mothers to the NFP program. This is especially important to families on our wait list who will receive important and critical services sooner, especially those families facing substance use and mental health challenges.

There is no doubt that families and children will benefit from the expansion of this high-quality, evidence-based home visiting program. I encourage your thoughtful consideration of HSK's proposal, and welcome the opportunity to provide additional information and support of this proposal.

Best regards,

Lorraine Olsen, Director
Early Childhood Services

Board of Directors

Elizabeth Drew • Jay Garrett • Carl Johnson • Katie Proteau • Donn Ring • Karen Sorger • Jean Wasson
Gregory J. Lynch, Superintendent



KITSAP COMMUNITY
Resources

A Community Action Partnership. Helping people. Changing lives.

April 8, 2014

**Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs
Citizens Advisory Committee
619 Division Street, MS-7
Port Orchard, WA 98366**

Dear Citizens Advisory Committee:

Kitsap Community Resources (KCR) is pleased to demonstrate our support of Healthy Start Kitsap's (HSK) proposal to expand the Nurse Family Partnership (NFP) program in Kitsap County. This expansion will positively change the life course for low-income, first-time moms and their babies.

Currently, HSK, in partnership with the Kitsap Public Health District (KPHD), has the capacity to serve 37 families through the NFP program. However, they hope to extend their reach to 50 families in the next year, meeting the needs of an estimated 17% of the 300 families who meet the criteria for NFP enrollment.

More than 30 years of evidence has shown that the NFP model works. Among the proven outcomes is the ability to significantly reduce pre-term deliveries, language delays, behavioral and intellectual problems, child abuse and neglect, and welfare dependency – all of which are tremendous resource burdens and, more importantly, barriers to our shared goal of creating healthy communities.

Using registered nurses to provide in-home support to young vulnerable families is a proven cost-effective way to deliver health and development, and the economic self-sufficiency of families. Additionally, NFP provides an avenue for the early identification of substance use and mental health problems and early referral for treatment. Partnering with the KPHD and involving many of our local leaders in healthcare and early learning, HSK has worked to ensure that their efforts are aligned with our County's priorities for community health, including ensuring children and youth receive the support necessary to be healthy throughout life.

As Director of Early Learning & Family Services for KCR, I have come to understand the value of investing in prevention and early intervention. I hope for the health of our community that you will consider funding this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Connie Mueller', with a long horizontal flourish extending to the right.

Connie Mueller, Director
Early Learning and Family Services



JEFFERSON COUNTY PUBLIC HEALTH

615 Sheridan Street ♦ Port Townsend ♦ Washington ♦ 98368
www.jeffersoncountypublichealth.org

April 9, 2014

Kitsap County Mental Health, Chemical Dependency &
Therapeutic Court Programs

Citizens Advisory Committee
619 Division Street, MS-7
Port Orchard, WA 98366

Dear Kitsap Citizens Advisory Committee:

Thank you for the opportunity to discuss the application of Healthy Start Kitsap for Kitsap County 1/10 of 1% Mental Health and Chemical Dependency treatment funds. This application is one answer to the problems faced by communities, such as how to pay for jails, how to confront community needs, and how to improve overall quality of life. Local funds directed to early and intensive interventions will gradually improve community problems.

Kitsap Public Health Department (KPHD) and Healthy Start Kitsap (HSK) have collaborated extensively with community members to improve risk for Kitsap kids. Their partnership provided the start of a national, evidence-based home visiting program—the Nurse Family Partnership (NFP)—in July of 2012. KPHD and HSK hope to extend their reach to 50 families in the next year, which will meet the needs of an estimated 17% of the 300 families who meet the criteria for NFP enrollment.

Jefferson County Public Health (JCPH) has participated in the NFP program for 14 years and continues to see its positive outcomes in the community. JCPH and KPHD maintain a tradition of exchanging expertise and staff. A JCPH nursing supervisor oversees NFP nurses at KPHD and Port Gamble S'Klallam. This regional team of experts is working daily with high-risk families involved in struggles with the justice system, with addictions, and with mental health problems.

COMMUNITY HEALTH
DEVELOPMENTAL DISABILITIES
MAIN: (360) 385-9400
FAX: (360) 385-9401

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY

ENVIRONMENTAL HEALTH
WATER QUALITY
MAIN: (360) 385-9444
FAX: (360) 379-4487

NFP is based on the highest quality research that supports short and long-term outcomes for **TWO** generations of a family (mother and child). NFP is a prevention and treatment program that **targets** high-risk pregnant women, has the **intensity and duration** needed for lasting positive change, and **starts early** in pregnancy for better birth outcomes (by preventing pre-term births/low birth weight/substance affected infants). NFP has a rigorous **quality assurance** component, which affords communities the confidence to believe that investing in families will lead to improved outcomes.

Please contact me with any questions about Nurse Family Partnership, or about Jefferson County Mental Health and Chemical Dependency fund goals. The Bridge Regional Treatment Team looks forward to a long productive future improving families' lives, one visit at a time.

Jean Baldwin MSN, ARNP



Jefferson County Public Health Director



April 14, 2014

Healthy Start Kitsap
PO Box 3968
Silverdale, WA 98383

The Port Gamble S'Klallam Tribe (PGST) strongly endorses Healthy Start Kitsap's (HSK) partnership in expanding Kitsap Public Health District's (KPHD) proposal to sustain and expand Nurse Family Partnership (NFP) in our region. HSK has been partnering with the KPHD since 2007 to expand nurse home visiting services for low-income families. This partnership provided an enhanced nurse home visiting program for first time, low-income moms where the nurse was able to visit the family from early in the pregnancy until the child's first birthday. This successful program was phased out when the partnership was able to implement the evidence-based NFP program in July of 2012. Currently, HSK, in partnership with the Kitsap Public Health District (KPHD), has the capacity to serve 37 families through the NFP program. However, KPHD hope to extend their reach to 50 families in the next year, meeting the needs of an estimated 17% of the 300 families who meet the criteria for NFP enrollment. Partnering with the KPHD and involving many of our local leaders in healthcare and early learning, HSK has worked to ensure that their efforts are aligned with our County's priorities for community health, including ensuring children and youth receive the support necessary to be healthy throughout life.

As a member of the Bridge Partnership that includes Kitsap Public Health District (KPHD) with JCPH, we hope to create a team of NFP nurse family home visitors that will serve eligible families in Jefferson County, Kitsap County, and on the PGST reservation. PGST is honored to be a part of an early intervention model that has the

ability to facilitate change in the multi-generational cycle of poverty, abuse and/or substance use (tobacco, alcohol and drugs). We believe that this regional approach is a model of effectiveness that will best support low income pregnant women enhancing outcomes for their children.

Thank you so much for your consideration of this outstanding proposal by HSK and KPHD. If you have any questions or need further information in support of improving outcomes for high-risk families by expanding NFP, please contact me at (360) 297-9657 or bethk@pgst.nsn.us.

Sincerely,

A handwritten signature in cursive script that reads "Beth Kelton".

Beth Kelton, M.Ed., LMHC
Family Preservation Program Manager,
Together for Children TMIEC HV Grant Project Manager,
Mental Health Clinical Supervisor and
Mental Health Counselor

Port Gamble S'Klallam Tribe
Children and Family Services
Behavioral Health Division

Healthy Start Kitsap

