

Jefferson County Public Health – Report Performance Measures 2012

FAMILY HEALTH SERVICES

PROGRAMS: Family Health/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 the Family Health Services is to offer education and services to all Jefferson County pregnant women and families with young children as they build a secure foundation for a lifetime of health, learning, and community contribution.

GOALS FOR 2012:

1. Improve pregnancy and birth outcomes by helping women improve prenatal health.
2. Improve children's health, safety, and development by helping parent's provide competent and sensitive caregiving.
3. Assure community health needs are served by monitoring health data and targeting services to respond to these needs.

OBJECTIVES FOR 2012:

1. Provide comprehensive education, risk reduction strategies, and referrals to community services to pregnant women and families focusing on the health risks of: substance use including tobacco, alcohol, drugs, domestic violence; mental illness; and adverse childhood experiences.
2. Increase access to prenatal care in the first trimester by referring and facilitating pregnant women's enrollment in Medicaid and by collaborating with local health care providers to reduce barriers to care for Medicaid eligible pregnant women.
3. Educate pregnant women and families about the benefits of nutrition and wellness through increased breastfeeding, eating more fruits and vegetables, daily exercise, and healthy weight strategies.
4. Screening, education, referrals, and risk reduction strategies will be offered to pregnant and parenting families to prevent shaken baby syndrome/abusive head trauma, sudden infant death syndrome, falls, burns, and other injuries.
5. Educate parents on how to support their infant/child's health, development and learning. Promote and refer to well child care, immunizations, and dental care. Screen for developmental progress using standardized measures and refer to community providers for specialized services.
6. Services will use science based programs and interventions when possible. Nurse Family Partnership will be prioritized as the highest quality evidence based, two generation, prevention program.
7. Maintain contract with Nurse Family Partnership (NFP) National Office for data analysis of program fidelity, quality assurance, and client 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	2012 Actual
Number of comprehensive health screenings completed (includes ACES Questionnaire and Mental Health Screening)	85**	53**	56**	69	77
Number of encounters recorded in KIPHS (home visits, office visits and phone calls) provided in all Family Health programs.	1363	1349	991	821	697
Number of visits provided in NFP			229		323
Number of referrals from NFP to community resources			143		156
Total number of women infants and children served by WIC in Jefferson County (from CIMS report)	881	868	872	825	857
Breastfeeding initiation rate in WIC mothers			94.1%		89%
Breastfeeding at 6 months rate in WIC mothers			58%		57%
Number of children with special health care needs Birth through age 18 referred for Public Health Nurse Case Management.	85	75	66	72	67

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

Study/Analysis of 2012 Results

In 2012, the Family Health Team experienced changes in staffing, clinic offerings, and funding. The departure of lead Public Health Nurse Quen Zorrah from the JCPH Family Health Team led to changes in team staffing and job responsibilities. Quen's opening was replaced with a JCPH PHN; a health educator and newly-hired PHN were trained to provide MSS/ICM services.

Also the Jefferson NFP team experienced an expansion with the formation of a regional NFP team with Port Gamble S'Klallam Tribe and Kitsap Public Health District. The NFP team now consists of five nurses including Yuko Umeda, as nurse supervisor from JCPH. A regional NFP team allows for the implementation of this evidence-based program to an expanded area of shared resources and similar needs. It allows for collaboration of experience and expertise for data collection, data analysis and nursing practice, including reflective supervision. The expansion of the team was partly supported by a grant awarded by the Washington State Home Visiting Services Account (HVSA) administered through Thrive by Five Washington, the state's nonprofit public-private partnership for early learning.

Members of the Family Health Team strive to increase their education and practice in providing services to families through education and training on specific topics including maternal mental health, domestic violence, and breastfeeding/nutrition. They work collaboratively with OB providers, CPS social workers, Family Birth Center, DSHS and other community providers. A JHC social worker is contracted to serve as behavioral health specialist for Family Health team to help ensure access to prenatal care and improve children's health and development. JHC OB providers meet with the family health team monthly.

Health assessments and ACE questionnaires are administered to all Family Health Team clients. JCPH nursing staff have been planers in training on use of the ACE questionnaire to local providers and KPHD nursing staff.

Changes in WIC and Family Health clinic services included returning to weekly (previously bimonthly) WIC clinics in Quilcene due to increased client use and numbers. WIC clinics continue at the Tri-Area Community Center twice a month.

JCPH continues to provide public health nursing services through the Early Family Support Services (EFSS) an Early Intervention Program (EIP) contracts with DCFS. Denis Langlois replaced Quen Zorrah with his 25 years of home visiting experience. State wide changes in the services provided and a possible reduction or elimination of funding for these contracts by DOH were pending during much of the year. At this date (early March 2013) DOH plans to have social workers at DCFS initially respond to EFSS referrals, rather than sending them to the Health department. After 45 days if the family agrees to services, then they may be referred for PHN support. It is not clear how this will impact the number of referrals or number of home visits per year. By the end of 2013 it is anticipated that the EFSS and EIP contracts will no longer be part of JCPH services, but picked up by a network of statewide agencies.

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