ATTACHMENT A

2016 GRANT SUMMARY PAGE

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

Proposal Title: "Improving the Health and Resiliency of High-Risk Mothers and Their Children"

Please Check One ☑ **New Grant Proposal** ☐ **Continuation Grant Proposal**

Proposal Summary: This two tier project has the goal of preventing 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 first tier will deliver an evidenced-based nurse home visiting program (Nurse Family Partnership) to 12 first time, low-income moms and their babies. The second tier will add a bilingual Community Health Worker (CHW) to our Parent Child Health team to provide outreach and case management. This will increase enrollment of high risk, low-income pregnant women into our Maternity Support Services (MSS) program providing more nursing visits and enhanced case management to achieve healthy birth outcomes, support young families to parent successfully, and screen for early identification of mental health and substance abuse problems.

Requested Funds Amount: $ 196,631

Matching/In-kind Funds Amount: $ 1,856,802

Kitsap Public Health District

Agency or Organizational Name

345 6th Street, Suite 300

Street Address

Bremerton WA 98337

City State Zip

Suzanne Plemmons 360-337-5263 suzanne.plemmons@kitsappublichealth.org

Primary Contact Phone E-Mail

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

Federal Tax ID Number: 42-1689063

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

Signature Administrator Title March 7, 2016 Date

KITSAP PUBLIC
HEALTH DISTRICT

Kitsap Public Health Board

Our seven-member Kitsap Public Health Board is our governing body. They have broad legal authority and responsibility to protect the community's health and to enforce a variety of local, state and federal laws and regulations. They select and oversee our leadership, work with us to set our policy and priorities, approve our annual budget and enact health policies through new, local public health regulations when the need arises.

Sarah Blossom
Bainbridge Island City Council
Board member since January 2012

Becky Erickson
Mayor of Poulsbo

Charlotte Garrido
Kitsap County Commissioner, District 2
Board member since January 2009

Robert Gelder
Kitsap County Commissioner, District 1
Board member since April 2011

Patty Lent
Mayor of Bremerton
Board member since January 2010

Rob Putaansuu
Mayor of Port Orchard
Board member since January 2016

Ed Wolfe
Kitsap County Commissioner, District 3
Board member since January 2015

2016 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

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

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited to 15 pages.

1. Organizational Capacity

A. Organizational Governance

KPHD is governed by a Public Health Board ("Board") consisting of seven elected officials – the three County Commissioners, the Mayors of Port Orchard, Bremerton, and Poulsbo, and a City Council person from the City of Bainbridge Island. The Board directly hires the Administrator and the Health Officer. KPHD's Executive Leadership Team (ELT) is comprised of the Administrator, Health Officer, the Directors of Environmental Health and Community Health, and their Assistant Directors.

The Board sets policy and the ELT leads program development based on the policy direction of the Board and the ten year strategic plan that was jointly developed by the Board and KPHD staff. The ELT operates in a participatory fashion by scheduling Program Managers to participate in monthly ELT meetings on a rotating basis. The Program Manager in attendance at the monthly ELT meeting has an equal vote on decisions. Most decisions are made by consensus and in the event consensus is not reached, majority rules.

Monthly ELT meetings provide an excellent venue to share program development and implementation plans and gain cross sector support for the work of all KPHD programs. The ELT develops the agenda for Board meetings creating the opportunity to educate the Board on the value of evidence based programs through presentations at the Board meetings.

The District has 4 full-time staff in the Accounting and Finance Program. The Program Manager is a CPA with over 35 years of financial experience including experience as an independent auditor and 10 years' experience in governmental accounting. Supporting staff include 2.0 FTE Senior Accounting Assistants who perform Payroll and Accounts Payable functions and have over 20 years' experience with the District and a 1.0 FTE Billing Accounting Assistant who has been with the

District for 5 months. The staff member who performs grant billing was trained and continues to have support from the former incumbent, now in Human Resources, who occupied the position for 7 years. In addition, the grants billing employee attends the 8 hour Federal Grants Management course put on by the State Auditor's Office and the Washington Finance Officers Association on an annual basis.

Major internal controls consist of segregation of duties and a second review & approval of transactions. Grant billings are also reviewed and approved by the contract administrator for each grant. For the District's Financial and Single Audit for the year ended 12/31/2014, the Washington State Auditor (SAO) issued an unmodified opinion. There were no significant deficiencies, material weaknesses or issues with non-compliance. SAO made this comment related to accountability, "In the areas we audited, District operations complied with applicable requirements and provided adequate safeguarding of public resources. The District also complied with state laws and regulations and its own policies and procedures in the areas we examined."

B. History of Project Management

KPHD has effectively managed several complex multi-year grants in the last decade across disciplines. Most recently, KPHD has been serving as the lead organization for the Washington State Department of Health, Healthy Communities Obesity, Diabetes, Heart Disease, and Stroke Prevention Program, which is a regional grant consisting of partners from Kitsap, Jefferson, and Clallam Counties. KPHD manages 13 subcontractors, including tribal clinics, public health departments, primary care providers, behavioral health providers, and non-profit agencies to successfully engage 15 strategies in this chronic disease prevention work. KPHD has the fiscal and program management expertise to oversee complicated, multi-sector partnerships.

Another example of successfully managing a multi-year grant is our work with the Washington Health Benefits Exchange (HBE) award in 2013 to be the Lead In-Person Assistor (IPA) organization to enroll uninsured and under insured residents in health insurance plans. We collaborated with Peninsula Community Health Services, Kitsap Mental Health Services, Kitsap Community Resources, Harrison Medical Center, and the Area Agency on Aging to form an IPA network that successfully enrolled 19,515 Kitsap residents in health insurance plans through October 31, 2014. Because of this success we were awarded a subsequent HBE Lead Navigator grant in 2015 to continue enrolling residents in health insurance plans through September 30, 2016.

C. Staffing Capacity

KPHD has a well-qualified and experienced Parent Child Health (PCH) team ready to implement this project. Their names, positions, level of effort, and qualifications are listed below.

- Suzanne Plemmons, MN, RN, PHCNS-BC, Community Health Director will devote 0.05 FTE as Project Director. She has been in her current position for 16 years and successfully implemented many prevention and early intervention programs in her division.

- Jan Wendt, RN, BSN, Nancy Acosta, RN, BSN, and Mindi Outhwaite, RN, BSN are trained NFP nurse home visitors that work a combined 2.1 FTE. They each have over three years of experience delivering NFP services. Mindi is also a certified lactation consultant.

- Yuko Umeda, RN, BSN is a trained NFP supervisor with 16 years of NFP experience. She is contracted from Jefferson County Public Health to supervise the Kitsap NFP nurse home visitors. She provides one hour of one-to-one reflective supervision to each nurse weekly plus conducts biweekly case conferences and NFP team meetings.

- Karina Mazur, RN, BSN, Tina Davis-Munn, RN, BSN, and Laura Dallmann, RN, BSN work as Maternity Support Services (MSS) public health nurse home visitors for a combined 3.0 FTE delivering prenatal and postpartum education and support to low income pregnant women. Tina has over 25 years of experience delivering MSS services, Karina has over 3 years, and Laura has 1.5 years with MSS and 2 years of experience as a bilingual (English-Spanish) NFP nurse in Minnesota.

- Linda Tourigny, MSN, RN, APHN-BC, IBCLC is a 1.0 FTE Public Health Nurse Supervisor who directly supervises the MSS and NFP public health nursing staff. Linda is a Pediatric Nurse Practitioner and a certified lactation consultant with over 40 years of nursing experience.

- Lynn Phillips, MS, LMFT is working 0.8 FTE as a Behavioral Health Specialist in our MSS program providing crisis intervention and brief therapy. Lynn has 25 years of experience as a Licensed Marriage and Family Therapist.

- Rachel Parsons, Registered Dietician Consultant is on contract to provide nutrition consultation to MSS clients. She has 24 years of experience providing nutrition consultation to WIC.

- Nicola Marsden-Haug, MPH is an epidemiologist with 16 years of public health data analysis experience. She will be working on the project at 0.05 FTE to analyze our outcome data.

- Lori Werdall, Secretary-Clerk 3 is working 0.8 FTE to provide administrative support to the entire PCH team. Lori has 38 years of experience and has expertise in creating data reports.

- New 1.0 FTE bilingual (English-Spanish) Community Health Worker (CHW) will be recruited to provide outreach and case management support to MSS and NFP families. We will give hiring preference to someone who can also speak Mam and is a member of the Guatemalan/Mexican community.

All of the nursing staff listed have had training in infant mental health, maternal depression, Adverse Childhood Experiences (ACEs), identifying substance abuse, domestic violence, and motivational interviewing. They are experienced with administering standardized screening tools for ACEs and depression and are experts with linking clients to treatment sources. Our 2013 – 2014 MSS and NFP Client Visits and Outcomes Report documents that 77% of the clients we served had an identified mental health problem and 47% had a substance use problem. Clients showed a statistically significant improvement in knowledge, behavior, and status for the problem of mental health from admission to discharge and a statistically significant improvement in knowledge for the problem of substance use. This clearly supports the benefit of our nurse home visiting programs in early identification and intervention of mental health and substance use problems.

2. Community Needs and Benefit

A. Needs Assessment

The Kitsap Public Health District's (KPHD) Parent Child Health (PCH) Program serves pregnant women and new mothers who meet low-income requirements under the Maternity Support Services (MSS) and Nurse Family Partnership (NFP) programs. NFP is an evidence based, nationally recognized program that promotes healthy pregnancy outcomes. Prevention and early intervention, particularly for mental health and substance abuse, are the critical essentials of the NFP. Women must enroll in NFP prior to their 26th week of pregnancy and can receive services until the baby turns 2 years old. MSS is a shorter-term preventive health and education program to help women have healthy pregnancies and babies. Ideally, women will enroll in MSS as early in pregnancy as possible, but services may begin either prenatally or during the postpartum period; services can be provided through the end of the month of the 60th day following the end of the pregnancy.

Kitsap County has an average of nearly 3,000 births per year, approximately 38% of which are to low-income mothers. In 2014, there were 337 births to low income, first time, civilian mothers, who would theoretically meet the eligibility criteria for the NFP. The KPHD NFP currently has the capacity to serve only 50 mothers and babies. NFP services for 12 of these mothers and babies are funded by Healthy Start Kitsap (HSK). HSK receives funding for this purpose from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs and subcontracts with KPHD to provide the NFP nurse home visits. HSK is dissolving as a non-profit at the end of 2016 and will not be applying for funding to continue serving these clients through their graduation which will begin occurring in late 2016 and continue through 2017.

The KPHD MSS program does not have a set capacity, but rather follows up on all referrals to enroll clients. Between 2011 and 2015, KPHD received an average of 1,335 referrals per year; of these, generally 22% (291) clients accepted and were opened to services.

We are seeing a growing need to provide services to Spanish speaking women. Our MSS data show that only 9% of our clients were Spanish-speaking in 2010, but this grew to 13% in 2013-14. In certain census tracts, particularly in the Bremerton area, about 13% of referrals in 2015 were for non-English (primarily Spanish) speaking clients. County-wide about 3% of the population over 5 years old speaks Spanish as their primary language at home; though in Bremerton it is 6%. While the county population increased 11% between 2000 and 2014, the Hispanic population increased 80% and now accounts for 7% of the population. During the same timeframe, the county's child population (0-4 year olds) declined 2%, but among Hispanics there was a 65% increase such that they now account for 14% of children aged 0-4 years. Hispanics also made up 9% of women of child-bearing age (15-44 years) in Kitsap County during 2014, and 10% (302) of all births were to Hispanic women. Of births to low-income Hispanics, 56% of the women were born in Spanish-speaking countries thus Spanish is likely their primary language.

Annual assessments of Kitsap County data have repeatedly identified serious community health concerns related to pregnancy, births, and the needs, priorities, and lives of low-income families with young children. Our data illustrate that low-income mothers are more likely to be unmarried, have lower educational status, smoke during pregnancy, and have low birth weight babies as compared to higher income women. Furthermore, they show that prenatal factors and birth outcomes tend to be worse for Spanish-speaking low-income moms.

The prenatal period is an important time for counseling women on interventions such as smoking cessation, appropriate nutrition, and other strategies to improve pregnancy outcomes. However, civilian women seeking prenatal care (PNC) in the

first trimester of pregnancy declined from 80% in 1998 to a low of 71% in 2009. While there was a moderate increase to 76% in 2014, there is still room for tremendous improvement, since a quarter of these pregnant women are not getting care during the first trimester. The county continues to fall short of Washington State (80% in 2014) as it has historically. Furthermore, average rates of PNC initiation in the first trimester from 2004-2014 are significantly lower among women who are on Medicaid (52%) as compared to non-Medicaid women (77%) in Kitsap County. The same trend is true for Washington State, though the statewide rates are higher (61% and 82%, respectively). Even among Medicaid recipients, there are differential rates of first trimester initiation; women on TANF coverage (i.e., very low income women) have even lower rates than higher income women who are eligible solely because of pregnancy, and undocumented women have the lowest rates. These differences beg the question of whether there are health-seeking behavior differences among low income women and emphasize the importance of interventions, such as NFP and MSS, that are targeted toward this population. Similarly, targeting Spanish-speaking low-income women appears that it would be beneficial too since the rate of first trimester PNC initiation for low-income moms who were born in Spanish-speaking countries is only 54%.

There has been a statistically significant increase in the proportion of low birth weight infant births in Kitsap County between 2000 and 2014. During 2014, 5.1% of singleton infants born to non-military (civilian) women were low birth weight. When limited to just the low-income civilian women, the proportion was even higher, at 6.0%. This proportion increased to 8% among low-income moms who were born in Spanish-speaking countries.

Civilian births paid by Medicaid increased from 38% in 1998 to 45% in 2011, and then dropped slightly to 41% in 2014. The proportion of pregnant women qualifying for and receiving Medicaid funding to cover their maternity care is also an important measure of poverty in a community, since Medicaid pays only for those who have an income at or below 185% of the federal poverty level. With the proportion in the 40% range, this amounts to more than 1 in 3 babies of civilian women being born into poverty.

In the county as a whole, the proportion of residents living below 100% of poverty increased from 9% in 1998 to 11% in 2014. Women and children tend to be disproportionately affected; an estimated 12% of females and 23% of children under 5 years old in Kitsap County were living in poverty in 2014. Poverty varies across the county, with higher proportions in the Bremerton region where 1 in 3 children under age 5 years and 1 in 4 school-age children is living in poverty.

Even without poverty, there are challenges in raising children as a single parent. During 2014, approximately 18% of children under the age of 18 years were estimated to be living in single parent households. The vast majority of these single parent households in 2014 are run by single mothers (79%), and account for 14.5% of all children in the county. Among 2014 civilian births overall, only 18.5% of mothers were unmarried; however when limited to just low-income women, the proportion of unmarried mothers was dramatically higher at 63.4%.

Furthermore, low-income mothers are substantially more likely to have lower educational levels than higher income mothers. In 2014, 22% of Medicaid-paid civilian births were to women with less than a high school education; less than half (48%) of these low-income moms had more than a high school education. When further limited to low-income mothers who were born in Spanish-speaking countries, only 16% had completed more than high school. In contrast, only 3% of civilian women who had non-Medicaid paid births (i.e., higher income women) had less than a high school education and 82% had more than a high school education.

Smoking rates during pregnancy also differ substantially by income level. Smoking can cause problems with the placenta and is associated with an increased risk of miscarriage, premature birth, low birth weight babies, Sudden Infant Death Syndrome (SIDS), and certain types of birth defects. During 2013, 12% of civilian pregnant women in Kitsap County smoked during their pregnancy, but in 2014 we saw a drop to 8%, which was for the first time in many years lower rate than the state rate. While the decline in Kitsap seems to be a positive improvement, there is some concern that cigarette use may be being replaced by other substance use (i.e., E-cigarette use) as seen among teens, but this is currently under investigation. Despite the overall drop in 2014, there was still a big difference by income level, with 12% of low-income civilian women reporting smoking during pregnancy, but only 5% of higher income women. Women who smoke during pregnancy are more likely to be civilian, low-income, unmarried, young (less than 24 years), and have a lower level of education.

Data from KPHD's NFP and MSS programs further illustrates the challenges that low-income, first time mothers experience. The nurse home visitors are required to screen and assess the mothers for the presence of a range of inter-related health problems, including Adverse Childhood Experiences (ACEs) and approximately 15 other categories of current problems (such as income, mental health, caretaking/parenting, substance use, family planning, etc.). ACEs are defined as physical, psychological, or sexual abuse, physical or emotional neglect, and household dysfunction, i.e., substance abuse, parental discord (divorce, separation,

and abandonment), mental illness, maternal violence, or an incarcerated family member. There is a growing body of evidence that ACEs are linked to poor health outcomes later in life.

ACEs assessments were conducted on 12 of 17 NFP clients and 286 of 635 MSS clients closed in the 2013-2014 period. ACEs are scored according to a standardized scale, ranging from 0 (none) to 10 (maximum). A lower score is ideal as it indicates that a person had fewer adverse experiences during their childhood. More than half (58%) of the NFP clients had 3 or more ACEs and the mean ACEs score was 4.2. In the MSS program, 51% had 3 or more ACEs and the mean score was 3.1; however, those enrolled in the higher need service levels of MSS were statistically more likely to have 3 or more ACEs than clients who were enrolled in lower service levels. These data from both the NFP and MSS programs illustrate that ACEs are quite pervasive among low-income women, especially when compared to the general Kitsap County population, where the prevalence of having 3 or more ACEs is much lower at only 28% of adults.

In addition to a high prevalence of ACEs, clients often have multiple behavioral and mental health issues. The NFP clients closed during 2013-14 had an average of 7.6 specifically identified problems, while MSS clients had 4.8 problems on average. After income, mental health was the second most commonly identified problem among both NFP clients (88%) and MSS clients (77%). Caretaking/parenting and substance abuse ranked fourth and fifth, respectively; each were identified among 71% of NFP clients, though for MSS clients, 59% had the former and 47% the latter.

When a problem is assessed, clients are given a rating on a scale of 1 (high severity) to 5 (low severity) within each of three categories: Knowledge (K), Behavior (B), and Status (S). Since problems are assessed multiple times throughout the client's participation in the 2-year NFP program and often at least few times during the shorter-term MSS program, it is possible to compare the degree of change between the average initial and final KBS scores by problem type. NFP and MSS clients showed statistically significant improvements in knowledge of mental health, illustrating the benefits that this intervention program provides. Both NFP and MSS clients also showed statistically significant knowledge gains in the area of caretaking/parenting. While the numbers were too small in the NFP program to analyze substance abuse KBS changes, the MSS clients showed a statistically significant increase in knowledge about substance abuse.

Interventions for mental and behavioral health issues among parents are of great importance for children living in the homes and preventing ACEs among the next generations. Already, there are too many children facing abuse or neglect. The rate

of accepted referrals for child abuse and neglect in Kitsap County had been declining from 2000 to 2006, but has remained statistically unchanged since then, averaging 32.6 per 1,000 in the past 5 years. The countywide rate is similar to the Washington State average of 33.1 per 1,000. Between fiscal year 2004-05 and 2013-14, an annual average of 420 Kitsap County children aged 0-17 per year received foster care placement services due to abuse, neglect, and/or involvement in family conflict. The rate of placement services in Kitsap County has historically been slightly above that of the state, though both have declined slightly over the past 10 years; in 2013-14 both rates were 0.6 per 100 children aged 0-17 years.

B. Link between Community Need and Strategic Plan

The needs assessment along with our "2013 – 2014 MSS and NFP Client Visits and Outcomes Report" findings clearly demonstrate the presence of mental health and substance use problems among low income pregnant and parenting women. These women also have high ACE scores putting them at greater risk for substance use and mental health problems. The 2014 Kitsap County Behavioral Health Strategic Goals document identifies a gap in behavioral health prevention and early intervention services and recommends expanding evidence based mental health and substance abuse early prevention and early intervention parent programs, specifically naming NFP. The project we propose will specifically address the two strategic goals listed below.

- Goal 1: Improve the health status and well-being of Kitsap County residents.
- Goal 2: Reduce the incident and severity of chemical dependency and/or mental health disorders in adults and youth.

The "Improving the Health and Resiliency of High-Risk Mothers and Their Children" project takes a two tiered approach to helping young parents develop the researched based protective factors *(The Center for the Study of Social Policy)* of parental resilience, social connections, knowledge of parenting and child development, and concrete help in times of need. Parents are more likely to achieve healthy, favorable outcomes if they can manage stress and function well even when faced with challenges, adversity, and trauma. The two tiered approach described below will foster effective stress management and lead to favorable life course outcomes.

The first tier of the project focuses on serving low income, first time moms. It proposes to continue providing NFP services to the 12 families already supported by Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs funds awarded to HSK for the 2014 – 2015 and 2015 – 2016 grant years. HSK will be dissolving in late 2016 and will not be applying for ongoing funding to provide

NFP services to these 12 families. Continued funding through this application for the 0.5 FTE nurse home visitor serving these families will allow the moms to graduate from the NFP program starting in late 2016 through the end of 2017. As these NFP moms graduate we will enroll new clients to maximize service capacity.

NFP (www.nursefamilypartnership.org) is an evidence based program serving low income, first time moms from early in pregnancy until the child's second birthday. It has been studied for over 35 years with consistent positive outcomes that improve the life course of both the mom and the child. The goals of NFP are to 1) improve pregnancy outcomes by helping women engage in good preventive health practices; 2) improve child health and development by helping parents provide competent care; and 3) improve family economic self-sufficiency by helping parents continue their education and find work. The proven interventions provided by the nurse home visitor mitigate the effects of ACEs and contribute to building the protective factors of parental resilience, establishing social connections, knowledge of parenting and child development, and learning how to access concrete help in times of need.

The second tier of the project focuses on enrolling more high risk, low income pregnant women into our First Steps MSS program (http://www.hca.wa.gov/medicaid/firststeps/Pages/mss.aspx) and offering enhanced case management services to assure they are able to overcome barriers they face in following through with referrals for health care and social services. We propose to do this by adding a bilingual (English-Spanish) Community Health Worker (CHW) to our PCH team of six registered nurses, one behavioral health specialist, and one registered dietician.

Our MSS program provides prenatal and postpartum nursing assessments which include depression and ACEs screening, health and parenting education, referrals to community resources, case management, and brief counseling. Of the MSS clients we served in 2013 and 2014, 51% had an ACE score greater than 3; 77% had identified mental health problems; and 47% had identified substance use problems. We are currently serving approximately 22% of those eligible for MSS services in Kitsap County and know that many others could benefit from MSS support if we can reach them.

Adding a bilingual CHW to our PCH team will allow us to provide early intervention nursing service to more low income, pregnant women by expanding our outreach efforts to enroll more eligible women and freeing up nursing time spent on case management activities that can be done by a CHW. A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the

community to facilitate access to services and improve the quality and cultural competence of service delivery. (APHA, 2009)

Studies have been conducted by researchers at Michigan State University addressing mental health and stress in Medicaid insured pregnant women. Findings demonstrated that a Nurse-CHW home visiting team resulted in increased numbers of women accepting MSS services, especially those with mental-health related problems. These studies further found that a Nurse-CHW team home visiting intervention was more effective in alleviating perinatal depressive symptoms and ameliorating stress in low income women than nursing visits alone. These results may be due to the complementary skills of the nurse and the CHW. Nurse home visitors have extensive knowledge and skills to address the complex, interrelated physical and mental health consequences of stress in low income pregnant women and a CHW is a trusted member of the community who can reach women who are fearful of professionals, experience language or cultural barriers to care, or are engaged in risk behaviors (Roman, et al, Public Health Nursing, May/June 2007).

Nurses now spend many hours helping clients make appointments for health care, arranging transportation, and linking them to other needed services such as housing, food banks, legal assistance, etc. These essential tasks can easily be done by a CHW who can work with both English and Spanish speakers freeing up valuable nursing time to serve more clients. The CHW will work in partnership with the nursing staff to provide case management and social support to MSS and NFP clients.

3. Project Description

A. Project Design and Evaluation

The proposed "Improving the Health and Resiliency of High-Risk Mothers and Their Children" project has a two tier design that will provide prevention and early intervention nursing and CHW services to low-income pregnant and parenting families. The first tier will provide NFP services to 12 low-income, first time moms and their babies. The second tier will add a CHW to our PCH team to work collaboratively with nursing staff to increase MSS enrollment and provide enhanced case management and social support services allowing us to serve an additional 109 MSS clients during the project period. The project goal, activities, and measurable objectives which will be used for evaluation are detailed on the Evaluation Worksheet (Attachment D).

The timeline for implementing the project is as follows:

- We are currently providing NFP services to the 12 low-income women funded by Healthy Start Kitsap with the funds they were awarded by the Kitsap Mental

Health, Chemical Dependency & Therapeutic Court Programs for the period of July 1, 2015 through June 30, 2016. We would continue serving these families on July 1, 2016 and plan to fill openings created by these clients graduating from NFP when their child turns two years whenever these openings occur.

- We will begin recruiting for a bilingual CHW as soon as we receive notification of the funding award with a target hiring date of July 15, 2016. Job orientation and an outreach plan will be completed August 31, 2016 with the goal of having the CHW beginning outreach activities and working collaboratively with the nurses to provide case management services to MSS clients by September 1, 2016.

Data collection for evaluation be accomplished through documentation by nurses and the CHW in our electronic health record as services are provided. Data reports will be produced quarterly and reviewed by the PCH team as part of our continuous quality improvement efforts to assure we are on track to meet project outcomes. More detailed data analysis on our outcome measures be will be done by our epidemiologist quarterly.

B. Community Collaboration, Integration and Collective Impact

KPHD has a long history of partnering with existing home visiting programs to assure clients are linked to the service that best meets their needs. We have an effective communication network with our local Early Head Start, Head Start, ECAEP, and Parent - Child Assistance Programs and regularly refer back and forth between programs. Our participation in our regional Olympic Kitsap Peninsulas Early Learning Coalition (OKPELC) provides an opportunity for home visiting programs to communicate on a regular basis at monthly meetings. OKPELC also sponsors an annual home visiting summit that provides an excellent venue for coordination among home visiting programs as well as exceptional educational presentations.

KPHD is a charter member and actively participates in the Olympic Kitsap Peninsulas Early Leaning Coalition (OKPELC) which is dedicated to raising public awareness and support for early care and education of children and to expanding early learning services for families.

KPHD works in partnership with the Olympic Educational Service District 114 Early Head Start (EHS) program by providing nurse consultation to EHS home visitors that work out of the KPHD office.

KPHD partners with Harrison Medical Center, Kitsap Community Resources WIC, Peninsula Community Health Services, and the Kitsap County Breastfeeding Coalition to provide weekly New Parent Support Drop-In Sessions and a Bilingual Breastfeeding Support Group at two locations in Kitsap County.

KPHD serves on the Steering Committee of Kitsap Strong, a collective impact initiative to prevent and mitigate the effects of adverse childhood experiences (ACEs) and build family and community resiliency.

KPHD serves on the Kitsap County Commission on Children and Youth which is an appointed body of the Kitsap County Commissioners. The charge of the Commission on Children and Youth is to advise the County Commissioners and residents on the needs of children, youth and families based on periodic assessments; facilitate coordination of information among agencies to maximize resources; and advocate for an environment that fosters healthy, self-sufficient, responsible and productive children, youth and families.

KPHD is also a major partner in the collective impact efforts taking place in Kitsap County to prevent and mitigate the effects of adverse childhood experiences (ACEs) and build resiliency. NFP has been locally endorsed as an effective intervention to prevent ACEs and build resiliency.

KPHD is a member of the Bridge NFP partnership which was formed in 2012 to bring NFP to Kitsap County. We partner with Jefferson County Public Health and the Port Gamble S'Klallam tribe to provide regional NFP services and create efficiency by sharing one NFP nurse supervisor.

This network of community providers serving children birth to five years creates collective impact by providing a continuum of home visiting, child care, early learning, and social services to best meet individual family needs. These organizations are aligned with the common agenda of creating conditions that foster parental and child resiliency through diverse but complementary services. The project we are proposing will add to this collective effort by serving more families in both our MSS and NFP programs.

4. Project Financial Feasibility

A. Budget Narrative

The requested project funds of $193,631 will support:

- 0.5 FTE NFP nurse visitor for 18 months to serve 12 first time, low-income moms and their babies (current Healthy Start Kitsap funding for this position will end June 30, 2016)

- 1.0 FTE Bilingual Community Health Worker (new position) for 18 months to provide outreach and case management services that will allow us to increase our MSS program enrollment by 109 women and increase the number of nursing visits by 10% (N=150)

- Professional continuing education for MSS and NFP staff in the areas of maternal and infant mental health, ACEs, domestic violence, perinatal health, and required NFP training

- Ten percent allowable indirect costs

B. Additional Resources and Sustainability

The additional $1,856,802 supporting this project are funds coming to our PCH and NFP programs from a variety of sources that include: Thrive Washington grant through Jefferson County Public Health, MSS funding from the Washington Health Care Authority (HCA), federal Maternal Child Health Block Grant funds through the Washington State Department of Health, state funding for public health, and local public health governmental contributions.

Implementing an evidence-based nurse home visiting program is called out as a strategy in the KPHD ten year strategic plan (2011 – 2021) to meet our goal of promoting healthy child development and health equity by ensuring all children have healthy starts. This assures that NFP will be a funding priority for KPHD for the next five years.

KPHD is confident in receiving ongoing regional partnership funding from Jefferson County Public Health as long as they continue to receive Thrive Washington Cohort 4 funding. We will continue to seek out every funding opportunity to support NFP to reach our longer term goal of having our own NFP supervisor and a team of four NFP nurse home visitors.

The HCA is applying to the Centers for Medicaid and Medicare Services (CMS) for a Medicaid 1115 Waiver that will fund prevention projects outside of traditional health care. NFP is one of the projects being considered for inclusion by HCA on the list of Medicaid Transformation Projects in our state. NFP is well aligned with federal Medicaid objectives and when coordinated with the client's medical home increases the efficiency and quality of care a client receives. If the waiver is approved, it is likely that NFP will be on the approved project list because the program has been proven effective at reducing Medicaid costs while improving client health. When this happens NFP will be become billable to Medicaid which will be a big step toward ensuring program sustainability. Implementation will likely occur by 2018.

With reimbursement for health care shifting to paying for outcomes rather than treatments and procedures it is hoped that managed care organizations will see the value in paying for programs such as MSS which promote healthy birth outcomes and early identification of maternal mental health problems. We will continue working with public health partners to advocate on a state level for this preventive health care coverage at a level needed to cover the full cost of delivering MSS services.

EVALUATION WORKSHEET

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G.TARGET	H. RESULTS Continuation grants	I. SOURE	J. BH Strategic Plan 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.	Provide continuing NFP home visits to 12 low-income, first-time mothers and infants who were originally funded for services by Healthy Start Kitsap	Funded case load of 12 mothers and infants will be maintained through December 31, 2017.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem	☐Short ☒Medium ☐Long Start date: July 1, 2016 Frequency: Measured quarterly to track progress toward meeting objective	0, as of 6/30/14; 12, as of 6/30/16 ☒ Assessment of need	12 mothers and 12 infants	Click here to enter text.	Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database	1 & 2
	Provide bilingual CHW targeted outreach to increase enrollment of high risk low-income pregnant women into MSS	Enrollment of clients referred to MSS will increase from 22% (N=291) to 30% (N=400) by December 31, 2017.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem	☐Short ☒Medium ☐Long Start date: October 1, 2016 Frequency: Measured quarterly to track progress toward meeting objective	22% per year between 2011 - 2015 ☒ Assessment of need	30% increase in MSS enrollment (N=109)	Click here to enter text.	NN Electronic Health Record	1 & 2
	Provide Bilingual CHW case management to high risk MSS and NFP clients freeing up professional nursing and behavioral health specialist (BHS) time to provide more nursing and BHS visits	Increase the number of nursing and BHS visits by 10% (N=150) by December 31, 2017.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem	☐Short ☒Medium ☐Long Start date: September 1, 2016 Frequency: Measured quarterly to track progress toward meeting objective	1004 average number of nursing visits per year in 2013 & 2014 ☒ Assessment of need	N=1656 visits to MSS clients between 7/1/2016 – 12/31/2017	Click here to enter text.	NN Electronic Health Record	1 & 2

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G.TARGET	H. RESULTS Continuation grants	I. SOURE	J. BH Strategic Plan 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. (Continued)	Provide ACEs screening and education to NFP clients who voluntarily accept screening	95-100% of NFP clients with an identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services	☐Output ☐Outcome: Participant satisfaction ☒Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem (status)	☐Short ☐Medium ☒Long	2013-2014 93%	95-100%	Click here to enter text.	NN Electronic Health Record	1 & 2
	Offer referral to MSS Behavioral Health Specialist to all NFP clients with ACE score of ≥ 3								
	Screen all NFP clients for anxiety and depression and refer those showing risk factors			Start date: 7/1/16	☒ Assessment of need				
	Provide all NFP clients education on perinatal mood disorders and when to seek help			Frequency: Measured 12/31/2017					
	Screen all NFP clients for substance use and refer those screening positive for appropriate diagnostic and treatment services	95-100% of NFP clients with an identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services	☐Output ☐Outcome: Participant satisfaction ☒Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem (status)	☐Short ☐Medium ☒Long	2013-2014 100%	95-100%	Click here to enter text.	NN Electronic Health Record	1 & 2
	Provide all NFP clients education on the harmful effects of substance use during pregnancy			Start date: 7/1/16	☒ Assessment of need				
				Frequency: Measured 12/31/17					

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G.TARGET	H. RESULTS Continuation grants	I. SOURE	J. BH Strategic Plan 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. (Continued)	Provide all NFP clients with education on parenting, child growth and development, and parental emotional well-being and stress management Link NFP clients to community resources	80% or more of NFP clients with an parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services	☐Output ☐Outcome: Participant satisfaction ☒Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem (status)	☐Short ☐Medium ☒Long Start date: 7/1/16 Frequency: 12/31/2017	2013-2014 67% ☒ Assessment of need	80% or greater	Click here to enter text.	NN Electronic Health Record	1 & 2

ATTACHMENT E

Total Agency or Departmental Budget Form

Agency Name: Kitsap Public Health District

Project: Improving the Health and Resiliency of High-Risk Mothers and Their Children

☐ Accrual ☑ Cash

AGENCY REVENUE AND EXPENSES	2014 Actual	2014 Percent	2015 (DRAFT) Actual	2015 (DRAFT) Percent	2016 Budget	2016 Percent
AGENCY REVENUE						
Federal Revenue (Direct & Indirect)	$ 1,537,250	15%	$ 1,589,725	15%	$ 1,774,418	16%
WA State Revenue (excluding Fee for Service included in Agency Revenue below)	$ 2,226,314	21%	$ 2,129,399	21%	$ 2,492,158	22%
Local Revenue (excluding Fee for Service included in Agency Revenue below)	$ 1,368,591	13%	$ 1,417,351	14%	$ 1,442,451	13%
Private Funding Revenue	$ 78,496	1%	$ 101,419	1%	$ 411,162	4%
Agency Revenue (Fees)	$ 5,200,977	50%	$ 5,057,848	49%	$ 5,274,783	46%
Miscellaneous Revenue	$ 25,347	0%	$ 44,892	0%	$ 24,830	0%
Total Agency Revenue (A)	**$ 10,436,975**		**$ 10,340,634**		**$ 11,419,802**	
AGENCY EXPENSES						
Personnel						
Managers*	$ 1,516,790	15%	$ 1,630,203	15%	$ 1,621,930	14%
Staff*	$ 4,595,442	46%	$ 4,758,944	44%	$ 5,253,100	44%
Total Benefits*	$ 1,893,057	19%	$ 2,063,328	19%	$ 2,411,350	20%
Subtotal	**$ 8,005,289**	**79%**	**$ 8,452,475**	**78%**	**$ 9,286,380**	**77%**
Supplies/Equipment						
Equipment	$ 7,269	0%	$ 13,794	0%	$ 4,900	0%
Office Supplies	$ 213,853	2%	$ 262,017	2%	$ 239,347	2%
Other (Describe) **Computer Software & Hardware**	$ 185,560	2%	$ 41,776	0%	$ 34,600	0%
Subtotal	**$ 406,682**	**4%**	**$ 317,587**	**3%**	**$ 278,847**	**2%**
Administration						
Advertising/Marketing	$ 8,459	0%	$ 14,679	0%	$ 10,000	0%
Audit/Accounting	$ 26,571	0%	$ 23,519	0%	$ 27,200	0%
Communication	$ 150,228	1%	$ 157,137	1%	$ 182,898	2%
Insurance/Bonds	$ 93,962	1%	$ 99,653	1%	$ 101,267	1%
Postage/Printing **(included in Office Supplies)**	$ -	0%	$ -	0%	$ -	0%
Training/Travel/Transportation	$ 158,469	2%	$ 192,208	2%	$ 176,251	1%
% Indirect	$ -	0%	$ -	0%	$ -	0%
Other (Describe) Miscellaneous **(includes memberships, subscriptions, etc)**	$ 53,282	1%	$ 109,116	1%	$ 68,351	1%
Other (Describe) **Profession & Legal Services**	$ 390,036	4%	$ 595,975	6%	$ 1,016,153	8%
Subtotal	**$ 881,007**	**9%**	**$ 1,192,287**	**11%**	**$ 1,582,120**	**13%**
Ongoing Operations and Maintenance						
Janitorial Service	$ -	0%	$ -	0%	$ -	0%
Maintenance Contracts	$ -	0%	$ -	0%	$ -	0%
Maintenance of Existing Landscaping	$ -	0%	$ -	0%	$ -	0%
Repair of Equipment and Property (**includes Software Maintenance**)	$ 96,592	1%	$ 112,002	1%	$ 149,328	1%
Utilities	$ 1,256	0%	$ 1,308	0%	$ 1,345	0%
Other (Describe) **Condominium Operations & Maintenance**	$ 275,249	3%	$ 291,817	3%	$ 307,485	3%
Other (Describe) **Rents & Leases**	$ 60,587	1%	$ 52,591	0%	$ 47,218	0%
Other (Describe)	$ -	0%	$ -	0%	$ -	0%
Subtotal	**$ 433,684**	**4%**	**$ 457,718**	**4%**	**$ 505,376**	**4%**
Other Costs						
Debt Service - **Mortgage Principal & Interest**	$ 288,200	3%	$ 305,256	3%	$ 300,750	3%
Other (Describe) **Capital Equipment, Software & Hardware**	$ 57,948	1%	$ 70,359	1%	$ 34,000	0%
Subtotal	**$ 346,148**	**3%**	**$ 375,615**	**3%**	**$ 334,750**	**3%**
Total Direct Expenses	**$ 10,072,810**		**$ 10,795,682**		**$ 11,987,473**	

NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail. *see tab for Agency Labor Summary for line items larger than 10% (all labor costs)

Kitsap Public Health District
Agency Salary Summary

Description	2014 Actual	2015 Actual	2016 Budget
Number Of Manager FTEs	14.8	13.8	16.0
Number of Clerical FTEs	24.5	24.5	23.4
Number of Professional FTEs	60.4	64.5	61.8
Total FTEs	**99.7**	**102.8**	**101.2**
Salary Information			
Administrator Salary	125,372	133,020	133,020
Other Manager Salaries	1,391,635	1,496,936	1,488,910
Staff Salaries (Clerical & Professional)	4,595,225	4,759,191	5,253,100
Total Salaries	**6,112,232**	**6,389,147**	**6,875,030**
Benefit Information			
Total Payroll Taxes	456,816	474,682	564,119
Total Cost of Benefits	882,342	946,439	1,100,553
Total Cost of Retirement	553,899	642,207	746,678
Total Benefit Costs	**1,893,057**	**2,063,328**	**2,411,350**

Proof to A-2	-	0	-

Special Project Budget Form

Agency Name: Kitsap Public Health District

Project: Improving the Health and Resiliency of High-Risk Mothers and Their Children

July 1, 2016 - December 31, 2017 (18 Months)

Enter the estimated costs assoicated with your project/program	Total Funds Budget	Total Funds Percent	Requested Funds Budget	Requested Funds Percent	Other Funds Budget	Other Funds Percent
Personnel						
Managers	$ 45,350	2%	$ -	0%	$ 45,350	2%
Staff **(Includes Nurse Supervisor)**	$ 796,982	39%	$ 123,766	64%	$ 673,216	37%
Total Benefits	$ 270,719	13%	$ 48,512	25%	$ 222,207	12%
SUBTOTAL	**$ 1,113,050**	**55%**	**$ 172,278**	**89%**	**$ 940,772**	**51%**
Supplies & Equipment						
Equipment	$ -	0%	$ -	0%	$ -	0%
Office Supplies	$ 13,500	1%	$ -	0%	$ 13,500	1%
Other (Describe) **Computer Software & Hardware**	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ 13,500**	**1%**	**$ -**	**0%**	**$ 13,500**	**1%**
Administration						
Advertising/Marketing	$ -	0%	$ -	0%	$ -	0%
Audit/Accounting	$ -	0%	$ -	0%	$ -	0%
Communication	$ 12,740	1%	$ -	0%	$ 12,740	1%
Insurance/Bonds	$ -	0%	$ -	0%	$ -	0%
Postage/Printing **(included in Office Supplies)**	$ -	0%	$ -	0%	$ -	0%
Training/Travel/Transportation	$ 53,631	3%	$ 3,750	2%	$ 49,881	3%
10% Indirect	$ 635,690	31%	$ 17,603	9%	$ 618,087	34%
Other (Describe) Miscellaneous **(includes memberships, subscriptions, etc)**	$ 2,100	0%	$ -	0%	$ 2,100	0%
Other (Describe) **Profession & Legal Services**	$ 121,884	6%	$ -	0%	$ 121,884	7%
SUBTOTAL	**$ 826,044**	**41%**	**$ 21,353**	**11%**	**$ 804,691**	**44%**
Ongoing Operations & Maintenance						
Janitorial Service	$ -	0%	$ -	0%	$ -	0%
Maintenance Contracts	$ -	0%	$ -	0%	$ -	0%
Maintenance of Existing Landscaping	$ -	0%	$ -	0%	$ -	0%
Repair of Equipment and Property **(includes Software Maintenance)**	$ 20,804	1%	$ -	0%	$ 20,804	1%
Utilities	$ -	0%	$ -	0%	$ -	0%
Other (Describe) **Condominium Operations & Maintenance**	$ 56,508	3%	$ -	0%	$ 56,508	3%
Other (Describe) **Rents & Leases**	$ 2,925	0%	$ -	0%	$ 2,925	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ 80,237**	**4%**	**$ -**	**0%**	**$ 80,237**	**4%**
Other						
Debt Service - **Mortgage Principal & Interest**	$ -	0%	$ -	0%	$ -	0%
Other (Describe) **Capital Equipment, Software & Hardware**	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Total Project Budget	**$ 2,032,830**		**$ 193,631**		**$ 1,839,199**	

NOTE: Indirect is limited to 10%

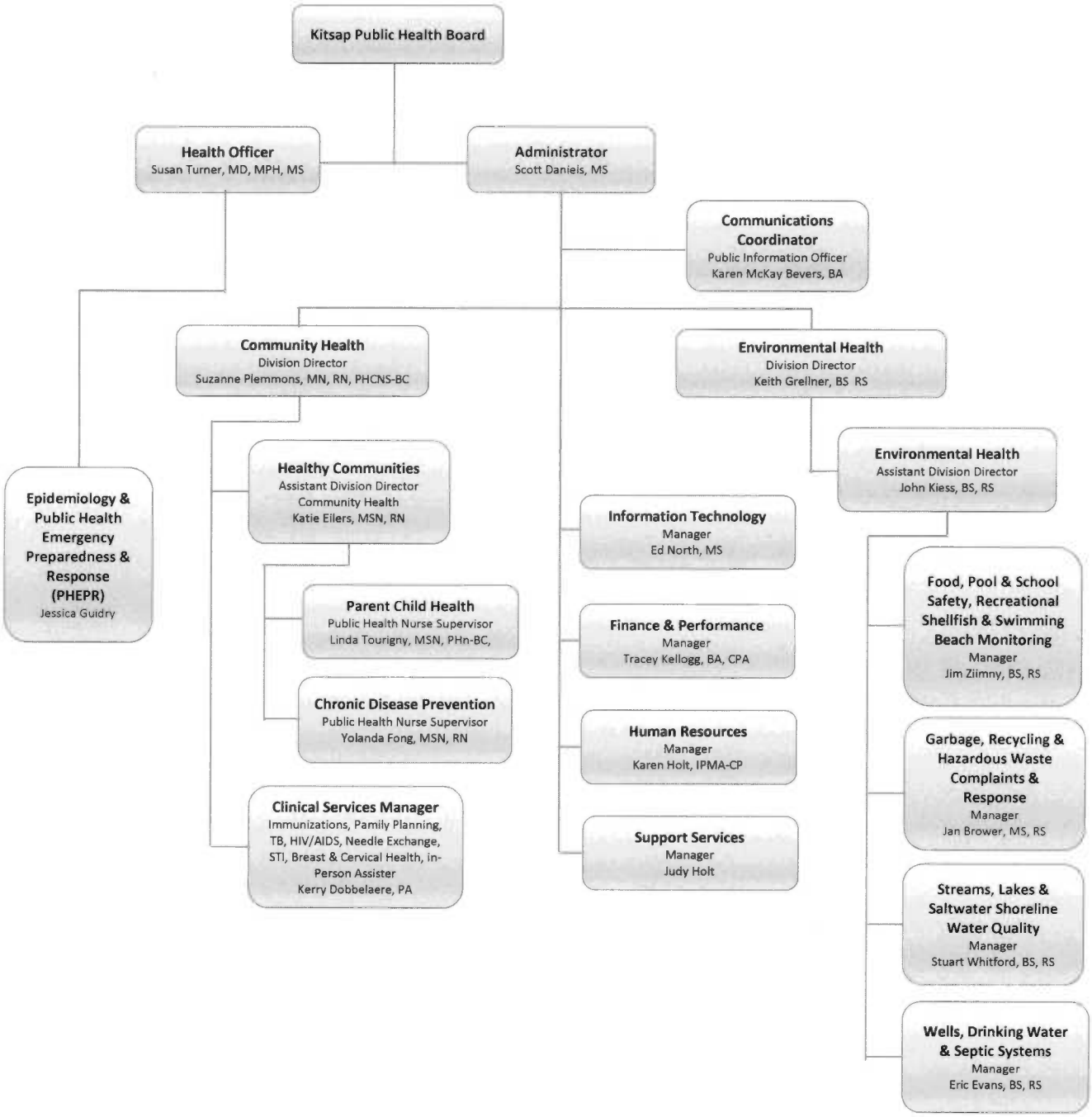
Project Salary Summary - Improving the Health and Resiliency of High-Risk Mothers and Their Children

Description		
Number of Professional FTEs		0.55
Number of Clerical FTEs		0.00
Number of All Other FTEs		1.00
Total Number of FTEs		**1.55**
Salary Information		
Salary of Executive Director or CEO	$	-
Salaries of Professional Staff: **0.5 FTE NFP Nurse Home Visitor for 18 months**	$	55,581
Salaries of Professional Staff: **0.05 FTE Epidemiologist for 18 months**	$	5,923
Salaries of Clerical Staff	$	-
Other Salaries (Describe Below)	$	62,262
Description: **1.0 FTE Community Health Worker for 18 months**	$	62,262
Description:	$	-
Description:	$	-
Total Salaries	**$**	**123,766**
Total Payroll Taxes	$	10,998
Total Cost of Benefits	$	23,826
Total Cost of Retirement	$	13,688
Total Taxes & Benefits	**$**	**48,512**
Total Payroll Costs	**$**	**172,278**

Description		
Number Of Manager FTEs		0.30
Number of Clerical FTEs		0.80
Number of Professional FTEs		6.76
Total Number of FTEs		**7.86**
Salary Information		
Manager Salary	$	45,350
Staff Salaries (Clerical & Professional)	$	796,982
Total Salaries	**$**	**842,331**
Total Payroll Taxes	$	74,133
Total Cost of Benefits	$	103,721
Total Cost of Retirement	$	92,865
Total Taxes & Benefits	**$**	**270,719**
Total Payroll Costs	**$**	**1,113,050**

Indirect Charges totalling 31% of the budget are the allocation of indirect charges from Administration and pro-rata full cost recovery of labor and non-labor costs benefiting this program. For the fund requested, the recovery of these funds is limited to 10%, the balance is paid by the District's undesignated State and Local funding.

KITSAP PUBLICH HEALTH DISTRICT
AGENCY ORGANIZATIONAL CHART
January, 2016



KITSAP PUBLIC HEALTH DISTRICT
COMMUNITY HEALTH DIVISION
ORGANIZATIONAL CHART BY PERSONNEL
January, 2016