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## Continuation Grant Application Project Narrative

### 1. Accomplishments to Date

A. What progress has been made towards meeting your approved project goals, objectives and outcomes in your original grant application?

The goal of the Kitsap Nurse Family Partnership (NFP) program expansion is 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 Kitsap NFP program promotes healthy pregnancy outcomes, and provides prevention and early intervention for depression, substance abuse, mental health problems, and ACEs.

HSK is achieving its planned goals and outcomes as delineated in the 2014 HSK: NFP Program Expansion Logic Model (Attachment E).

In 2014 HSK requested funding to expand the Kitsap NFP program to serve an additional 12 families by adding a 0.5 FTE Nurse home visitor. One 0.5 FTE Nurse Home Visitor (NHV) was added to the existing KPHD nursing staff. A caseload of no more than 12 active clients may be carried by the 0.5 FTE Nurse Home Visitor to maintain fidelity to the NFP model and to achieve expected national NFP outcomes. The NFP "Efforts to Outcomes" (ETO) database and the KPHD electronic health record, Nightingale Notes (NN) were used for data aggregation and analysis. Since the start of the grant on July 1, 2014 through March 15, 2015, 12 clients have been enrolled; all clients were unmarried at program entry; 145 nurse home visits were completed; and 8 infants were born at  $\geq 37$  weeks gestation. The following data summarizes the incidence of mental health, substance use, abuse, and adverse childhood experience problems among the 12 clients:

- 83% had ACE scores of  $\geq 3^*$ ;
- 67% (8 of 12) screened positive for mental health problems;
- 58% (7 of 12) screened positive for depression;
- 33% (4 of 12) screened positive for substance use;
- 25% (3 of 12) screened positive for abuse;
- 8% (1 of 12) screened positive for mental health, substance use, and abuse problems;
- 25% (3 of 12) screened positive for mental health and substance use problems;
- 17% (2 of 12) screened positive for mental health and abuse problems;

\* 7 clients screened to date (ACEs score range 1-8)

The 2014 HSK: NFP Program Expansion Logic Model (Attachment E) lists the approved resources, activities, outputs, NFP model fidelity measures and year one outcomes.

The one year Kitsap NFP outcome results as of March 15, 2015 are as follows:

- 1) 100% received prenatal care within a month of enrollment in the NFP;
- 2) 100% were offered ACEs screening and received ACEs education;
- 3) 100% screening positive for depression were referred to a mental health professional;
- 4) 50% (4 of 8) with an identified mental health problem showed improvement;
- 5) 50% (2 of 4) screening positive for substance use were referred for appropriate diagnostic and treatment services;
- 6) 25% (1 of 4) with an identified substance use problem showed improvement
- 7) 100% screening positive for domestic violence have a safety plan and are referred for domestic violence services;
- 8) 100% of referrals are monitored for client follow-through;
- 9) 100% of mothers are enrolled in a health insurance plan;
- 10) 00% of NFP babies received well childcare on time as recommended by the American Academy of Pediatrics;
- 11) N/A - NFP babies up-to-date on immunizations at 6 months;
- 12) N/A - NFP babies breastfeeding at 6 months;
- 13) 100% received education on:
  - Prevention of child injuries;
  - 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.

Of the 13 outcomes identified in the 2014 HSK: NFP Program Expansion Logic Model (Attachment E), 9 of 13 outcomes are met at 100%; 3 of 13 outcomes are partially met; 2 of 13 outcomes are not applicable.

B. Describe any difficulties/problems encountered in achieving planned goals and objectives including barriers to accomplishment and actions taken to overcome difficulties.

Outcomes 4, 5, and 6 detailed above were partially met. These outcomes address client reports of improvement of mental health and substance use problems, and accepting substance use referrals for appropriate diagnostic and treatment services. While the outcome percentages are not fully met, three factors must be considered. First, improvement of mental health disorders and substance use (tobacco, alcohol, and illicit drugs) are dependent upon the type of mental health problem, substance being used, and the timeframe for the prescribed course of treatment. Secondly, clients do have a choice to accept or decline resources that could mitigate and/or prevent the impact of mental health and substance use problems during the pregnancy. Third, it is critical to leverage the NFP program intensity and duration to maximize the potential for improved mental health, substance use and referral outcomes. Of the clients with mental health and substance use problems, 8 of 8 clients have been enrolled  $\leq$  8 months as of March

15, 2015. Therefore, the evaluation time frame for the outcomes for client reports of improved mental health and substance use problems, and substance use referrals for appropriate diagnostic and treatment services will be changed to indicate evaluation at completion of NFP program. Outcomes 5 and 7 timeframe changes are highlighted in yellow in the 2015 HSK: NFP Program Expansion Logic Model (Attachment F).

Further analysis and review of the year one grant outcomes by the Kitsap NFP nursing staff indicated that all clients received education on the harmful effects of substance use, treatment and referral resources. Similarly, all identified domestic violence clients received education on safety plans and support services for domestic violence. Outcomes 6 and 8, highlighted in yellow in the 2015 HSK: NFP Program Expansion Logic Model (Attachment F), were revised to reflect the education component already occurring during client home visits.

Outcomes 11 and 12 could not be measured. The 8 babies born during year one of the grant are not yet six months of age. Immunization and breastfeeding outcomes will be measured as each infant reaches 6 months of age.

In the past 9 months, the program expansion brought light to an unanticipated challenge to the continued success of the Kitsap NFP program: public and health care provider awareness of the program. At the time that HSK submitted the grant application in 2014, the Kitsap NFP program had a waiting list of 10 clients. While the Kitsap NFP program no longer has a client waiting list, HSK recognizes that greater community outreach to more diverse organizations will be needed to maintain the program capacity of serving 50 clients. To address this challenge, HSK will allocate partial funds to a 0.5 FTE NFP/ACEs Outreach Coordinator starting in August 2015. HSK is also seeking additional grant sources and private funding matches for this position.

C. Describe how this project has been integrated with other programs in the community with the same goals and objectives. What kind of collective impact has been achieved?

HSK, in partnership with the KPHD are the only organizations providing this service in Kitsap County. However, HSK also participates on the Community Advisory Board (CAB) for the regional NFP partnership that includes the KPHD, Jefferson County Public Health (JCPH) and the Port Gamble S'Klallam Tribe (PGST) NFP programs. The primary functions of the CAB include:

- Advocating for all 3 NFP county and tribal programs with county and state legislators to raise awareness of the funding needs of low-income children and families;
- Supporting program operations by building program knowledge and support within each community;
- Quarterly review, analysis, and evaluation of each NFP program's ETO data to state and national NFP outcomes;
- Creating an annual plan to improve local NFP outcomes.

The following narrative illustrates ongoing collaboration with community partners to create collective impact strategies that positively impact the lives of first time, low-income pregnant women, their families and the Kitsap community.

HSK's mission is to foster community commitment and partnerships that strengthen the health and independence of vulnerable Kitsap families. HSK's mission 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. HSK's private/public partnership with the KPHD and personnel cost sharing of an NFP Nurse Supervisor with JCHD created the opportunity to bring the NFP program to Kitsap County. Further, quarterly analysis of ETO data among the 3 NFP programs and comparison of the data with state and national NFP outcomes ensures fidelity to the NFP model and evaluates progress and challenges of achieving prescribed NFP outcomes. Collectively, all 3 programs are improving the health status and well being of first time, low-income mothers and their babies.

HSK has also joined with the Kitsap Community Health Priorities (KCHP) to identify best practices and evidence-based models to prevent and mitigate the impact of ACEs. Additionally, HSK does community outreach to businesses and service organizations to raise awareness about the benefits of the Kitsap NFP program, the ACEs impact on first time, low-income mothers and their babies and the need to help build resilience in vulnerable Kitsap families. HSK and KCHP share a common agenda, in that we are committed to determining effective strategies for the prevention and/or mitigation ACEs in our community.

To build further awareness of the Kitsap NFP program and the impact of ACEs in our community, HSK joined the Olympic Kitsap Peninsula Early Learning Coalition (OKPELC) to collaborate with a wider group of agencies committed to helping vulnerable children and their families. The OKPELC includes representation from Early Head Start and Head Start, Community Action Consortiums, health care providers, home visitors, educators, early learning specialists, and public health professionals. The goals of improved child health and development and increased children's school readiness are mutually shared goals. The 2015 HSK: NFP Program Expansion Logic Model proposes activities and an output strategy that the 0.5 NFP/ACEs Outreach Coordinator will develop for tracking NFP children's school readiness (Attachment F).

HSK, in partnership with the KPHD, KCHP, OKPELC and the NFP regional Bridge partnerships all share a common agenda; improve the health and well being of vulnerable Kitsap families; improve pregnancy outcomes; improve child health and development; and increase economic sufficiency outcomes. Further, these collaborations have increased the visibility and importance of the Kitsap NFP program and the ACEs impact on vulnerable Kitsap families.

D. Summarize key program accomplishments to date. Utilizing your evaluation results, draw conclusions about the success of the project and its impact in the community.

Key program outcome accomplishments to date for 12 mothers and their babies include:

- Enrollment of 12 mothers over the past 9 months
- Establishment of the trusting relationship between the nurse home visitor and the mother;
- Education to prevent and/or mitigate the impact of ACEs;
- enrollment in a health insurance plan to access prenatal and well child care;
- Providing perinatal education (pregnancy, labor & delivery, newborn and infant child development);
- Providing early intervention and appropriate treatment referrals for those mothers identified as having depression, mental health, substance use and abuse problems;
- Supporting the mother to identify and achieve her life goals to improve the health status of herself, baby and family.

Over three decades of rigorous research proves that with fidelity to the NFP model, communities can make a positive impact in the lives of first time, low-income pregnant women and their families. The NFP program delivers multigenerational outcomes that benefit communities and reduce the costs of long-term social service programs.

During the second year of the Kitsap NFP program, the nurse home visitor and the mothers will continue to build and strengthen the trusting relationship throughout the pregnancy and up to the child's second year of life. The goal is to continue to help mothers build a healthy attachment with their babies, learn safe parenting skills, establish goals for a healthier life course, and mitigate the impact of ACEs for generations to come.

The Kitsap NFP program year one outcomes to date reassure us of the Kitsap NFP program's effectiveness. The client data collected to date emphasizes the importance of prevention and early intervention for those mothers who have depression, mental health and substance use problems and ACEs.

## **2. Budget Narrative**

A. Report actual budget expenditures for the previous budget period. Provide an explanation if you did not expend funds at the expected rate during the reporting period.

HSK was awarded a \$50,166 grant for expansion of the Kitsap NFP program. A 0.5 FTE nurse home visitor was hired to add an additional 12 families to the program. The actual budget expenditures for the first two quarters of the grant cycle totaled \$26,332.98. The remaining grant balance of \$23,833.02 will be expended by the end of the grant cycle.



B. Delineate the funding need for the next budget period. Report on milestones anticipated with the new funding request.

The 2015 total annual KPHD NFP program budget expenses are estimated at \$415,590. HSK is requesting \$111,152.00 for the following:

- 1) Continued funding of a 0.5 FTE nurse home visitor to continue services for 12 clients currently funded by the 2015 1/10<sup>th</sup> of 1% sales and use tax grant award;
- 2) New funding for a 0.5 FTE NFP/ACEs Outreach Coordinator (other grant funding sources have also been applied to for this position);
- 3) HSK indirect overhead funding calculated at 20% of staff salaries and benefits.

Anticipated milestones for the Kitsap NFP program resulting from continued funding of a 0.5 FTE nurse home visitor and the addition of a 0.5 FTE NFP/ACES Outreach Coordinator are:

- 1) 90% of enrollment capacity is maintained;
- 2) 12 mothers and their babies will remain enrolled in the NFP program;
- 3) Implementation of an outreach and referral plan for referral sources and community partners that includes ACEs education to identify first time, low-income pregnant women in Kitsap County;
- 4) Delivery of up to 50 health care provider and community presentations on the benefits of the NFP program and the impact of ACEs;
- 5) Development of a tracking model with early learning partners, school districts, and OESD to identify NFP children and track long term educational, health, and social outcomes.

The NFP/ACEs Outreach Coordinator activities, outputs, and outcomes are highlighted in the 2015 HSK: NFP Program Expansion Logic Model (Attachment F). Essential functions, education and experience requirements are found in the NFP/ACEs Outreach Coordinator job description (Attachment G).

C. Describe any significant changes to the proposed budget (Attachment C) for the next funding period resulting from modification of project activities.

Significant changes to the proposed budget include funding for:

- 1) 0.5 FTE NFP/ACEs Outreach Coordinator;
- 2) Indirect overhead cost for HSK at 20% (Calculated at 20% of staff salaries and benefits).

The total budget request for the 2016 1/10 of 1% sales and use tax continuation grant is \$111,152.

### **3. Sustainability**

A. Describe how the project attempted to and successfully leveraged federal, state, local or private funds and/or in-kind resources during the last budget period. Specifically address your attempts and success in leveraging Medicaid funds available through the Affordable Care Act.

To date, HSK has generated \$32,152.00 in revenue from private, corporate, and local (Kitsap County 1/10<sup>th</sup> of 1% sales and use tax) funding to support HSK and the Kitsap NFP program. In addition, HSK has also applied for approximately \$50,000 from private grant funders to partially fund the Kitsap NFP program, a 0.5 FTE Outreach Coordinator and indirect overhead cost for HSK at 20%.

All HSK Board members pledge both time and money to support HSK and the Kitsap NFP program. HSK In-kind donations to date equal \$897. Board members contribute approximately 1000 hours/year to support fund raising activities and the cultivation of new institutional and individual donors.

Medicaid funding for the NFP programs in Washington State is not yet available. However, HSK, in partnership with the KPHD, works closely with the Washington State regional NFP National Service Organization (NSO) Business Development Manager to develop strategies to determine possible funding sources. Strategies include NFP and ACEs education of key constituents such as legislators, health care providers, and all insurance plan providers under the Affordable Care Act.

To further leverage support of the Kitsap NFP program, the KPHD has committed \$264,924 in support of the Kitsap NFP program. KPHD continues to demonstrate long term commitment by including the NFP program 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.

Funding at the federal level is also being leveraged in support of evidence-based home visiting programs. The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides funding for Washington State to expand evidence-based home visiting services to meet the needs of at-risk children and families.

The MIECHV federal funding program allows Washington to

“...direct significant resources toward improving the quality of home visiting programs; with a focus on implementing the models with fidelity; supporting the workforce through training, professional development, and technical assistance; and creating a robust evaluation framework (Source: Interview with Laura Alfani, home visiting project manager and Judy King, Strengthening Families WA administrator, Washington Department of Early Learning, September 2014”).

Because of the KPHD's NFP membership in the regional NFP Bridge partnership with Jefferson County Public Health (JCPH) and the Port Gamble S'Klallam Tribe's NFP programs, KPHD was able to collaborate with JCPH on a grant request to Thrive by Five which was funded in July 2012. The Kitsap NFP allocation of this grant was \$87,500 from the state Home Visiting Services Account (HVSA). We expect this grant to be renewed annually as long as there are sufficient funds in the HVSA.

B. Describe a preliminary plan for how the project will continue after year 2 or 3 (i.e., sustainability). Please describe any new funding sources identified to support the operations of the program in the future.

To meet HSK's goal of building sustainability, a multi-pronged funding approach will be needed. While stable funding is the goal, it is equally important to continue to build a strong base of support by improving collaboration with community organizations that share similar missions. Sharing resources (Board members, administrative staff, financial resources) and increasing outreach efforts among community agencies and non-profit organizations with similar missions could bring services to all of the 300 plus first time, low-income pregnant women in Kitsap County. The collective impact that could be possible would go well beyond providing services to first time, low-income pregnant women and their families.

A preliminary future plan for sustainability of HSK and the Kitsap NFP program includes exploring all funding options and stronger collaboration with community partners to:

- 1) Identify at least 2 other non-profit and/or corporate agencies with similar missions to create a pilot project for sharing financial and administrative resources to increase support for the Kitsap NFP;
- 2) Increase outreach efforts to identify all constituents who work with eligible first time, low-income pregnant women;
- 3) Educate the community, health providers and other key constituents about the NFP program importance and the long-term health consequences of ACEs;
- 4) Continue to work with the NFP/NSO regional manager to identify effective funding reimbursement strategies from health insurance agencies;
- 5) Continue to seek federal MIECHV, Kitsap County local sales tax, corporate and private funding opportunities to support the Kitsap NFP program.

In summary, HSK is committed to seeking new innovative ways to continue to support vulnerable families in Kitsap County.

# Total Agency Budget Form

Agency Name: Healthy Start Kitsap

Project: Nurse Family  
Partnership (NFP)  
2nd Year, NFP/ACEs  
Outreach Coordinator

Accrual       Cash

AGENCY REVENUE AND EXPENSES	2013 Column 1	2014 Column 2	2015 Column 3
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**AGENCY REVENUE**

Federal Revenue	\$0.00	\$0.00	\$0.00
WA State Revenue	\$0.00	\$0.00	\$0.00
Local Revenue	\$0.00	\$0.00	\$50,166.00
Private Funding Revenue	\$13,119.00	\$24,585.29	\$76,250.00
Agency Revenue	\$0.00	\$0.00	\$0.00
Miscellaneous Revenue	\$0.00	\$10,000.00	\$0.00
<b>Total Agency Revenue (A)</b>	<b>\$13,119.00</b>	<b>\$34,585.29</b>	<b>\$126,416.00</b>

**AGENCY EXPENSES**

<b>Personnel</b>			
Managers	\$8,430.00	\$16,794.58	\$47,500.00
Staff	\$0.00	\$0.00	\$0.00
Total Benefits	\$0.00	\$0.00	\$2,000.00
<b>Subtotal</b>	<b>\$8,430.00</b>	<b>\$16,794.58</b>	<b>\$49,500.00</b>
<b>Supplies/Equipment</b>			
Equipment	\$0.00	\$0.00	\$0.00
Office Supplies	\$513.00	\$278.19	\$750.00
Other (Describe)	\$0.00	\$0.00	\$500.00
<b>Subtotal</b>	<b>\$513.00</b>	<b>\$278.19</b>	<b>\$1,250.00</b>
<b>Administration</b>			
Advertising/Marketing	\$73.00	\$0.00	\$0.00
Audit/Accounting	\$0.00	\$0.00	\$3,000.00
Communication	\$0.00	\$0.00	\$0.00
Insurance/Bonds	\$1,251.00	\$1,037.00	\$2,100.00
Postage/Printing	\$86.00	\$260.06	\$840.00
Training/Travel/Transportation	\$145.00	\$387.14	\$650.00
% Indirect	\$0.00	\$0.00	\$0.00
Other (Describe) Fundraising/Special Events/General	\$1,200.00	\$321.24	\$335.00
<b>Subtotal</b>	<b>\$2,755.00</b>	<b>\$2,005.44</b>	<b>\$6,925.00</b>
<b>Ongoing Operations and Maintenance</b>			
Janitorial Service	\$0.00	\$0.00	\$0.00
Maintenance Contracts	\$0.00	\$0.00	\$0.00
Maintenance of Existing Landscaping	\$0.00	\$0.00	\$0.00
Repair of Equipment and Property	\$0.00	\$0.00	\$0.00
Utilities	\$0.00	\$0.00	\$0.00
Other (Describe)	\$0.00	\$0.00	\$0.00
Other (Describe)	\$0.00	\$0.00	\$0.00
Other (Describe)	\$0.00	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Other Costs</b>			
Debt Service	\$0.00	\$0.00	\$0.00
Other (Describe) NFP Program Support	\$8,359.00	\$12,418.80	\$67,166.00
<b>Subtotal</b>	<b>\$8,359.00</b>	<b>\$12,418.80</b>	<b>\$67,166.00</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$20,057.00</b>	<b>\$31,497.01</b>	<b>\$124,841.00</b>

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

<b>Special Project Budget Form</b>			
<b>Agency Name: Healthy Start Kitsap</b>		<b>Project: Nurse Family Partnership (NFP)</b>	
		<b>2nd Year, NFP/ACEs Outreach Coordinator</b>	
<b>Enter the estimated costs associated with your project/program</b>	<b>Total</b>	<b>Requested Funds</b>	<b>Other Funds</b>
<b>Personnel</b>			
Managers	\$0.00	\$0.00	\$0.00
Staff	\$272,249.00	\$60,695.00	\$211,554.00
Total Benefits	\$81,321.00	\$27,765.00	\$53,556.00
<b>SUBTOTAL</b>	<b>\$353,570.00</b>	<b>\$88,460.00</b>	<b>\$265,110.00</b>
<b>Supplies &amp; Equipment</b>			
Equipment	\$0.00	\$0.00	\$0.00
Office Supplies	\$5,804.00	\$500.00	\$5,304.00
Other (Describe):Miscellaneous	\$500.00	\$0.00	\$500.00
<b>SUBTOTAL</b>	<b>\$6,304.00</b>	<b>\$500.00</b>	<b>\$5,804.00</b>
<b>Administration</b>			
Advertising/Marketing	\$500.00	\$500.00	\$0.00
Audit/Accounting	\$0.00	\$0.00	\$0.00
Communication	\$2,196.00	\$0.00	\$2,196.00
Insurance/Bonds	\$0.00	\$0.00	\$0.00
Postage/Printing	\$0.00	\$0.00	\$0.00
Training/Travel/Transportation	\$19,516.00	\$4,000.00	\$15,516.00
% Indirect 20% HSK	\$130,180.00	\$17,692.00	\$112,488.00
Other (Describe):	\$0.00	\$0.00	\$0.00
<b>SUBTOTAL</b>	<b>\$152,392.00</b>	<b>\$22,192.00</b>	<b>\$130,200.00</b>
<b>Ongoing Operations &amp; Maintenance</b>			
Janitorial Service	\$0.00	\$0.00	\$0.00
Maintenance Contracts	\$10,204.00	\$0.00	\$10,204.00
Maintenance of Existing Landscaping	\$0.00	\$0.00	\$0.00
Repair of Equipment and Property	\$4,276.00	\$0.00	\$4,276.00
Utilites	\$0.00	\$0.00	\$0.00
Other (Describe):	\$0.00	\$0.00	\$0.00
Other (Describe):	\$0.00	\$0.00	\$0.00
Other (Describe):	\$0.00	\$0.00	\$0.00
<b>SUBTOTAL</b>	<b>\$14,480.00</b>	<b>\$0.00</b>	<b>\$14,480.00</b>
<b>Other</b>			
Debt Service	\$0.00	\$0.00	\$0.00
Other (Describe):HSK Revenue	-\$12,000.00	\$0.00	-\$12,000.00
HSK 1/10th of 1% exising funding revenue	-\$50,166.00	\$0.00	-\$50,166.00
Thrive by Five Revenue	-\$87,500.00	\$0.00	-\$87,500.00
<b>SUBTOTAL</b>	<b>-\$149,666.00</b>	<b>\$0.00</b>	<b>-\$149,666.00</b>
<b>TOTAL PROJECT BUDGET</b>	<b>\$377,080.00</b>	<b>\$111,152.00</b>	<b>\$265,924.00</b>

<b>Project Salary Summary</b>			
<b>Description</b>			
Number of Professional FTEs	1.00		
Number of Clerical FTEs	0.00		
Number of All Other FTEs	0.00		
<b>Total Number of FTEs</b>	<b>1.00</b>		
<b>Salary Information</b>			
Salary of Executive Director or CEO	\$0.00		
Salaries of Professional Staff	\$60,695.00		
Salaries of Clerical Staff	\$0.00		
Other Salaries (Describe Below)	\$0.00		
Description:	\$0.00		
Description:	\$0.00		
Description:	\$0.00		
<b>Total Salaries</b>	<b>\$60,695.00</b>		
Total Payroll Taxes	\$5,394.00		
Total Cost of Benefits	\$15,971.00		
Total Cost of Retirement	\$6,400.00		
<b>Total Payroll Costs</b>	<b>\$88,460.00</b>		



March 19, 2015

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. 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.

This project proposes to continue funding for a 0.5 FTYE nurse home visitor to complete the second year of services for 12 families in the Kitsap NFP program. The Kitsap NFP program is a prevention and early intervention nurse home visiting program that assess for evidence of SUDs, mental illness, and ACEs. Healthy Start Kitsap (HSK), in partnership with the Kitsap Public Health District (KPHD), implemented the Kitsap NFP in 2012. Currently the program serves up to 50 mothers and babies. This project also proposes to add a 0.5 FTE NFP and ACEs Outreach Coordinator. HSK's Outreach Coordinator will educate the public about long-term health consequences of ACEs and promote NFP enrollment to reach potential first time, low-income pregnant women early in pregnancy to maximize program enrollment.

As a member of the Bridge Partnership that includes Kitsap Public Health District with Jefferson County Public Health, 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 KPD. 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](mailto: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 Project Manager,  
and Mental Health Counselor

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





615 Sheridan Street  
Port Townsend, WA 98368  
[www.JeffersonCountyPublicHealth.org](http://www.JeffersonCountyPublicHealth.org)

ATTACHMENT D

March 12, 2015

Kitsap County Mental Health Chemical Dependency & Therapeutic Court Programs  
Citizens Advisory Committee  
619 Division Street, MS-7  
Port Orchard, WA 98368

Dear Kitsap Citizens Advisory Committee,

This is a letter of support for the continued funding of the Kitsap County 1/10<sup>th</sup> of 1% Mental Health and Chemical Dependency Treatment funds for Healthy Start Kitsap's (HSK) support of the Nurse-Family Partnership (NFP) Program. Kitsap Public Health (KPHD) has offered this evidenced-based program in partnership with HSK and Jefferson County Public Health (JCPH) since July 2012. Families are enrolled in the program for over 2 years-- during a woman's pregnancy and until her child's second birthday; the KPHD NFP program is now celebrating the graduation of many of these mothers and children from the first cycle of the program.

NFP is a prevention and treatment program that targets high-risk pregnant women; it offers program intensity and duration needed for lasting positive change. Specially-trained NFP nurse home visitors work with women who are affected by personal and familial histories of substance abuse, poor mental health and adverse childhood experiences (ACEs). As KPHD maintains fidelity to NFP program elements, the community should see improved outcomes in prenatal health, child health and development and improved economic self-sufficiency in program participants and their children in the future.

The KPHD NFP program currently has a program capacity to serve 50 mothers and babies. This project proposes to continue funding for a 0.5 FTE nurse home visitor to complete the second year of services for 12 families in the program. This project also seeks to add a 0.5 FTE NFP and ACEs Outreach Coordinator. Both of these requests are necessary and important for the program to continue in Kitsap County. It is necessary for the participating families to complete the two-plus years of program involvement in order to lead families toward improved health and social outcomes. An outreach coordinator will contribute towards public awareness and education of ACEs and its impact on community health. As mentioned above, many NFP families are impacted by ACEs and increased community awareness can go hand in hand with Nurse Family Partnership goals of improving health and healthy parenting in families. The additional outreach role of increasing program awareness and recruiting eligible first-time low income women early in their pregnancy will help maximize NFP program enrollment and help maintain a consistent presence of NFP in the community.

JCPH has offered NFP for 15 years, and we continue to see its positive outcomes in our community. The collaboration with KPHD and Port Gamble S'Klallam Tribe to form the Bridge Partnership and offer this program regionally has been one of the first collaborative models for NFP in Washington. Please feel free to contact me or Jean Baldwin, JCPH Director, for any questions about NFP or Jefferson County Mental Health and Chemical Dependency funds.

Sincerely,

Yuko Umeda RN BSN  
Bridge Partnership NFP Supervisor



KITSAP COMMUNITY  
*Resources*

ATTACHMENT D

*A Community Action Partnership. Helping people. Changing lives.*

March 11, 2015

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 continued support of Healthy Start Kitsap's (HSK) proposal to fund the Nurse Family Partnership (NFP) program for 12 Kitsap County Families and add a 0.5 FTE NFP/ACEs Outreach Coordinator. These actions will positively change the life course for low-income, first time moms and their babies.

This will assure that HSK, in partnership with the Kitsap Public Health District (KPHD), continues to have the capacity to serve 50 families through the NFP program. Adding a NFP/ACEs Outreach Coordinator will strengthen HSK's relationships with the community and grow the referral network to assure we reach eligible families early in pregnancy and maintain a full caseload.

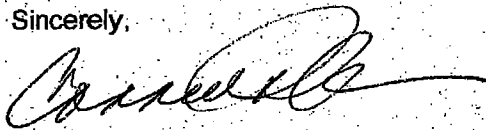
More than 37 years of evidence has shown that the NFP model works. Among the proven outcomes is the ability to significantly reduce pre-term deliveries, language delays, behavioral and intellectual problems, child abuse and neglect, and welfare dependency – all of which are tremendous resource burdens and, more importantly, barriers to our shared goal of creating healthy communities.

Early Learning and Family Services, 1201 Park Avenue, Bremerton, WA 98337  
Phone 360-473-2075, Fax 360-479-0068

Using registered nurses to provide in-home support to young vulnerable families is a proven cost-effective way to deliver health care services that improve pregnancy outcomes, child 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", written in a cursive style.

Connie Mueller, Director  
Early Learning and Family Services



## Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312  
 (360) 478-6887 1-800-201-1300 FAX (360) 478-6869

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Head Start/Early Head Start/ECEAP Program

Lorraine Olsen, Director

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March 18, 2015

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) request for continued funding to serve 12 first time, low-income families in the Nurse Family Partnership (NFP) program. We also support an increase in funding to add a 0.5 FTE NFP/ACEs Outreach Coordinator to ensure program enrollment stays at maximum capacity.

HSK has been partnering with the Kitsap Public Health District (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. This collaboration enables the Coalition to advance its home visiting priorities and expand education and understanding of the importance of home visiting. Adding a NFP/ACEs Outreach Coordinator will strengthen HSK's relationships with the community and grow the referral network to assure we reach eligible families early in pregnancy and maintain a full caseload.

Maintaining funding for 12 NFP participants 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 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 in support of this proposal.

Best regards,

Lorraine Olsen, Director  
 Early Childhood Services

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**Board of Directors**

Shirley Johnson • Elizabeth Drew • Carl Johnson • Katie Proteau • Donn Ring • Karen Sorger  
 Gregory J. Lynch, Superintendent

March 13, 2015

Kitsap County Citizens Advisory Board  
C/O Kitsap County Human Services  
614 Division Street MS-23  
Port Orchard, WA 98366

**RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs**

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Healthy Start Kitsap grant application to provide a program that prevents and provides early intervention for mental health and chemical dependency problems.

Healthy Start Kitsap (HSK) is a 501 (c) (3) non-profit organization that fosters community commitment and partnerships that strengthen the health and independence of vulnerable Kitsap families. HSK is proposing a project that continues funding for 12 families to complete the second year of the Nurse Family Partnership (NFP) program. The NFP program is a prevention and early intervention nurse home visiting program that assess for evidence of substance use disorders, mental illness, and Adverse Childhood Experiences (ACEs). HSK, in partnership with the Kitsap Public Health District (KPHD), implemented the Kitsap NFP in 2012 and currently has the capacity to serve 50 families. In order to assure women eligible for the program are reached early in pregnancy, this project proposes to add a 0.5 FTE NFP/ACEs Outreach Coordinator. The Outreach Coordinator will educate the community and referral sources on the long-term health consequences of ACEs and promote NFP referrals to maintain a full caseload.

KPHD, will continue to commit ongoing financial support for the NFP program in partnership with HSK. In 2015 the \$265,924 financial commitment includes funding for 1.0 FTE nurse home visitor, NFP nurse supervision, office space, and supplies.

KPHD has a long history of working collaboratively with community partners to meet the needs of low-income, pregnant women. We are able to effectively link clients to the healthcare and socioeconomic services that can successfully address their needs. Through our collective work with diverse service providers NFP clients are supported in overcoming adversity and are able to make the changes needed to become self-sufficient, successful parents.

We believe our support and commitment to HSK and NFP will play a significant role in preventing and mitigating the effects of ACEs that often lead to mental health and chemical dependency problems in the County. We look forward to working with you and HSK on this exciting endeavor.

Sincerely,



Katie Eilers, RN, MSN, MPH  
Assistant Director of Community Health

**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><b>Target Population:</b> low income, first-time pregnant women residing in Kitsap County</p> <p><b>Target Geographic Area:</b> Kitsap County</p> <p><b>Staffing:</b> 0.5 FTE nurse home visitor</p> <p><b>Home Visiting Curriculum Used:</b> NFP visit guidelines</p> <p>Partners In Parenting Education (PIPE) parenting education curriculum</p> <p><b>Funding Sources:</b> Kitsap Public Health District</p> <p>Healthy Start Kitsap</p> <p>Thrive by Five grant through partnership with Jefferson County Public Health</p>	<p><b>1: Staffing</b></p> <ul style="list-style-type: none"> <li><b>1.1:</b> Add 0.5 FTE nurse home visitor</li> </ul> <p><b>2: Training</b></p> <ul style="list-style-type: none"> <li><b>2.1:</b> NFP staff will participate ongoing training and education as required by NFP NSO</li> <li><b>2.2:</b> NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs.</li> </ul>	<p><b>1.1:</b> Existing staff is increased by 0.5 FTE Nurse Home Visitor (NHV)</p> <p><b>2.1:</b> 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 - monthly individual consultation calls with state nurse consultant</p> <p><b>3.1:</b> Each FTE NHV will maintain a caseload of 22-25 clients</p> <p><b>3.2:</b> 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><b>3.3:</b> Supervisor will use ETO data on enrollment by referral source to monitor effectiveness and adapt plan.</p> <p><b>4.1:</b> 12 clients will each receive 1-3 home visits per month</p>	<p><b>Measure 1</b> Nurse home visitors and supervisors are registered nurses with a minimum of a Bachelor's degree in nursing.</p> <p><b>Measure 2</b> 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><b>Measure 3</b> Client meets low-income criteria at intake as defined by program.</p> <p><b>Measure 4</b> 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><b>Measure 5</b> 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><b>Measure 6</b> 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><b>3. Outreach/Recruitment</b></p> <ul style="list-style-type: none"> <li><b>3.1:</b> Existing caseload will be increased by 12 families</li> <li><b>3.2:</b> Maintain outreach and referral plan to reach target population and maintain caseload</li> <li><b>3.3:</b> Monitor effectiveness of outreach plan</li> </ul> <p><b>4: Home Visits</b></p> <ul style="list-style-type: none"> <li><b>4.1:</b> Provide home visits for first time, low-income pregnant women, mothers and infants</li> </ul>			

<p><b>Data Systems:</b> "Efforts to Outcomes" (ETO) NFP National Database  CHAMP Nightingale Notes Electronic Health Record</p>	<ul style="list-style-type: none"> <li>4.2: New clients will be enrolled before 28 weeks of pregnancy and receive visits according to NFP guidelines</li> <li>4.3: Content of home visits will be aligned with NFP guidelines</li> </ul> <p><b>5: Supervision</b></p> <ul style="list-style-type: none"> <li>5.1: Staff who provide home visits will receive individual reflective supervision</li> <li>5.2: All staff will participate in reflective case conferences</li> </ul> <p><b>6: Continuous Quality Improvement</b></p> <ul style="list-style-type: none"> <li>6.1: Supervisors and nurse home visitors will review and utilize their data</li> <li>6.2: Data is used for quality and fidelity monitoring and improvement</li> </ul>	<p>according to the NFP standard and/or flexible visit guidelines</p> <p>4.2: 12 clients enrolled by 28 weeks of pregnancy, 40 % enrolled by 16 weeks of pregnancy.</p> <p>Quarterly average completed to expected visit ratio will be:</p> <p>Pregnancy completers : 90 %          Infancy completers: 80 %          Toddler completers: 90 %</p> <p>4.3: The quarterly average Maternal Role Domain will be:          Pregnancy: 23-25%          Infancy: 45-50%          Toddler: 40-45%</p> <p>5.1: Supervisor will provide individual, 60" reflective supervision sessions 3 times per month for each NHV</p> <p>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 SNC and use this data to create the Annual Plan.          6.2 Supervisor and SNC review Annual Plan quarterly.</p>	<p><b>Measure 7</b> A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.</p> <p><b>Measure 8</b> 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"> <li>prevention of child injuries topics such as safe sleeping, shaken baby syndrome, or traumatic brain injury</li> <li>child health and development</li> <li>general cognitive skills and positive approaches to learning</li> <li>communication, language, and emergent literacy</li> <li>social behavior, emotion regulation, and emotional well-being</li> <li>parent emotional well-being and stress management</li> </ul>
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**Healthy Start Kitsap: Nurse Family Partnership (NFP) Program Expansion Logic Model**  
2015

**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 TWO OUTCOMES
<p><b>Target Population:</b> low income, first-time pregnant women residing in Kitsap County</p> <p><b>Target Geographic Area:</b> Kitsap County</p> <p><b>Staffing:</b> 0.5 FTE nurse home visitor 0.5 FTE NFP/ACES Outreach Coordinator*</p> <p><b>Home Visiting Curriculum Used:</b> NFP visit guidelines</p> <p>Partners In Parenting Education (PIPE) parenting education curriculum</p> <p><b>Funding Sources:</b> Kitsap Public Health District Healthy Start Kitsap</p> <p>Thrive by Five grant through partnership with Jefferson County Public Health</p>	<p><b>1: Staffing</b></p> <ul style="list-style-type: none"> <li>1.1: Maintain 0.5 FTE nurse home visitor</li> <li>1.2: Add 0.5 FTE NFP/ACES Outreach Coordinator</li> </ul> <p><b>2: Training</b></p> <ul style="list-style-type: none"> <li>2.1: NFP staff will participate in ongoing training and education as required by NFP NSO</li> <li>2.2: NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs.</li> <li>2.3: Orient NFP/ACES Outreach Coordinator and provide supportive training</li> </ul> <p><b>3: Outreach/Recruitment</b></p> <ul style="list-style-type: none"> <li>3.1: Develop and implement outreach and referral plan that includes ACEs education to reach target population and maintain caseload</li> <li>3.2: Monitor effectiveness of outreach plan</li> <li>3.3: Develop tracking model with early learning partners, schools, OESD to identify NFP children and track long term educational, health, and social outcomes</li> </ul>	<p>1.1: Existing nurse home visitor staff of 2.1 FTE is maintained</p> <p>2.1: 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 developed by NFP/ACES Outreach Coordinator.</p> <p>2.2: ETO data on enrollment by referral source, quarterly review reports are used to monitor effectiveness of outreach plan and to adapt plan.</p> <p>2.3: Presentations developed and presented to 50 community health care providers/community partners by NFP/ACES Outreach Coordinator.</p> <p>3.1: 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 - monthly individual consultation calls with state nurse consultant</p> <p>3.2: A preliminary tracking model is developed by 6/30/16</p>	<p><b>Measure 1</b> Nurse home visitors and supervisors are registered nurses with a minimum of a Bachelor's degree in nursing.</p> <p><b>Measure 2</b> 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><b>Measure 3</b> Client meets low-income criteria at intake as defined by program.</p> <p><b>Measure 4</b> 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><b>Measure 5</b> 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><b>Measure 6</b> A full-time nurse home visitor carries a caseload of no more than 25 active clients.</p>	<p>1. 90% of enrollment capacity is maintained</p> <p>2. 100% of clients not already receiving prenatal care begin prenatal care within a month of enrollment in NFP</p> <p>3. 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>4. 100% of clients screening positive for depression are referred to a mental health professional</p> <p>5. 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 at program completion</p> <p>6. 100% of clients screening positive for substance use (tobacco, alcohol, illicit drugs) are educated on harmful effects and treatment resources and referred as appropriate diagnostic and treatment services</p> <p>7. 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</p>

\*Highlighted areas new activities, outputs, and outcomes



<p><b>Data Systems:</b> "Efforts to Outcomes" (ETO) NFP National Database</p> <p>CHAMP Nightingale Notes Electronic Health Record</p>	<p><b>4: Home Visits</b></p> <ul style="list-style-type: none"> <li>4.1: Provide home visits for first time, low-income pregnant women, mothers and infants</li> <li>4.2: New clients will be enrolled before 28 weeks of pregnancy and receive visits according to NFP guidelines</li> <li>4.3: Content of home visits will be aligned with NFP guidelines</li> </ul> <p><b>5: Supervision</b></p> <ul style="list-style-type: none"> <li>5.1: Staff who provide home visits will receive individual reflective supervision</li> <li>5.2: All staff will participate in reflective case conferences</li> </ul> <p><b>6: Continuous Quality Improvement</b></p> <ul style="list-style-type: none"> <li>6.1: Supervisors and nurse home visitors will review and utilize their data</li> <li>6.2: Data is used for quality and fidelity monitoring and improvement</li> </ul>	<p>4.1: Each FTE NHV will maintain a caseload of 22-25 clients</p> <p>5.1: 12 clients will each receive 1-3 home visits per month according to the NFP standard and/or flexible visit guidelines</p> <p>5.2: 12 clients enrolled by 28 weeks of pregnancy, 40 % enrolled by 16 weeks of pregnancy.</p> <p>5.3 Quarterly average completed to expected visit ratio will be: Pregnancy completers : 90 % Infancy completers: 80 % Toddler completers: 90 %</p> <p>5.4: The quarterly average Maternal Role Domain will be: Pregnancy: 23-25% Infancy: 45-50% Toddler: 40-45%</p> <p>6.1: Supervisor will provide individual, 60" reflective supervision sessions 3 times per month for each NHV</p> <p>6.2 Reflective case conferences are held twice a month for 1.5-2 hours.</p> <p>7.1 Supervisors will review ETO quarterly reports with NHVs and State NFP Nurse Consultant (SNC) and use this data to create the Annual Plan. 7.2 Supervisor and SNC review Annual Plan quarterly.</p>	<p><b>Measure 7</b> A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.</p> <p><b>Measure 8</b> 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>Problem Rating Scale at program completion</p> <p>8. 100% of clients screening positive for domestic violence are educated on safety plans and support services available for domestic violence</p> <p>9. 100% of referrals are monitored for client follow-through</p> <p>10. 100% of clients are enrolled in a health insurance plan</p> <p>11. 100% of NFP babies receive well child exams measured at 6 months</p> <p>12. 100% of NFP babies receive immunizations as recommended by ACP measured at 6 months</p> <p>13. 61% or more of NFP babies are breastfeeding at 6 months (61% is the Healthy People 2020 target for duration of breastfeeding)</p> <p>14. 100% of clients receive education on:</p> <ul style="list-style-type: none"> <li>prevention of child injuries</li> <li>topics such as safe sleeping, shaken baby syndrome, or traumatic brain injury</li> <li>child health and development</li> <li>general cognitive skills and positive approaches to learning</li> <li>communication, language, and emergent literacy</li> <li>social behavior, emotion regulation, and emotional well-being</li> <li>parent emotional well-being and stress management</li> </ul>
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\*High id areas new activities, outputs, and outcomes



### **NFP/ACES Outreach Coordinator Position Description (0.5 FTE)**

The Outreach Coordinator plans, organizes and implements an outreach plan to educate referral sources on the importance of preventing and mitigating ACEs through the evidence based Nurse Family Partnership (NFP) program. This position develops health education materials, establishes partnerships and collaborations with the community and implements activities and events that increase referrals of women to NFP early in their pregnancies.

#### **ESSENTIAL JOB FUNCTIONS**

- Develop, implement, and evaluate a comprehensive outreach plan to increase NFP referrals to maintain a full caseload.
- Establish cooperative relationships and work with community groups, agencies and individuals in developing public interest in and support of NFP.
- Provide outreach and education to the following referral sources: OBs, Pediatricians, Family Practice physicians, Peninsula Community Health Services, Kitsap Mental Health Services, Kitsap Community Resources, Housing Kitsap, Bremerton Housing Authority, food banks, Coffee Oasis, Planned Parenthood, Pregnancy Resources, YWCA, DVTF, Kitsap churches, Immigration Assistant Center, five Kitsap County School Districts, and Olympic Educational Service District 114 (OESD).
- Develop a tracking model with early learning partners, school districts, and OESD to identify NFP children and track long term educational, health, and social outcomes.
- Provide outreach and education at community events to connect low-income, first time, mothers with NFP early in their pregnancies.
- Establish and maintain records and statistics of education and outreach programs.
- Develop health education materials, brochures, and presentations.
- Collaborate with community partners to implement ACEs education.
- Prioritize and plan own work activities. Use work time and resources effectively.
- Prepare and submit grant reports within required time frames.
- Prepare a variety of letters, memos, forms, reports, and other documents; operate computers utilizing a variety of software programs, including database and word processing applications, to produce documents with clearly organized thoughts using proper sentence construction, punctuation, and grammar.
- Complete timecard on time and as required.
- Attend work regularly and arrive on time.
- Perform other related duties as assigned.

#### **EDUCATION & EXPERIENCE REQUIREMENTS**

- A bachelor's degree, preferably in health education or equivalent.
- At least two years of experience in public relations, community organization and/or health education or an equivalent combination of experience and education.

#### **LICENSES & OTHER REQUIREMENTS**

- A valid Washington State driver's license is required at the time of appointment.
- Must pass a criminal background check through the Washington State Patrol.
- May occasionally be required to work a varying schedule which may include evenings and weekends.