

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap Public Health District

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

Please Check One  New Grant Proposal  Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

<input checked="" type="checkbox"/> Prevention, Early Intervention and Training	<input type="checkbox"/> Medical and Sub-Acute Detoxification
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Acute Inpatient Care
<input type="checkbox"/> Outpatient treatment	<input type="checkbox"/> Recovery Support Services

Number of Individuals Screened: 300      Number of Individuals Served: Total program 60  
This funding: 14

**Proposal Summary:** KPHD is requesting a continuation grant to provide an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. The two components include 1. providing Nurse Family Partnership and 2. improving access to services by utilizing a community health worker to develop and implement innovative outreach strategies for hard to reach populations and continue to strengthen referral systems. These continuation proposal activities maintain the success of the previous year's funding and includes an additional activity to complete a system gap analysis to identify areas for improvement related to access and services for pregnant and childbearing age women that need mental health and substance abuse treatment.

Requested Funds Amount: \$127,828

Matching/In-kind Funds Amount: \$113,837

Street Address: 345 6<sup>th</sup> Street, Suite 300

City: Bremerton

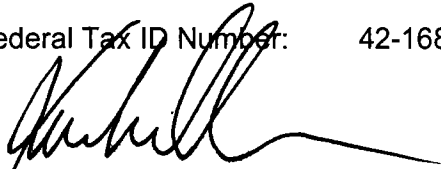
State: WA      Zip: 98337

Primary Contact: Yolanda Fong      Phone: 360-728-2275

E-Mail: yolanda.fong@kitsappublichealth.org

Non-Profit Status: 501C3 of the Internal Revenue Code?  Yes  No

Federal Tax ID Number: 42-1689063

 ADMINISTRATOR 7/30/2018

Signature Title Date

## **2018 KITSAP PUBLIC HEALTH BOARD OFFICERS**

Chair: Mayor Becky Erickson  
Vice Chair: Commissioner Rob Gelder

## **2018 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS**

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Operations**

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Commissioner Charlotte Garrido  
Mayor Greg Wheeler

**Policy**

Mayor Becky Erickson  
Commissioner Rob Gelder  
Mayor Rob Putaansuu

**Personnel**

Mayor Kol Medina  
Mayor Greg Wheeler  
Commissioner Ed Wolfe

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## 2018 Kitsap Public Health Board – Member Roster

### Mayor Becky Erickson (Chair)

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Staff: Deanna Erstad 337-4426  
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### Mayor Kol Medina

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**2019 NARRATIVE TEMPLATE FOR CONTINUATION  
GRANT PROPOSALS**

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

**All Continuation Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 10 pages.**

**Project Design (30 points)**

*Project Design-* The Improving Health and Resiliency of High-Risk Mothers and Their Children project (hereafter referred to as “Improving Health project”) includes providing an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. With the use of a best practice evidenced based program and a collective impact approach, this project will improve the health status and wellbeing of Kitsap residents.

The project has two components: 1. providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk first-time mothers and their babies (note total number of clients served by NFP annually is 50-60). 2. improving access to services by utilizing a community health worker (CHW) to develop and implement innovative outreach strategies for hard to reach populations and continue to work with community partners to strengthen referral systems.

The NFP program is a parental and infancy home visitation service that aims to improve the health, well-being, and self-sufficiency of first time parents and their children. Program activities are designed to link families to needed services, promote good decision making, assist families in making healthy choices, and help women build supportive relationships with families and friends. NFP nurses assess for signs and symptoms of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs) with every client. The nurses provide education to promote health and, because of their trusting relationships with their clients, they are often able to support a parent’s readiness to seek needed treatment services.

The CHW is an established liaison between health/social services and the community and has facilitated access to services with culturally appropriate strategies. The CHW for this project is bilingual in English and Spanish and has been able to provide targeted outreach to Kitsap’s Spanish speaking population. In this proposal the CHW will continue to outreach to our Spanish speaking population and will identify other hard to reach populations with the plan to develop culturally appropriate strategies for engagement. In addition to outreach, the CHW has been integral in the development of new relationships with community partners. These partners all contribute to our

prevention and early intervention infrastructure in Kitsap. An additional activity for the proposal this year includes a system gap analysis to identify areas for improvement related to access and services for pregnant and childbearing age women that need mental health and substance abuse treatment. This information will be used to open dialogue with partners to address areas of need using a collective impact approach.

*Staffing Qualifications-* This request would fund a 0.5 FTE NFP nurse and 0.7 FTE community health worker. NFP nurses are baccalaureate prepared public health nurses with preparation in public health and nursing science with a focus on outcomes at the population level. Public health nursing includes case management; outreach; counseling; and advocacy, working with both individuals and groups to enhance health promotion and protection capacity. NFP nurses are trained in additional skills including strengths and risks assessment (STAR) which promotes maternal and child health goals to improve prenatal health and behavior, provide competent early care of their children and helps mothers to develop a vision of the kind of life they want for themselves and their children, making choices consistent with their values. Additional training is provided in motivational interviewing concepts, coaching, and developing therapeutic relationships with women and their families.

The Community Health Worker is proficient in both English and Spanish and can carry out a variety of outreach and case management duties involving direct client contact with pregnant and parenting women in a variety of community settings. The CHW is a paraprofessional who works under the direction of the Public Health Nurses and Behavioral Health Specialist to assist with case management that links clients to needed health and community resources. The CHW also works on outreach to educate referral sources and potential clients on the benefits of the Maternity Support Services and Nurse Family Partnership programs to increase enrollment.

*Organizational Licenses and Certifications-* Kitsap Public Health District is not licensed to provide behavioral health services through the Department of Social and Health Services and/or the Department of Health.

*Outreach-* Project outreach will involve traditional and innovative approaches to reach our target population and improve access to our services. Our programs have eligibility requirements including income, trimester of pregnancy, and other risk factors. Outreach efforts will be focused on community members that would qualify for our program and partners who serve similar populations. We will utilize written and verbal forms of communication such as flyers, presentations, updates at community meetings and Facebook. We will explore new strategies such as texting, apps and geofencing. We will work with community partners and members to test our materials and ensure we are delivering culturally competent services and messaging.

Some specific potential outreach activities:

- Collaborate with the NFP Community Advisory Board (CAB) to host a community event. A broad range of people and organizations would be invited to expand exposure to our program and increase referrals.
- Work with community partners to strengthen infrastructure for a perinatal support group for Spanish speaking pregnant or parenting women. We

have begun work with Kitsap Immigrant Assistance Center and Kitsap Regional Library.

- Continue to connect with birthing centers, and local doulas, family planning clinics, Peninsula Community Health Services, Harrison Family Residency program and Planned Parenthood to reach potential clients.
- Connect with alternative high schools, afterschool programs, and the YMCA teen late night.
- Conduct outreach to churches and other faith-based centers to share about perinatal support programs.

*Evaluation-* Kitsap Public Health District (KPHD) is committed to implementing quality evaluation processes and with this project will continue to work on internal systems to support the Citizens Advisory Committee's priority to improve measurable outcomes and common performance measures. Our proposed project has two major goals; 1. prevention of mental illness, behavioral problems and future addiction in young children and 2. maintaining high fidelity to the Nurse Family Partnership evidence-based model. NFP nurses use a standardized nursing documentation language called Omaha. This documentation language uses a rating scale that gauges a person's knowledge, behavior and status related to an identified problem. Through our interventions we plan to see a positive change in three problem areas (mental health, substance use and caretaking/parenting) for our high-risk mothers. The evidence for NFP is based on positive outcomes from multiple randomized control trials and longitudinal studies. Data collection and analysis of NFP began in the 1970's and continues today. Our project's adherence to the national model fidelity requirements assures that our program implementation and expected beneficial outcomes are comparable to those from the randomized control trials. Therefore, our project's evaluation plan includes the maintaining of high fidelity so that we can confidently state that our program outcomes are similar to the national's outcomes on improving pregnancy, child health and development and increased economic self-sufficiency. An advantage to utilizing a nationally recognized model is the resources that researchers and other NFP programs have contributed to continually assess efficacy of the program. For example, in a 15 year follow up study, results showed positive effects for NFP families more than 12 years after visits ended including 67% reduction in behavioral and intellectual problems by age 6 and 59% reduction in child arrests at age 15. To begin gathering local data, our project will include follow up surveys to families that have graduated more than 12 months prior. Our expected outcome includes increase in knowledge of local implications and sustained NFP effects.

### **Accomplishments to Date (30 Points)**

*Progress to Date-* The Improving Health program has had a successful 2018. At this time, we are fully enrolled with a total of 50 participants in the Kitsap program. This is the maximum we can serve with our current total FTE. We are maintaining a wait list and can fill open caseloads as needed. Our wait list has ranged from 7 to 15 potential clients monthly over the last 5 months. We are now able to offer Spanish speaking families our services with the addition of our bilingual nurse. We are currently serving 5 Spanish speaking families. The 2018 grant funding includes a 0.5 FTE of an NFP nurse.

## Improving Health

In the first 6 months of this year 16 mothers have been served in this half time caseload including three mothers now graduated.

Staff capacity to meet the needs of their clients is a vital component of a successful program. Kitsap Public Health District consistently seeks opportunities to develop new skills and tools for the nurses to achieve the highest level of impact. The Kitsap NFP nurses have begun additional training to qualify for Infant Mental Health Endorsement (IMH-E<sup>®</sup>) as Infant Family Specialists through the Washington Association for Infant Mental Health. Infant Mental Health promotes social and emotional development, prevention of future mental health problems, and working with problems of very young children with their parents. The team is meeting monthly for 12 months with a professional qualified to provide reflective consultation and infant mental health training. The nurses report that working with the reflective consultant has already given them tools to help mothers better interpret the meaning of their infant's behaviors and to help the nurse strengthen the mother baby relationship. This perspective supports the mother in understanding her behaviors towards the infant and to minimize repeating negative patterns from her past.

Demonstrating our programs commitment to continuous evaluation, this year we have begun working with a public health intern to develop and implement a follow up survey for families that have graduated our program more than a year ago. The survey includes questions related to a client's status in housing, economic/education, physical/mental health, substance use, and parenting skills. We suspect that the changes in health status and knowledge-building made during the program are maintained over time. As of July 20, 2018, we have begun outreach to 28 past participants to complete surveys and have already received initial responses. We hope to complete the initial data gathering by the end of fall 2018. In our evaluation plan described above, we plan to continue this process of gathering past participants responses to continue to gather information and inform our programs.

The Kitsap Nurse Family Partnership Community Advisory Board (CAB) consists of a diverse group of vested community partners representing private citizens, local health care providers and government officials. Recently, the CAB worked under the Kitsap Community Foundation to host a successful Great Give in Spring 2018, a fund-raising event in support of Healthy Start Kitsap, a non-profit organization dedicated to supporting the Nurse Family Partnership at KPHD. Plans are in progress by the CAB Advocacy Committee for a "Baby Breakfast" event to inform local policy makers about the needs of Kitsap families and babies and advocacy for Nurse Family Partnership program. In March, a previous NFP graduate, and now member of the CAB, wrote a letter to the Kitsap County Board of Health describing her experiences in the NFP program and how it has been helpful for both her son and her family.

Through previous connections with the public defender's office and Kitsap County Sherriff's Department, outreach to the criminal justice system has grown to include a new connection with the Kitsap Community Re-Entry Taskforce's Community Partnership for Transition Services (K-CPTS), a community outreach effort by the Port Gamble S'Klallam Re-Entry Program, Suquamish tribe, community members from government programs and other local agencies.

## Improving Health

Our community health worker completed in depth outreach presentations at two Kitsap Mental Health outpatient units for both adults and youth. She maintains a relationship with the Parent Child Assistance Program (PCAP), a program which engages women who have used substances during their pregnancy, to continue a collaboration to better serve our mutual clients.

Outreach this year has also included some nontraditional locations including laundromats and grocery stores. Our CHW visited food banks throughout the county to engage potential NFP clients who may be food insecure. Her continued participation in the DSHS Local Planning Area meeting connects our program with multiple other community programs who also work with TANF and Work First.

Presentations have been given twice per year at West Sound Tech, a Bremerton School District program providing advanced career and technical programming. The purpose of these presentations is to provide information about public health to students contemplating health careers and to reach our target demographic of young adults and teens, increasing awareness of NFP and encouraging word of mouth referrals in the teen demographic.

Our new Facebook Group, Pregnancy 101 with Nurse Family Partnership Kitsap and Jefferson Counties, has been a success during its first 6 months. Our community health worker posts frequently about Nurse Family Partnership, local resources, information on healthy pregnancy and growth and development. She expands resource access by promoting local partners and providing vetted information on important pregnancy and parenting issues including postpartum depression. During the last month the site had 235 public interactions.

*Barriers to Implementation-* The time nurses spend travelling for home visits is sometimes an obstacle in maintaining ideal caseload because of the time required to visit clients who are spread geographically. We continue to meet young moms, “where they are at”. Sometimes that means meeting at their home but other times it might be a homeless shelter, a car, the library, coffee shop, or parking lot. We have made several adjustments to mitigate the impact that travel places on the nurse’s schedule. First, we try to assign families to nurses based on geographical areas. This helps the nurse develop familiarity with the communities and services while also reducing the miles that are needed to travel between visits. We have also incorporated the use of more technology in our programming including the use of web-based meetings and visits. We are now able to offer visits over the phone and we are looking into a Skype like meeting media.

We implemented the NFP program in Kitsap in 2012; knowledge of our program has grown slowly since that time through the efforts of our nurse home visitors and community health worker. We still meet birth professionals and community organizations that are unaware of our services and their ability to refer eligible moms to our program. To address this, we continually review our partner lists, reassess and outreach to new partners. We are currently exploring new ways to engage with our partners to strengthen our existing referral systems.



*Integration & Collective Impact-* The work of our CHW has focused heavily on strengthening the relationships with physical and behavioral health care providers, educators, government and social service providers, criminal justice, and other agencies who serve pregnant women and young children to streamline warm hand-offs to service. We have been able to diversify our referral system and are beginning to explore new ways to partner.

The CAB (mentioned above) is a collaboration of community partners who seek to ensure the NFP program's success and growth in Jefferson, Clallam, and Kitsap Counties. The CAB has shared objectives and measures across the programs it supports because of fidelity to the NFP model. The CAB's mission is to successfully support the NFP program through providing leadership, community involvement, engagement and maximizing funding. Its vision is that all families in the region will have access to services of a strong, widely supported, and well-funded NFP program. Collective impact is seen in creating the structure needed to continue moving the CAB forward, including expansion of membership, development on annual projects and goals.

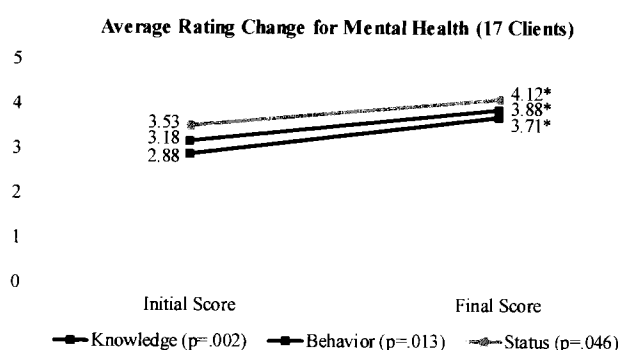
In fall of 2017, we began a community discussion regarding a centralized referral system for home visiting programs in Kitsap. We invited OESD 114, Kitsap Community Resources, Tribal partners and Kitsap Mental Health Services. We had several discussions related to how our programs could work better together to serve families with our respective programs. This group continues to meet and was able to develop a new website with input from all the partners. This website is an example of a collective outcome for home visiting partners in Kitsap county. Kitsap NFP program was integral in the development of this conversation and we hope to continue to partner into the future.

*Key Accomplishments-* NFP requires an intensive investment of resources including staffing expertise and time but these investments pale in comparison to the long-term impact the program has on the well-being of families. The earlier the intervention the longer the return. Supporting families during pregnancy can potentially have lasting effects for over 80 years. Since 1979, 14 follow-up studies tracking program participants' outcomes across the three trails have been and continue to be conducted. Examples of study outcomes include: 48% reduction in child abuse and neglect, 50% reduction in language delays of children age 21 months, 82% increase in months employed, 61% fewer arrests, 72% fewer convictions of the mother. A California study in 2010 found that families who participated in NFP demonstrated a 38.2% reduction in recidivism for mothers and a 15.7% reduction for children. Children not enrolled in NFP, compared to those who are, were more than twice as likely to be convicted of a crime by the time they were 19 years old. This prevention outcome supports the county's policy goal to "Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement."

While at the local level, we are unable to conduct randomized, controlled research to identify the long-term impacts of NFP in our community, we know that with high fidelity the families we serve will experience similar positive short and long-term outcomes. We have continued to successfully reach all 19 NFP fidelity measures. A few examples of

fidelity measures include: maintaining a retention rate of 85%, which is notable given the challenges our clients face with day to day living; nurse home visitors maintain an adequate caseload; enhancement of program quality using data. KPHD conducts regular statistical analyses on the impact of NFP with our clients. Our clients consistently have statistically significant changes in their knowledge, behavior and status (KBS) related to key problems identified by the nurse. Some of the most common problem areas include mental health issues, caretaking/parenting and substance use. We reviewed data from 18 clients that had graduated the NFP program over the past 2 years. These graduates, completed the entire 2-year program with their NFP nurse. Below are graphs depicting statistically significant improvement in knowledge, behavior and status in all three problem areas (January 2016 – June 2018).

### Mental Health



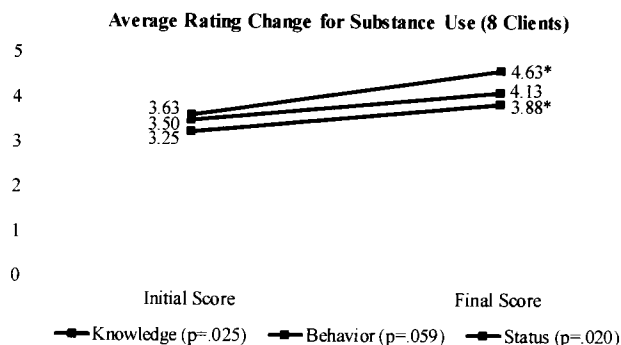
\* p<.05 = statistically significant

Figure 1

NFP is designed to intentionally address challenges with mental health around the perinatal period. The structure and frequency of postpartum visits, for instance, is designed to encourage the new mom through consistent, weekly support by a trained nurse, with self-assessment and skills-building activities focused on mental wellness. For growth in the mental health problem area, we track development and use of the mental/emotional abilities to adjust to life situations, interact with others and engage in activities. Improvement is indicated by several factors, some of which include: accessing mental health services, reduction of mental health symptoms (such as sadness, hopelessness, depression), increased interest and skills building in self-care, reduction in suicidal ideation, and improved stress management. Improvements in knowledge, behavior and status related to mental health wellness are vital for preventing and mitigating adverse childhood experiences, which allows children the optimal opportunity to thrive into adulthood. For NFP clients with an identified mental health problem, there was an increase in average knowledge, behavior, and status ratings from clients' initial to final scores (Figure 1). Eleven out of 17 showed statistically significant improvement in knowledge, 9 out of 17 showed statistically significant improvement in behavior, and 7 out of 17 showed statistically significant improvement in status ratings. Overall, 82% (14 out

of 17) of NFP clients with an identified mental health problem had a statistically significant improvement in either knowledge, behavior, or status rating.

### Substance Use

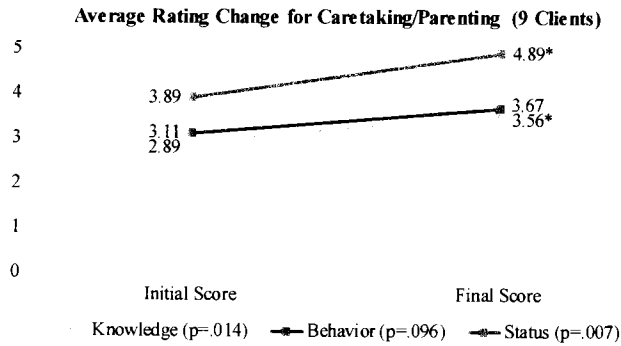


\* p<.05 = statistically significant

Figure 2

In regards to clients with substance use problem, we track improvement in several ways, including a reduction of abuse of over-the counter or recreational drugs (including alcohol and smoking), improvement in performing normal routines, increased understanding of connection between substance consumption and safe breastfeeding and care-taking, establishing safe care plans if parent is using substances, and protecting infants/young children from second-hand smoke. Whenever possible, nurses target education and skills-building to any adult in the home, particularly the father. As seen with mental health, improvements in knowledge, behavior and status are vital for preventing and mitigating adverse childhood experiences, which changes the trajectory for children in positive direction. For NFP clients with an identified substance use problem, there was an increase in average knowledge, behavior, and status ratings from clients' initial to final scores (Figure 2). Five out of 8 showed statistically significant improvement in knowledge, 4 out of 8 showed improvement in behavior, and 6 out of 8 showed statistically significant improvement in status ratings. Overall, 88% (7 out of 8) of NFP clients with an identified substance use problem had a statistically significant improvement in either knowledge, behavior, or status rating.

## Caretaking/Parenting



\* p<.05 = statistically significant

Figure 3

Caretaking and parenting refers to providing support, nurturance, stimulation and physical care for the child. NFP nurses work with mothers to help develop skills to understand the cues of their babies and children and strengthen their empathy for their children. Nurses empower clients to provide optimal physical and emotional care of their child and engage age-appropriate, positive discipline techniques. Improvements in this area set the foundation for the health of the parent-child attachment and positive development across the life course. For NFP clients with a parenting/caretaking problem, there was an increase in average knowledge, behavior, and status ratings from clients' initial to final scores (Figure 3). Six out of 9 showed statistically significant improvement in knowledge, 5 out of 9 showed improvement in behavior, and 8 out of 9 showed statistically significant improvement in status ratings. Overall, 100% (9 out of 9) of NFP clients with a parenting/caretaking problem had a statistically significant improvement in either knowledge, behavior, or status rating.

### **Budget Narrative (20 Points)**

*Past Expenditures-* For the 2016-2017 budget year we were able to expend all funds granted to our project. For the current 2018 budget year we are on track to spend down all funds by the end of the contract period (currently with 50% of funds remaining after 6 months into the grant).

*Funding Request-* We request funds in the amount of \$127,828 for a 12-month continuation grant of the Improving Health program. The majority of our funding request (89%) will cover staff salaries and benefits to implement the project. The remaining funds will cover home visiting associated costs including travel and communication. There is a slight annual increase from our previous budget request (approximately \$3,000) to cover a portion of a supervisor's time to ensure grant reporting, communication and coordination is maintained. There is no other notable difference in our funding request from previous to current budget.

Improving Health

*Funding Modifications-* There are no significant changes to the proposed budget for the next year resulting in modification of project activities.

*Subcontractors-* There are no subcontractors planned for this project.

### **Sustainability (20 Points)**

*Leveraged Funds-* The funding for this project is a portion of a larger effort. As mentioned previously, this funding covers 0.5 FTE of a nurse and 0.7 FTE of a CHW in a 3.7 FTE total program. Additional funding sources utilized includes Maternal Child Health Block Grant (MCHBG), Washington State Department of Children, Youth and Families (DCYF) home visiting funding, local public health dollars and Healthy Start Kitsap.

MCHBG are federal funds passed on to the Washington State Department of Health (DOH). These funds support NFP nursing FTE and require annual workplans and specific outcome measures. The DCYF funding is in partnership with Jefferson Public Health and a portion of a NFP nurse is covered with this funding. Healthy Start Kitsap is a nonprofit under Kitsap Community Foundation and they have been supportive in covering costs for required trainings for our NFP nurses plus contributing to program supplies and materials. We exhaust all other funding sources prior to tapping into our limited public health funding and the 1/10<sup>th</sup> of 1% funding.

*Sustainability Plan-* We anticipate that NFP will always require some level of grant funding, our goal is to increase the amount of dedicated funding to the program. We work with state and local partners to advocate for federal and state funding for home visiting services. There has been recent discussion among home visiting programs across the state related to potential home visiting expansion dollars. Due to the success of our program with the help of the 1/10 of 1% funding we are in a position to apply for additional funds. Continuing to diversify our funding sources will strengthen our ability to maintain program services for years to come.

The NFP CAB continues to be a support for our program and they have the ability to advocate for NFP funding. Their workplans include outreach and promotional activities to increase partnerships and donors for this work. They regularly discuss new ways to develop funding mechanisms and plan for sustainability.

Partnership has been a strong focus of our work over the past few years. We recognize that sustaining an extensive home visiting program requires leveraging of resources in the community. Our work with partners on a centralized referral system (mentioned in the Integration section) is another step toward sustainability. Creating formalized processes and relationships increases our ability to find shared funding opportunities, streamline shared resources and build innovative projects.

## EVALUATION WORKSHEET

### INSTRUCTIONS:

Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output (number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the “SMART” guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date (“time-bound” part of column C).

New and continuing grant proposals must fill out the Evaluation Worksheet.

### DEFINITIONS:

<b>Goal:</b>	A broad statement or a desired, longer-term, outcome of a program. A program can have one or multiple goals. Each goal has a one or more related specific objectives that, if met, will collectively achieve the stated goal.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.
<b>Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	Effect of a program (change) - can be in: participant satisfaction; knowledge, attitude, skill; practice or behavior; overall problem; or a measure of return-on-investment or cost-benefit. Identify any measures that are “fidelity” measures for an evidence based practice.
<b>Timeline:</b>	Is the outcome expected to measure short-term, medium-term or a longer-term change? When will measurement begin? How often will measurement be done (frequency: quarterly, semi-annual, annual, other)?
<b>Baseline:</b>	The status of services or outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and time frame.
<b>Source:</b>	How and from where will data be collected?

## EVALUATION WORKSHEET

ATTACHMENT D

**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 <small>Data and time</small>	G. SOURCE
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 (at any given time – total served will be greater)	Funded case load of at least 12 mothers and infants (0.5 FTE Nurse) will be maintained through December 31, 2019.	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit  If applicable: <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long  Start date: <u>1/1/19</u>  Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	12 as of 1/1/19	Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database
				<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit  If applicable: <input checked="" type="checkbox"/> Fidelity measure		
	Provide bilingual CHW targeted outreach and community referral systems support	By December 31, 2019 CHW has at least 200 unduplicated outreach and case management encounters	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit  If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long  Start date: <u>1/1/19</u>  Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	0 as of 1/1/19	NN Electronic Health Record  * All enrollees eligible for evaluation
	Survey a diverse group of community partners regarding barriers to prevention and intervention services for pregnant and parenting mothers.					

## EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
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 ACEs screening and education to NFP clients who voluntarily accept screening 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 Provide all NFP clients education on perinatal mood disorders and when to seek help	At least 90% of NFP clients with a potential or identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem (status) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: ongoing; baseline starts at client intake Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: ___	January 2016- June 2018, 82%	NN Electronic Health Record * All enrollees eligible for evaluation
	Screen all NFP clients for substance use and refer those screening positive for appropriate diagnostic and treatment services Provide all NFP clients education on the harmful effects of substance use during pregnancy	At least 90% of NFP clients with a potential or identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem (status) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: ongoing; baseline starts at client intake Frequency: <input type="checkbox"/> Quarterly	January 2016- June 2018, 88%	NN Electronic Health Record * All enrollees eligible for evaluation



## EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and time</small>	G. SOURCE
NFP program maintains high fidelity to the NFP evidence-based model	NFP program meets 18 model fidelity elements according to NFP requirements such that KPHD maintains its permissions to operate an NFP program	By December 31, 2019, KPHD will maintain required high fidelity to the NFP model, as required by the National Service Office.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit  If applicable: <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:	7/1/18, 100%	Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database
	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	At least 90% or more of NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit  If applicable: <input type="checkbox"/> Fidelity measure	Start date: ongoing; baseline starts at client intake  Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:	January 2016- June 2018, 100%	NN Electronic Health Record  *All enrollees eligible for evaluation
	Click <a href="#">here</a> to enter text.	By December 31, 2019, NFP CAB completes at least 5 outreach activities on its outreach plan	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long	0 as of 1/1/19	NFP CAB Outreach Plan

## EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
NFP program maintains high fidelity to the NFP evidence-based model	Collect and analyze data from past clients to inform program effectiveness and areas for improvement	Survey 10 past clients that have graduated the program at least 12 months prior.  (outreach includes educational presentations, advocacy efforts to increase funding, and promotional events)	<input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Start date: 1/1/19 Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: ___	0 as of 7/1/18	Survey results and Meeting Minutes
			<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem (status) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Start date: 1/1/19 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: ___		

## Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name:

Kitsap Public Health District

Project:

Improving Health

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 1,079,765	9%	\$ 1,501,549	12%	\$ 1,520,020	13%
WA State Revenue	2,223,001	19%	2,457,939	20%	2,480,920	21%
Local Revenue	1,960,753	17%	2,371,088	19%	2,056,224	17%
Private Funding Revenue	58,807	1%	44,407	0%	38,070	0%
Agency Revenue	5,850,066	51%	5,676,633	46%	5,872,675	49%
Miscellaneous Revenue	276,570	2%	242,891	2%	41,100	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 11,448,963</b>		<b>\$ 12,294,507</b>		<b>\$ 12,009,009</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Staff	\$ 6,746,319	57%	\$ 6,831,011	56%	\$ 6,942,160	58%
Total Benefits	2,343,233	20%	2,567,580	21%	2,605,201	22%
<b>Subtotal</b>	<b>\$ 9,089,551</b>	<b>76%</b>	<b>\$ 9,398,591</b>	<b>76%</b>	<b>\$ 9,547,361</b>	<b>80%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 115,517	1%	\$ 139,684	1%	\$ 136,734	1%
Office Supplies	259,027	2%	261,940	2%	261,650	2%
<b>Subtotal</b>	<b>\$ 374,544</b>	<b>3%</b>	<b>\$ 401,624</b>	<b>3%</b>	<b>\$ 398,384</b>	<b>3%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 9,122	0%	\$ 5,850	0%	\$ 5,850	0%
Professional Services	930,261	8%	1,165,048	9%	1,063,465	9%
Communication/Postage	114,288	1%	109,736	1%	110,348	1%
Insurance/Bonds	111,342	1%	116,444	1%	116,444	1%
Training/Travel/Transportation	476,689	4%	304,813	2%	305,864	3%
<b>Subtotal</b>	<b>\$ 1,641,701</b>	<b>14%</b>	<b>\$ 1,701,891</b>	<b>14%</b>	<b>\$ 1,601,971</b>	<b>13%</b>
<b>Ongoing Operations and Maintenance</b>						
Repair of Equipment and Property	\$ 461,576	4%	\$ 445,783	4%	\$ 117,748	1%
Utilities	2,766	0%	1,300	0%	2,775	0%
Rentals/Leases	53,157	0%	39,018	0%	34,470	0%
<b>Subtotal</b>	<b>\$ 517,499</b>	<b>4%</b>	<b>\$ 486,101</b>	<b>4%</b>	<b>\$ 154,993</b>	<b>1%</b>
<b>Other Costs</b>						
Debt Service	\$ 311,256	3%	\$ 306,300	2%	\$ 306,300	3%
Other (Describe)	-	0%	-	0%	-	0%
<b>Subtotal</b>	<b>\$ 311,256</b>	<b>3%</b>	<b>\$ 306,300</b>	<b>2%</b>	<b>\$ 306,300</b>	<b>3%</b>
<b>Total Direct Expenses</b>	<b>\$ 11,934,551</b>		<b>\$ 12,294,507</b>		<b>\$ 12,009,009</b>	

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

Attachment E Supplement - Total Agency Budget Form

Improving the Health and Resiliency of High-Risk Mothers and their Children.

Line items > 10% of budget

Request for Funding	FTE	Salary	Benefit	Total
NFP Nurse	0.50	\$ 45,423	\$ 18,943	\$ 64,366
Community Health Worker	0.70	\$ 31,692	\$ 14,387	\$ 46,079
Supervisor	0.029	\$ 2,953	\$ 962	\$ 3,915
Total		\$ 80,069	\$ 34,292	\$ 114,361

## Special Project Budget Form

Agency Name: Kitsap Public Health District

Subcontractor: \_\_\_ Yes  No

Project: Improving Health

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 31,061	13%	\$ 2,953	2%	\$ 28,109	25%
Staff	77,116	32%	77,116	60%	-	0%
Total Benefits	43,669	18%	34,292	27%	9,377	8%
<b>SUBTOTAL</b>	<b>\$ 151,846</b>	<b>63%</b>	<b>\$ 114,361</b>	<b>89%</b>	<b>\$ 37,486</b>	<b>33%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	300	0%	-	0%	300	0%
Other (Describe): NFP materials	650	0%	-	0%	650	1%
<b>SUBTOTAL</b>	<b>\$ 950</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 950</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Professional Services	18,537	8%	-	0%	18,537	16%
Communication	1,787	1%	347	0%	1,440	1%
Insurance/Bonds	-	0%	-	0%	-	0%
Postage/Printing	-	0%	-	0%	-	0%
Training/Travel/Transportation	2,000	1%	1,500	1%	500	0%
% Indirect (Limited to 10%)	66,545	28%	11,621	9%	54,925	48%
Other (Describe):	-	0%	-	0%	-	0%
<b>SUBTOTAL</b>	<b>\$ 88,868</b>	<b>37%</b>	<b>\$ 13,467</b>	<b>11%</b>	<b>\$ 75,401</b>	<b>66%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	-	0%	-	0%	-	0%
Maintenance of Existing Landscaping	-	0%	-	0%	-	0%
Repair of Equipment and Property	-	0%	-	0%	-	0%
Utilites	-	0%	-	0%	-	0%
Other (Describe):	-	0%	-	0%	-	0%
Other (Describe):	-	0%	-	0%	-	0%
Other (Describe):	-	0%	-	0%	-	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	-	0%	-	0%	-	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 241,665</b>		<b>\$ 127,828</b>		<b>\$ 113,837</b>	

NOTE: Indirect is limited to 10%

## Project Salary Summary

**Agency Name: Kitsap Public Health**

**Subcontractor:  Yes  No**

**Project: Improving Health**

**Description**

Number of Professional FTEs	0.53
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.70
<b>Total Number of FTEs</b>	<b>1.23</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 48,377.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 31,692.00
Description: Community Health Worker	\$ 31,692.00
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 80,069.00</b>
Total Payroll Taxes	\$ 6,126.00
Total Cost of Benefits	\$ 18,142.00
Total Cost of Retirement	\$ 10,024.00
<b>Total Payroll Costs</b>	<b>\$ 114,361.00</b>



*Fostering community commitment and partnerships that strengthen the health and independence of vulnerable Kitsap families.*

July 20, 2018

RE: LETTER OF COMMITMENT to the Citizens Advisory Board of the Kitsap County Mental Health Chemical Dependency and Therapeutic Court Programs in support of the

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

Dear Citizens Advisory Board:

Healthy Start Kitsap, now a part of the Kitsap Community Foundation was founded to prevent child abuse and neglect in Kitsap County. Our main effort for the last 15 years has been to start, encourage community support and financially support the Nurse Family Partnership (NFP) here in Kitsap County. The Nurse Family Partnership in Kitsap has now grown to support 50 enrolled mothers and their infants. As the most objectively studied program to date in the US, this program greatly decreases child abuse, increases school readiness and improves both the social and economic futures for these families. The benefits of this program are myriad and can easily be reviewed at [NurseFamilyPartnership.org](http://NurseFamilyPartnership.org).

Healthy Start Kitsap will continue to support all aspects of the Nurse Family Partnership.

Last year, for example, we provided a \$7500 grant to provide training for a Spanish speaking Public Health Nurse to better reach that segment of our local population.

These programs are expensive, however a recent RAND study proved a \$6 benefit to society for every \$1 spent on our NFP!! You CAN buy benefits like that by supporting NFP! This study can also be reviewed in detail on the website mentioned above.

Your support in the past years has been instrumental in building this program to the capacity to serve these 50 families. Thank you for helping us build NFP. Healthy Start Kitsap is also committed to continued support of Kitsap's NFP.

Please give this important proposal your utmost consideration for funding. We are building a better Kitsap for the future for all!

Sincerely,

A handwritten signature in black ink that reads "B NYQUIST". The signature is stylized and cursive.

Brian O. Nyquist, M.D.

President of Healthy Start Kitsap



July 21, 2018

**Re: Letter of Commitment to the Citizens Advisory Board of the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs in support of the Improving the Health and Resiliency of High-Risk Mothers and Their Children program**

Dear Citizens Advisory Board:

The Bridge Regional Nurse-Family Partnership Community Advisory Board (CAB) is pleased to submit this letter of commitment to the Citizens Advisory Board in support of the "Improving the Health and Resiliency of High-Risk Mothers and Their Children" program (*Improving Health*). The CAB is comprised of a diverse group of community partners representing private citizens, local health care providers, and government officials. We work together to ensure the evidence-based Nurse-Family Partnership (NFP) intervention is supported and sustained throughout our region.

The CAB provides input on decisions affecting NFP program implementation, program growth, and program sustainability in our region which includes the NFP program implemented by the Kitsap Public Health District (KPHD). CAB members provide leadership in promoting program referrals, increasing community engagement in support of NFP, both philosophically and financially, and political advocacy.

We are pleased to commit the following in support of the "*Improving Health*" program during the next funding period.

- Providing guidance on maintaining the successful outreach work of the Community Health Worker to maintain the full caseloads of the NFP nurses.
- Providing marketing and public relations assistance to the Community Health Worker and NFP nurses.
- Providing legislative advocacy with elected officials in support of funding NFP locally, statewide, and nationally.

Having a strong NFP program in Kitsap County is essential to the future health of our community. NFP is a proven prevention program that interrupts the cycle of poverty, prevents adverse childhood experiences (ACEs), reduces mental illness and substance use disorders, and supports low-income families to parent successfully and become economically self-sufficient. Every dollar invested in NFP yields \$6.40 in return to society, and \$2.90 in savings to state and federal governments. Funding the "*Improving Health*" program is truly a sound investment in prevention.

Sincerely,

Suzanne Plemmons, MN, RN, PHCNS-BC

Co-Chair

Bridge Regional Nurse-Family Partnership Community Advisory Board

Serving the NFP programs of Kitsap Public Health District and Jefferson County Health Department