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KITSAP PUBLIC
HEALTH DISTRICT

CFDA#: N/A

AGREEMENT KC-338-17

This Agreement is entered, into between Kitsap County and the Kitsap Public Health District for the Improving the Health of High-Risk Mothers and Children.

I. Purpose

This Agreement is for the appropriation of \$124,762, for the purpose of augmenting state and federal funding of mental health, chemical dependency and therapeutic court programs and services with the goal of preventing and reducing the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data-driven programs for a continuum of recovery-oriented systems of care per RCW 82.14.460 for the time period January 1, 2018 – December 31, 2018. Funding must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. No funding provided under this Agreement may be used to supplant existing funding for these programs.

II. Collaboration and Collective Impact

The Kitsap Public Health District shall take the initiative to work with other systems to reduce fragmentation or duplication and to strengthen working relationships utilizing collective impact strategies. The Kitsap Public Health District will provide quarterly updates on collaborative efforts and outreach activities that will include issues mutually identified by the Kitsap Public Health District and respective systems that can be addressed through collective impact strategies. Examples of such systems include: mental health, aging, veterans, child protection and welfare, adult protection and welfare, education, juvenile justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse and mental health services.

All entities providing services to working age adults and youth shall establish a connection with the local WorkSource system to ensure people have access to employment training and placement services.

III. Identification and Coordination of Available Funding Sources

The Kitsap Public Health District is required to identify and coordinate all available funding resources to pay for the mental health and chemical dependency services funded by this Agreement, including Federal (Medicaid and Affordable Care Act, etc.), State, local, private insurance and other private sources. The 1/10th of 1% funding should be utilized as a Payor of Last Resort.

IV. Project Description

This project will provide behavioral health services within the Prevention, Early Intervention level of the continuum of care and addresses the following strategic goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

This two-tier project has the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for, substance abuse and/or mental health problems. The first tier will deliver an evidenced-based nurse home visiting program (Nurse Family Partnership) to twelve (12) first time, low-income moms and their babies. The second tier will add a bilingual Community Health Worker (CHW) to the Parent Child Health Team to provide outreach and case management to two hundred (200) high risk, low-income pregnant women. The Maternity Support Services (MSS) program provides nursing visits and enhanced case management to achieve healthy birth outcomes, support young families to parent successfully, and screen for early identification of mental health and substance abuse problems.

V. Project Activities

The Kitsap Public Health District will provide the following for the Nurse Family Partnership (NFP) Program:

- Maintain 0.5 FTE Nurse Family Partnership (NFP) nurse home visitor.
- NFP staff will participate in ongoing training and education as required by NFP Nursing Services Organization.
- NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs.
- Existing caseload will be maintained at twelve (12) families.
- Maintain outreach and referral plan to reach target population and maintain caseload.
- Provide Home Visits for first time, low-income pregnant women, mothers and infants.
- New clients will be enrolled before twenty-eight (28) weeks of pregnancy and receive visits according to NFP guidelines.
- Content of home visits will be aligned with NFP guidelines.
- Staff who provide home visits will receive individual reflective supervision.
- All staff will participate in reflective case conferences.
- Supervisors and nurse home visitors will review and utilize their data.
- Data will be used for quality and fidelity monitoring and improvement.

The Kitsap Public Health District will provide the following for the Maternity Support Services (MSS) program:

- Early intervention nursing service to two-hundred (200) low-income, pregnant women.
- Hire a bilingual (English-Spanish) Community Health Worker (CHW) who will be added to the Parent Child Health (PCH) team of six (6) registered nurses, one (1) behavioral health specialist, and one (1) registered dietician. The CHW will be a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- The CHW will serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- Prenatal and postpartum nursing assessments which include depression and Adverse Childhood Experiences (ACEs) screening.
- Health and parenting education.
- Referrals to community resources, case management, and brief counseling.
- Expand outreach efforts to enroll more eligible women.
- Case management activities that can be done by a community health worker (CHW).

VI. Project Design

The first tier of the project focuses on serving low income, first time moms and continues the Kitsap Nurse Family Partnership (NFP) program to serve twelve (12) families by maintaining a 0.5 FTE nurse home visitor. The NFP assesses for evidence of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs). The NFP program is a nationally recognized, evidence-based nurse home visiting program implemented in 2012 through a public/private partnership. This tier will assist low-income, first time mothers to have healthy birth outcomes and become successful parents. Highly trained registered nurses begin visiting early in pregnancy through the child's second birthday. Nurses visit regularly to build trusting relationships that foster young women's abilities to reach goals and build healthy lifestyles for themselves and their children. The nurse provides education to promote health and helps build problem-solving skills that promote self-sufficiency and a positive life course. Measurable outcomes include, but are not limited to, early enrollment in pre-natal care, reduced perinatal substance use/abuse, regular screening for pre and postpartum depression, and referral for treatment.

The second tier of the project focuses on enrolling high risk, low-income pregnant women into the First Steps MSS program and offering enhanced case management services to assure they are able to overcome barriers they face in following through with referrals for health care and social services. Maternity Support Services are enhanced preventive health services designed to supplement medical visits and include screening, assessment, education, intervention, and brief counseling. Maternity Support Services reflects the interdisciplinary team concept of care. An interdisciplinary team is a group

consisting of individuals from different professions and occupations that work closely together and communicate frequently (case conferencing) to optimize care for the pregnant woman and infant. Each team member contributes specialized knowledge, skills, experience to support, and augments the contributions of the other team members. The MSS team consists of community health nurses, registered dietitians, and behavioral health specialists and, in some cases, community health workers. The team may also include health care providers and staff from other agencies who are also working with the client.

The team approach to care offers the services of specialists in a comprehensive and coordinated manner. The interdisciplinary team can achieve better outcomes than any individual member providing services alone. A successful team shares common treatment goals for the client and coordinates efforts through case conferencing to reduce duplication and maximize the time spent with the client.

VII. Project Outcomes and Measurements

The Kitsap Public Health District will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are monitored by the Citizens Advisory Committee. The Kitsap Public Health District will have an evaluation plan with performance measures developed in partnership with Kitsap Public Health District Epidemiologist. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations. Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs).
- Level of change occurring among participants (outcomes).
- Return-on-investment or cost-benefit (system savings) if evidence-based.
- Adherence to the model (fidelity).
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report on).

Data will be collected to monitor the following goals and objectives identified by the Kitsap Public Health District:

Goal #1: 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.

Objective #1: Funded case load of twelve (12) mothers and infants will be maintained through December 31, 2018.

Objective #2: Expand referral base to KPHD home visiting and wrap-around services by at least five (5) new agencies/organizations, at least one (1) of which specializes in service to immigrant women, by December 31, 2018 .

Objective #3: Maintain an average enrollment rate of 27% for MSS or NFP services over the course of the program year (January – December 2018) .

Objective #4: By December 31, 2018, Community Healthcare Worker conducts outreach and case management to at least two-hundred (200) individuals.

Objective #5: 95-100% of NFP clients with an identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services.

Objective #6: 95-100% of NFP clients with an identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services.

Objective #7: 90 - 100% 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.

Goal #2: NFP Public Health Nurses and Community Health Worker maintain high fidelity to NFP evidence-based model

Objective #8: By December 31, 2018, KPHD will maintain required high fidelity to NFP model, as required by the National Service Office.

Goal #3: NFP Community Advisory Board (CAB) strengthens collective impact of NFP through mission.

Objective #9: By December 31, 2018, NFP CAB completes at least five (5) outreach activities on its outreach plan (includes educational presentations, advocacy efforts to increase funding, and promotional events).

VIII. Data Collection

The Kitsap Public Health District will provide a Quarterly Report to the Kitsap County Human Services Department by April 30, July 31, October 31, 2018 and January 31, 2019 each year funding is received under this grant detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

IX. Billing and Payment

Payments to Kitsap Public Health District shall be requested using an invoice form, which is supplied by the County. Kitsap Public Health District invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Kitsap Public Health District is authorized to receive payments in accordance with the cost reimbursable budget included under this Agreement. The Kitsap Public Health District will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Kitsap Public Health District must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of the year-to-date budgeted total.

All payments to be made by the County under this Agreement shall be made to:

Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

The Agreement shall not exceed the total amount indicated on the cover sheet of this Agreement and any other modifications hereof.

X. Duration

This agreement is in effect from January 1, 2018 – December 31, 2018.

XI. Amendments

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

XII. Attachments

The parties acknowledge that the following attachments constitute a part of this agreement:

Attachment A: Budget

KC-338-17

This Agreement shall be effective January 1, 2018.

DATED this 7th day November, 2017.

DATED this 27th day November, 2017.

KITSAP PUBLIC HEALTH DISTRICT



Keith Grellner
Administrator

**KITSAP COUNTY BOARD OF
COMMISSIONERS**



CHARLOTTE GARRIDO, Chair

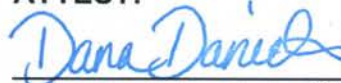


ROBERT GELDER, Commissioner



EDWARD E. WOLFE, Commissioner

ATTEST:



Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office



ATTACHMENT A: BUDGET SUMMARY/ESTIMATED EXPENDITURES

Kitsap County Human Services Department					
Expenditure Plan: January 1, 2018 - December 31, 2018					
Agency Name:	Kitsap Public Health District				
Project Name:	Improving the Health of High-Risk Mothers				
Contract:	\$124,762	Contract #	KC-338-17		

Contract Line item	1/1/2018 3/31/2018	4/1/2018 6/30/2018	7/1/2018 9/30/2018	10/1/2018 12/31/2018	Total Budget
Personnel	\$ 28,130.00	\$ 28,130.00	\$ 28,130.00	\$ 28,130.00	\$ 112,520.00
Manager and Staff (Program Related)	19,855.00	19,855.00	19,855.00	19,855.00	79,420.00
Fringe Benefits	8,275.00	8,275.00	8,275.00	8,275.00	33,100.00
Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	-	-	-	-	-
Office Supplies	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Administration	\$ 3,060.50	\$ 3,060.50	\$ 3,060.50	\$ 3,060.50	\$ 12,242.00
Advertising/Marketing	-	-	-	-	-
Audit/Accounting	-	-	-	-	-
Communication	-	-	-	-	-
Insurance/Bonds	-	-	-	-	-
Postage/Printing	-	-	-	-	-
Training/Travel/Transportation	225.00	225.00	225.00	225.00	900.00
% Indirect	2,835.50	2,835.50	2,835.50	2,835.50	11,342.00
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Operations & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Janitorial Service	-	-	-	-	-
Maintenance Contracts	-	-	-	-	-
Maintenance of Existing Landscaping	-	-	-	-	-
Repair of Equipment and Property	-	-	-	-	-
Utilities	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Debt Service	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Project Budget Total	\$ 31,190.50	\$ 31,190.50	\$ 31,190.50	\$ 31,190.50	\$ 124,762.00