NAPA COUNTY PUBLIC HEALTH

Maternal, Child-Adolescent Health (MCAH)

PROGRAM SUMMARY

The Public Health Nursing Maternal, Child and Adolescent Health Program provides critical primary prevention and early intervention services that are intensive, comprehensive and address both the health and social needs of individuals and families to improve the health and well-being of this vulnerable population.

Public Health Nurses (PHN) provide home visitation for the Maternal, Child and Adolescent Health (MCAH) population that includes pregnant women, postpartum women, fathers, infants, and children up to age 21. Comprehensive interventions are based on research and best practices in home visiting, as well as providing comprehensive case management through the Targeted Case Management program.

Perinatal Outreach & Education (POE) uses Community Health Assistants (CHA) to link the MCAH population to medical, social, dental, and community services to promote equity in access to quality services, especially for those who are eligible for Medi-Cal or other publicly provided health care programs. Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits.

MAIN ACTIVITIES

MCAH Public Health Nurses provide:

- Comprehensive health and nursing assessments
- Comprehensive Case Management and interventions
- Health promotion and primary prevention in the home, with individuals, groups and in the community
- Touchpoints Model, a strength-based, relational model of care and service for families
- Promotion of brain development, child and family development, and attachment and regulation as primary prevention strategies

MCAH Public Health Nurses specialize in:

- High risk, low income and Medi-Cal families
- Families with multiple health, psychosocial, mental health, substance and alcohol problems, domestic violence, mono-lingual Spanish, isolation, lack of support systems, barriers to health care access
- Health problems such as infants with congenital birth problems, prematurity, cerebral palsy, cleft palate, developmental delays, multiple births, prenatal exposure to drugs and alcohol, attachment and regulatory problems, childhood obesity, diabetes etc.
- Postpartum depression, Adverse Childhood Experiences (ACEs) and trauma
- Breastfeeding and infant feeding
- Child and family development, developmental delays and early intervention
- Targeted Case Management

Perinatal Outreach - Community Health Assistants (POE CHA)

- Assist clients with navigating complex social services and medical systems
- Assist with paperwork and application for Medi-Cal and other insurance programs

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- Ensure that women obtain prenatal care and stay in prenatal care
- Ensure that mothers and babies get the resources they need through the first year of life
- Assist clients in overcoming barriers to services including language, literacy, comprehension, transportation, culture and others

DEMOGRAPHICS AND NO. SERVED

PHN conducted 1257 face to face visits, serving 200 clients from a total of 341 referrals.

POE CHA staff conducted 267 face to face visits, serving 140 clients.

Of the 200 PHN clients served:

- 29 (14 %) of clients are at risk for negative health outcomes
- 104 (52%) are children under 21 years old
- 67 (34%) are considered medically fragile
- 43 % of clients were under 1 year of age at Admission
- 69% of PHN clients identify as Hispanic/Latino ethnicity, 22% White, 3% African American or Asian/PI (combined to protect confidentiality), 6% Multiracial

PERFORMANCE MEASURES

A targeted case management audit was conducted in April 2017. There were no TCM audit findings and program was found to be in compliance with documentation requirements. Audit findings can result in loss of revenue which can significantly impact a program. Program continues to focus on improving documentation standards through quality improvement practices, including supervisor and peer reviews.

ADMINISTRATIVE INFORMATION

The MCAH budget in FY17-18 was $1,567,124 (with $524,717 in TCM revenue). This program is overseen by the California Department of Public Health. Funding sources that support MCAH activities include: Title V, Maternal, Infant and Early Childhood Home visiting Grant (MIECHV), State General Fund (SGF), Title XIX, and Federal Positive Youth Development (OAH) Funds.

The TCM Program is authorized under Sections 1905(a)(19) and 1915(g) of the Federal Social Security Act and California's Welfare and Institutions Code, Sections 14132.44, 14132.47, 14132.48 and 14132.49. Regulations governing the TCM Program are contained in Title 22 of the California Code of Regulations (22 CCR), Division 3, Chapter 3, and the California State Plan. In addition, the Department periodically issues Policy and Procedure Letters regarding the Program.

Position	FTE
PH Nursing Director	0.9 FTE
Health Services Nursing Supervisor	1 FTE
Public Health Nurse	2.3 FTE
Perinatal Outreach Educator	2 FTE
Tech I	1 FTE
Staff Services Analyst	1 FTE

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Public Health
Prevent. Promote. Protect.

GOALS FOR UPCOMING FY:

- Currently collecting baseline data around documentation and productivity to refine performance standards.
- Hosting training: Trauma Informed Public Health Nursing Visits to Parents and Children presented by the Sonoma Field Nursing Program based on their evidence informed model that they have been sharing with the Persimmony regional collaborative members.
- Co-developing a unified set of outcome measures to demonstrate PHN impact with our 11 county Persimmony (EHR) regional collaborative.

FOR PROGRAM INFORMATION, PLEASE CALL:

PHONE: (707) 253 –4807

OR VISIT: https://www.countyofnapa.org/2041/Public-Health-Nursing

NAPA COUNTY CALIFORNIA

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