

Maternal, Child and Adolescent Health

Annual Report Summary FY 04/05

Butte County



Acknowledgements: Thanks are due first to the home-visiting Public Health Nurses who do the meaningful work of the MCAH program. Appreciation also goes to the Public Health Assistants, the Medical Records Technician, and to our Nursing Administration without whom the PHNs could not run their home visits and intervene on behalf of clients and families. Lastly, acknowledgment of grant funders is due to the March of Dimes, the Butte County Children and Families Commission, and the local chapter of the Soroptomists. It takes a community to care for the community.

Visiting Infants and Parents (VIP) Program

The 3-year VIP program, funded by Butte County Children and Families Commission was completed this last fiscal year. Below are observations and lessons learned as reported by the coordinator:

- Less than 50% of post-partum mothers were followed for more than one year.
- The Health Department did not limit the VIP PHNs' caseloads to 25 as originally envisioned due to the sheer number of referrals to PHNs and the need to meet demand for services. This undoubtedly impacted VIP nurses' ability to meet goals with their clients. Data showing outcomes is currently being analyzed and should be reported on by the end of January 2006.
- Both families and PHNs were enthusiastic about the Ages and Stages developmental tracking tool and both used it consistently.
- The VIP Coordinator envisioned PHNs using the Life Skills Progression Scales (LSPS) at 6 months post-partum and at closing. However, it is a lengthy tool with 43 items and it was not feasible for PHNs to generate both PEDS and LSPS data.
- The regional PHN approach worked well. Having PHNs remotely stationed in their communities increased PHN access to clients (and vice-versa), made communication easier with community partners, and decreased travel time.
- Outcomes as seen on LPSP assessments— In general the most needy families made the most progress by actually using knowledge they learned from the PHNs. Functional families remained static.

Implementation of the Title V Funding Augmentation Grant for Community Health Priorities

In the 2004 community health assessment process, agency partners and parents identified drug and alcohol abuse as one of two top health priorities in Butte County. Infrastructure and collective will existed at that time to concentrate on perinatal substance abuse prevention including Fetal Alcohol Syndrome Disorder (FASD).

In accordance with the grant's plan, the following was accomplished:

- A modest media campaign was begun in June with Charter Media. Public service announcements will be shown on MTV, Lifetime and Comedy Central, stations that target teens and women of childbearing age. The PSAs will be shown during through September 30th.
- Up-to-date pamphlets chosen by the First Chance Coalition were purchased and distribution to obstetric offices and PHNs begun by the PSC.
- Working with the Chico Speech and Language Center (CS&LC, the PSC ordered and acquired test materials needed to begin building FASD diagnostic capability. The FASD Subcommittee of First Chance performed the coup of enlisting Dr. Asarian to provide the medical component for FASD diagnosis and services. CS&LC will provide most of the technical testing for children with a rule-out FASD diagnosis.
- The PSC researched FASD materials and purchased books, videos, interactive CDs, and booklets for a parent library that has been established at the CS&LC. Parents began checking out those materials within days of the library's "opening".
- The Health Department purchased the license to use the 4Ps+ for FY 04 / 05.

Regarding parent participation, one of the leading members of the FASD Subcommittee is an adoptive parent of an FASD child. She provides critical input and guidance for both FASD and First Chance Coalition efforts. As this first year on the grant was spent on building capacity, recruiting a physician, and educating the community, no children were screened.

Summary of MCAH referrals to TCM PHNs for FY 04/05:

The rate of referrals has been fairly constant. Last year MCH PHNs received 429 referrals. This year, they received 514 referrals, an increase of 121. Interventions ranged from telephone contact to intensive crisis management to long-term case management. See table (Attachment III) for more details. A brief summary of highlights follows.

- 514 MCAH PHN field nursing referrals – up from 318 last year!
- 133 (34%) - pregnancy referrals. (110 last year)
- 230 (45%) – identified as high risk (28% last year)
- 43 (8%) - documented as smoking (7% last year)
- 39 (7.5%) – documented as exposed to 2nd hand smoke (5% last year)
- 13 (2.5%) - documented as using alcohol and 18 (3.5) as using in the past (2 and 3% last year)
- 16 (3%) - documented as using drugs and 60 (12%) as using in the past (1 and 9% last year)
- 402 (78%) - women received PHN case management/follow-up (66% last year)
- 357 (69%) – documented as on Medi-Cal, however documentation is missing on 19% of the women so this number is low.

MCAH REFERRAL STATS FY 04/05 -- BUTTE COUNTY																											
Site	Age		P	Race / Ethnicity					Tobacco			Alcohol		Drugs		BF	Insurance				Closed						
	<= 19	>= 20		W	H	A / PI	Nat Am	B	Unk / Oth	HR	Yes	2nd hand	Yes	Hx	Yes		Hx	MC	Pvt	None	Unk / Oth	No cnt.	Lost	Ref FU	Moved	Tran / Oth	complete
Chico	52	144	23	121	41	7	4	8	137	17	13	5	7	10	27	129	155	16	0	u-23 o-5	17	5	10	10	t-22 o-17	56	63
Oro-ville	107	211	110	113	56	12	1	1	93	26	26	8	11	6	39	53	202	2	3	u-11 o-1	10	1	14	11	T-5 O-6	7	122
TOTAL	159	355	133	234	97	19	5	9	230	43	39	13	18	16	66	182	357	18	3	u-34 o-6	27	6	24	21	t-27 o-23	63	185

Prenatal Care Guidance (PCG)

Referrals for PCG are received from Health Department clinics, Welfare PM357 forms, and CHDP. In FY 03/04 due to budget cuts, the PCG nurse was let go. A triage procedure was developed that funneled high-risk referrals to PHNs and moderate to low-risk referrals to PHAs. Unfortunately, this approach was unsuccessful as the number of participating women plummeted. Happily, funding was found to hire again a part-time staff RN to provide outreach and follow-up to PCG referrals and the triage procedure was discontinued. We were fortunate to rehire Charlene Perry, RN, at who is very successful in developing rapport over the phone and providing clients with good referrals as well as sound pregnancy advice.

The RN kept good statistics and provided a summary of PCG referrals for October 1, 2004 – June 30, 2005:

- 135 referrals
- Ages
 - 17 or under 7
 - 18-19 38
 - 20-29 76
 - 30-39 11
 - 40 or over 3
- Ethnicity
 - White - 85 (63%)
 - Hispanic – 20 (15%)
 - Black – 8 (6%)
 - Asian – 8 (6%)
 - Unknown + 14 (10%)
= 135
- Current Admitted Substance Use
 - Tobacco – 20 (15%)
 - Drugs - 2 (1.5%)
 - Alcohol - 0
- Unable to contact: 20 (15%)
- Refused services: 5 (4%)
- Moved: 1 (0.7%)
- Assessed and/or followed by PCG: 76 (56%)
- # enrolled in CPSP: 61 (80% of # assessed/followed by PCG)
- Assessed as high risk and referred to PHNs: 15 (11%)
- # of live births to women followed by PCG: 5 (4%)
- birthweights: 5 delivered at 2500 grams or more (100% of live births)
- # of spontaneous abortions: 6 (4.4%)
- # of therapeutic abortions: 3 (2.2%)

Homevisiting Outcomes:

Outcome data is gathered on a voluntary basis from PHNs and is reported under general categories per the observation and judgment of the PHNs. Thus, our outcome data can give a “sense” of how clients are responding to PHN intervention, but no conclusions can be made from the information generated. It is a “baby step” on how to track outcomes in our county. The table below summarizes convenience outcome data for 117 clients. Figures have been rounded to whole numbers.

The following outlines progress made on the local MCAH goals included in the scope of work agreed upon with the MCAH Branch at the State Department of Health Services:

TCM (MCAH) HOME VISITING OUTCOMES				
<i>Client (n117) Capability</i>	<i>Improved</i>	<i>Maintained</i>	<i>Concern/s Remain</i>	<i>Not an Issue</i>
Access Health Services	96n / 82%	18n / 15%	0	0
Health Maintenance	86n / 73%	27n / 18%	4n / 3%	0
Mental Health	39n / 33%	37n / 32%	2n / 2%	20n / 60%
Breastfeeding	23n / 20%	21n / 18%	4n / 3%	46n / 52%
Sobriety	14n / 12%	11n / 9%	1n / 2%	64n / 83%
Parenting	78n / 58%	17n / 8%	0	9n / 33%
Basic Needs	65n / 37%	30n / 13%	0	6n / 50%
Other	2n	0	2n	0

4.1 Increase from 74.1% to at least 80% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy by June 30, 2007

It is a pleasure to point out that last year 75.9% of pregnant women entered care in their first trimester. While still far from our goal, this is the highest number recorded of statistics at hand going back to 1998 when 72.3 % obtained early prenatal care. The gain is not dramatic; yet considering that resources have decreased dramatically over time, the program staff are holding their own.

- Designed a survey about perinatal attitudes and beliefs for Hmong women with the assistance of a SPHN and the UC Davis Nursing Research Office. Hmong women have traditionally not sought out prenatal care until well into the 2nd trimester. (Survey and report may be publishable.)
- *Challenge* - In 2004 entry into 1st trimester care increased only by 1% to 74.9%.
- *Barrier* – Lack of resources for a health educator to increase public awareness about the importance of early entry into prenatal care – same as last year.
- *Solution/s* – At a minimum, maintain current infrastructure. Work on other issues related to late entry to care: 1. Complete the study of Hmong women to learn why as a group they do not access first trimester care. 2. Create an annual community MCAH report with prenatal entry rates highlighted. If feasible, create hospital and physician reports r.e. their particular rate r.e. early entry to care. Consult with CPSP EDS representative r.e. possible training for obstetric offices r.e. presumptive care.

4.2 Increase the community's knowledge base, receptivity, and utilization of breastfeeding resources in Butte County during FY 04/05 through FY 06/07.

- Began implementation of a Butte First Five grant for a breastfeeding center located in Chico.
 - Hired a full-time center coordinator and a ½ time IBCLC.
 - Acquired space.
 - Rewrote benchmarks for the grant.

Note: These activities are not paid for under the MCAH grant.

- The PSC and a number of TCM PHNs continued attending Perinatal Council and Breastfeeding Coalition meetings and working to meet their objectives.
- *Challenge* – Breastfeeding women in south county have fewer breastfeeding resources, especially for one-on-one counseling.
- *Barriers* – Historically low capacity at Oroville Hospital to respond to breastfeeding questions and less expertise among PHNs staffing the south county area.
- *Solutions:* Breastfeeding Coalition to work with the hospital to facilitate training staff.

4.3 Increase substance-abusing pregnant women's access to drug and alcohol treatment programs including 90-180 day residential treatment centers.

- Recruited one physician and CPSP support service sites in Paradise and Oroville to use the 4Ps+. Promoted participation in a SART (screening, assessment, referral, and treatment).
- Provided consultation to the TRACK program of Skyway House on reporting requirements for the Prop. 10 grant funding 7 pregnant women per year to receive residential drug treatment.

- With Information Systems staff, developed an access data base to collect and analyze 4Ps+ data.
- Faxed First Chance Coalition bulletins on 4Ps+/SART to all obstetrical providers utilizing local 4Ps+ data. See Attachment V for examples.
- PSAs as done for the augmentation grant.
- “If you missed your period, don’t drink period” poster and message used at 2 health fairs.

Barriers/Challenges and Solutions:

I. Provider identification of pregnant substance users

- *Challenge* – Recruiting more OB-GYNS/CNMs to use the 4Ps+ and participate in SART
- *Barrier* – Provider attitudes and beliefs
- *Solution* – Present to office managers and office nurses. Continue sending SART/4ps+ bulletins to non-participating offices. Explore new “angles” to accessing MDs time. Work with Enloe and Oroville hospitals to present at their OB-GYN meetings.

II. Providing optimal residential treatment to pregnant substance users

- *Challenge* – Achieve fiscal sustainability
- *Barrier* – Optimal treatment programs for pregnant women and their children are expensive. Medi-Cal does not reimburse adequately at all.
- *Solution* – Participate in First Chance Coalition team grant writing sessions.

4.4 Increase the number of home visitors in Butte County trained in Home safety assessment with the desired result of decreasing the number of childhood injuries in the home.

This objective was fulfilled in April of 2005 by Ann Dickman, Supervising PHN with assistance of MCAH staff. It is not a program covered by the MCAH budget, but is included here to more fully depict the range of services Butte County Health Department conducts to meet the needs of MCAH target populations.

- Founded the Butte County Safe Kids Coalition.
- The coalition developed a 3-year action plan
- A coalition building grant was written.
- Developed sample generic home safety policy and procedure
- Safety policy was adopted into MCAH program policy as a recommended “best practice.”
- Developed a home safety training
- Conducted a training conference “Safe at Home Program” attended by 65 home visitors and 12 child- care providers so they can provide parents with anticipatory guidance for injury prevention
- Produced of 100 safety bags containing safety devices so home visitors can introduce these to families and show how to install them
- Conducted the same conference for the California Center for Childcare in Sacramento attended by 25 staff for child-care resource and referral centers. Agencies represented included WIC, CHDP, and Children’s Services.

4.5 Maintain low-cost car seat and child-passenger education safety program.

This effort is led by Ann Dickman, Supervising PHN with assistance from MCAH PHAs. It is not part of the MCAH budget, but is included here to more fully depict the range of services Butte County Health Department conducts.

- Community partners maintained six fitting stations
- Collaborated with 13 counties for training and skill improvement and conducted two 32-hour courses for car-seat fitting certification. Four participants were from Butte County.
- Maintained monthly free car seat classes (except in December) alternating between Chico and Oroville sites.
- *Barriers/Challenges* – These remain as before -- the challenges of sustaining the program beyond the grant funding.
- *Solution* – Continue to maintain the program, i.e. car seat classes and car seat distribution with PHA, clerical, and some TCM PHN time.

4.6 Implement SIDS Awareness Community Outreach and Professional Trainings

- All postpartum mothers seen by home visiting PHNs received information on SIDS and instruction on “Back to Sleep”. Approximately 250 mothers received this service.
- Over 200 people received SIDS materials during Public Health Week.
- SIDS materials were distributed at the Baby Fair in Chico, Dia del Campesino in Gridley, and the Salmon Festival in Oroville.
- Strategy for \$3,000 SIDS allocation outlined.
- *Barriers/Challenges*: Cost of conducting a professional training
- *Solutions*: Approach other counties’ MCAH Directors to explore collaboration r.e. spreading the cost.

4.7 Rural Public Health Nurse Outreach Project

- Ann Dickman wrote and obtain a M.O.D. grant for perinatal outreach to Hispanic women in the Biggs-Gridley area.
- Part-time PHN and health educator staff hired.
- Outreach plan developed r.e. Dia del Campesino event in August in Gridley
- Staff attended Hispanic Resource Council meetings representing March of Dimes.
- *Barriers/Challenges*: The MCAH Director learned recently that WIC may have to shut down its Gridley site due to budget shortfalls. This would greatly hamper outreach and education efforts as classes were to be held at WIC.
- *Solutions*: The MCAH Director consulted the Butte County WIC Director regarding advocacy. Upon her advice, the director wrote a letter regarding need for and advantages of maintaining Gridley services. (Happily, Butte County WIC will receive enough funding so that the WIC Director was able to problem solve in order to keep those services intact.)

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