2019 PROGRAM SPECIFICATION
Central Racine County Health Department
For Period 1/1/19-6/30/19

PROGRAM #: 522

STANDARD PROGRAM: Racine Healthy Babies
Home Visiting Public Health Nurse

TARGET POP: Youth and Family

YEAR: 2019 UNITS: Actuals CLIENTS: Average of 30-40 ALLOCATION: TBD

UNIT DEFINITION: Actual Expenses

GEOGRAPHICAL AREA TO BE SERVED: Racine County zip codes 53402, 53403, 53404, 53405, 53406

DAYS/HRS OF SERVICE AVAILABILITY: Monday through Friday 8 AM to 4:30 PM

MINIMUM STANDARDS:

Provider must agree to comply with the following terms and conditions:

- Standard contract language
- Certification standards where applicable
- Fiscal and program reporting criteria
- Allowable Cost Policy
- Audit criteria
- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- Maintain adequate liability coverage
- Recognize that authorization for services is approved by Racine County Human Services Department.
- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a RCHSD program through the use of a standardized RCHSD format provided by Racine County.
- The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.

PROGRAM DESCRIPTION:

Racine Healthy Babies (RHB) Public Health Nurse

The recent Wisconsin Home Visiting Needs Assessment revealed that children and families in Racine County are among the highest risk in the State for poor child and family outcomes. The Assessment also revealed that existing resources in Racine County do not meet the need for home visiting services. The Racine Healthy Babies Program is a partnership between Racine County Human Services Department (Lead Agent) and Central Racine County Health Department (Partner Agency). Working together, Racine Healthy Babies and the Racine County Home Visiting Network will: (a) increase access to home visiting services for pregnant women under age 21 and any African American women who are at-risk for poor maternal and birth outcomes, child maltreatment and other factors that impact on child health and development; (b) advance the use of evidence-based home visiting approaches in the community; (c) improve service coordination and linkages between existing providers of home visiting services; and (d) establish a coordinated system of care for pregnant young women, mothers, infants and children who are at-risk for poor maternal and birth outcomes. Achievement of these goals will increase the capacity of Racine County to reduce poor birth outcomes and child abuse and neglect as well as promote child health, safety and development.

Collaborators who will participate in the Racine County Home Visiting Network include but are not limited to:

- United Way of Racine County
- Greater Racine Collaborative for Healthy Birth Outcomes (LIHF)
- Ascension – All Saints

Funding through Racine Healthy Babies will be used to expand the continuum of home visiting services available for at-risk families in Racine County through the implementation of the Healthy Families America (HFA) home visiting model. Provider and project partners will implement the Healthy Families America model of home visitation services in Racine County.

Provider will hire two FTE Racine Healthy Babies Public Health Nurses who will provide skilled public health nursing services under the direction of the Health Officer or designee. Consistent with the Healthy Families of America model, professionals will be sought for the project who have the unique personal characteristics and experience required to conduct in home services, including: a) a strong desire and experience working with at-risk families who face multiple challenges and have complex needs; b) previous experience providing direct care for children ages birth to 5 years; c) an ability to engage in and establish strong and trusting bonds with families who are often suspect of formal systems and providers; d) an appreciation for cultural differences in parenting; e) an ability to work collaboratively with a broad array of public and private providers to ensure that families have access to the services they need to ensure child safety, health and family well-being; and f) appreciation of the need for responsiveness and accountability.

JOB SUMMARY:

The Home Visiting Public Health Nurse positions provide public health nursing services and participates in public health programs that promote and maintain the health of individuals, families, groups and the community. The Public Health Nurse provides public health nursing home visitation programs and services to promote health and prevent adverse birth and childhood outcomes. These staff will attend HFA training; develop and update family plans; conduct home visits; perform data collection and data entry.

In addition to weekly one-to-one supervision, Home Visitors will meet regularly as a team to share information about the program, discuss challenges, share information on resources and conduct group case consultation. Meetings will also provide opportunities to refine and adapt the HFA model to meet the needs of the target population, discuss strategies for caseload management and update each other on outcomes and results achieved across program sites.

SUPERVISION RECEIVED:

The Public Health Nurses will work under the direction of the Health Officer or designee. Close supervision is given at the beginning of work involving an extensive orientation program and a detailed evaluation of overall nursing performance. Once an employee demonstrates proficiency, s/he is expected to perform normal work assignments in accordance with established work procedures and departmental policies with a minimum amount of supervision and is expected to maintain a flexible work schedule. Provider will have one .4 FTE Supervisor who will supervise the

Public Health Nurses. The Healthy Families America model places a high emphasis on the role and function of supervision in the delivery of effective, culturally competent home visiting services. Supervisors will be available for staff consultation 24 hours per day, 7 days per week and when Supervisors are away from the office on vacation or training, back up supervision will be assigned.

All project staff will participate in basic, advanced and continuing education and training. All project staff will complete required training in the Healthy Families America model as prescribed by Prevent Child Abuse America as well as all other required trainings. To encourage the widespread application of the model, the project will invite all project partners to participate in local training provided by the HFA in Racine County.

The Racine Healthy Babies partners will meet quarterly to oversee the implementation of the project. Quarterly meetings will provide opportunities for the Lead Agency and partners to discuss training needs, explore opportunities for cross-training on the local level and identify technical assistance needs that can be provided through the Department of Health Services or other sources.

Provider will work in tandem with State and County representatives to establish local service goals and outcomes that address local needs and priorities and DHS requirements. Performance evaluation is viewed as a continuous process that involves a collegial exchange of feedback and problem solving. Provider will work with the Racine County Home Visiting Network and the Department of Health Services to implement an evidence-based matrix to measure benchmark service effectiveness and outcomes for home visiting services provided to the County.

EVALUATION OUTCOMES:

1. Provider will initiate services and maintain an ongoing continuous average caseload of 30-40 families, according to the following risk criteria:
    - **Level 1:** Pregnant African American women who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life).
    - **Level 2:** African American pregnant or parenting (within the first 60 days of life) women who do not meet the criteria for Level 1.
    - **Level 3:** Pregnant or parenting (within the first 60 days of life) women of all other racial and ethnic groups who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life) or who have 4 of the 28 risk factors for the Medicaid Prenatal Care Coordination benefit.
5. Vendors will be required to obtain/maintain Healthy Families America (HFA) affiliation.
6. Vendors may be required to obtain and maintain PNCC certification.
7. No staff vacancies will go beyond 90 days.
8. All project staff will be trained in the HFA model.
9. Staff will be trained on data collection procedures and data entry.
10. A Policy and Procedure Manual and standardized forms will be maintained for HFA Home Visiting Services.
11. Provider may bill Medicaid monthly for PNCC services.
12. Vendors will cooperate in assuring the State's outcomes are achieved.
13. Vendor will ensure that administrative/indirect costs do not surpass budgeted amount.

REPORTING REQUIREMENTS:

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as SACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/19, 7/15/19 and 10/15/19 to Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.