# Annual Report
# 2014 - 2015

## Crawford County
## Home Health, Hospice & Public Health

105 North Main Street
Courthouse Annex
Denison, Iowa 51442
(712) 263-3303

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Welcome to the Crawford County Home Health, Hospice & Public Health (CCHHH&PH) Annual Report for fiscal year of July 1, 2014 through June 30, 2015. Each year the employees of Crawford County Home Health, Hospice & Public Health work together to prepare this report.

Crawford County Home Health, Hospice & Public Health meets the community's needs through providing public health, home health, hospice, and homemaker services. Crawford County Home Health, Hospice & Public Health has been Medicare certified since May of 1974 and Hospice certified since May of 1999. Public Health services have been provided to the citizens of Crawford County since 1951. The agency is a non-profit organization serving under the direction of the Crawford County Board of Health and receives financial support from the Crawford County Board of Supervisors.

Crawford County Home Health, Hospice & Public Health believes in the human rights of each individual, the value of life and the goal of achieving the highest standard of health possible for each individual served. The agency believes that the services provided are an important part of the health care delivery system. It is also believed that a home environment in many cases can enhance and encourage individuals to strive for optimal health. To achieve this goal, coordination and planning must involve the health care provider, other service providers, and education to the client and/or family. Optimum quality care is important to meet the community health needs by providing services from prenatal through the end-of-life for the diverse population in Crawford County.

# Acknowledgements

Crawford County Home Health, Hospice & Public Health extends their appreciation to all of those who serve as members of the Board of Health and the Board of Supervisors. The staff would like to thank the Boards for the time and support given to the agency.

**BOARD OF HEALTH**

Douglass Soseman, DDS
Patty Ritchie
Tim Weber, RPh
Michael Luft, DO
Marcy Larson, BSN RN

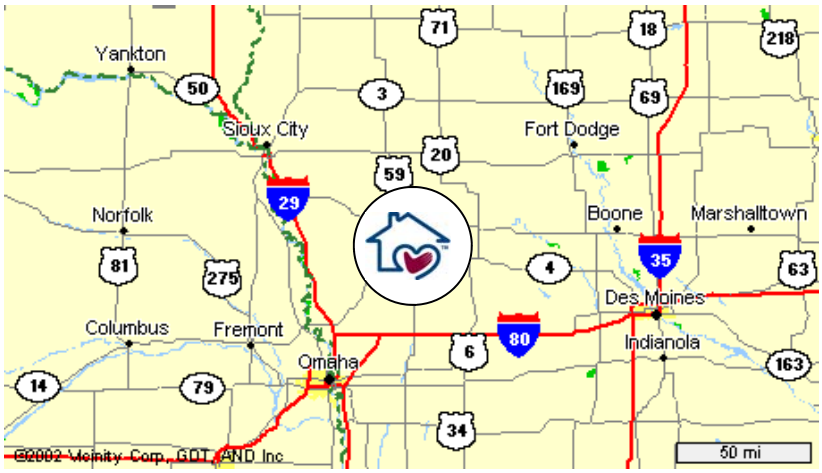
Ritchie, Larson, Soseman, Weber (Luft absent)

Skoog, Kuhlmann, Blum, Schultz, Ulmer

**BOARD OF SUPERVISORS**

Steve Ulmer
Eric Skoog
Cecil Blum
Randall Kuhlmann
Kyle Schultz

*Providing the highest quality of care and meeting the needs*




*of the community in the most cost effective way.*

# Year End Summary

2014

2015

# Year End Summary

The following information is a summary of events that occurred during the year July 1, 2014 through June 30, 2015.

July:

- Jennifer Macke, RDH hired as I-Smile Coordinator.
- Kathy Ransom retired as Payroll Secretary/Administrative Assistant.
- Terra Sell, BSBA hired to replace Kathy Ransom.
- The agency received the Children at Home Program grant for $49,999 to serve Crawford and Harrison counties. The program is designed to help parents keep children with disabilities in the home. It provides financial assistance to the family for the child through age 21.
- The Denison golf outing for breast cancer raised $4,300 with proceeds going directly to the agency's program for free mammograms.
- Emergency Medical Services Grant was awarded to the Crawford County Board of Health with CCMH administering the grant with the supervision of Laura.

August:

- Martin Bornhoft, RN hired as Child Care Nurse Consultant.
- Presentation of the FY14 Annual Report.
- The 1st Five grant application was submitted for $77,121.
- Carol Peterson retired from completing Home Health & Hospice chart audits.
- The Breast Cancer Awareness Walk fundraiser has been taken over by CCMH Foundation this year with proceeds being kept for promotion and assistance with mammograms.

September:

- No Board of Health meeting held.
- Maria Sanchez hired as Interpreter.

October:

- The first advisory council meeting for the Children At Home Program was held, all policies were approved and applications will now be accepted.
- On October 8th, the Crawford County Wellness Coalition sponsored the Healthy State Initiative Walk which was held over the noon hour, this was a community-wide walk and involved many schools.
- The first flu clinic was held on October 5th.
- The "ACES" grant was finalized; this stands for Adverse Childhood Experiences. This is a prevent childhood abuse initiative and is for training opportunities.

- Lori Hoch, the 1st Five Coordinator organized a fall seminar on October 24th in Logan. Topics of discussion included ACES, contemporary Iowa childcare and identifying and assessing children at risk for developmental concerns.
- The Hospice Committee held their first meeting. CCMH Foundation agreed to be the fiscal agent for fundraising and donations.
- CCHHH&PH and DrAlTo participated in the Homecoming Parade on October 3rd.
- DrAlTo and the Denison High School joined together with 'Celebrate My Drive' which promotes 2 Hands and 2 Eyes on the Wheel while driving.

November:

- Board of Health approved the hiring of a part-time Care Coordinator which will assist the 1st Five Coordinator in covering care coordinaton, *hawk-i* outreach and to serve as a back-up for immunization clinics.
- The Hospice Tree of Lights lighting ceremony was held on Tuesday, November 24th at 6:30 p.m. at CCMH.

December:

- No Board of Health meeting held.
- Approval was received for the agency to apply for a Dental Wellness Plan (DWP) Collaboration grant. The $25,000 grant provides services through 6/2016 to coordinate dental services for 19-64 year olds that are on the new dental wellness plan.

January:

- The Dental Wellness Program Grant was awarded.
- Board of Health approved the FY16 proposed budget.
- Election of Board of Health Officers as follows: Dr. Soseman, Chairman; Tim Weber, Vice Chairman and Patty Ritchie, Secretary.
- EMS System Development Grant through IDPH was awarded for $7,538. The grant will help fund EMS continuing education that is offered via a monthly webinar by Iowa Western hosted at CCMH.
- Live Healthy Iowa Challenge began January 26th, funding was received from Rotary and CCMH for promotion and lunch and learn events through the Crawford County Wellness Coalition.
- The Denison City Council Adhoc Committee in which Laura was a member of was disbanded due to completing their role. The survey conducted determined there is a need for a wellness center, 61% of people said they would utilize this facility and agree to pay approximately $31 per month for membership.
- Nursing services provided for Plains Area Mental Health are no longer utilized as of February 1st.

- The Tree of Lights event in 2013 raised $3,092 and in 2014 raised $2,210 for hospice donations.
- Approval was received to hire a part-time person to provide outreach activities and other program needs with the Dental Wellness Plan Outreach grant the agency received.
- Board of Supervisors notified that the employee's portion of health insurance will raise $50 per month effective July 1st, 2015.

February:

- No Board of Health meeting held.
- Approval was received to terminate the Family Planning Project Management contract with Myrtue Medical Center.
- Jennifer Muff, ARNP hired as Family Planning Clinic Nurse Practitioner.
- Sarah Ahart hired as 1st Five Care Coordinator.
- Sara Duncklee hired as Outreach Coordinator.

March:

- Martin Bornhoft, RN resigned as Child Care Nurse Consultant.
- Three grants were submitted: Prevent Child Abuse, Elderbridge and Local Public Health Services.
- Tricia Roberts with Check the Girls foundation reported the Monarchs Basketball Pink Out night raised $3,275, increasing the total fund amount for Crawford County to $10,775.
- The Children At Home program has $33,000 available for families that have children with disabilities in Harrison and Crawford counties, which has to be spent by June 30th.

April:

- No Board of Health Meeting held.
- The Board of Supervisors proclamation for Prevent Child Abuse month took place April 7th.
- Peggy Cole hired as Family Planning Assistant.
- Whitney Urich, RN hired as Child Care Nurse Consultant.
- Maricela Mejia hired as Interpreter.

May:

- Sarah Ahart resigned as 1st Five Care Coordinator.
- The 1st Five grant was awarded, amount of funding increased by $20,000-30,000.

- IDPH performed a fiscal audit of the agency, there were no findings or concerns that needed to be addressed.
- HCCMS took over management of the Family Planning program, the agency is waiting on funds from Myrtue Medical Center to arrive.
- Laura reported grants that were submitted which include: 1) Maternal/Child Health; 2) Child Care Nurse Consultant; 3) Oral Health; 4) Family STEPS; and 5) Early Childhood Iowa.
- Approval was received for the DrAlTo expense of sponsoring at driving simulator at the Denison High School for $2,500.
- Approval was received to submit the EMS grant application for $8,077 which will be used for education and training for Crawford County EMS providers, as well as helping to assist with funding for new communication equipment for Crawford County's 911 system.

June:

- No Board of Health Meeting held.
- Maricela Mejia resigned as Interpreter.
- Vanesa Sanchez hired as Interpreter.

**CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH**
**STATISTICS**

**THREE YEAR COMPARISONS**

| HOME HEALTH | FY15 | FY14 | FY13 |
|---|---|---|---|
| Home Health Admits | 94 | 81 | 127 |
| Home Health Discharges | 95 | 85 | 130 |
| Home Health Nursing Visits | 1777 | 1976 | 2389 |
| Therapy Visits | 277 | 152 | 181 |
| Evaluation Visits | 63 | 62 | 58 |

| HEALTH AIDE | | | |
|---|---|---|---|
| Health Aide Admits | 33 | 22 | 89 |
| Health Aide Discharges | 33 | 24 | 97 |
| Health Aide Visits | 1876 | 1676 | 2140 |

| HOSPICE | | | |
|---|---|---|---|
| Hospice Admits | 59 | 81 | 81 |
| Hospice Deaths or Discharges | 58 | 81 | 84 |
| Hospice RN Visits | 596 | 833 | 1059 |
| Hospice SW Visits | 366 | 301 | 317 |
| Hospice HA Visits | 144 | 255 | 396 |
| Nurse Practitioner Visits | 0 | 3 | 8 |

| HOMEMAKER PERSONAL CARE | | | |
|---|---|---|---|
| Personal Care Admissions | 27 | 23 | 25 |
| Personal Care Discharges | 37 | 16 | 21 |
| Personal Care RN Supervision Visits | 142 | 143 | 111 |
| Personal Care Homemaker Visits | 2281 | 2177 | 1584 |

| | | | |
|---|---|---|---|
| Total Home Care Visits | 11285 | 10888 | 11497 |
| Served in P.H. Programs | 3815 | 3899 | 4028 |

| HOMEMAKER | FY15 | FY14 | FY13 |
|---|---|---|---|
| Homemaker Admits | 29 | 33 | 28 |
| Homemaker Discharges | 28 | 27 | 35 |
| Homemaker Visits | 2114 | 2062 | 1769 |

| WAIVER PROGRAMS | | | |
|---|---|---|---|
| Elderly Waiver Admissions | 2 | 3 | 5 |
| Elderly Waiver Discharges | 3 | 3 | 7 |
| Elderly Waiver Aide Visits | 1132 | 849 | 947 |
| Brain Injury SCL Visits | 0 | 4 | 44 |
| Brain Injury CDAC Visits | 0 | 52 | 101 |
| ID SCL Visits | 0 | 2 | 44 |
| CM Elderly Waiver Visits | 361 | 341 | 349 |
| CM Elderly Waiver Admissons | 5 | 4 | 6 |
| CM Elderly Waiver Discharges | 4 | 9 | 8 |

| PUBLIC HEALTH | | | |
|---|---|---|---|
| 1 x Mom & Baby Visits | 3 | 6 | 18 |
| Immunizations for Children | 552 | 503 | 438 |
| Children's Flu Mist | 149 | 188 | 207 |
| Children's Flu Shot | 122 | 83 | 131 |
| Adult Hep B | 9 | 18 | 13 |
| Blood Pressures Taken | 733 | 802 | 803 |
| Vision Checks | 3 | 18 | 12 |
| Seasonal Flu Shots | 384 | 431 | 568 |
| TB Preventative Served | 10 | 26 | 18 |
| TB Direct Observation Therapy | 47 | 24 | 0 |
| TB Skin Tests | 44 | 59 | 55 |
| Disease Investigations | 18 | 5 | 4 |
| Family STEPS Visits | 859 | 758 | 747 |
| FS- Not Home/Not Found | 79 | 74 | 61 |
| Promise Jobs Visits | 58 | 117 | 111 |
| Lead Screenings | 23 | 34 | 43 |
| Family Planning Clinic Visits | 120 | 252 | 208 |
| Family Planning Pick Up Visits | 288 | 405 | 468 |
| Child Health Clinic Visits | 93 | 107 | 151 |
| Maternal Health Visits | 16 | 21 | 29 |
| Care for Yourself | 51 | 51 | 39 |
| CCNC Visits | 140 | 86 | 46 |
| I-Smile Screenings | 364 | 176 | 257 |

# 2014-2015 Grants

HCCMS Maternal/Child Health/Family Planning/CCNC/I-Smile/*hawk-i*
October 1, 2013 - September 30, 2014 ~ $318,277
October 1, 2014 - September 30, 2015 ~ $356,174

CCNC - Crawford, Buena Vista & Sac Counties Early Childhood Iowa
$21,630

Oral Health - Crawford, Buena Vista & Sac Counties Early Childhood Iowa
$5,996

CCNC - Boost-4-Families Cass, Mills & Montgomery Early Childhood Iowa
$6,257.15

Oral Health - Boost-4-Families Cass, Mills & Montgomery - Early Childhood Iowa
$3,975

CCNC - Harrison, Monona & Shelby Early Childhood Iowa
$51,623

Oral Health - Harrison, Monona & Shelby Early Childhood Iowa
$12,013

HCCMS - Cervical Cancer Screening
$900

HCCMS - 1st Five HDMI
Community Planning ~ October 1, 2013 - September 30, 2014 ~ $74,742
Implementation Phase ~ October 1, 2014 - September 30, 2015 ~ $80,036

HCCMS - School-Based Dental Sealant Program
October 1, 2013 - September 30, 2014 ~ $25,000
October 1, 2014 - September 30, 2015 ~ $15,000

HCCMS – Children at Home Program (Crawford and Harrison Counties)
$49,999

HCCMS - Dental Wellness Community Outreach
$25,468

HCCMS - Dental Wellness Community Outreach (Taylor and Montgomery Counties)
$10,828

# 2014-2015 Grants

Family STEPS - Crawford, Buena Vista & Sac Counties Early Childhood Iowa
$157,275.59

Prevent Child Abuse Iowa
Family STEPS ~ $15,176

Local Public Health Services Contract (LPHSC)
$55,560

Public Health Emergency Preparedness
PHEP ~ $27,957
HPP (Pass Thru to CCMH) ~ $12,313

EMS (Pass Thru to CCMH)
$9,375

Emergency Response Multi-Year Program
Ebola ~ $7,916

Elderbridge Agency on Aging
Homemaker ~ $14,599
Personal Care Homemaker ~ $3,000
Respite ~ $1,165

Immunization
January 1, 2014 - December 31, 2014 ~ $10,930
January 1, 2015 - December 31, 2015 ~ $16,904

DrAlTo - Community Partners for Protecting Children (CPPC)-Decategorization
$4,950

Baby's Boutique - Community Partners for Protecting Children (CPPC)-Decat
$3,000

Iowa Care for Yourself Program (Cass County BOH holds Grant)
ICFY ~ $6,300
Outreach ~ $4,056 (Spent $369.96)

IDPH-TB Medical Services & Direct Observation Therapy
$3,742

# Board/Coalition Membership & Representation

| | Attended By: |
|---|---|
| All Agency — 6-8 times/year | All Staff |
| BOH — 6 times/year & as needed | Laura, Alan, Terra, Lynette & Kim |
| BOS — monthly & as needed | Laura |
| Cass Early Childhood Iowa — quarterly | Jen M, Whitney/Marty & Kim |
| CCNC Regional Meeting — quarterly | Marty/Whitney |
| Crawford, Buena Vista & Sac Counties Early Childhood Iowa —10 times/year | Laura |
| Crawford County Child Abuse Prevention Council — 6 times/year | Laura |
| Crawford County Coalition — 6 times/year | Laura |
| Crawford County Drug, Alcohol & Tobacco Coalition (Dr AlTo) — quarterly & as needed with activities | Laura & Terra |
| Crawford County Health Care Coalition — as needed | Laura |
| Crawford County Wellness Coalition — quarterly & as needed | Laura & Kim |
| Crawford HCCMS Team Meeting — 6 times/year and as needed | Kim, Monica, Lori, Marty/Whitney, Gayle, Shelley, Deb & Jen M |
| Crawford & Sac Counties Decategorization — 10 times/year | Laura |
| Cultural Diversity — monthly | Laura & Kim |
| Denison Elementary School Business Partner — quarterly | Laura |
| Epi Update — yearly | Amy H |
| 1st Five Consortium — 2 times/year webinar, 2 times/year in person | Lori |
| 1st Five Open Mic Webinar — monthly | Lori |
| Family Planning Directors — 2 times/year | Kim |
| Family STEPS Crawford Staffing — monthly | Amy T, Jen C |
| Family STEPS Tri-County Staffing — quarterly | Amy, Jen C & Laura |
| ***hawk-i*** Outreach Taskforce — 2 times/year | Kim |

| | Attended By: |
|---|---|
| HCCMS Administrators — as needed | Kim, Laura, Monica & Contractors |
| HCCMS Family Planning — quarterly | Kim, Monica, Amy H & Contractors |
| HCCMS MCH Meetings — as needed | Kim, Monica & Contractors |
| HMS Early Childhood Iowa — quarterly | Jen M, Whitney/Marty & Kim |
| Home Health/Hospice Staffing — 2 times/month & as needed | Lynette & Staff |
| Homemaker/Waiver Staffing — monthly | Jan, Kay, HCA Staff & Lynette/Laura as needed |
| Hospice IDT — every other week | Lynette, Christina, Emilee, Kay & Other Disciplines |
| Hospice & Palliative Care Association of Iowa District Meetings — bi-monthly | Lynette & Hospice Staff |
| Hospice & Palliative Care Association of Iowa — Fall Conference | Lynette & Hospice Staff |
| IDPH Preparedness Advisory Committee (PAC) — quarterly | Laura |
| Immunization Update — yearly | Amy H |
| Iowa Alliance in Home Care (IAHC) District Meetings — quarterly | Lynette |
| Iowa Alliance in Home Care (IAHC) — Spring Conference | Lynette |
| Iowa Counties Public Health Association (ICPHA) — bi-monthly teleconference with 2 times/year in person | Laura |
| I-Smile — 3 times/year | Jen M |
| Job Corps Bi-Annual Industry Council — 2 times/year | Laura |
| MCH Regional IDPH Grantee Meetings — 3 times/year | Kim |
| MCH/FP IDPH Grantee — Fall Conference | Kim |
| Public Health Advisory Council — bi-monthly | Laura |
| Regional Nurse Administrator Meetings — quarterly | Laura |
| Rural Referral Network — monthly | Laura, Kim & Lynette |
| WIT Nurse Advisory Council — quarterly | Laura |

Other trainings and discipline specific meetings as needed

# Staff Introductions & Organizational Charts

2014

2015

## Agency Administrator

**Laura Beeck, BSN RN** started in the agency in June 2000. Laura is the Administrator and directs all aspects of the agency, as well as, represents the Board of Health and agency on numerous committees and coalitions.

## Finance Manager

**Alan Schramm, BA** started in the agency in June 2007 as Finance Manager. He oversees all financial aspects of the agency. Al works full-time.

## Coordinator/Supervisor

**Lynette Ludwig, BSN RN** started in the agency in September 2002 as a part-time employee. In February 2005, she became the Home Care and Hospice Coordinator. Lynette works full-time.

**Kim Fineran, BSN RN** started in the agency in April 2008 as the HCCMS Project Director for the Maternal/Child Health, I-Smile, Healthy Child Care Iowa and Family Planning Programs in Harrison, Cass, Crawford, Monona and Shelby Counties. She also supervises the Public Health programs. Kim works full-time.

## Nurses

**Debra Birks, BSN RN** returned to the agency for her second time in December 2012, she works with the HCCMS & Crawford EPSDT Program. Deb works part-time.

**Kara Bral, MSN BSN RN** started in the agency in December 2010 and is a Home Care and Hospice nurse. Kara works part-time.

**Gayle Chapman, RN** started in the agency in July 2007 working with the HCCMS & Crawford EPSDT Program. Gayle works part-time.

**Jennifer Chapman, BSN RN** started in the agency in November 2001. She is a Family STEPS support worker and assists with other Public Health programs as needed. Jennifer works full-time.

**Kim Feser, RN** started in the agency in January 1993 and is a Home Health and Hospice Nurse. Kim works full-time.

**Amy Hartwig, BSN RN** started in the agency in May 2013. She is the primary Public Health Nurse. Amy works full-time.

**Lori Hoch, RN** started in the agency in September 2008 as a Child Care Nurse Consultant (CCNC) for Harrison, Crawford, Monona & Shelby Counties. In May 2014, Lori became the 1st Five Coordinator. Lori works full-time.

**Angie Kastner, BSN RN** started in the agency in November 2004. In 2010, she changed from a part-time nurse to prn, as needed.

**Christina Lamaak, BSN RN** started in the agency in April 2014 as the primary Hospice Nurse, but assists with Home Health as needed. Christina works full-time.

**Shelley Moreland, LPN** started in the agency in September 2008 working with the Care for Yourself (CYF), EPSDT, HCCMS EPSDT, and Immunization programs. Shelley works part-time.

**Janet Schroeder-Brus, RN** started in the agency in September 2012 as a Home Health and Hospice Nurse. Janet works full-time.

**Amy Trucke, LPN** started in the agency in October 2007. She is a Family STEPS support worker and assists with other Public Health programs as needed. Amy works full-time.

**Whitney Urich, BSN RN** started in the agency in April 2014 as the Child Care Nurse Consultant. Whitney works full-time.

**Jaime Van Kley, BSN RN** started in the agency in March 2012. In 2013, she changed from a full-time nurse to prn, as needed.

**Jan Vonnahme, RN** started in the agency in August 2009 as a Home Care and Hospice Nurse. In December 2009, Jan left the Home Care & Hospice Programs and now serves as the Case Manager for Waiver Programs. Jan works part-time.

**Alyssa Willenborg, RN** started in the agency in February 2013 as a Home Health and Hospice Nurse. Alyssa works full-time.

## Nurse Practitioner

**Jill Kierscht, ARNP** started in the agency in October 2011 providing face-to-face assessments for Hospice clients. Jill works part-time.

## Social Workers

**Emilee Lakner, BSW** started in the agency in October 2013 as the Hospice Social Worker. Emilee works full-time.

**Janette Clausen, LBSW** started in the agency in July 2004 working as a Hospice Social Worker. In 2006, Janette's status changed to prn.

## Dental Hygienist

**Sharon Davidson, RDH** started in the agency in March 2008 working with the HCCMS Five County I-Smile Dental Program part-time. In May of 2014, Sharon changed to prn, as needed status for the I-Smile Dental Program.

**Jennifer Macke, RDH** started in the agency in July 2014 working with the HCCMS Five County I-Smile Dental Program. Jennifer works part-time.

## Home Care Aides

**Kay Blunk, HCA** started in the agency in May 1988. Kay is the Homemaker Case Manager and Home Care Aide Scheduler. She also provides data entry for Home Care and Hospice. Kay works full-time.

**Susan Boettger, HCA** started in the agency in April 1987. Susan assists with agency audits and also fills in for the Homemaker Case Manager & HCA Home Care Aide Scheduler. Susan works full-time.

**Jayne Gehling, HCA** started in the agency in February 1985. Jayne works full-time.

**Bill Greteman, HCA** started in the agency in February 1994. Bills works part-time.

**Carol Meyer, HCA** started in the agency in June 2010. Carol works part-time.

**Kate Neumann, HCA** started in the agency in February 1994. Kate works full-time.

**Ruth Parker, HCA** started in the agency in March 2010. Ruth works full-time.

## Clerical & Interpreter Staff

**Peggy Cole** started in the agency in April 2015 as the Family Planning Assistant. Peggy works part-time.

**Sara Duncklee** started in the agency in February 2015 as the Outreach Coordinator. Sara works part-time.

**Ashley Eggers** started in the agency in June 2006. She assists HCCMS with secretarial and billing needs. Ashley works part-time.

**Rocio Fernandez** started in the agency in January 2010 as an Interpreter. She assists with Child Health, EPSDT and bilingual secretarial duties. Rocio works part-time.

**Monica Neumann** started in the agency in May 2000. She works as the HCCMS Finance and Project Assistant. In 2004, Monica moved to part-time status until November 2013 when she returned working full-time.

**Maria Sanchez** started in the agency in September 2014 as an Interpreter. Maria works part-time.

**Terra Sell, BSBA** started in the agency in July 2014. She serves as Administrative Assistant. She is support staff to the Board of Health. Terra completes the data entry for timestudies, processes payroll for the agency and assists with other programs as needed. Terra works full-time.

**Jodi Utech** started in the agency in December 2013 as the Medical Biller. Jodi works full-time.

**Kelly Weltz** started in the agency in 2007. Kelly works as the agency receptionist and assists with other agency programs as needed. Kelly works full-time.

## On Call Interpreters:

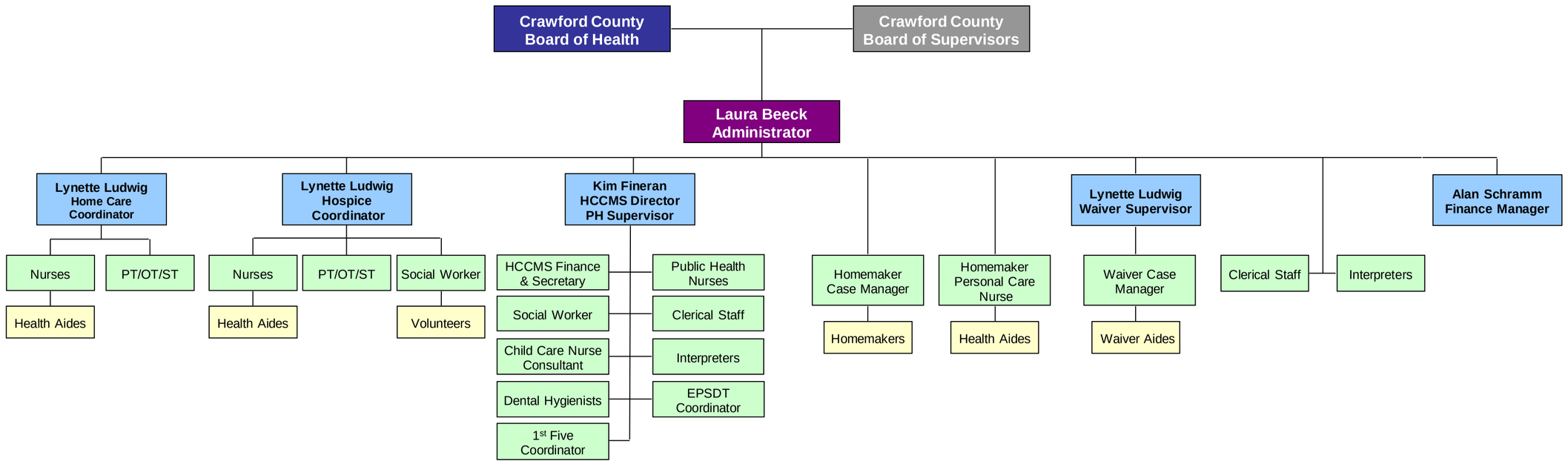
Vanesa Sanchez
Fatima Arellano
Yesica Perez Zavala
Juanita Garcia

## Left Agency Employment in FY15:

Kathy Ransom, Payroll Secretary, employed November 1983 to August 2014 when she retired
Norma Nicoletto, MA BSN RN, employed August 1990 to February 2015
Tami McCollough, RDA, employed April 2011 to February 2015
Oralia Saldana, Interpreter employed October 2002 to February 2015
Marty Bornhoft, RN, employed August 2014 to March 2015
Sarah Ahart, 1st Five Care Coordinator, employed February 2015 to May 2015
Maricela Mejia, Interpreter, employed April 2015 to June 2015

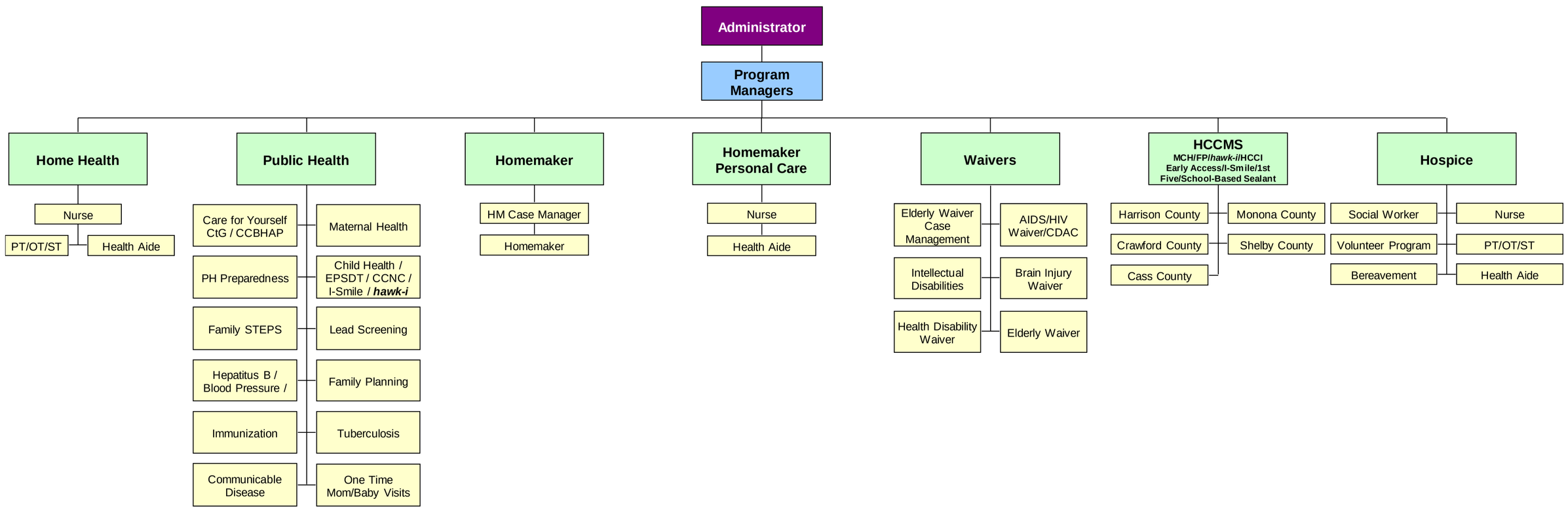
# CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH

Agency Organizational Table




# CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH

Program Organizational Table



# Financial Reports

2014

2015

**Statement of Activities (YTD)**
**Crawford County Home Health, Hospice & Public Health**
**For Month Ended June 30, 2015**

| | Department 13 | Department 12 | | | | |
|---|---|---|---|---|---|---|
| | HCCMS | Hospice | Home Health Public Health & Health Aide | Homemaker | Department 12 Total | Agency Total |
| Expenses: | | | | | | |
| Direct Patient/Program: | | | | | | |
| Salaries and benefits | $ 178,385 | $ 177,960 | $ 650,549 | $ 188,186 | $ 1,016,695 | $ 1,195,080 |
| Therapy (PT/OT/ST) | $ - | $ - | $ 27,600 | $ - | $ 27,600 | $ 27,600 |
| Supplies/materials | $ 31,777 | $ 3,476 | $ 2,423 | $ 38 | $ 5,937 | $ 37,714 |
| Medications/vaccinations | $ - | $ 19,326 | $ 5,004 | $ - | $ 24,330 | $ 24,330 |
| Services and insurance | $ - | $ 3,324 | $ 1,222 | $ - | $ 4,546 | $ 4,546 |
| Hospital, nursing, other contracted | $ 117,684 | $ 53,008 | $ - | $ - | $ 53,008 | $ 170,693 |
| Mileage, transportation, and agency auto exp. | $ 10,244 | $ 4,363 | $ 15,427 | $ 12,035 | $ 31,826 | $ 42,070 |
| Medical waste disposal | $ - | $ 54 | $ 307 | $ - | $ 361 | $ 361 |
| Donations, pass through, other reimb. | $ - | $ 4,834 | $ 1,060 | $ 26 | $ 5,920 | $ 5,920 |
| Accounting & other consulting services | $ - | $ 2,444 | $ 2,444 | $ - | $ 4,888 | $ 4,888 |
| Cost Report Settlements | $ - | $ - | $ - | $ - | $ - | $ - |
| Indirect Patient/Program: | | | | | $ - | $ - |
| Education and training | $ 15,741 | $ - | $ 5,282 | $ - | $ 5,282 | $ 21,022 |
| Ads and publications | $ 1,480 | $ 432 | $ 2,323 | $ 491 | $ 3,246 | $ 4,726 |
| Pass through | $ 182,324 | $ - | $ 4,924 | $ - | $ 4,924 | $ 187,248 |
| Uniforms | $ - | $ - | $ - | $ - | $ - | $ - |
| Overhead and administrative: | | | | | $ - | $ - |
| Salaries and benefits | $ 202,710 | $ 56,393 | $ 309,911 | $ 28,924 | $ 395,228 | $ 597,938 |
| Board of Health | $ - | $ - | $ - | $ - | $ - | $ - |
| Office administration | $ 8,450 | $ 2,158 | $ 14,032 | $ 1,350 | $ 17,540 | $ 25,990 |
| HR & Employee Medical | $ 541 | $ 517 | $ 2,219 | $ 447 | $ 3,183 | $ 3,724 |
| Industry pubs. & dues | $ 35 | $ 1,953 | $ 5,984 | $ 33 | $ 7,969 | $ 8,004 |
| Telecommunications | $ 1,622 | $ 1,346 | $ 4,905 | $ 1,211 | $ 7,462 | $ 9,084 |
| Information technology | $ 9,947 | $ 8,003 | $ 14,606 | $ 853 | $ 23,461 | $ 33,409 |
| Office equipment | $ 2,509 | $ 22 | $ 9,869 | $ 3 | $ 9,894 | $ 12,403 |
| Maintenance and repairs | $ - | $ 362 | $ 1,573 | $ 414 | $ 2,350 | $ 2,350 |
| Rent | $ - | $ - | $ - | $ - | $ - | $ - |
| Settlements, fines and adjustments(paybacks) | $ - | $ 6,029 | $ 1,839 | $ - | $ 7,867 | $ 7,867 |
| Net Program expense | $ 763,449.43 | $ 346,003.47 | $ 1,083,502.80 | $ 234,010.22 | $ 1,663,516.49 | $ 2,426,965.92 |
| Budgeted Amount : | $ 829,957.00 | $ 413,274.00 | $ 1,208,722.00 | $ 239,231.00 | $ 1,861,227.00 | |
| | | | | | 89% | |
| Revenues: | | | | | | |
| Third party payers: | | | | | | |
| Medicare | $ - | $ 173,170 | $ 97,102 | $ - | $ 270,272 | $ 270,272 |
| Medicaid | $ 53,176 | $ 42,851 | $ 171,338 | $ 24,471 | $ 238,660 | $ 291,836 |
| Other Insurance | $ - | $ 29,186 | $ 30,306 | $ - | $ 59,493 | $ 59,493 |
| Private pay | $ - | $ - | $ 29,083 | $ 40,442 | $ 69,525 | $ 69,525 |
| Restricted grants and program revenues | $ 451,769 | $ - | $ 372,500 | $ 59,583 | $ 432,083 | $ 883,852 |
| Donations and fundraising | $ - | $ 770 | $ 4,900 | $ - | $ 5,670 | $ 5,670 |
| Pass through | $ 222,974 | $ - | $ - | $ - | $ - | $ 222,974 |
| **Temporary Loan from Fund 0040 - FP** | $ 38,061 | $ - | $ - | $ - | $ - | $ 38,061 |
| Reimbursement of money paid | $ 109 | $ 1,330 | $ 249 | $ - | $ 1,578 | $ 1,687 |
| Net Program revenues | $ 766,088.73 | $ 247,306.85 | $ 705,477.84 | $ 124,495.62 | $ 1,077,280.31 | $ 1,843,369.04 |
| Budgeted Amount : | $ 829,957.00 | $ 502,700.00 | $ 671,737.00 | $ 111,031.00 | $ 1,285,468.00 | |
| | | | | | 84% | |
| County tax dollars used | $ (2,639.30) | $ 98,696.62 | $ 378,024.96 | $ 109,514.60 | $ 586,236.18 | $ 583,596.88 |
| Budgeted Amount : | $ - | $ (89,426.00) | $ 536,985.00 | $ 128,200.00 | $ 575,759.00 | |
| | | | | | 102% | |

**Statement of Activities (YTD)**
**Crawford County Home Health, Hospice & Public Health**
**For Month Ended June 30, 2015**

# HCCMS FAMILY PLANNING FUND

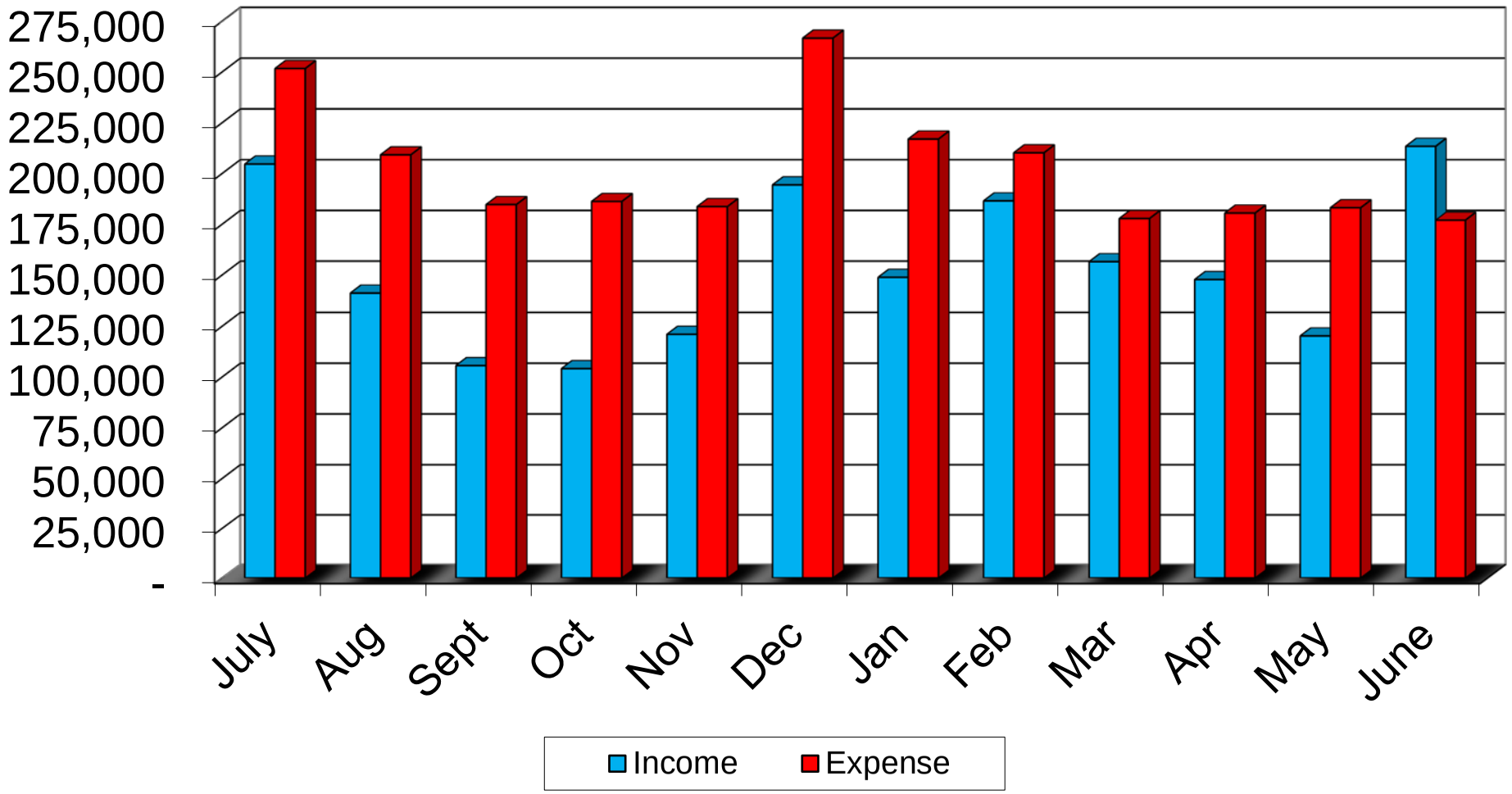
# FUND 0040

| | | HCCMS Family Planning |
|---|---|---|
| Expenses: | | |
| **Temporary Loan to Fund 0001 Dept 13 - HCCMS** | $ | 38,061.08 |
| | $ | - |
| | $ | - |
| | $ | - |
| Net Fund Expense: | $ | 38,061.08 |
| Revenues: | | |
| **Family Planning Pass Back from Myrtue Memorial Hospital** | $ | 192,025.03 |
| **Repayment of Temporary Loan from Fund 0001 Dept 13 - HCCMS** | $ | - |
| | $ | - |
| Net Fund revenues: | $ | 192,025.03 |
| Ending Fund Balance: | $ | 153,963.95 |

# Actual Income and Expense By Period

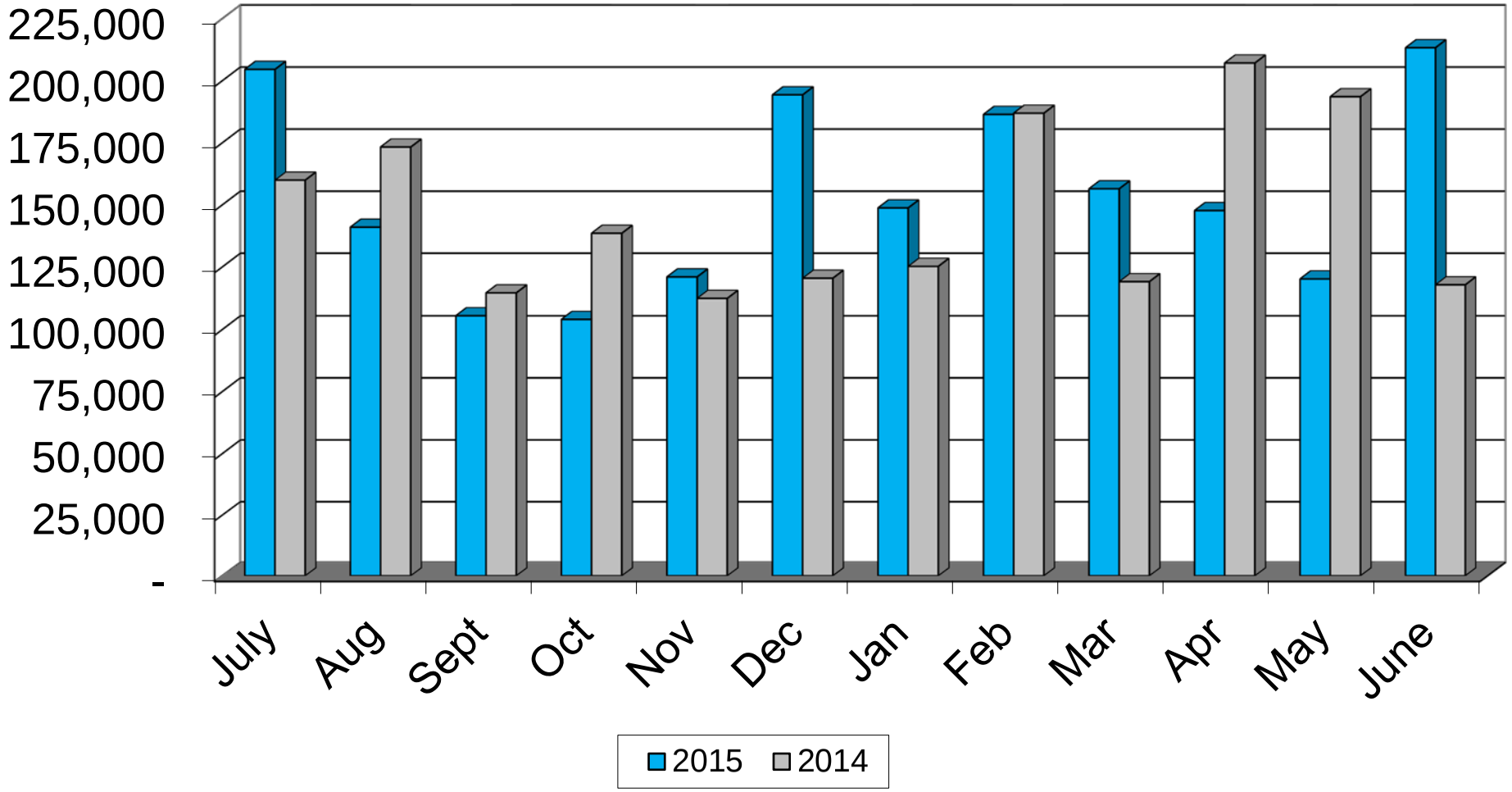
## Fiscal Year 2014-2015

| Income: | July | August | September | October | November | December | January | February | March | April | May | June | Actual YTD Total | Budgeted Totals | Actual % of Budget | Average Per Month |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nursing | 82,340 | 68,938 | 38,739 | 40,469 | 60,191 | 77,730 | 31,899 | 54,601 | 66,014 | 46,566 | 70,057 | 67,934 | 705,478 | 671,737 | 105.0% | 58,789.82 |
| Homemaker | 11,590 | 5,670 | 5,223 | 19,837 | 9,264 | 10,809 | 10,327 | 8,405 | 12,491 | 9,946 | 9,876 | 11,059 | 124,496 | 111,031 | 112.1% | 10,374.64 |
| Hospice | 28,475 | 20,337 | 22,644 | 6,591 | 7,489 | 14,119 | 16,584 | 43,896 | 29,493 | 30,281 | 1,375 | 26,023 | 247,307 | 502,700 | 49.2% | 20,608.90 |
| **Dept. 12** | 122,405 | 94,946 | 66,606 | 66,896 | 76,944 | 102,658 | 58,810 | 106,901 | 107,998 | 86,793 | 81,308 | 105,016 | 1,077,280 | 1,285,468 | 83.8% | 89,773.36 |
| HCCMS (13) | 82,181 | 46,064 | 38,944 | 37,174 | 44,034 | 91,668 | 89,959 | 79,535 | 48,486 | 60,901 | 38,855 | 108,288 | 766,089 | 829,957 | 92.3% | 63,840.73 |
| **TOTAL AGENCY** | **204,585** | **141,010** | **105,550** | **104,070** | **120,978** | **194,326** | **148,769** | **186,436** | **156,484** | **147,694** | **120,163** | **213,304** | **1,843,369** | **2,115,425** | **87.1%** | **153,614.09** |
| **Expense:** | | | | | | | | | | | | | | | | |
| Nursing | 123,386 | 86,563 | 84,489 | 85,114 | 84,964 | 118,835 | 84,317 | 84,000 | 83,533 | 82,513 | 82,836 | 82,953 | 1,083,503 | 1,208,722 | 89.6% | 90,291.90 |
| Homemaker | 21,570 | 18,534 | 19,058 | 18,615 | 19,312 | 25,315 | 18,569 | 19,490 | 18,777 | 18,502 | 18,777 | 17,491 | 234,010 | 239,231 | 97.8% | 19,500.85 |
| Hospice | 35,558 | 25,281 | 25,868 | 28,520 | 23,723 | 32,747 | 38,910 | 38,836 | 25,724 | 27,390 | 20,719 | 22,728 | 346,003 | 413,274 | 83.7% | 28,833.62 |
| **Dept. 12** | 180,515 | 130,379 | 129,415 | 132,248 | 127,999 | 176,896 | 141,796 | 142,325 | 128,034 | 128,406 | 122,331 | 123,172 | 1,663,516 | 1,861,227 | 89.4% | 138,626.37 |
| HCCMS (13) | 71,122 | 78,741 | 55,210 | 53,897 | 55,627 | 89,704 | 75,103 | 67,810 | 49,735 | 52,031 | 60,712 | 53,757 | 763,449 | 829,957 | 92.0% | 63,620.79 |
| **TOTAL AGENCY** | **251,637** | **209,120** | **184,625** | **186,146** | **183,626** | **266,601** | **216,900** | **210,135** | **177,768** | **180,436** | **183,043** | **176,929** | **2,426,966** | **2,691,184** | **90.2%** | **202,247.16** |
| **Tax Asking 12:** | **58,110** | **35,433** | **62,809** | **65,353** | **51,055** | **74,238** | **82,987** | **35,424** | **20,036** | **41,613** | **41,023** | **18,157** | **586,236** | **575,759** | **101.8%** | **48,853.02** |
| **Tax Asking 13:** | **(11,059)** | **32,677** | **16,266** | **16,724** | **11,593** | **(1,964)** | **(14,856)** | **(11,724)** | **1,248** | **(8,871)** | **21,857** | **(54,532)** | **(2,639)** | **-** | | **(219.94)** |



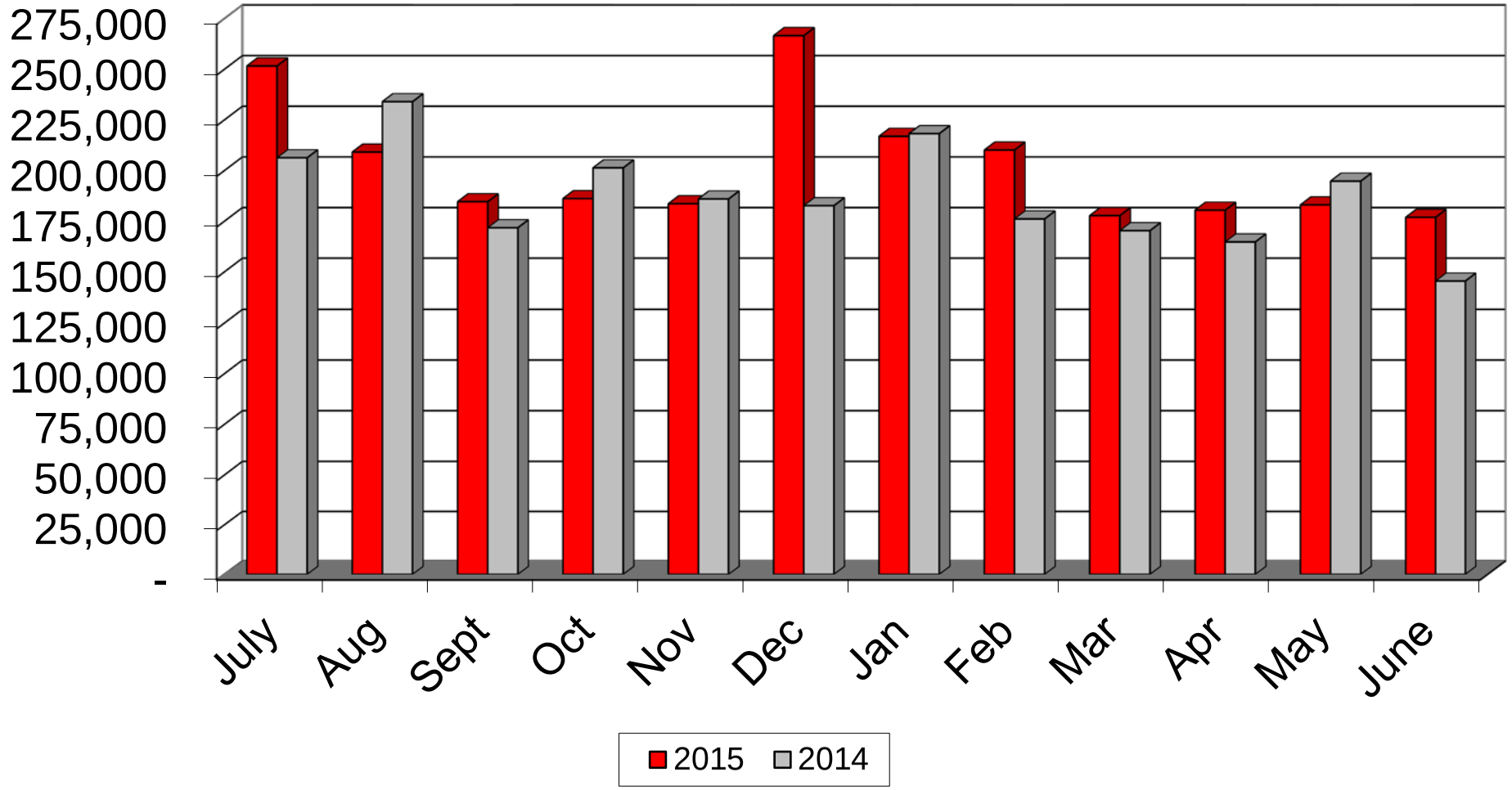
# Actual Income By Period
## Fiscal Year Comparison

| 2015 | July | August | September | October | November | December | January | February | March | April | May | June | Actual YTD Total | Budgeted Totals | Actual % of Budget | Average Per Month |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nursing | 82,340 | 68,938 | 38,739 | 40,469 | 60,191 | 77,730 | 31,899 | 54,601 | 66,014 | 46,566 | 70,057 | 67,934 | 705,478 | 671,737 | 105.0% | 58,789.82 |
| Homemaker | 11,590 | 5,670 | 5,223 | 19,837 | 9,264 | 10,809 | 10,327 | 8,405 | 12,491 | 9,946 | 9,876 | 11,059 | 124,496 | 111,031 | 112.1% | 10,374.64 |
| Hospice | 28,475 | 20,337 | 22,644 | 6,591 | 7,489 | 14,119 | 16,584 | 43,896 | 29,493 | 30,281 | 1,375 | 26,023 | 247,307 | 502,700 | 49.2% | 20,608.90 |
| **Dept. 12** | 122,405 | 94,946 | 66,606 | 66,896 | 76,944 | 102,658 | 58,810 | 106,901 | 107,998 | 86,793 | 81,308 | 105,016 | 1,077,280 | 1,285,468 | 83.8% | 89,773.36 |
| HCCMS | 82,181 | 46,064 | 38,944 | 37,174 | 44,034 | 91,668 | 89,959 | 79,535 | 48,486 | 60,901 | 38,855 | 108,288 | 766,089 | 829,957 | 92.3% | 63,840.73 |
| **TOTAL AGENCY** | **204,585** | **141,010** | **105,550** | **104,070** | **120,978** | **194,326** | **148,769** | **186,436** | **156,484** | **147,694** | **120,163** | **213,304** | **1,843,369** | **2,115,425** | **87.1%** | **153,614.09** |
| **2014** | | | | | | | | | | | | | | | | |
| Nursing | 76,343 | 53,792 | 32,664 | 59,139 | 23,254 | 36,303 | 70,267 | 93,217 | 62,401 | 56,581 | 51,264 | 57,197 | 672,419 | 729,529 | 92.2% | 56,034.93 |
| Homemaker | 9,698 | 8,866 | 4,707 | 13,523 | 3,916 | 10,685 | 19,555 | 10,666 | 11,376 | 9,494 | 9,838 | 10,308 | 122,633 | 117,071 | 104.8% | 10,219.38 |
| Hospice | 16,456 | 52,967 | 24,925 | 39,682 | 22,395 | 230 | 435 | 18,263 | 18,702 | 59,496 | 78,011 | 24,592 | 356,155 | 469,300 | 75.9% | 29,679.54 |
| **Dept. 12** | 102,497 | 115,625 | 62,296 | 112,343 | 49,566 | 47,217 | 90,257 | 122,147 | 92,479 | 125,570 | 139,113 | 92,097 | 1,151,206 | 1,315,900 | 87.5% | 95,933.85 |
| HCCMS | 57,452 | 57,660 | 52,249 | 26,216 | 62,776 | 73,229 | 34,976 | 64,769 | 26,593 | 81,566 | 54,445 | 25,698 | 617,630 | 729,933 | 84.6% | 51,469.14 |
| **TOTAL AGENCY** | **159,949** | **173,285** | **114,545** | **138,559** | **112,342** | **120,446** | **125,233** | **186,916** | **119,072** | **207,136** | **193,558** | **117,795** | **1,768,836** | **2,045,833** | **86.5%** | **147,402.99** |



# Actual Expense By Period
## Fiscal Year Comparison

| 2015 | July | August | September | October | November | December | January | February | March | April | May | June | Actual YTD Total | Budgeted Totals | Actual % of Budget | Average Per Month |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nursing | 123,386 | 86,563 | 84,489 | 85,114 | 84,964 | 118,835 | 84,317 | 84,000 | 83,533 | 82,513 | 82,836 | 82,953 | 1,083,503 | 1,208,722 | 89.6% | 90,291.90 |
| Homemaker | 21,570 | 18,534 | 19,058 | 18,615 | 19,312 | 25,315 | 18,569 | 19,490 | 18,777 | 18,502 | 18,777 | 17,491 | 234,010 | 239,231 | 97.8% | 19,500.85 |
| Hospice | 35,558 | 25,281 | 25,868 | 28,520 | 23,723 | 32,747 | 38,910 | 38,836 | 25,724 | 27,390 | 20,719 | 22,728 | 346,003 | 413,274 | 83.7% | 28,833.62 |
| **Dept. 12** | 180,515 | 130,379 | 129,415 | 132,248 | 127,999 | 176,896 | 141,796 | 142,325 | 128,034 | 128,406 | 122,331 | 123,172 | 1,663,516 | 1,861,227 | 89.4% | 138,626.37 |
| HCCMS | 71,122 | 78,741 | 55,210 | 53,897 | 55,627 | 89,704 | 75,103 | 67,810 | 49,735 | 52,031 | 60,712 | 53,757 | 763,449 | 829,957 | 92.0% | 63,620.79 |
| **TOTAL AGENCY** | **251,637** | **209,120** | **184,625** | **186,146** | **183,626** | **266,601** | **216,900** | **210,135** | **177,768** | **180,436** | **183,043** | **176,929** | **2,426,966** | **2,691,184** | **90.2%** | **202,247.16** |
| **2014** | | | | | | | | | | | | | | | | |
| Nursing | 91,823 | 112,821 | 77,905 | 81,765 | 78,847 | 78,677 | 109,919 | 89,708 | 76,193 | 76,855 | 81,882 | 79,863 | 1,036,259 | 1,145,473 | 90.5% | 86,354.89 |
| Homemaker | 13,125 | 22,386 | 16,598 | 15,328 | 15,922 | 15,993 | 22,385 | 18,177 | 15,911 | 16,401 | 16,065 | 16,921 | 205,212 | 207,969 | 98.7% | 17,101.01 |
| Hospice | 29,822 | 34,921 | 24,600 | 33,658 | 36,770 | 46,101 | 34,972 | 26,597 | 21,611 | 25,728 | 49,086 | 26,138 | 390,007 | 441,958 | 88.2% | 32,500.55 |
| **Dept. 12** | 134,771 | 170,128 | 119,103 | 130,752 | 131,539 | 140,771 | 167,276 | 134,483 | 113,715 | 118,984 | 147,033 | 122,923 | 1,631,477 | 1,795,400 | 90.9% | 135,956.45 |
| HCCMS | 71,541 | 63,866 | 52,673 | 70,585 | 54,438 | 41,901 | 50,947 | 41,646 | 56,622 | 45,787 | 47,722 | 22,541 | 620,269 | 729,933 | 85.0% | 51,689.10 |
| **TOTAL AGENCY** | **206,312** | **233,994** | **171,777** | **201,337** | **185,977** | **182,672** | **218,223** | **176,129** | **170,337** | **164,771** | **194,755** | **145,464** | **2,251,747** | **2,525,333** | **89.2%** | **187,645.55** |



| FISCAL YEAR - 2014-2015 | BUDGET | BUDGET AMENDED | ACTUAL | OVER / UNDER BUDGET |
|---|---|---|---|---|
| INCOME: | 1,285,468 | - | 1,077,280 | |
| EXPENSE: | 1,861,227 | - | 1,663,516 | |
| TAX ASKING: | 575,759 | - | 586,236 | 10,477 |

| FISCAL YEAR - 2013-2014 | BUDGET | BUDGET AMENDED | ACTUAL | OVER / UNDER BUDGET |
|---|---|---|---|---|
| INCOME: | 1,315,900 | - | 1,151,206 | |
| EXPENSE: | 1,795,400 | - | 1,631,477 | |
| TAX ASKING: | 479,500 | - | 480,271 | 771 |

| FISCAL YEAR - 2012-2013 | BUDGET | BUDGET AMENDED | ACTUAL | OVER / UNDER BUDGET |
|---|---|---|---|---|
| INCOME: | 1,226,440 | - | 1,239,760 | |
| EXPENSE: | 1,671,440 | - | 1,600,530 | |
| TAX ASKING: | 445,000 | - | 360,770 | (84,230) |

| FISCAL YEAR - 2011-2012 | BUDGET | BUDGET AMENDED | ACTUAL | OVER / UNDER BUDGET |
|---|---|---|---|---|
| INCOME: | 1,235,843 | - | 1,241,212 | |
| EXPENSE: | 1,660,843 | - | 1,646,723 | |
| TAX ASKING: | 425,000 | - | 405,511 | (19,489) |

| FISCAL YEAR - 2010-2011 | BUDGET | BUDGET AMENDED | ACTUAL | OVER / UNDER BUDGET |
|---|---|---|---|---|
| INCOME: | 1,460,999 | - | 1,198,597 | |
| EXPENSE: | 1,788,199 | - | 1,621,592 | |
| TAX ASKING: | 327,200 | - | 422,995 | 95,795 |

| FISCAL YEAR - 2009-2010 | BUDGET | BUDGET AMENDED | ACTUAL | OVER / UNDER BUDGET |
|---|---|---|---|---|
| INCOME: | 1,156,230 | 80,000 | 1,567,574 | |
| EXPENSE: | 1,600,330 | 80,000 | 1,592,066 | |
| TAX ASKING: | 444,100 | - | 24,493 | (419,607) |

# Home Health Program

2014

2015

# Home Health

## *Program Description*

The Home Health nurses assess health care needs, provide teaching on a new diagnosis, assist with an acute or chronic illness, provide and/or teach wound care with dressing changes, assist with medication management, give injections, and assist with IV therapy and pain control. Rehabilitation services such as Physical Therapy, Occupational Therapy, and Speech Therapy through contracted therapists are also coordinated by the nurse. Reimbursement for services rendered is through Medicare, Medicaid, Private Insurance, Local Public Health Services Contract funds, Title XIX Waivers, Private Pay, or County. The Home Health nurses are available 24 hours/day to meet the needs of the current clientele and to accept referrals for new clients.

## *Program Update*

This past year the agency completed 1777 skilled nursing visits, a decrease of 199 visits from last year. There were 94 admissions, 95 discharges, and 63 evaluation visits. The top five referral sources for agency services this past year were, in descending order of number of referrals: out-of-town hospitals, local and out-of-town physicians/physician offices, families/clients, nursing homes/Assisted Living Facilities, and Crawford County Memorial Hospital. Other sources of referrals included infusion companies, DHS, insurance companies (Work Comp), and other programs within the agency such as the Homemaker department or the Waiver nurse.

OASIS is the form that Home Health agencies use as part of a comprehensive assessment and for payment determination for Medicare and Medicaid skilled clients. OASIS stands for Outcome and Assessment Information Set. It has been used in some format since 2000, with changes occurring as necessary to keep up with CMS rule changes. The previous OASIS-C version incorporated and followed the use of best practices and process measures for certain health related issues, including diabetes, heart failure, pain, depression, pressure ulcers, and care coordination with the physician. This was done in preparation for eventual pay-for-performance, which CMS (Centers for Medicare and Medicaid Services) has been studying as a value-based and cost-saving possibility for Medicare dollars. Preparations had been in place to convert to the newest OASIS version, the OASIS-C1, which was originally due to take effect in October 2014 in order to coincide with the implementation of ICD-10 diagnosis coding. Due to strong push back by physicians and the AMA (American Medical Association) against the 2014 implementation of ICD-10, it was delayed until October of 2015. CMS did decide to go ahead and implement an ICD-9 version of the OASIS-C1, which was effective in January of 2015 and had just a few changes from the OASIS-C version. In October of 2015 the ICD-10 coding

will be effective and a slightly changed version of the OASIS-C1 will begin being used.

The agency continues to submit HHCAHPS, or Home Health Consumer Assessment of Provider Systems, data. All Medicare certified Home Health agencies which meet certain criteria are required to contract with one of several vendors to provide Medicare and Medicaid skilled home health clients with a satisfaction survey, or risk losing 2% of Medicare revenue. The survey is administered by a vendor of the agency's choice and requires a financial outlay by the agency, which is not reimbursed by Medicare. Crawford County Home Health, Hospice & Public Health continues to work with Deyta for this service. Each month, the home care coordinator and the finance manager gather the requested information to transmit on to Deyta. Deyta then sends the surveys to selected clients. The survey is mailed back to Deyta. Deyta compiles the information gleaned from the returned surveys and the agency is able to access that information by computer. We also continue to send out a very brief internal satisfaction survey at this time.

A proposed CMS demonstration model, Value-Based Purchasing (VBP), slated to potentially begin in January of 2016, will affect not only CCHHH&PH, but all home health agencies in Iowa if the proposal is adopted. Value-Based Purchasing, authorized under the Affordable Care Act, would apply a payment increase or reduction to current home health agency Medicare payments, depending on quality performance measures and how they are met. The country was divided into sections and random states were selected from each section. Iowa was one of the states selected so every Medicare-certified home health agency in Iowa will be required to participate in the VBP model if the proposal passes.

### *Staffing Patterns*

Current Home Health Nursing staff: Lynette Ludwig, BSN RN, Home Care Coordinator; Kim Feser, RN; Kara Bral, MSN RN; Janet Schroeder-Brus, RN; and Alyssa Willenborg, RN. Christina Lamaak Woerdehoff, BSN RN, who is the primary Hospice nurse assists with Home Health as needed.

## Client Satisfaction Comments

***"Very prompt and courteous. Thank you."***

***"Thanks for all your amazing help! I love my ladies! Til I die!"***

***"My nurse and aide did a good job for me."***

***"They were all very good helping me out."***

***"Thank the whole staff. They are wonderful caring people. I would be lost without them."***

***Thank all the health care providers and nurses at Crawford County Home Health Agency, for taking excellent care of me."***

***"They do a good job!"***

***"They were all very good helping me out."***

Note: Because of the HHCAHPS being sent out and the ability to make short anonymous comments, there have been less comments coming into the agency via our old Client Satisfaction format.

| **Goals for the last fiscal year were:** | **Goals for the next fiscal year are:** |
| --- | --- |
| Continue to update the Policy/Procedure book and infection control program with the assistance of Kara Bral and Janet Brus. ***Partially Met, Ongoing*** | Continue to update the Policy/Procedure book and infection control program with the assistance of Kara Bral and Janet Brus. |
| Perform chart audit activities internally as Carol Peterson is currently not available to assist us. ***Ongoing*** | Perform chart audit activities internally as Carol Peterson is currently not available to assist us. |
| Prepare for OASIS-C1 ICD-9 version. ***Met*** | Prepare for and train staff for OASIS-C1 ICD-10 and ICD-10 coding challenges. |
| | Learn more about, and prepare for possible Value-Based Purchasing requirements. |

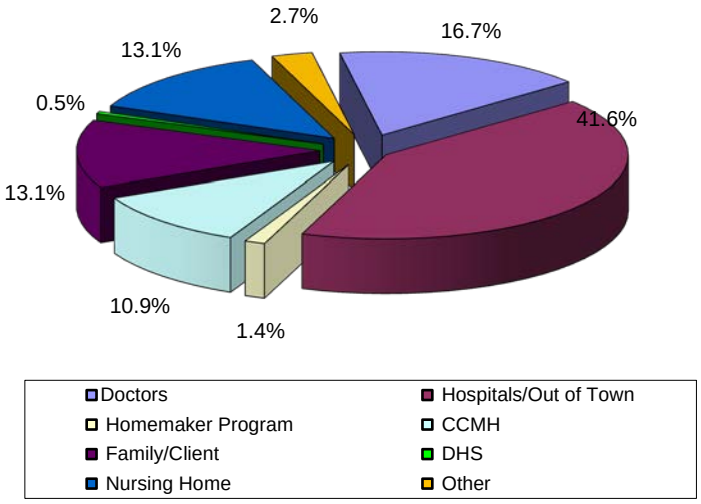
# Home Health Skilled Nursing Audit Summary
# FY 2014-2015

Typically, chart audits are to be done on a quarterly basis, with open and closed charts for each nurse being selected. Due to having a survey this year, recent audit activities have been focused on the survey plan of correction items and working with the nurses to be sure all needed information and pertinent data is included correctly in clients' Plans of Care, in order to provide a comprehensive overview of the clients' needs and a thorough care plan for staff to follow.

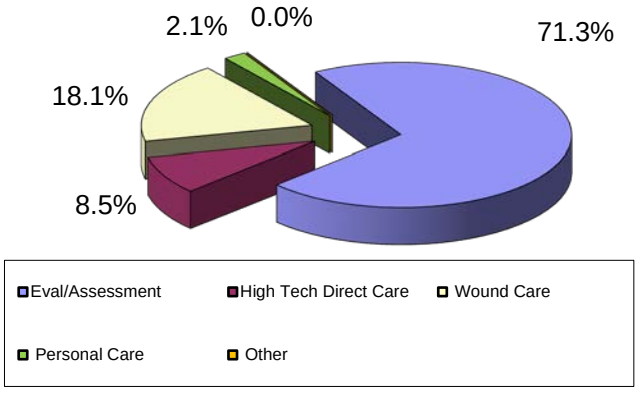
The Home Health supervisor reviews the Medicare and Medicaid charts and new admit worksheets and care plans as clients are admitted and also reviews certain items in new and current charts at the time that the monthly HHCAHPS data is entered. The nurses are showing improvement in their care plan worksheets and making sure their care plans are more all-inclusive of client needs, abilities and goals. These audits will continue until it is evident that the nurses are thorough and precise in their admission worksheets/Plan of Care development.

# Home Health: Referrals, Admissions, & Discharges

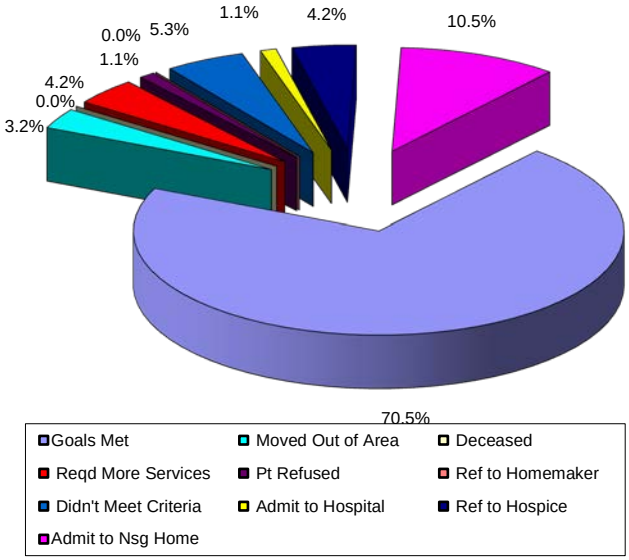
| | 13-14 | 14-15 |
|---|---|---|
| **Referrals** | | |
| Doctors: | | |
| CCMH Medical Clinic | 15 | 20 |
| Dr. Crabb/City Center | 2 | 4 |
| Manning Family Healthcare | 0 | 0 |
| Crawford County Clinic | 2 | 2 |
| Other Physicians | 15 | 11 |
| Hospitals/Out-of-Town | 71 | 92 |
| CCMH | 19 | 23 |
| Family/Client | 45 | 29 |
| DHS | 0 | 1 |
| Other Agency Program | 4 | 3 |
| Nursing Home/Assisted Living | 24 | 29 |
| Mental Health | 1 | 0 |
| Other | 6 | 7 |
| **Total Referrals** | **204** | **221** |




| | 13-14 | 14-15 |
|---|---|---|
| **Primary Reason for Admission** | | |
| Eval/Assessment | 59 | 67 |
| High Tech Direct Care | 7 | 8 |
| Injections | 4 | 0 |
| Wound Care | 8 | 17 |
| Title-19 Personal Care | 3 | 2 |
| Other | 0 | 0 |
| **Total Admissions** | **81** | **94** |




| | 13-14 | 14-15 |
|---|---|---|
| **Primary Reason for Discharge** | | |
| Goals met | 49 | 67 |
| Moved out of area | 7 | 3 |
| Deceased | 4 | 0 |
| Required more services | 3 | 4 |
| Pt. refused services | 4 | 1 |
| Referred to HM or Pers. Care | 0 | 0 |
| Didn't meet criteria | 3 | 5 |
| Admitted to Hospital | 3 | 1 |
| Referred to Hospice | 3 | 4 |
| Admit to Nsg Home | 9 | 10 |
| **Total Discharges** | **130** | **95** |



# Hospice Program

2014

2015

# Hospice

## *Program Description*

Hospice is a program of palliative and supportive services which provides physical, psychological, social, and spiritual care for dying persons and families. Services are provided by a medically supervised interdisciplinary team of professionals. Care is coordinated for all community resources. Bereavement services are available to the family. Services provided are based on client and family need. Hospice provides support and care for persons in the last six months of incurable disease so the person may live life fully and be as comfortable as possible. The Hospice nurses are available 24 hours a day to meet the needs of the clientele and family, as well as to accept referrals for new clients. Hospice services can be provided in the client's home, assisted living facility, nursing home or hospital.

## *Program Update*

For FY 2014-2015 there were 59 admits, 22 less than last year. There were 58 total discharges, 56 through death and 2 due to no longer meeting the Hospice criteria or per client choice. There were 596 nursing visits, 366 social worker visits, 144 health aide/homemaker visits and 0 Nurse Practitioner face-to-face visits. The average length of stay for this fiscal year was 21 days. This is 1 day less than last year. The average daily census was 3.5 clients, 1 less than a year ago.

**Volunteer Program:** There were seven active Hospice volunteers during this fiscal year. The volunteers have provided 104.50 hours of service during the year, an increase of 50 hours from the previous year. Volunteer activities, recruitment and trainings have increased greatly in this past year, with Social Worker Emilee putting in valuable time to improve our Volunteer program. Volunteers are utilized per client/family request and also assist with clerical functions in the office.

**Fund Raising:** The primary fund raiser for Hospice is the annual Tree of Lights Campaign. This is done with the assistance of Crawford County Memorial Hospital (CCMH). Every November the Christmas tree is set up in the hospital lobby, a small remembrance ceremony is held and donations can be sent to Hospice in memory of a loved one. The loved one does not need to have been on Agency Hospice services. A new board was created with assistance from the Hospital Foundation of Crawford County to oversee the donations. The donations are used by Hospice for expenses such as the Hospice roses that are sent to the funeral homes or families following each death, birthday bouquets for Hospice clients and other smaller expenses. Five volunteers were appointed to the board, along with a CCMH representative. This board will meet as necessary to approve requests from Hospice for larger sums, such as might be incurred from an uninsured client, or other large expenses.

**Bereavement Program:** Bereavement planning begins upon admission. The Hospice nurse, social worker, pastoral counselor (chaplain) and/or other team member offers support and reassurance at the time of death or shortly thereafter. A red rose is sent to the funeral home or to a family member following the death and the Hospice team members involved with the client attempt to attend the visitation and/or funeral of the client. Phone contact is made with the family to identify problems or concerns. Families who want bereavement support are placed on a mailing list and receive the monthly *Journeys* newsletter published by the Hospice Foundation of America. The newsletter contains excellent articles related to grief and the grieving process. Follow-up phone calls are made to assess how families are coping. The Hospice Social Worker is available if families need additional support or one-on-one visits. The Hospice Chaplain provides follow-up visits as needed for spiritual support. The Hospice team provides a memorial service for families, held in November. Hospice has a lending library of resources, videos and information for anyone interested. The program provided 72 families with bereavement support throughout the year. An average of 75 *Journeys* newsletters are sent out each month, most going to families of Hospice clients but are also sent to others who request the newsletter. In addition to internal bereavement activities, the Hospice Social Worker is involved in a Grief Recovery Group, and 8-week program open to anyone in the community and surrounding area with bereavement needs. Three 8-week sessions were held this fiscal year along with a special one-time meeting in November to focus on coping with the holidays.

### *Staffing Patterns*

Current Hospice staff: Lynette Ludwig, BSN RN is the Hospice Coordinator. Christina Lamaak Woerdehoff, BSN RN is the primary Hospice nurse but clients are seen by other nurses Kim Feser, RN; Kara Bral, MSN RN; Janet Schroeder-Brus, RN; and Alyssa Willenborg, RN. Jill Kierscht, ARNP continues to do the mandatory face-to-face visits that are required prior to any Hospice client's third recertification period. The face-to-face visit can be performed by a doctor or a non-physician practitioner, such as an advanced practice nurse. Jill also attends Interdisciplinary Team meetings and assists with clients as needed. Emilee Lakner, BSW, is the full-time Social Worker. The Social Worker also coordinates Bereavement services and the Volunteer Program. The agency continues to contract with West Iowa Community Mental Health Center to provide a Master Social Worker. This Social Worker consults and collaborates with the Hospice Social Worker on a regular basis. Agencies that do not have a Master Social Worker must have this relationship with a Master Social Worker, per the Medicare Hospice regulations. Dr. John Ingram continues as the Hospice Medical Director. Pastor Paul Seefeldt left the position of Hospice Chaplain in January of 2015 and Lue Baker, a lay minister, contracted with the agency for the position beginning in February 2015. Other disciplines such as Occupational Therapy, Physical Therapy, Speech Therapy, and Dietary are consulted on an as-needed basis. Hospice Aides are used as needed. The Hospice Volunteers provide many hours to meet the needs of the Hospice clients and families.

## *Client Satisfaction Comments*

***"My family and I were so blessed with the most gracious & loving care you gave to our loving mom, sister, and grand (& great) grandmother. We all agreed that we feel at peace. You gave the most thoughtful information that sincerely helped us understand what our loved one went thru. You all will forever be in our hearts. We truly deeply appreciate all you did. GOD BE WITH YOU ALL."***

***"I was impressed with Hospice program & didn't know much about it till now. Wonderful!! Highly Recommend!!"***

***"My grandma's care from the hospice nurse, social worker & pastor were very important to our family. They were kind, compassionate & understanding. After grandma's death they have kept in contact with us wanting to help us if need be. I would recommend your hospice center to everyone. Thank you so very much."***

***"I've had the opportunity to work with Hospice in the hospital setting as part of my job so I have understanding of how their job works. The staff that took care of my mother was very professional and caring. They were also available to us whenever we needed them."***

***Christina & Emily (sic) took care of my father in law. Our entire family couldn't ask for better care for him. We are so thankful for everything Hospice did for him. You're the <u>absolute</u> best."***

***"I was thankful for the help & support they gave me & my mom. They were a great help to me. The knowledge & care they gave was fantastic."***

***"I have had no prior contact or knowledge of hospice so this was all new to me and my family. We were all so grateful for the loving care and concern of the hospice workers. They are very special people to do this kind of work. Our mother's life…ended painlessly and with dignity thanks to their help. We cannot express fully how much that means to the whole family."***

***"My husband was only under Hospice care a short time. He received awesome care. Our family was extremely pleased with the care he received."***

**Goals for last fiscal year are:**

Continue community marketing and outreach of Hospice services.
***Ongoing***

Continue to increase and improve use of Hospice volunteers.
***Met and Ongoing***

Offer continued volunteer trainings as interest warrants.
***Met and Ongoing***

Continue with utilizing Kara Bral to assist with an active infection control program, reviewing hospice policies and improving the QAPI program.
***Partially met, Ongoing***

Work on new QAPI projects to include increased Volunteer usage, implementation of a Tuck-In Program and routine use of Out Of Hospital DNR form at Hospice admission.
***Met and Ongoing***

Teach and implement the new requirement of the HIS (Hospice Item Set) as required by CMS.
***Met***

**Goals for next fiscal year are:**

Continue community marketing and outreach of Hospice services.

Continue to increase and improve use of Hospice volunteers.

Offer continued volunteer trainings as interest warrants.

Continue with utilizing Kara Bral to assist with an active infection control program, reviewing hospice policies and improving the QAPI program.

Continue to improve on current QAPI projects and implement new projects as needs are assessed.

Prepare for and instruct staff regarding payment changes to take effect in 2016 related to length of stay and RN and Social Worker visits in last 7 days of client's life.

## Hospice Audit Summary
## FY 2014-2015

July of 2014 saw the implementation of the HIS or Hospice Item Set. Focus of Hospice audits has been on proper use and documentation of the items included in the HIS admission and discharge forms. HIS items focus on quality-based measures such as pain screening and assessment, assessment and treatment of shortness of breath, discussions with clients and families regarding hospitalization and life-sustaining measures and discussions regarding spiritual concerns. The HIS admission and discharge data are gathered on every client regardless of pay source. All information is documented in the chart and certain data elements are submitted to CMS. HIS submission is mandatory for agencies having greater than 50 admissions per year and there will be a reduction in reimbursement for agencies which do not comply, beginning in 2016.

# Home Care Aide Program

2014

2015

# Home Care Aide

## *Program Update*

The purpose of the Home Care Aide program is to assist the individual to remain at home as long as safely possible through RN supervised services of a Home Care Aide (HCA).

A Home Care Aide is a trained and supervised paraprofessional who provides a wide variety of services to individuals from complex personal care needs to assistance with minimal basic housekeeping.

## *Staffing Patterns*

CCHHH&PH currently employs seven Home Care Aides. There is one full-time HM Case Manager/HCA Scheduler (Kay Blunk), four full-time Home Care Aides (Susan Boettger, Jayne Gehling, Kate Neumann and Ruth Parker) and two part-time Home Care Aides (Bill Greteman and Carol Meyer).

## *Home Health Aide*

Home Health Aide services are provided by Home Care Aides under the direct supervision of an RN working under physicians' orders. Health Aides provide assistance with personal cares such as bathing, hair care, dressing, TED hose application, ambulating, exercises, and medication assistance/compliance. These services are provided until the client no longer meets the skilled nursing criteria or a higher level of care is required, such as nursing home placement. These services can also be provided in the evening and on the weekends, as directed by the RN. Reimbursement is provided by Medicare, Medicaid, Private Insurance, Private Pay and County Funds.

| Home Health Aide Program | 2013 – 2014 | 2014 – 2015 |
|---|---|---|
| Number of Visits | 1676* | 1876 |
| Number of Hours | 1312.75* | 1392.00 |
| Number of Admissions | 22* | 33 |
| Number of Discharges | 24* | 33 |

*Information includes Hospice Aide services.

## *Client Satisfaction Comments*

*"Thanks for sending Kate I could hear Mom's smile through the phone."*

*"She came when I needed help most."*

### *Home Health Aide/Hospice*

Home Care Aides participate in the Hospice program by providing the same Home Health Aide services to the Hospice client such as personal cares, but also provides companionship or respite services as needed. These services are provided in the client's home, nursing home or in the hospital. Hospice Aides provide cares supervised by the Hospice Nurse. Services for the client are coordinated by the Hospice Interdisciplinary Team (IDT). These services are funded through Medicare, Medicaid and Private Insurance.

| HHA/Hospice Program | 2013 – 2014 | 2014 – 2015 |
|---|---|---|
| Number of Visits | 255 | 142 |
| Number of Hours | 197.00 | 111.25 |

### *Homemaker*

Homemaker services are provided to the elderly or disabled who need assistance with maintaining activities of daily living such as housekeeping, laundry, groceries, or meal preparation. A doctor's order is not necessary for these services, and the person does not need to be homebound. These services are not Medicare or Medicaid funded but are Private Pay, based on a sliding fee scale. The sliding fee scale considers a person's income and medical expenses to determine the fee for service. Additionally, Local Public Health Services Contract funds, Elderbridge Agency on Aging funds and County funds are used to support services to the client. Respite services (providing a break for a primary caregiver) are funded through Elderbridge Area Agency on Aging or through Private Pay and are only available during office hours.

| Homemaker Program | 2013 – 2014 | 2014 – 2015 |
|---|---|---|
| Number of Visits | 2062 | 2114 |
| Number of Hours | 2075.00 | 2210.50 |
| Number of Admissions | 33 | 29 |
| Number of Discharges | 27 | 28 |

### *Client Satisfaction Comments*

*"Home health aide was always polite, always asked if she could do anything more to do, a great help, strongly recommend your staff. I thank you."*

*"She was very good."*

*"The one's that took care of me were excellent."*

*"Good job!"*

*"Did OK"*

*"She was very helpful for me."*

*"Everything done for me was great."*

### *Homemaker Personal Care*

The Homemaker Personal Care program provides hands-on personal care services to clients. The Personal Care program applies to clients who need assistance with care such as bathing, hair care, dressing assistance, TED hose application or other hands-on care, but do not have a skilled need such as nursing or therapy. This program does require a doctor's order, as well as RN supervision of the Home Care Aide on an every two month basis. Homemaker Personal Care is paid for privately per sliding fee scale, as well as through Local Public Health Services Contract funds and County funds.

| HM/Personal Care Program | 2013 – 2014 | 2014 – 2015 |
|---|---|---|
| Number of RN Supervision Visits | 143 | 142 |
| Number of Homemaker Visits | 2177 | 2281 |
| Number of Homemaker Hours | 1323.25 | 1399.75 |
| Number of Admissions | 23 | 27 |
| Number of Discharges | 16 | 37 |

**Goals for this fiscal year were:**

Improve HCA documentation of client's cares and needs.
***Ongoing***

Continue to update competency checklist for each HCA.
***Ongoing***

Improve communication skills in reporting client's status to Case Manager/Nurse. Aides will report significant changes in their clients to the nurse immediately or as soon as possible.
***Ongoing***

Continue regular in-services to educate the HCA staff on topics relating to appropriate care of the client's.
***Ongoing***

**Goals for next fiscal year are:**

Monitor travel time and miles to reduce the cost to the programs.

Continue to provide adequate care to fit the needs of the community and surrounding area.

Continue to update competency checklist for each HCA.

Improve flexibility within the HCA staff, allowing for backup with illness and absenteeism.

Continue regular in-services to education the HCA staff on topics relating to appropriate care of the clients.

Improve communication from RN's to HCA's regarding newly admitted clients or client changes.

**Homemaker Chart Audits**
***2014-2015 Ongoing Audits***

Total Audits: 23

| | Sections To Audit | Yes | No | NA |
|---|---|---|---|---|
| 1 | Face sheet complete | 100% | | |
| 2 | Initial assessment complete | 100% | | |
| 3 | Health history complete with diagnosis/medications | 100% | | |
| 4 | Ongoing assessments complete according to state regulation | 43% | 9% | 48% |
| 5 | Initial Plan of Care | 100% | | |
| 6 | Update Plan of Care according to state regulation | 48% | 9% | 43% |
| 7 | Financial Sheet & Release complete and updated annually | 39% | 17% | 44% |
| 8 | Emergency Medical Plan complete | 100% | | |
| 9 | Safety Plan complete | 100% | | |
| 10 | Referral Sheet complete | 100% | | |
| 11 | Assignment sheet complete & matches Plan of Care includes hours/frequency | 57% | 43% | |
| 12 | Review of Assignment sheets | 100% | | |
| 13 | Introduction of HCA if has not been done in home | 100% | | |
| 14 | Supervisory notes complete with documentation of problems & how it was handled, conferences, and updates | 100% | | |

| | HCA Demonstrates the Following | Yes | No | NA |
|---|---|---|---|---|
| 1 | Progress notes complete | 100% | | |
| 2 | Service time matches hours & frequency | 52% | 44% | 4% |
| 3 | Progress notes dated and signed | 100% | | |
| 4 | Arrival and Departure time complete | 100% | | |
| 5 | Reports problems to CM/Nurse according to agency policy and procedure | 100% | | |
| 6 | Documents why services were refused | 65% | 35% | |

**Comments:** None

**Homemaker Chart Audits**
***2014-2015 Discharge Audits***

Total Audits: 22

| | Sections To Audit | Yes | No | NA |
|---|---|---|---|---|
| 1 | Face sheet complete | 100% | | |
| 2 | Initial assessment complete | 100% | | |
| 3 | Health history complete with diagnosis/medications | 100% | | |
| 4 | Ongoing assessments complete according to state regulation | 50% | 9% | 41% |
| 5 | Initial Plan of Care | 100% | | |
| 6 | Update Plan of Care according to state regulation | 50% | 5% | 45% |
| 7 | Financial Sheet & Release complete and updated annually | 27% | 14% | 59% |
| 8 | Emergency Medical Plan complete | 86% | 14% | |
| 9 | Safety Plan complete | 100% | | |
| 10 | Referral Sheet complete | 100% | | |
| 11 | Assignment sheet complete & matches Plan of Care includes hours/frequency | 64% | 31% | 5% |
| 12 | Review of Assignment sheets | 95% | | 5% |
| 13 | Introduction of HCA if has not been done in home | 95% | | 5% |
| 14 | Supervisory notes complete with documentation of problems & how it was handled, conferences, and updates | 5% | | 5% |

| | HCA Demonstrates the Following | Yes | No | NA |
|---|---|---|---|---|
| 1 | Progress notes complete | 95% | | 5% |
| 2 | Service time matches hours & frequency | 59% | 36% | 5% |
| 3 | Progress notes dated and signed | 95% | | 5% |
| 4 | Arrival and Departure time complete | 95% | | 5% |
| 5 | Reports problems to CM/Nurse according to agency policy and procedure | 95% | | 5% |
| 6 | Documents why services were refused | 50% | 45% | 5% |

**Comments:** None

# Homemaker

## Client Outcome Chart Audit Upon Discharge

### A. Source of Referral:

| | | | |
|---|---|---|---|
| 12 | Self/Family | 0 | Nursing Home |
| 0 | Friend/Neighbor | 0 | FP/WIC/MCH |
| 0 | Physician | 0 | Homemaker |
| 0 | Hospital | 10 | PHN |
| 0 | Social Services | 0 | Other |

### B. Primary Reason for Admission:

| | | | |
|---|---|---|---|
| 0 | Personal Care | 0 | Transportation |
| 20 | Home Maintenance | 2 | Respite |
| 0 | Preventive/Protective | 0 | Other |
| 0 | Financial Mgt/ Budgeting | | |

### C. Primary Reason for Discharge:

| | | | |
|---|---|---|---|
| 4 | Goals Met | 4 | Refused Services |
| 3 | Moved Out of Area | 0 | Home Health Aide |
| 1 | Deceased | 0 | Significant Other Provides Care |
| 9 | Higher Level of Care | 1 | Other |

### D. Client Level of Care

Dependent:

| YES | NO | |
|---|---|---|
| 2 | 20 | Admission |
| 6 | 15 | Discharge |
| 0 | 1 | Deceased |

Needs Assistance with ADLs:

| YES | NO | |
|---|---|---|
| 22 | 0 | Admission |
| 17 | 4 | Discharge |
| 0 | 1 | Deceased |

### E. Safety

Knows Safety Measures:

| YES | NO | |
|---|---|---|
| 22 | 0 | Admission |
| 21 | 0 | Discharge |
| 0 | 1 | Deceased |

Safe Environment:

| YES | NO | |
|---|---|---|
| 22 | 0 | Admission |
| 21 | 0 | Discharge |
| 0 | 1 | Deceased |

# HCBS Waiver Programs

2014

2015

# Intellectually Disabled Waiver

### *Program Description*

The Intellectually Disabled (ID) Waiver program has been an active program offered by CCHHH&PH since 1994. The ID waiver was terminated due to lack of clients.

### *Program Update*

On March 26, 2013 Iowa Medicaid Enterprise Home and Community Based Services Quality Oversight program conducted a review of our HCBS programs to validate each provider's responses selected on the 2012 Provide Quality Management Self-Assessment. During this review the auditors reviewed our policies along with our Quality Improvement Plan. After review of their recommendations it was determined that it was no longer cost effective to continue with the SCL services. The agency discontinued SCL services as of July 31, 2013. The agency also terminated CDAC services for the ID waiver on November 1, 2014.

CCHHH&PH served one ID consumer, age 18 and under.

| SCL | 2013-2014 | 2014-2015 |
|---|---|---|
| Number of Clients | 1 | 0 |
| Number of Visits | 2 | 0 |
| Number of Hours | 37.07 | 0 |

### *Staffing Patterns*

No need for staff due to termination of services.

# Elderly Waiver &
# Elderly Waiver Case Management

### *Program Description*

Elderly Waiver services have been offered by Crawford County Home Health, Hospice & Public Health since September 1996. Elderly Waiver is a Medicaid program made available to any person who is age 65 and older who meets two criteria: nursing home level of care and income that does not exceed 300% of poverty. Level of care is determined by the Iowa Medicaid Enterprises (IME) and income eligibility by the Iowa Department of Human Services. For the person who meets both criteria, the goal is to provide enough services for the elderly person to remain in his or her own home as long as possible. CCHHH&PH offers case management, nursing, health aide and homemaker services to eligible clients. Services which Elderly Waiver clients are eligible for include: Adult Day Care, Assistive Devices, Case Management, Chore Services, Consumer Directed Attendant Care, Emergency Response System, Home and Vehicle Modifications, Home Delivered Meals, Home Health Aide, Homemaker Services, Mental Health Outreach, Nursing Care, Nutritional Counseling, Respite, Senior Companions, Transportation and Consumer Choices Option.

Since October of 2006 CCHHH&PH has been an independent Case Management Provider for the Elderly Waiver. The Case Manager is in charge of identifying and coordinating Elderly Waiver services with the client and service providers. Annual review and assessment is performed to assure program eligibility.

### *Program Update*

At the end of this fiscal year, CCHHH&PH is serving 20 Elderly Waiver Case Management clients and provides Homemaker services to 13. It is required that a minimum of one monthly contact be made with the client and quarterly a face-to-face contact must occur.

| Elderly Waiver Homemaker | FY 2013-2014 | FY2014-2015 |
|---|---|---|
| Number of visits | 849 | 1132 |
| Number of hours | 1279.00 | 1347.25 |

| Elderly Waiver Case Management | FY 2013-2014 | FY 2014-2015 |
|---|---|---|
| Number of visits | 341 | 361 |
| Number of hours | 724.00 | 736.83 |

## *Staffing Patterns*

Jan Vonnahme, RN is the Case Manager for the Elderly Waiver program. The Case Manager takes referrals, performs assessments, facilitates the Level of Care form with the physician for eligibility for the program, assists with identifying the needs of the client, coordinates services to assure that the identified needs are met, makes monthly contacts and facilitates quarterly follow-ups. All RNs who admit clients to the Home Health know of the Elderly Waiver program and refer these clients when appropriate. In addition the agency receives referrals through the Individualized Services Information System (ISIS) where clients have applied for the Elderly Waiver program through DHS. CCHHH&PH nurses and HCA's meet the needs of the clients who qualify for the Elderly Waiver.

**Goals for last fiscal year were:**

Maintain and improve the case management of Elderly Waiver clients by finding the best choice of services for each client at the lowest cost possible.
***Ongoing***

Have monthly staff meetings for the HCA staff, attempting to provide advice, support, and pertinent information for the HM staff along with the staff informing case manager of any unknown need/concerns of clients**.**
***Ongoing***

Make appropriate referrals to help increase the number of elderly in Crawford County who utilize services through the Elderly Waiver. Assist referrals in completing applications in an attempt to expedite the processes.
***Ongoing***

Participate in the Department of Human Services Provider Self Assessment to identify any areas in need of improvement.
***Met***

**Goals for next fiscal year are:**

Maintain and improve the case management of Elderly Waiver clients by finding the best services for each client in order to ensure the health, safety, and welfare at the lowest cost possible.

Have monthly staff meetings with HM staff to increase communication and support to meet the needs of the clients.

Assist elderly and their families in understanding the Elderly Waiver program and its goals. Assist in referrals if appropriate or guide them to needed assistance.

Participate in the HCBS Department of Human Services annual Provider Self Assessment to identify any areas in need of improvement.

# Brain Injury Waiver

### *Program Description*

CCHHH&PH has been providing Brain Injury (BI) Waiver services since May of 2003. The BI Waiver program was terminated on December 1, 2013. The SCL services were terminated on July 31, 2013 and CDAC services were terminated on November 1, 2014.

### *Program Update*

On March 26, 2013 Iowa Medicaid Enterprise Home and Community Based Services Quality Oversight program conducted a review of our HCBS programs to validate each provider's responses selected on the 2012 Provider Quality Management Self-Assessment. During this review the auditors reviewed our policies along with our Quality Improvement Plan. After review of their recommendations it was determined that it was no longer cost effective to continue with the SCL services. The agency discontinued SCL services as of July 31, 2013.

| Brain Injury Waiver - CDAC | 2013-2014 | 2014-2015 |
|---|---|---|
| Number of visits | 52 | 0 |
| Number of hours | 106.40 | 0 |

| Brain Injury Waiver - SCL | 2013-2014 | 2014-2015 |
|---|---|---|
| Number of visits | 4 | 0 |
| Number of hours | 4.75 | 0 |

### *Staffing Patterns*

No staffing is needed.

**Goals for last fiscal year were:**

Instruct CDAC staff on any new techniques to assist the clients with self-care tasks.
Instruct providers on member's rights, support needs, incident are being provided.
Review CDAC charting, cares and provide monthly staff meeting to ensure adequate services reporting, and review CDAC charting.

**Goals for next fiscal year are:**

No goals needed.

# Public Health Programs

2014

2015

# Baby Boutique

## *Program Description*

Crawford County Home Health, Hospice & Public Health continues to operate the Baby Boutique. The Boutique is a "store" located at the First United Methodist Church in Denison.

The Boutique receives generous donations from area churches and organizations throughout the year to help support the program and the families of Crawford County.

Participants in the Boutique must be pregnant and/or have child/children younger than 1 year of age. The Boutique allows participants to "spend" points on a variety of baby items such as cribs, car seats, diapers, wipes, bottles, blankets, and any other basic necessities needed for baby. Participants can earn points in various ways including, but not limited to: early prenatal care, well child physical exams and immunizations as recommended by their doctor, parenting classes, WIC (Women, Infant, Children), obtaining high school diploma or GED, assisting in the store with interpreting and by attending the monthly classes offered by the program.

## *Program Update*

At the end of this fiscal year there were 59 families that participated in the Baby Boutique program and 32 families were on the active list. Families included 45 Hispanic, 13 Caucasian and 1 Black. Approximately 766 Crawford County families have been served since the Boutique opened in 2002.

The Boutique classes are held on the 4$^{th}$ Monday of each month with the store being open from 3:00 pm to 6:00 pm. The Classes include a variety of topics that are offered in both English and Spanish with the aid of an interpreter as needed from 4:00 pm to 6:00 pm.

## *Staffing Patterns*

The Program is coordinated by two Public Health Nurses, Jennifer Chapman, BSN RN and Amy Trucke, LPN, as well as, Staci Gallup with Northwest AEA. An Interpreter from the agency provides the translating for the educational classes and paperwork as needed.

# Blood Pressure Screening

### *Program Description*

The Blood Pressure Screening program is a health promotion service in which blood pressures are taken in a clinic setting, at the office or at an outreach site. The purpose of the service is to detect elevated blood pressures and refer the person to a physician as needed. If the blood pressure is elevated, the individual is instructed to see a medical provider and/or follow-up with additional blood pressure checks in the future. Education is provided regarding hypertension and diet.

### *Program Update*

The agency has provided several screening clinics in the community in the past year. There were 733 blood pressures taken in 2014-2015 as compared 802 in 2013-2014.

| | |
|---|---|
| Charter Oak Senior Center | 71 |
| Eventide Senior Housing | 85 |
| Denison Senior Center | 104 |
| Dow City Senior Meals | 116 |
| Oakwood Apartments | 68 |
| Realife Apartments | 244 |
| Office | 45 |
| **Total** | **773** |

### *Staffing Patterns*

Amy Hartwig, BSN RN, is the coordinator for the Blood Pressure Screening program. This program is staffed by a trained Home Care Aide at the clinic sites and a RN or LPN provides the service to walk-ins to the agency.

# Care for Yourself Program (Breast & Cervical Cancer Early Detection Program)

### *Program Description*

Care for Yourself Program (CFY) is a joint effort of the Iowa Department of Public Health and local public health agencies and is funded by a grant from the U.S. Centers for Disease Control and Prevention. Cass County is the lead agency for the multi-county project. The mission is to reduce the number of deaths from breast and cervical cancer through coalition building, education, and early detection. The program offers, at no cost to eligible women between 50 and 65 years of age, the following: clinical breast examinations, self-breast examination education, pelvic examinations, pap tests, mammograms, as well as other screenings, diagnostic testing, and follow-up. Non-invasive breast services for women aged 40-49 are funded by the Susan G. Komen Foundation.

Referrals to the CFY program come from the provider offices, Family Planning nurses, word-of-mouth, and through various outreach activities. Due to budget cuts, enrollment has been limited to those women who have not received services within the last three years. The program is required to rescreen a certain percentage of women so occasionally there will be mammograms completed yearly instead of waiting three years.

### *Program Update*

In fiscal year 2014-2015, CCHHH&PH was allocated slots for 60 women to receive services. The agency received payment for 51 breast and cervical clients. WISEWOMAN services were not funded again this year. Cass County Public Health provides administration of this grant.

### *Crawford County Breast Health Awareness Program*

Crawford County Breast Health Awareness Program funds raised by local groups are available for women who do not qualify for the CFY program. These funds may be used for mammograms. Mammograms and radiology services are provided by Crawford County Memorial Hospital and Iowa-Nebraska Radiology Consultants at Medicaid rates.

### *Check the Girls*

Check the Girls, a local program based in Dunlap, also provides funds for mammograms and other diagnostic services in Crawford and surrounding counties. This program works closely with the CFY program.

### *Staffing Patterns*

Shelley Moreland, LPN is the part-time program coordinator.

**Goals for last fiscal year were:**

Encourage program participants to spread the word about the program to help utilize all allocated slots.
***Met***

Increase community outreach activities to encourage program participation to help utilize all three funding sources.
***Met***

Obligate 2/3 of CFY's allocated slots by December 31, 2014 and use all slots by the end of the program year.
***Met***

**Goals for next fiscal year are:**

Encourage program participants to spread the word about the program to help utilize all allocated slots.

Increase community outreach activities to encourage program participation to help utilize all three funding sources.

Obligate 2/3 of CFY's allocated slots by December 31, 2015 and use all slots by the end of the program year.

# Child Health

## *Program Description*

The Child Health program assists children ages 0-21 to obtain a physical examination. In October 2013, CCHHH&PH began the transition from direct child health (physicals provided at our clinic location by a Pediatric Nurse Practitioner) to an indirect model of service delivery. Indirect service is providing the family with a voucher to pay for services and coordinating well-child care with the child's primary medical provider. Contracts were established for CCMH Physicians Clinic, Crawford County Clinic, and Boys Town Pediatrics. For those children without insurance coverage, assistance with Medicaid or ***hawk-i*** will be provided. For those children that do not qualify for either of those programs, grant funds can be utilized to pay for the well-child examinations (vouchers).

For those children with no pay source for medical or dental care, indirect services may also include a dental screening, fluoride varnish, oral health education, referral to a dentist and provision of voucher to pay for services, and developmental screening to age six. If needed, a referral to the WIC dietitian for nutrition assessment and/or counseling can also be arranged. Immunizations are provided as needed through the public health immunization program. Lead screening is provided as needed for children age 12 months to 6 years.

## *Program Update*

In October 2013, CCHHH&PH began the transition from direct child health to an indirect model of service delivery. This program year, no direct service clinics were held. In 2014-2015, a total of 93 unduplicated clients were served, which is an increase of 19 clients. There are 127 active clients in the Child Health program with 98% indicating Hispanic/Latino ethnicity.

| Service | 2014-2015 |
|---|---|
| Clients Served (unduplicated) | 93 |
| Well-child Vouchers Issued | 59 |
| Dental Vouchers Issued | 66 |

## *Staffing Patterns*

Rocio Fernandez is the coordinator of the Child Health program. She also provides bilingual support. Deb Birks, BSN RN provides nursing and oral health services for Child Health clients.

# HCCMS Family Health Services

*Child Health Services Questionnaire*
31 Questionnaires Answered

1. **Is this your first time using these services?** Yes-1 No-29

   **If yes, how long did it take for you to get an appointment?**

   Within the next month-0 2 months-0 3 months-0 Longer-1

2. **How did you hear about these services?** WIC-7 Friend-25 Doctor's Office-1

   DHS-1 Family-2

3. **Did you/your child receive a variety of services that are important to good health?**

   Yes-27 No-4

4. **Are these same services available at your doctor's office?**

   Yes-19 No-6

5. **Will you continue coming here for these services?** Yes-29 No-0

   If No, why not? NA

6. **Compared to your doctor's office, was your waiting time for the services provided here:**

   About Right-29 Too Long-0 Not enough time-0

7. **Would you recommend these services to others?** Yes-31 No-0

   If No, why not? NA

8. **If these services were no longer available, where would you go for similar services?**

   Doctor-9 Hospital-8 No Where-3 Another Clinic-9

9. **Did you understand the information that was given to you today?**

   Yes-30 No-0 If No, why not? NA

10. **Did you know that if your child does not have Medicaid or other insurance, the Child Health Program offers assistance with Dental and Doctor visits if funds are available?**

    Yes-25 No-0

    **If yes, have you ever utilized these services?**

    Yes-29 No-1 Not Applicable-1

# Communicable Disease

## *Program Description*

Public Health coordinates the follow-up of all communicable diseases reported in Crawford County. Public Health's goal is control and prevention of disease. When a communicable disease is considered probable, a clinical case or confirmed, a case investigation is started. Case investigation involves determining possible sources of the person's infection, assessing the likelihood of the individual transmitting the infection to others, establishing prevention strategies and education for the infected person and the contacts. Prevention efforts may slow or help eliminate the disease. Diseases are reported by individuals, physicians, nurses, local health departments, and laboratories. In 2008-2009 implementation of the Iowa Disease Surveillance System (IDSS) occurred. IDSS is a statewide tracking system for communicable diseases. IDPH, local hospitals and local Public Health's are able to utilize this system and share information regarding these communicable disease clients. Four staff members were trained to use this system in the agency.

## *Program Update*

**Reportable Disease Investigations:**

In 2014-2015 there were 18 reportable disease cases in Crawford County for follow-up by Public Health. These cases included: 1 Escherichia coli, 1 Salmonella, 2 West Nile, 1 Cryptosporidium and 13 Norovirus cases.

**Tuberculosis (TB):**

Public Health facilitates medication administration for people with either latent TB infection or active TB disease. Latent TB infection is when a person is infected with tuberculosis but is not feeling sick and is not contagious. This person has a positive tuberculin skin test but a normal chest X-ray. Approximately 10% of people with latent infection will develop into active TB disease. The risk for developing active TB disease is higher in the first two years of infection. The risk is always higher for people with weakened immune systems. Receiving a six to nine month IDPH regulated regimen of medication will prevent the infection from progressing to disease. In 2014-2015, there were 10 clients coming to the agency monthly for assessment and medication refill for latent TB infection.

Active TB disease is when a person has a positive skin test and an abnormal chest X-ray. The person may have some or all the following symptoms: coughing, loss of appetite, weight loss, fever, fatigue, night sweats and/or bloody sputum. The person is usually contagious for approximately 4-5 weeks after initiation of antibiotics. Active disease is curable with antibiotics and isolation. Untreated active TB disease can lead to death.

People with active disease should avoid contact with others until antibiotics have been started and three sputum cultures are negative. Antibiotics are

provided at no cost through IDPH. Direct Observation Therapy (DOT) is provided by the Public Health nurse for six to nine months. This involves the nurse directly observing the client taking the antibiotics. DOT visits are completed outside at the client's home, with the nurse standing upwind from the client to avoid exposure. TB skin testing of immediate contacts is completed and DOT administration of medications is provided for those who have active TB disease. DOT administration of antibiotics is provided routinely for a child under the age of four even if testing is negative.

In 2014-2015 there were 2 active TB cases in Crawford County.

In 2014-2015 there were 44 TB skin tests given, this is a decrease of 13 from 2013-2014. These tests were provided to members of the local fire departments, employees at childcare centers/assisted living facilities/pharmacies, nursing students, city and county employees, others as requested, as well as those who had possible contact with an infected individual.

### *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator for Communicable Diseases. Public Health staff routinely receive training on communicable diseases and appropriate follow-up. IDSS users include Amy Hartwig, BSN RN, Kim Fineran, BSN RN, and Laura Beeck, BSN RN.

# Community Equipment Loan Program

## *Program Description*

The Community Equipment Loan Program (CELP) lends out health equipment to community members to be used following hospitalization, surgery, illness and disabilities. Originally the equipment was donated to Crawford County Home Health, Hospice & Public Health by the Vail VFW in 1999. The equipment is to be used on a short term basis; it is not loaned out with the intentions of it being used for years. Anyone can use the equipment in the Crawford County area regardless of income or age. There is no cost to the individual for the use of the equipment. Items offered include: wheelchairs, walkers, bath benches, stool risers, canes, etc. Due to lack of other funding sources, we have been forced to absorb this program expense in order to maintain safe equipment and update equipment, as needed.

## *Program Update*

In 2014-2015 there were 82 pieces of equipment loaned to individuals in need of this assistance.

## *Staffing Pattern*

Kay Blunk, HCA is the coordinator of the Community Equipment Loan Program and is assisted by Bill Greteman, HCA and Susan Boettger, HCA.


# Crawford County Drug, Alcohol & Tobacco Coalition (Dr AlTo)

## *Program Description*

Crawford County's Drug/Alcohol/Tobacco (Dr AlTo) Coalition was established in 2005 after the completion of a survey for the Community Health Needs Assessment and Health Improvement Plan. The results of the health related survey showed drugs, alcohol and tobacco use to be the 2nd highest concern for those citizens of Crawford County that responded to the survey (child abuse and domestic violence ranked first, which could also be a result of drug and alcohol use). Dr AlTo's mission is to help reduce the use of drugs, alcohol and tobacco through public education and awareness initiatives. The Coalition is made up of community organizations and other interested individuals.

Dr AlTo has a resource library on prevention and abuse relating to drugs, alcohol and tobacco issues that can be used in educating others on these topics. Dr AlTo also provides information at health fairs and other community events such as parent teacher conferences in efforts to help with public education and awareness initiatives regarding drugs, alcohol and tobacco prevention.

Dr AlTo is working towards increasing the awareness of the effects and consequences of the use and abuse of drugs, alcohol and tobacco. Dr AlTo's motto is "Healthy Choices Makes Healthy Kids!" The Coalition's goal is to increase the accessibility of resources to the schools and community organizations working with the youth in Crawford County. Ultimately, Dr AlTo wants to coordinate and collaborate with community partners to educate the youth in Crawford County and is attempting to bring people and resources together to better serve the community.

## *Program Update*

CCHHH&PH is the fiscal agent for this coalition. Grants are obtained to provide community awareness activities. The Dr AlTo Coalition is made up of community organizations and other interested individuals. Members include: Crawford County Home Health, Hospice & Public Health; Crawford County Memorial Hospital; Iowa State University Extension; Crawford County Community Partnership in Tobacco Control; Jackson Recovery Center; Crawford County Juvenile Court Services; Plains Area Mental Health Center; Denison Community Schools; Job Corps Center; Lutheran Services in Iowa; Department of Human Services; Family Crisis Center; Centers Against Abuse & Sexual Assault; Crawford County Early Childhood Iowa; Crawford County Decategorization; Chamber & Development Council of Crawford County; Crawford County Board of Health; Crawford County Board of Supervisors; and other interested individuals.

Activities that Dr AlTo has participated in include: PSAs to county newspapers, Denison Homecoming parade, co-sponsor Health Fairs, 7$^{th}$ grade Ag Days at the Crawford County fairgrounds, freshman orientation and sponsored speakers at county schools.

This year grant activities and funds focused on distracted driving. The Arrive Alive Tour was a driving simulator that was brought to the Denison High School, students were given the opportunity to pick texting and driving or drinking and driving. They then got behind the wheel of a real vehicle and had to drive as the simulator took them through the indicated situation. This experience was very highly appreciated by the students and staff. Community Partners for Protecting Children (CPPC) again funded the activity provided by Dr AlTo.

## *Staffing Patterns*

Laura Beeck, BSN RN is the facilitator of this coalition. Terra Sell is the clerical support for this coalition.

# EPSDT

## *Program Description*

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, also called *Care for Kids,* provides comprehensive child health care for Medicaid eligible children under the age of 21. The two components of the EPSDT program are: (1) assuring the availability and accessibility of required health care resources (Informing/Re-informing); and (2) helping Medicaid recipients and their parents or guardians effectively use these resources (Care Coordination). EPSDT is provided as part of the HCCMS Child Health program.

Families with children who are newly eligible for Medicaid coverage do not always know about all the services available to their children. Through the informing process, they are told about the health care services covered under the program. During this process, emphasis is placed on the importance of preventive medical and oral health care for all the children in the family. Re-informing is provided for families when the attempts to contact the family for informing are unsuccessful. Both services provide the same information for the family.

Care coordination is the process of linking the client to the health care system. The care coordinator works with the family to assure that overall health is improved through preventive exams, early diagnosis, and appropriate treatment. Care coordination helps families to become independent health consumers; develop healthy beliefs, attitudes, and behaviors; make informed health care choices for their children; establish and maintain medical and dental homes; and improve the health and physical well-being of their children.

EPSDT emphasizes preventive care and the importance of providing children with regular and early health visits from birth until age 21. *Care for Kids* services include regular medical and dental checkups, vision and hearing tests, information about growth and development, immunizations, lab testing, nutrition education, and referrals.

## *Staffing Patterns*

Shelley Moreland, LPN and Rocio Fernandez are the part-time EPSDT Coordinators. Gayle Chapman, RN and Deb Birks, BSN RN also work part-time, providing supervision and quality assurance surveillance for the program, as well as making calls as needed.

# Family Planning

## *Program Description*

The Family Planning program assists individuals (men, women, and adolescents) by providing reproductive health examinations, birth control supplies, testing and treatment for sexually transmitted infections (STI), pap smears, breast examinations, tests for high blood pressure and anemia, pregnancy tests, infertility examinations, counseling, referrals, and health education.

Costs for services at Family Planning clinics are based on ability to pay and are often less than at other health centers. Services are free for people whose income is below the federal poverty guidelines. Medicaid and private insurance can also be billed for services as applicable.

## *Program Update*

There have been 31 Family Planning Clinics held in 2014-2015. The number of tests performed and services provided are shown in the following table:

| Family Planning Program | 2013-2014 | 2014-2015 |
|---|---|---|
| Initial Exam (Provider Visit) | 33 | 14 |
| Annual Exam (Provider Visit) | 64 | 56 |
| Other Provider Visit | 136 | 74 |
| Office Visit (Nurse Visit) | 434 | 328 |
| Pap Test | 78 | 38 |
| Chlamydia Test | 107 | 72 |
| Chlamydia Treatment | 7 | 6 |
| Gonorrhea Test | 105 | 75 |
| Gonorrhea Treatment | 0 | 1 |
| Pregnancy Tests | 153 | 97 |
| Positive Pregnancy Tests | 9 | 2 |
| Contraceptive Refill | 246 | 376 |
| DepoProvera Injections | 167 | 140 |
| Emergency Contraceptive Pills | 25 | 24 |
| Implanon Insertions | 11 | 19 |
| Implanon Removals | 17 | 10 |
| IUD (Paragard/Mirena) Insertions | 4 | 3 |
| IUD (Paragard/Mirena) Removals | 6 | 3 |
| Gardisal Injections | 6 | 2 |
| Male Clients (Unduplicated) | 9 | 10 |
| Female Clients (Unduplicated) | 277 | 204 |
| New Clients (Unduplicated) | 108 | 81 |
| Returning Clients (Unduplicated) | 178 | 133 |

## *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator for Family Planning program. Kelly Weltz is the clerical support for Family Planning. Rocio Fernandez is the interpreter during supply visits.

Calla Poldberg, ARNP was the provider for the Family Planning program through the end of 2014, at which time Jennifer Muff, ARNP took over the Family Planning program for Crawford. Maria Sanchez and Vanesa Sanchez are the interpreters that assist with clinic. Family Planning is held at the local DHS building 2-3 times per month.

**Goals for last fiscal year were:**

Increase the number of new clients through community outreach and publicity.
***Not Met***

Clients due for recall for annual examinations will return within two months of the date they are due.
***Ongoing***

Clients with abnormal pap smears will have follow up within 1 month of recommended follow up time-frame.
***Ongoing***

**Goals for next fiscal year are:**

Family Planning log, inventory log, and education/outreach log will be completed and submitted in a timely manner.

Community Education and Outreach efforts will increase with a focus on adolescent and minority populations.

CVR, EHR, and log errors will decrease.

# Family STEPS

## *Program Description*

Family STEPS (Support To Experience Parenting Success) continues to be a successful program that started in 2001. Funding is provided through Early Childhood Iowa (ECI) and Prevent Child Abuse grants. Family STEPS provides parenting education to families with children from ages 0 to 3 and high risk 4 and 5 year olds. It also includes a prenatal program for pregnant women. Home visits are provided to the client using the Partners for a Healthy Baby and the Healthy Babies Healthy Families curriculum. All of these curriculums provide guidance and support in parenting and many other aspects including discipline. The Partners Program provides a curriculum for expecting parents as well. Family STEPS is part of a three county Early Childhood Iowa (Crawford, Sac and Buena Vista counties) program. In 2009 the ECI Board decided that the Family STEPS program should apply to become Iowa credentialed. This credentialing is a new program in Iowa. The Family STEPS program became credentialed in January 2012.

Family STEPS assists with meeting Promise Jobs requirements (for women receiving state financial assistance after having a baby) by offering six parenting education sessions utilizing the Great Beginnings curriculum on the following: 1) Everyday Growing and Learning; 2) Guidance and Discipline; 3) Play and Encouragement; 4) Getting Along; 5) Building Family Strengths; and 6) The Essentials of Successful Parenting.

## *Program Update*

At the end of the fiscal year, we had 79 families participating in the Family STEPS program, with 37 new admissions and 39 discharges. The main reasons for the discharges were due to families moving out of the area, children exceeding age criteria for the program, goals being met, and/or not meeting credentialing criteria. At the end of June there were 40 clients participating in the Family STEPS program including 25 Hispanic, 13 Caucasian, 1 Black and 1 Asian. There were 16 Hispanic families needing the use of an interpreter. Due to the high level of need for this program there typically is a waiting list. As of June 30, 2015 there were 3 families waiting to be enrolled. While on the waiting list they receive information about community resources and outreach clinics that may be available to them prior to admission. Referrals continue to come from doctor offices, hospitals, Family Planning, Maternal Health, Child Health, 1st Five, WIC, One-Time Mom/Baby, DHS, and Promise Jobs. A total of 859 visits were completed this fiscal year.

## *Staffing Patterns*

Jennifer Chapman, BSN RN and Amy Trucke, LPN provide the family support visits. A Spanish Interpreter is utilized for Hispanic families that do not speak English. There are monthly staff meetings with Family STEPS supervisors/administrators, as well as quarterly staff meetings with the staff

from Sac and Buena Vista counties and the Early Childhood Iowa Coordinator/Family STEPS Quality Assurance Coordinator.

**Goals for this fiscal year were:**

Continue to obtain the most up to date information for prenatal care, infant and child care through age five.
***Ongoing***

Ensure that local doctors and other community affiliates are aware of and have a clear understanding of the Family STEPS program.
***Ongoing***

Assist clients in accessing available community services.
***Ongoing***

Continue to offer parenting education classes at the Denison Job Corps campus and within the community with a six week session to meet Promise Job requirements.
***Ongoing***

Ensure referrals are made to local community agencies (i.e. Library, Early Headstart, Baby Boutique, etc.) for the Family STEPS clientele to meet group socialization requirements.
***Met***

Ensure that the FY2014 ICAPP: Outreach and Follow-up Surveys are completed and submitted on time to the Prevent Child Abuse Organization.
***Met***

Continue to utilize the REDCap Family Support Database which is a web based data system to aid in the process of data collection for ECI and IDPH.
***Ongoing***

Initiate the recertification process for the Iowa Family Support Credentialing.
***Met***

**Goals for the next fiscal year are:**

Obtain the most up to date information for prenatal care, infant and child care through age five.

Ensure that local doctors and other community affiliates are aware of and have a clear understanding of the Family STEPS program.

Assist clients in accessing available community services.

Offer parenting education classes at the Denison Job Corps campus and within the community as needed to meet Promise Job requirements.

Facilitate/invite families to participate in two group parent get-togethers with the purpose of increasing social supports.

Ensure that the FY2015 ICAPP: Parent Development Surveys are completed and submitted on time to the Prevent Child Abuse Organization.

Continue to utilize the REDCap Family Support Database which is a web based data system to aid in the process of data collection for ECI and IDPH.

Continue the preparation for the recertification process for the Iowa Family Support Credentialing.

Maintain a family case weight, minimum case weight 20, and maximum case weight 30 to determine the Family STEPS workers caseload.

# ***hawk-i***

## *Program Description*

***hawk-i*** is low-cost or free insurance for children who meet the following criteria: Children must be under the age of 19 years, have no other health insurance (including Medicaid), must be a citizen of the United States or a qualified alien, and meet income guidelines. There are two options for families to choose from: coverage for both medical and dental services and a dental-only option for families with medical coverage but no dental coverage.

Beginning September 2010, Iowa implemented a service called presumptive eligibility for children. The program offers families the option to complete an application and be given temporary coverage immediately. This coverage extends throughout the period while the formal determination for Medicaid eligibility is completed. Presumptive eligibility covers all services covered by Medicaid.

The ***hawk-i*** contact person within the agency answers questions regarding both the ***hawk-i*** program and presumptive eligibility assists with completing the applications, and follows up for a client if needed. The agency supplies area medical providers, dentists, hospitals, pharmacies, chiropractors, orthodontists, optometrists, banks, and other appropriate locations with informational brochures and posters. This information is also made available for Kindergarten Round-Up, preschools, and school registrations.

## *Staffing Patterns*

Kim Fineran, BSN RN was the contact person for the agency until February 2015, at which time Sara Duncklee was hired to provide outreach services.

# Hepatitis B

## *Program Description*

The Hepatitis B vaccine is provided for infants, children and adults through Public Health. OSHA has a mandatory requirement for employers to vaccinate staff if high-risk exposure to Hepatitis B was possible. To be adequately protected, a person needs a series of three shots over a period of six months. Crawford County Home Health, Hospice & Public Health has been supplying and administering the vaccine as requested by service organizations or health care students.

## *Program Update*

In 2014-2015, there were 19 injections given. This is an increase from 18 injections given in 2013-2014. The table below shows the breakdown of individuals who started or completed the Hepatitis series this fiscal year.

| | |
|---|---|
| WESCO | 3 |
| Agency | 0 |
| Reed House | 1 |
| Others | 15 |
| Total | 19 |

## *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator the Hepatitis B Program. Hepatitis B is also administered to youth and children during VFC Immunization clinics and not included in these statistics.

# Immunization

## *Program Description*

The Immunization program provides vaccinations for children from birth through 18 years. All the vaccine is supplied through a federal program, Vaccines for Children (VFC). Only children who meet the following criteria are eligible to receive the vaccine: Medicaid recipient, uninsured, underinsured with either a high deductible or health insurance that does not cover immunizations, or Native Americans. Children not meeting these criteria are referred back to family medical provider. Three clinics are held per month. Two clinics are held in the afternoon and one is in the morning to cover different times of the day. The clients are taken on a first-come first-serve basis. An additional clinic was held each month in June, July and August to focus on adolescent vaccinations. Walk-in immunizations are provided to transfer students per school request. IRIS is a statewide computer program used to maintain immunization records. All vaccinations for children through the age of 18 are entered into this system by Public Health. The three doctors' offices in Denison enter the vaccinations into IRIS, but the doctor's office in Westside does not.

In addition to staffing the clinics, the immunization coordinator is responsible for auditing the county's school records to assure all children/youth comply with the state's minimum immunization requirements. This is done in the fall every year. The results of last year's audit shows that the area schools are 98% in compliance and childcare centers are at 97%.

IRIS is a secure and confidential web-based computer system that contains immunization information for individuals of all ages residing in the State of Iowa. While offering staff some challenges the system offers several benefits, including the capability to instantly assess immunization status, future interface with other state information systems, enhanced reporting and recall systems, and consolidation of immunization records as children move or change healthcare providers.

## *Program Update*

Information is distributed at schools, area health fairs, preschools, and childcare centers. Updated information is also provided to the provider offices and school nurses. Agency information and brochures are offered in Spanish to better serve the Hispanic population in Crawford County.

In fiscal year 2014-2015, 1,375 immunizations were given to 552 children as compared to 1,331 immunizations given to 502 children in 2013-2014. There were 59 more children served and 44 more vaccines given this fiscal year.

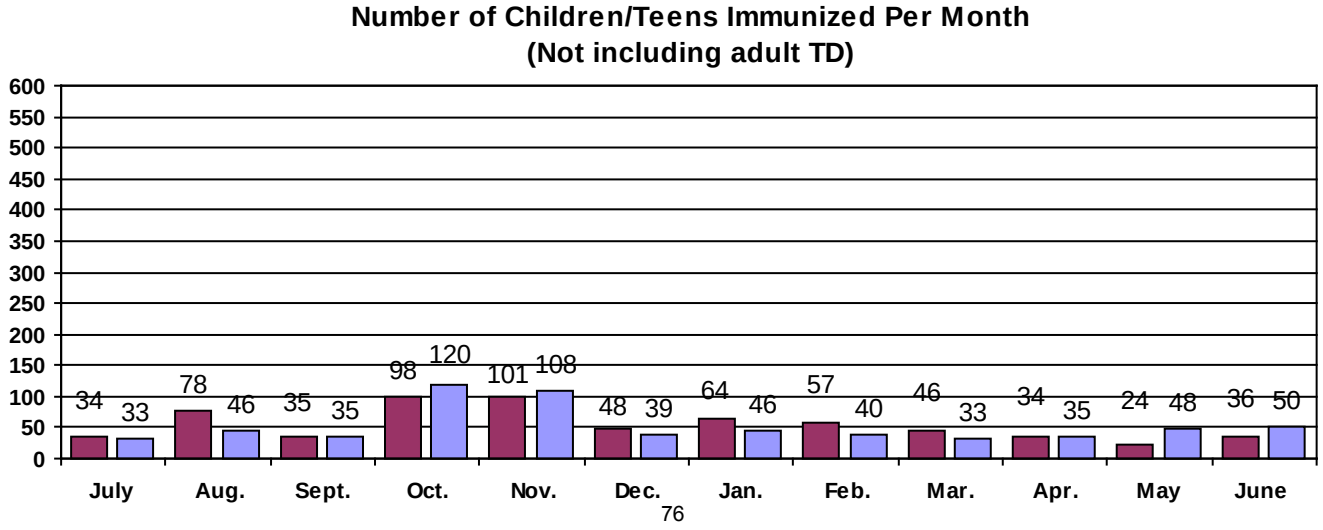
## *Staffing Patterns*

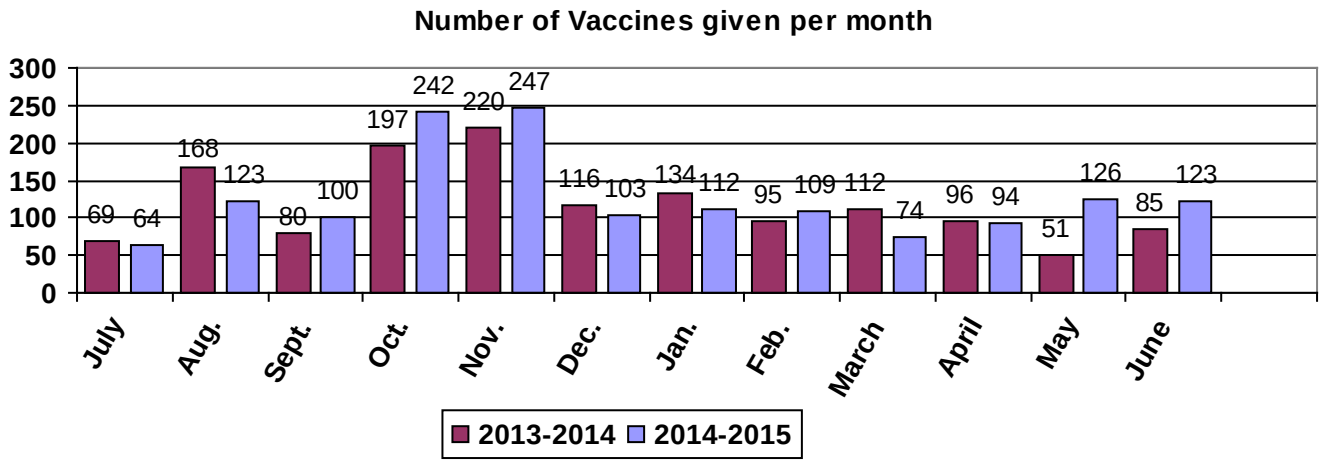
Amy Hartwig, BSN RN is the immunization program coordinator. The clinics are staffed with one RN, one LPN, two clerical staff (one being bilingual) and one interpreter. Shelley Moreland, LPN is the assistant during clinic and Kelly Weltz is the primary clerical staff that works with the Immunization program.

The following chart compares the number of each vaccine given in the past 2 years.

| **Vaccines** | **2013-2014** | **2014-2015** |
|---|---|---|
| DTaP (Infanrix) | 20 | 21 |
| DTaP/IPV/Hep B (Pediarix) | 50 | 73 |
| Dtap/IPV (Kinrix) | 28 | 23 |
| HIB (Pedvax) | 61 | 85 |
| Hep B, Adol. Hep B | 35 | 38 |
| Hep A (Vaqta) | 279 | 223 |
| MMR | 23 | 13 |
| MMR/Varicella (Proquad) | 53 | 68 |
| Polio (IPV) | 39 | 45 |
| TD | 2 | 0* |
| Tdap | 83 | 92 |
| Varicella | 47 | 16 |
| Meningococcal (Menactra) | 87 | 91 |
| HPV (Gardasil) | 154 | 169 |
| Prevnar | 69 | 104 |
| Rotavirus (Rotarix) | 30 | 45 |
| Influenza –Pediatric | 83 | 122 |
| Flumist | 188 | 149 |
| **Totals** | **1331** | **1375** |

*TD is no longer stocked due to low numbers and vaccine wastage.






The top chart reflects the number of children who received immunizations, and the bottom chart reflects how many vaccinations were given to those children per month.

**Goals for last fiscal year were:**

Work with local medical providers to encourage administration of vaccines per ACIP recommendations including HPV and Hepatitis A.
***Ongoing***

Partner with local providers to improve the 2-year-old immunization rates for Crawford County.
***Ongoing***

Work on a plan with local providers to ensure patients are not being refused vaccination due to lack of availability.

**Goals for next fiscal year are:**

The immunization rate for children 24 months of age served by the agency will increase by 6% to meet the national goal of 90% for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal Conjugate Vaccine Series (4-3-1-3-3-1-4). Baseline measure is 84%.

The immunization rate of adolescents (13-15 years of age) served by the agency will increase by 5%. Fully immunized includes 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 2 Varicella, and 1 Meningococcal vaccine. Baseline measure is 53%.

The immunization rate of adolescent females (13-15 years of age) served by the agency who receive 3 doses of HPV vaccine will increase by 5%. Baseline measure is 28%.

# Evaluation Questionnaire for Immunization Clinic

184 surveys returned

1. How did you hear about the Clinic?
   Friend/family-87 Doctor-43 DHS-19 Radio-6
   Other-14

2. Were the clinic hours convenient for you? Yes-173 No-2
   If no, what hours would be more convenient? In the morning. In the evening.

3. Compared to your doctor's office, was your waiting time for services in our clinic
   About right for the services received-148 Too Long-11

4. Were personnel at the Clinic courteous?
   Yes-180 No-0 If no, please explain_____

5. Before your child received their shots, did you feel well informed about the vaccines, their side effects and the use of over the counter pain medications to control fever?
   Yes -170 No-0 If no, please explain_____

6. Did you understand the information given to you at clinic?
   Yes-168 No-0 If no, please explain _____

7. Were you given information about when you should return for the child's next immunization clinic? Yes-165 No-1

8. Would you recommend the Clinic to others?
   Yes-177 No-0 If no, please explain_____

9. Will you continue to bring your child to this Immunization clinic?
   Yes-177 No-2 If no, please explain

10. Please add any additional comments:
    Very good. We received excellent services. Personnel were very courteous. Very good services.

# Influenza

## *Program Description*

Crawford County Home Health, Hospice & Public Health provides influenza vaccinations to the residents of Crawford County. The purpose for administering the vaccine is to reduce the potential for influenza relating to the high incidence of respiratory illness and complications associated with it.

## *Program Update*

There were 12 clinics held around the county, this is a decrease of 12 from the number of clinics held the previous year due to delayed delivery of vaccine. In addition to the community clinics, several walk-in clinics were held at Public Health throughout influenza season. There were 384 influenza vaccinations given to adults and to the children that did not qualify for the state funded Vaccines for Children (VFC) program in 2014-2015 compared with 431 in 2013-2014.

## *Staffing Patterns*

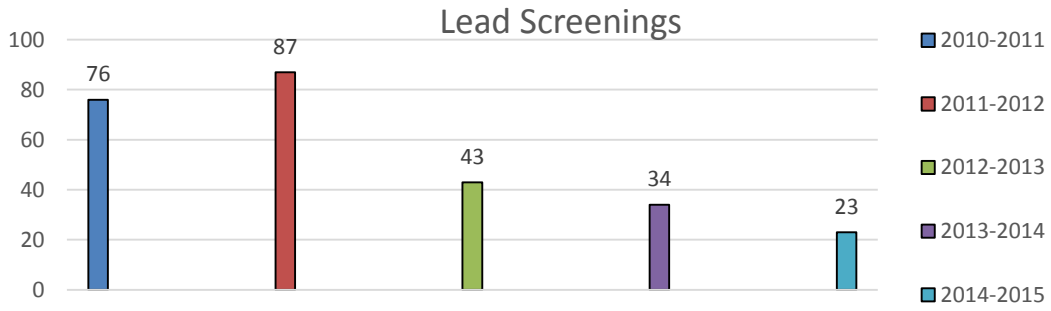
Amy Hartwig, BSN RN coordinated the Influenza program with Terra Sell and Jody Utech providing clerical support. Other Public Health nurses and clerical staff assist with this service as needed. Home Health nurses administer vaccinations to clients on caseload.

# Lead

## *Program Description*

Lead screenings are completed on children ages 12 months to 6 years of age. Public Health screens children through Immunization clinics. Finger sticks are performed with the blood specimen being sent to State Hygienic Laboratory (SHL). The results are sent back to Public Health for follow-up as needed. If the results are greater than 10ug/dl, the level is rechecked in 3 months. If the reading is greater than 15ug/dl a venipuncture blood draw is done. Further follow-up and interventions are completed depending on the venous result. Interventions may include education, nutrition consultation, environmental assessment, medical examination, AEA referral, and treatment with medication.

There were 23 children screened for lead poisoning in 2014-2015 compared to 34 children screened in 2013-2014. In 2014-2015 no children were found to have levels greater than 15ug/dl requiring confirmatory venipunctures and close follow-up. Follow-up continues for three children with elevated levels from the previous year. These cases will be followed until the lead levels return to normal limits, which are 2 lead level readings below 10 or 3 below 15. The need for increased blood lead screening has been identified because Iowa has a high percentage of older homes. Lead based paint, the most common source of lead poisoning, is often found in homes built before 1960.




## *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator of the Lead program. Jennifer Chapman, RN and Amy Trucke, LPN provides testing during immunization clinics. Kelly Weltz is the clerical staff that works with the Lead program.

# Maternal Health

## *Program Description*

The Maternal Health program provides care coordination (including the Medicaid prenatal risk Assessment and presumptive eligibility determination), education, oral health services, and postpartum home visits. Enhanced services include more intense care coordination, health education, nutrition, and psychosocial services. All pregnant women are eligible to enroll in the program, regardless of pay source. The clients are seen throughout the pregnancy for services through visits in the office, client's home, or school. Each client also receives a postpartum home visit. Enrolled women may also receive prenatal vitamins through this program. Nutritional counseling is offered by the WIC nutritionist on two occasions during the pregnancy and again post-partum. A social worker completes psychosocial services as needed. The agency interpreter is available at appointment times to assist with the increasing number of Hispanic clients. This helps considerably with the ability to effectively educate clients. Referrals are received by the program from WIC, Family STEPS, Family Planning, school nurses, and some inquiries about the program are received by a pregnant individual, due to word of mouth.

## *Program Update*

The Maternal Health visits are provided by appointment in the office, client's home, or at school. In 2014-2015, 16 clients were served. Oral health screenings, fluoride varnish, care coordination, health education, home visits, risk assessments, and presumptive Medicaid eligibility determination were provided this year. The Maternal Health program continues to see a large percentage of Hispanic clients, many with advanced pregnancies and no medical care. Names of doctors are provided so that the pregnant woman can try to obtain care and Public Health then follows-up within the month to verify care has started.

## *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator of the Maternal Health program. Emilee Lakner provides the social worker component of the Maternal Health program.

| Goals for this fiscal year were: | Goals for next fiscal year are: |
| --- | --- |
| Increase the number of clients who receive 2 or more education visits.<br>***Met*** | Increase the number of clients who receive 2 or more education visits. |
| Increase the total number of Maternal Health visits by at least 10%.<br>***Not Met*** | Increase the total number of Maternal Health clients receiving a health education service by at least 10%. |
| | Obtain client satisfaction surveys from at least 75% of clients who received a service. |

# HCCMS Family Health Services

## Maternal and Child Health Services Questionnaire

1. **Which county do you live in?** 6 questionnaires returned for Crawford County
2. **Is this your first time using these services?** Yes-5 No-1

   **If yes, how long did it take for you to get an appointment?** No answer-1

   Within the next month-4 2 months-0 3 months-0 Longer-0
3. **Which service are you using?** Maternal Health-6 Child Health
4. **How did you hear about these services?** WIC Friend-3 Doctor's Office-0 DHS-0

   Other (please specify): Work-1 School nurse-1 Public Health-1
5. **Did you/your child receive a variety of services that are important to good health?**

   Yes-5 No-0 No answer-1
6. **Are these same services available at your doctor's office?** Yes-4 No-2
7. **Will you continue coming here for these services?** Yes-6 No-0

   If No, why not? _____
8. **Compared to your doctor's office, was your waiting time for the services provided here:**

   About Right-5 Too Long-0 Not enough time-0 No answer-1
9. **Would you recommend these services to others?** Yes-6 No-0

   If No, why not? _____
10. **If these services were no longer available, where would you go for similar services?**

    Doctor-4 Hospital-1 No Where-1 Another Clinic-0 Other (please specify): 0
11. **Did you understand the information that was given to you today?** Yes-6 No-0

    If No, why not?_____
12. **Did you know that if your child does not have Medicaid or other insurance, the Child Health Program offers assistance with Dental and Doctor visits if funds are available?**

    Yes-2 No-0 No answer-4

    **If yes, have you ever utilized these services?** Yes-2 No-0 Not Applicable-0 No answer-4

# Mental Health

## *Program Description*

In March 2009, West Iowa Community Mental Health (WICMH) entered into an agreement with CCHHH&PH to facilitate or supervise the telepsychiatry sessions. A registered nurse is required to be in the room with the client while the Psychiatrist is providing services via the telemonitoring system. The clinics are held at the WICMH office usually one time per week. In March 2014, daily services for medication refills and prior authorizations were requested and started. July 1, 2014 WICMH merged with Plains Area Mental Health Center. In February 2015, the contract for nursing services was terminated.

## *Staffing Patterns*

Amy Hartwig, RN was the primary nurse providing this service.

# One Time Mom/Baby Visits

## *Program Description*

Public Health offers a one-time postpartum visit for mothers and newborns that live in Crawford County. A nurse tries to provide a home visit within five days post hospitalization or as ordered by the physician. This visit provides assessment of mother/baby and support/education to the parents. This is a complimentary service provided by Public Health.

## *Program Update*

Public Health continues to work with the hospital and doctors to provide a post-partum visit to newborns and mothers in Crawford County. 3 visits were completed, which is a decrease of 3 from fiscal year 2013-2014. The referral may not result in a visit. When contacted by the nurse after the mother and new baby are home, the mother may feel that the visit is not necessary and decline. The referral may also be deferred to another agency program such as Family STEPS or Maternal Health where it may fit better due to needs.

## *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator for this program. Interpreters are utilized for the Spanish speaking clientele.

# Public Health Preparedness

## *Program Description*

Following September 11, 2001 the country became more aware that terrorism is a very real threat. Centers for Disease Control (CDC) & Health Resources and Services Administration (HRSA) felt Biopreparedness was where public health departments and hospitals would play a large role in planning to be prepared for such tragedies. Starting in September 2002, IDPH received grant funding from the CDC for public health preparedness and funding from HRSA for hospital readiness efforts. Building infrastructure has been a very important part of these efforts especially in public health. Coalitions were developed a couple years ago. Crawford counties coalition includes: Crawford County Memorial Hospital, Crawford County Emergency Management, Crawford County Environmental Health, and Crawford County Public Health. Additional members will be added as the coalition develops. Strategic planning continues to occur related to individual county coalitions joining together to meet the needs of the grant requirements, as well as community needs.

## *Program Update*

Public Health Emergency Preparedness grant dollars have been used to build infrastructure, mass vaccination plans, epidemiology and pandemic influenza planning. Scenarios, tabletop drills, functional and full-scale exercises are all part of these planning efforts. These drills have been statewide, regional, and specific to a county. By exercising these plans the respective participants are able to see what works and what doesn't work and gives everyone experience in the event of a real emergency. These planning efforts are not just for bioterrorism activities, but can be used for other real world emergency situations such as food-borne or communicable disease outbreaks such as H1N1. Having regular communication and interaction with local partners is important so in the event of a real emergency there is better understanding of everyone's roles and this leads to a better team approach due to the trust that has been developed over the years of collaboration.

## *Staffing Patterns*

The Public Health Administrator, Laura Beeck, BSN RN, coordinates these planning efforts but the entire staff, many volunteers and other county organizations will be needed to implement these plans in the event of an emergency situation. Laura Beeck, Lynette Ludwig, Kim Fineran and Amy Hartwig have all been trained as Public Information Officer (PIO). CCHHH&PH staff will fill the following Incident Command roles in the event of an incident/emergency: Incident Commander, Liaison Officer, Planning Chief, PIO, Logistics Chief, Safety Officer, Operations Chief, Finance Chief, and Volunteer Coordinator. Staff members who will fill these roles in the event of an incident

include: Laura Beeck, Lynette Ludwig, Kim Fineran, Al Schramm, Kathy Ransom, Kay Blunk, Amy Trucke and Amy Hartwig. Continued training is needed to educate staff on Incident Command and duties during an event.

**Goals for last fiscal year were:**

Continue to update all plans and checklists for public health emergency response events.
***Ongoing***

Incident command staff will receive additional training as offered.
***Ongoing***

Continue working to develop coalition and plans specific to the coalition needs.
***Ongoing***

Participate in exercises or drills with county partners as indicated.
***Ongoing***

Work with coalition members and other county partners for planning activities related to county needs.
***Ongoing***

Expand coalition to include other counties.
***Ongoing***

**Goals for next fiscal year are:**

Continue to update all plans and checklists for public health emergency response events.

Incident command staff will receive refreshers or additional training as needed.

Continue working to develop coalition and plans specific to the coalition needs.

Participate in exercises or drills with county and regional partners as indicated.

Work with coalition members and other county partners for planning activities related to county needs.

Continue strategic planning to expand coalition to include additional members or other counties to meet requirements and needs.

# Vision Screening

## *Program Description*

The Vision Screening program involves a Public Health nurse testing the vision of children in the county schools that do not have a nurse on staff or have not contracted with one. These schools provide a pre-screen of all students, and then notify Public Health of all students that have a vision test of 20/40 or worse. The Public Health nurse then goes to the school and re-screens those children. When the re-screening indicates vision impairment, a letter is sent to the parents regarding the impairment and recommends that the child see a vision care provider.

## *Program Update*

In the past year, 3 students were re-screened at Open Arms Preschool. The numbers of students needing re-screened has decreased tremendously since the implementation of recommended vision screenings and screening cards signed off by physicians prior to school registration.

## *Staffing Patterns*

Amy Hartwig, RN completes the re-screen during Immunization Audits at that school.

# HCCMS Program

## Five County Maternal/Child Health & Family Planning Project

2014

2015

# HCCMS
# Maternal/Child Health & Family Planning

## *Program Description*

HCCMS is a five county Maternal/Child Health (MCH) and Family Planning (FP) project, funded by the Iowa Department of Public Health. The five counties included in HCCMS Family Health Services are **H**arrison, **C**rawford, **C**ass, **M**onona, and **S**helby. Federal grant dollars are passed through to IDPH to assist in providing these services. The program is in its fifteenth year and continues to serve the maternal health, child health, and family planning needs in each of the five counties.

Maternal Health (MH) services are offered in the HCCMS delivery area. Education, care coordination, oral health, and postpartum services are provided to all pregnant women enrolled in the program. In addition, enhanced services including more in-depth education and care coordination, nutrition and diabetes management, and psychosocial services are provided to women with high-risk pregnancies. Most RN and Social Worker services are provided at the agency in a manner that is convenient to the client. Home visits are completed for those whom transportation is a problem. Referrals are made to WIC for nutrition counseling. During the MH visit, health information is obtained and parenting education is provided, with appropriate referrals as needed. The nurse completes a dental screen, fluoride varnish, and provides oral health educational materials.

Child Health clinical services are provided using an indirect service model through the Early Periodic, Screening, Diagnosis and Treatment (EPSDT) program. These services involve case management, assisting the families to access medical and dental care for well-child and dental examinations. The children can also receive gap-filling services at the local Public Health agency which include lead screens, immunizations and dental services with referrals to other agencies or providers as needed. For those children without insurance coverage, assistance with Medicaid or ***hawk-i*** will be provided. If the child does not qualify for either of those programs, grant funds may be utilized to pay for the well-child examinations.

Presumptive eligibility (PE) provides Medicaid coverage for a limited time while a formal eligibility determination is being processed by the Department of Human Services. The goal of this process is to provide immediate healthcare coverage for families who are likely to be eligible for Medicaid. Families complete the application, the application is entered into the DHS web-based system, and a decision is generated immediately. If approved, the family member(s) are assigned an identification number. HCCMS provides this service for children (ages 0 through 18 years) and pregnant women who enroll in the Maternal Health program. Deb Birks, Amy Hartwig and Rocio Fernandez are qualified to process these applications.

Family Planning services and clinics are provided in all five counties. Services include contraceptive services to help women and men plan and space births, prevent unintended pregnancies, and reduce the number of abortions; pregnancy testing and counseling; helping clients who want to conceive; basic infertility services; preconception health services to improve infant and maternal outcomes and improve

women's and men's health; and providing sexually transmitted disease screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants.

### *Program Updates*

HCCMS Indirect Child Health program served 93 unduplicated clients this fiscal year and 8,134 clients through other child health services. The HCCMS Maternal Health Program served 72 clients this fiscal year.

The HCCMS Family Planning program served 673 unduplicated clients this fiscal year with 97.47% of these clients at 250% of poverty or less. During this fiscal year, a total of 7,359 Family Planning services were provided.

| Services | 2013-2014 | 2014-2015 |
|---|---|---|
| Initial Exam (Provider Visit) | 96 | 77 |
| Annual Exam (Provider Visit) | 239 | 213 |
| Other Provider Visit | 226 | 222 |
| Office Visit (Nurse Visit) | 1279 | 961 |
| Pap Test | 211 | 118 |
| Chlamydia Test | 447 | 315 |
| Chlamydia Treatment | 52 | 51 |
| Gonorrhea Test | 447 | 318 |
| Gonorrhea Treatment | 2 | 9 |
| Pregnancy Tests | 366 | 214 |
| Positive Pregnancy Tests | 23 | 5 |
| Contraceptive Refill | 639 | 994 |
| DepoProvera Injections | 431 | 353 |
| Emergency Contraceptive Pills | 53 | 46 |
| Implanon Insertions | 78 | 56 |
| Implanon Removals | 69 | 40 |
| IUD (Paragard/Mirena) Insertions | 9 | 4 |
| IUD (Paragard/Mirena) Removals | 17 | 9 |
| Gardisal Injections | 31 | 21 |
| Male Clients (Unduplicated) | 41 | 31 |
| Female Clients (Unduplicated) | 869 | 642 |
| New Clients (Unduplicated) | 345 | 260 |
| Returning Clients (Unduplicated) | 565 | 413 |

The decrease in client numbers over the last few years can be attributed to a number of factors including the decreased need for visits due to the use of long-acting reversible contraceptives (also called LARCs—Mirena, Paragard, and Nexplanon), which can last anywhere from 3 to 10 years. There have also been changes in the American Congress of Obstetricians and Gynecologist (ACOG) guidelines for pap testing and more services being covered by private insurance, both of which contributed to decreased clients.

Crawford County subcontracts some Family Planning program management duties to Myrtue Medical Center Department of Community Health. In March 2015, Crawford County terminated this with Myrtue Medical Center and all program administration is now being done in Crawford County.

### *Staffing Patterns*

The HCCMS project is staffed as follows:
Executive Director: Laura Beeck, BSN RN
Project Director: Kim Fineran, BSN RN
Fiscal: Monica Neumann
MCH Billing: Ashley Eggers, BA
Maternal Health/Child Health Coordinator: Kim Fineran, BSN RN
EPSDT Coordinator: Deb Birks, BSN RN
***hawk-i*** Outreach: Kim Fineran, BSN RN and Sara Duncklee (beginning Feb. 2015)
Family Planning Coordinator: Peggy Cole, BA (through Feb. 2015) and Kim Fineran, BSN RN

**Goals for this fiscal year:**

Implement the Listening Visit service for maternal health clients who are mildly to moderately depressed as shown by a depression screening.
***Met***

Expand indirect child health services to include contracts with providers in communities surrounding Denison.
***Ongoing***

Update Family Planning policies and procedures to reflect new Title X guidelines.
***Ongoing***

**Goals for next fiscal year are:**

Increase the total number of Maternal Health clients receiving a health education service by at least 10%.

Expand indirect child health services to include contracts with providers in communities surrounding Denison.

Update the format of the Maternal Child Health and Family Planning policies and procedures manuals to reflect that of the IDPH manuals to allow for ease of policy review and audits.

# HCCMS Family Health Services

## Maternal and Child Health Services Questionnaire

1. **Which county do you live in?** Maternal Health—Harrison-0/Crawford-0/Cass-14/Monona-0/Shelby-10
   Child Health—Harrison-0/Crawford-31/Cass-0/Monona-0/Shelby-0
2. **Is this your first time using these services?** Maternal Health—Yes-18 / No-6
   Child Health—Yes-1 / No-29

   **If yes, how long did it take for you to get an appointment?**

   Maternal Health—Within the next month-19 / 2 months-2 / 3 months-0 / Longer-0
   Child Health—Within the next month-0 / 2 months-0 / 3 months-0 / Longer-1
3. **Which service are you using?** Maternal Health-24 Child Health-31
4. **How did you hear about these services?**
   Maternal Health—WIC-10 / Friend-4 / Doctor's Office-3 / DHS-4 /Family Planning-2 / Family-1
   Child Health—WIC-7 / Friend-25 / Doctor's Office-1 / DHS-1 / Family-2
5. **Did you/your child receive a variety of services that are important to good health?**
   Maternal Health—Yes-24 / No-0 Child Health—Yes-27 / No-4
6. **Are these same services available at your doctor's office?**
   Maternal Health—Yes-9 /No-12 /Not sure-1 Child Health—Yes-19 / No-6
7. **Will you continue coming here for these services?**
   Maternal Health—Yes-24 / No-0 Child Health—Yes-29 / No-0
   If not, why: Insurance doesn't cover
8. **Compared to your doctor's office, was your waiting time for the services provided here:**
   Maternal Health—About Right-23 / Too Long-0 / Not enough time-0 / No answer-1
   Child Health—About Right-29 / Too Long-0 / Not enough time-0
9. **Would you recommend these services to others?**
   Maternal Health—Yes-24 / No-0 Child Health— Yes-31 / No-0
10. **If these services were no longer available, where would you go for similar services?**
    Maternal Health—Doctor-11 / Hospital-5 / No Where-6 / Another Clinic-2
    Child Health—Doctor-9 / Hospital-8 / No Where-3 / Another Clinic-9
11. **Did you understand the information that was given to you today?**
    Maternal Health—Yes-24 / No-0 Child Health—Yes-30 / No-0
12. **Did you know that if your child does not have Medicaid or other insurance, the Child Health Program offers assistance with Dental and Doctor visits if funds are available?**
    Maternal Health—Yes-17 / No-7 Child Health—Yes-25 / No-0

    **If yes, have you ever utilized these services?**

    Maternal Health—Yes-5 / No-9 / Not applicable-6
    Child Health—Yes-29 / No-1 / Not applicable-1

1. What services are you here for today?

| | | | | | |
|---|---|---|---|---|---|
| 48 | First time examination here | 12 | Repeat PAP smear | 0 | Male exam |
| 13 | Receiving Depo Provera injection(shot) | 187 | Yearly examination | 79 | Other |
| 37 | Concern with birth control method | 13 | STI testing and or treatment | 1 | No Answer |

2. How long did it take to get an appointment?

| | | | | | |
|---|---|---|---|---|---|
| 205 | Less than 1 week | 45 | 1 week | 8 | No answer |
| 55 | 2 weeks | 19 | Longer | | |

3. Why did you choose this clinic?

| | | | | | |
|---|---|---|---|---|---|
| 183 | Location | 30 | Hours | 51 | IFPN |
| 85 | Prices | 63 | Confidentiality | 26 | Other |
| 66 | Preference for a female practitioner | 102 | Clinic Staff | 5 | No answer |

4. How did you hear about us?

| | | | | | |
|---|---|---|---|---|---|
| 142 | Friend | 62 | Relative | 2 | Other |
| 17 | Doctor | 9 | Public Health | 27 | No Answer |
| 4 | Nurse | 9 | School | 2 | Google Search |
| 10 | Hospital | 37 | Been here before | 2 | Walk-in |
| 5 | Another clinic | 4 | Coworker | | |

5. Were you given the opportunity to ask questions today?

306 Yes 2 No 24 No Answer

If yes, were those questions answered to your satisfaction?

287 Yes 3 No 42 No answer

6. How do you feel about the length of time that was spent with you at each part of your visit?

| | Too much time | About right | Not enough | Does not apply | No answer |
|---|---|---|---|---|---|
| Check-in/paperwork | 8 | 295 | 1 | 4 | 24 |
| Pre-exam consultation | 5 | 287 | 0 | 2 | 38 |
| Examination | 6 | 285 | 1 | 1 | 39 |
| Check-out/pay bill/get supplies | 2 | 282 | 0 | 6 | 42 |

7. What is the best time for you to come to the clinic?

| | | | |
|---|---|---|---|
| 109 | Weekday mornings | 82 | Weekday evenings |
| 172 | Weekday afternoons | 47 | Saturday |
| 26 | No answer | | |

8. Would you recommend this Family Planning clinic to others?

312 Yes 2 No 18 No answer

# HCCMS Family Health Services
# Family Planning Survey Comments

## Question: What was the best part of your visit?

### HARRISON

It was quick. / Always answer questions. / Everyone has been very friendly. / Communication / Comfortable
Received great care / Everyone was friendly and all questions were answered. / How wonderful the workers were
The friendliness of the staff / Having comfort with a female doctor / Knowledge and hospitality / Very nice staff
Able to talk to provider/ Getting help with what I needed/ Everything was well explained / All was good, friendly staff

### CASS

Talking to the nurse / How friendly everyone was / Exam was good, didn't have to wait / Easy and quick / Friendly staff
Great staff, very kind and helpful / The people were very nice and welcoming / The people and their knowledge
Visiting with the people I've come to know, feeling comfortable / Great service overall / Communication / Conversation
Speaking with the physician and feeling comfortable / Talking to the nurse and asking questions/ Information/ Exam
It was short and didn't take as long as expected / Friendly staff/ My doctors / Everything is good, professional staff

### CRAWFORD

Able to ask questions / Knowing things and what to look for / Answered all my questions / Comfort / Very nice people
Quality staff, very helpful / Staff / They answered my questions / They don't take too long to help you / Good service
Speaking with Calla / Felt welcome / Being able to talk to someone / Nice staff, no wait / The interpreting / Friendly
Nurses very funny / Gaining knowledge / The atmosphere and ability to feel comfortable / It was all awesome
Feeling comfortable with the doctors / The staff was great, visit was perfect! / Nurse is awesome / Friendly and fast

### MONONA

Wonderful staff / Quick and easy / The info I received / Visiting with Calla / The kindness of everyone / Friendly
Feeling comfortable and well-informed / Awesome doctor / It was all great / Being able to get in and out

### SHELBY

Receiving good answers / Felt comfortable / Healthier living advice / Helpful service / HPV explanation and reassurance
The service / Kindness and friendliness of staff / How nice everyone is / Call was pleasant and explained everything
Convenience / Quick / Answers to my questions / Patient, helped soothe me, and kept my mind off it / Service
Smooth running, friendly people / Opportunity to ask questions / Education on birth control options / The great service
Calla's explanations / Confidentiality and comfort / The staff is so nice and knowledgeable / Nice nurses/ Quick
Great answers and explanations / Talking with the physician / Listened to me / The amount of time spent / The people

# HCCMS
# Child Care Nurse Consultant

## *Program Description*

The Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH) support Healthy Child Care Iowa (HCCI) to improve the health and safety of children attending childcare as well as to assist families in accessing community-based resources including medical homes. The title, Child Care Nurse Consultant (CCNC), is emerging as a subspecialty in a variety of disciplines. Iowa is using the term Child Care Nurse Consultant to note a specialty within the pediatric public health nursing professional practice. Registered nurses (RNs) practicing in public health have long been called upon by childcare providers to assist the provider in responding to issues of childhood communicable disease, child development, safety and injury prevention, nutrition and family health. Public health nurses with pediatric expertise have gradually built the subspecialty.

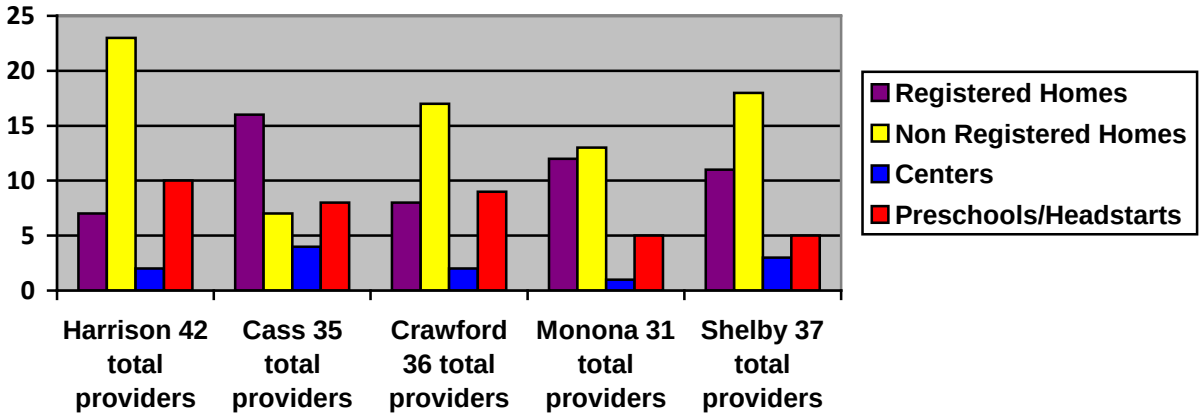
## *Program Update*

In today's society, families are faced with the challenge of balancing home, work, education and recreation. More children between the ages of birth to 12 years are spending considerable time in out-of-home care arrangements. Children may have several childcare providers during the day to meet the needs of the family. Families depend on childcare providers to attend to the child's needs, anticipate problems or concerns and to direct or refer families to needed resources. The CCNC is one of the resources available to support childcare providers in meeting the health and safety needs of the children in out-of-home childcare.

The CCNC provides guidance, training, coordination and support to community-based childcare businesses to promote safe and healthy childcare environments for all children including children with special health or developmental needs. Upon request or based upon identified needs, the CCNC conducts on-site consultation to address and resolve health and safety issues, assists with policy development, provides trainings based on individual needs, and promotes involvement with Iowa's Quality Rating System (QRS).

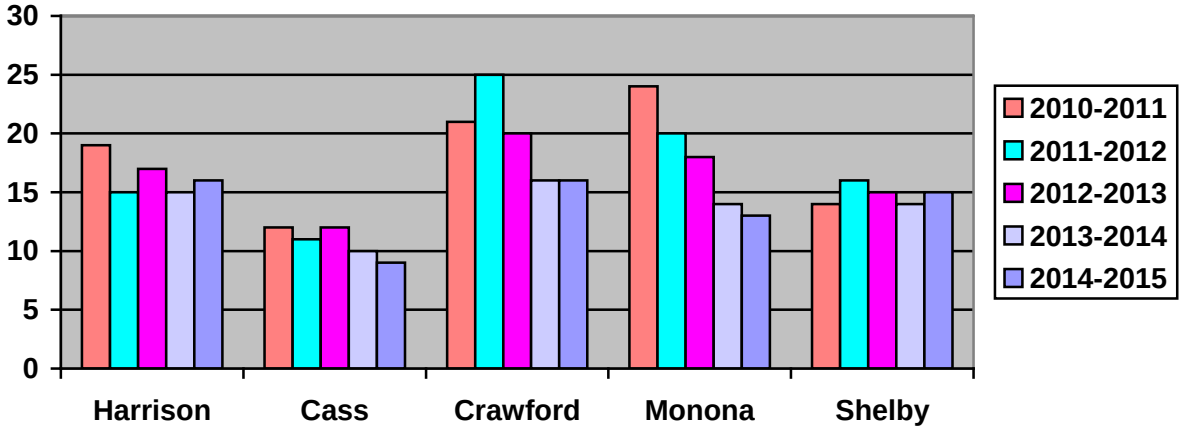
HCCMS and the CCNC have worked closely with Early Childhood Iowa (ECI) to secure funding for this position. The five counties have three Early Childhood Iowa areas. Fiscal year 14-15, HCCMS Family Health Services received a commitment for funding from Boost4Families for Cass County; BVCS Early Childhood Iowa for Crawford County; and HMS Early Childhood Iowa for Harrison, Monona, and Shelby counties.

## Number of Child Care Providers by Type as of June 30, 2015

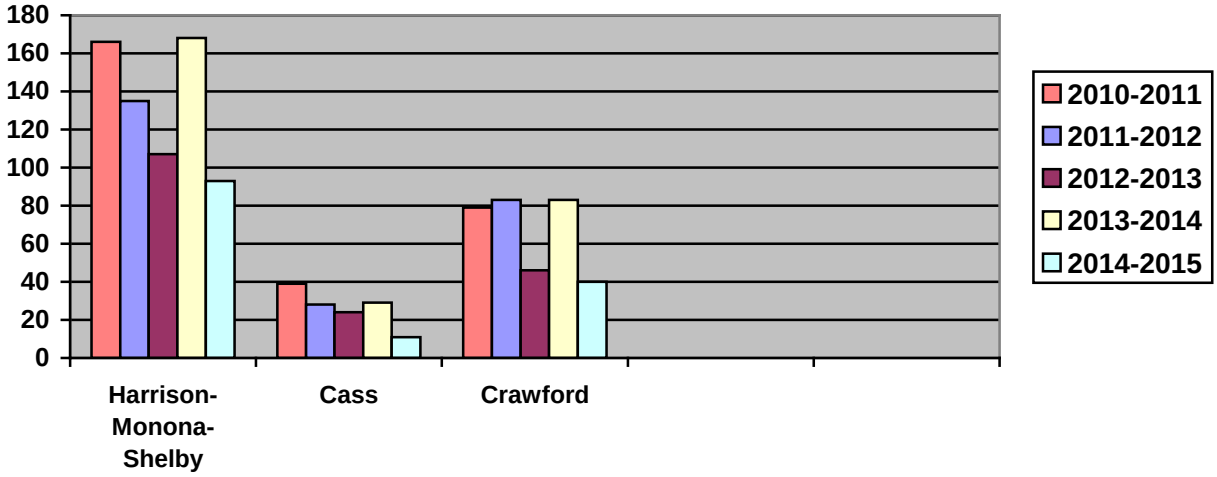



## Active Business Partnership Agreements (BPA)*

*BPA's are valid for 2 years from date of signatures




## Number of Provider Visits per Early Childhood Iowa Area



## *Staffing Patterns*

In May 2014, Lori Hoch RN fully transitioned into the 1st Five Program. Deb Gimer, RN was contracted to provide consultant services through July 31, 2014. After funding awards from Early Childhood Iowa were received, the CCNC position was advertised. In August 2014, Martin Bornhoft, RN was hired to fill this full-time position. He continued in the CCNC position until March, 2015 at which time he resigned. In April, 2015, Whitney Urich was hired full-time.

**Goals for this fiscal year were:**

Fill the vacant CCNC position.
***Met***

Newly hired CCNC will complete the required training by IDPH.
***Met***

Newly hired CCNC will complete the Child Care Resource & Referral credentialing process and begin providing trainings.
***Met***

**Goals for next fiscal year are:**

Provide a minimum of one training opportunity for child care providers in each Early Childhood Iowa service area.

Contact child care providers whose Business Partnership Agreement is expired or about to expire to encourage renewal.

# Children at Home Program

## *Program Description*

The Children at Home program is a contracted service administered by the Iowa Department of Human Services. The program assists families by helping them locate formal and informal assistance, helping connect parents with other parents, advocating for families and children at the local and state level, and collaborating with other local agencies that provide assistance to families and children.

Children at Home is designed to assist families of children with a disability (defined as an individual who is less than 22 years of age and meets the definition of developmental disability) in securing the services and supports they identify as necessary in helping their child to remain at home. Financial assistance is intended to enable them to obtain those services and supports that are not met by other programs.

Local programs operate with the advice and assistance of an advisory council. The advisory council consists of 6 members (5 parents of children with disabilities and 1 community member). The councils approves policies, approves applications, and provides guidance and support for the program coordinator.

Families requesting assistance from the program must complete the application form and supply the verifications for income and disability. Once all the application requirements are complete, eligibility is determined. The application is then forwarded to the advisory council for a decision on funding. Once the funding has been decided, parents are notified of the decision.

In April 2014, Crawford County Home Health, Hospice & Public Health was approached with an Informal Competitive Solicitation for Administration of the Children at Home Program for Crawford and Harrison Counties. A proposal was submitted in May 2014 with the award of the grant in June 2014. Program services began in July 2014.

Many outreach activities, including distribution of flyers, articles in local papers, attendance at local coalition meetings, visits to community partner agencies (such as hospitals, physician offices, schools, and preschools) were completed to promote community awareness of the program. Recruitment of advisory council members and establishing policies and procedures also took place.

In 2014-2015, a total of 12 children from 8 families received funding for supports and services that were identified by themselves, DHS workers, and/or AEA. Funds were provided for many varied items such as medical supplies not covered by insurance, mileage for physician visits, sensory items for autistic

children, camp registration, iPad and smart pens, wheel chair ramp at the child's residence, video monitor, and a large size stroller.

### *Staffing Patterns*

Marty Bornhoft, RN was the program coordinator until his resignation in March 2015. After his resignation, Kim Fineran, BSN RN provided program coordination.

| **Goals for this fiscal year were:** | **Goals for next fiscal year are:** |
|---|---|
| Not applicable-new program | Increase visibility and participation in the program by providing community outreach activities.<br><br>Increase the number of families served. Baseline measure is 8. |

# Dental Wellness Plan Outreach

## *Program Description*

Delta Dental of Iowa, the largest and most experienced provider of dental benefits in the state, is a member of the Delta Dental Plans Association, a national organization of not-for-profit Delta Dental member companies. Delta Dental of Iowa is a provider of dental benefits to over 900,000 members and holds a leading market position in the employer-sponsored dental plan market in Iowa. As a not-for-profit, Delta Dental of Iowa supports a number of community and public benefit programs that improve the oral health of Iowans.

The Iowa Dental Wellness Plan (DWP) began May 1, 2014 and provides dental benefits to adults 19-64 years of age who are enrolled in the Iowa Health and Wellness Plan. Delta Dental of Iowa, in partnership with the Department of Human Services, is administering the dental benefits. The DWP aims to improve member awareness about the importance of good oral health, establishing a dental home, and completing treatment plans.

In November 2014, Delta Dental released the Iowa Dental Wellness Plan Community Collaboration Request for Proposal (RFP). The intent of the RFP is to develop a coordinated approach for educating members, providers, and community partners on the program design and streamline a process for members to access needed dental care. This RFP was open to Title V Maternal Child Health Contractor to apply. HCCMS submitted a proposal and was awarded funding to run from January 30, 2015 through June 30, 2016. A renewal option for additional funding through June 30, 2017 will be available.

After the initial proposal cycle, HCCMS was approached by Delta Dental to provide services in neighboring counties that were not awarded. Funding for Montgomery and Taylor counties was also awarded to HCCMS at that time.

In February 2015, an Outreach Coordinator was hired to provide outreach services. Lists based on client need (newly eligible, recall appointment, follow-up on treatment needs) are generated and sent by Delta Dental. The Outreach Coordinator contacts plan members to provide education about program services, referrals to local plan providers, and to encourage them to take advantage of their benefits.

## *Staffing Patterns*

Jennifer Macke, RDH provides oversight for the program. Sara Duncklee is the part-time Outreach Coordinator.

**Goals for this fiscal year were:**

Not applicable-new program

**Goals for next fiscal year are:**

Collaborate with the I-Smile Coordinator to assure a referral system is established for DWP members.

Educate community stakeholders on DWP plan design and the population it serves.

Promote oral health through outreach to new enrollees, follow-up with members who received emergency or stabilization services, and assist members with support, education, referrals, and reminders.

# HCCMS
# 1st Five Healthy Mental Development Initiative

## *Program Description*

1st Five is a public-private partnership bridging primary care and public health services in Iowa. The 1st Five model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to 5 and coordinates referrals, interventions and follow-up.

Iowa's 1st Five Healthy Mental Development Initiative builds partnerships between physician practices and public service providers to enhance high quality well-child care. 1st Five promotes the use of developmental tools that support healthy mental development for young children during the first five years. By using a tool for all children that includes social-emotional development and family risk factors, providers are able to identify children at risk for developmental concerns that, if left untreated, would play out later in life.

The foundations of mental health are set in the first five years of life. During these years, children rapidly develop social and emotional capacities that prepare them to be self-confident, trusting, empathetic, intellectually inquisitive, competent in using language to communicate and capable of relating well to others. These emotional skills form the foundation of a child's "healthy mental development" - to develop the ability to regulate and express emotions, form close personal relationships with other children and adults, and explore and learn from their environment. This social-emotional foundation also plays a key role in determining a child's school readiness.

## *Program Update*

In November 2013, HCCMS was awarded funding for 1st Five Community Planning. In October 2014, continued funding was awarded for 1st Five Implementation. Lori Hoch, RN, is the full-time Site Coordinator, providing services in all five counties of our service delivery area.

Goals for the implementation period include:

- Increase the number of primary care providers who are using a standardized developmental screening tool to identify children who are at-risk or need low-level interventions.
- Educate EPSDT providers and other community providers to increase the knowledge of the importance of developmental screening and social determinants of health.
- Participate in state level administrative activities.
- Provide care coordination services to families and provide feedback on referrals to primary care providers.

Two educational opportunities for primary care providers and community partners were held this program year. Presentations on October 24, 2014 (55 attendees) and May 15, 2015 (51 attendees) included Adverse Childhood Experiences (ACEs), childhood brain development, the identification of developmental delays using valid screening tools, promoting healthy mental development by assessing risk factors and utilizing developmental surveillance and screening tools, developmental implications of early childhood trauma, and the importance of attachment in promoting typical growth and development.

In 2014-2015, 251 partnership building contacts, 444 consultation contacts, and 12 trainings provided. 75 referrals were received which resulted in 407 additional resource referrals being provided to families. January 2015 began our transition from planning to implementation, at which time we began providing care coordination services. Since our transition, we have provided 11,884 minutes of care coordination and 1,089 minutes of home visits.

**Goals for this fiscal year were:**

Increase the number of participating primary care providers within in the service area by 5%.
***Met***

1st Five Care Coordinator will complete all IDPH required trainings within 1 year.
***Met***

**Goals for next fiscal year are:**

Increase the number of primary care providers that begin screening children using a standardized tool by 5%.

Facilitate at least one training opportunity for primary care providers and community with a focus on topics such as ACEs, Trauma Informed Care, Perinatal and Postpartum Depression, Developmental Surveillance and Screening, social determinants of health, and other topics that educate and promote children's healthy mental development.

# HCCMS I-Smile

## *Program Description*

In 2005, the Iowa legislature passed a Medicaid reform initiative that included a mandate stating all children twelve years of age or younger who receive medical assistance shall have a designated dental home and shall be provided with dental screenings and preventive care as identified in the oral health standards of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). In response, the I-Smile Dental Home Project was created.

The goal of creating a dental home is to ensure that children receive age-appropriate comprehensive dental care. The American Academy of Pediatric Dentistry's (AAPD) definition of a dental home is the conceptual framework for the I-smile project. AAPD recommends that children be referred for preventive and routine oral health care as early as 6 months of age and no later than 12 months of age.

A dental home provides acute care, preventive services, assessment of oral disease, individualized preventive care based on risk assessment, anticipatory guidance, information about caring for teeth and gums, dietary counseling, and referral to dental specialists as needed.

IDPH envisions a conceptual dental home, allowing a team approach to manage oral disease. Primary prevention and care coordination are the focus of the I-Smile project. Through referrals, dentists serve as the providers of treatment and definitive evaluation. Additional health professionals, such as dental hygienists and registered nurses, are an integral part of a network providing oral screenings, education, and preventive services as needed to assure that all children receive care.

## *Program Update*

The I-Smile Coordinator continues to focus on the ultimate goal of establishing a dental home. With this goal in mind, the focus of service delivery is on infrastructure building, population based, and enabling services. These services provide support to the existing health care systems to meet the needs of underserved families. Direct services through the MCH agency are provided as gap-filling only, for those clients who do not have access to a dental home.

Through collaboration with WIC, immunization programs, maternal and child health programs, Early Childhood Iowa, public schools, preschools and childcare providers, oral health screenings, fluoride varnish, and care coordination have been provided for families facing difficulties finding dental care.

In fiscal year 2014-2015 a total of 3,610 oral health services were provided throughout HCCMS service delivery area. Services consisted of oral health screenings, fluoride varnish, sealant application, care coordination, and education. Oral health services are provided in the preschool setting through a partnership with Early Childhood Iowa (ECI). Through grants, ECI provides funding for the dental hygienist to provide services in licensed preschool and Head Start settings. Services are also provided at WIC clinics periodically throughout the year.

### *Staffing Patterns*

The I-Smile Dental Home Project was staffed by a part-time registered dental hygienist, Jennifer Macke, RDH.

**Goals for this fiscal year were:**

I-Smile Coordinator will complete all training required by IDPH within 6 months of hire.
***Met***

I-Smile Coordinator will attend a Board of Health meeting in each county to introduce herself to board members and provide information about I-Smile program services and goals.
***Ongoing***

I-Smile Coordinator will partner with Boy Scouts/Cub Scouts in each county to provide education and promote oral health.
***Ongoing***

**Goals for next fiscal year are:**

I-Smile Coordinator will attend a Board of Health meeting in each county to provide information about the I-Smile program and services.

I-Smile Coordinator will visit each medical office in the service area to promote the I-Smile program, promote referrals for dental examinations by age 1, and request referrals for families needing assistance locating oral health care.

I-Smile Coordinator will visit each dental office in the service area to promote the I-Smile program, Dental Wellness Plan, establish/maintain contracts to accept dental vouchers for children with no insurance coverage, promote dental examinations by age 1, provide school screening requirement updates, encourage provision of services for Medicaid-eligible children, and request referrals for families denied services due to lack of financial resources and/or no insurance coverage.

# HCCMS
# School-Based Sealant Program

## *Program Description*

School-based dental sealant programs are an important and effective public health approach in promoting the oral health of children and adolescents. Eighty to ninety percent of dental decay in children ages 5 - 17 occurs in the pits and fissures of teeth, mostly on the chewing surfaces. Placing dental sealants on molar teeth significantly lowers the probability that decay in those teeth will occur.

The cost of preventing tooth decay by placing dental sealants in children is much less than the cost of treating tooth decay, and the savings realized over a lifetime can be substantial. If untreated decay progresses, it may be necessary to perform root canals and other extensive and expensive procedures. According to the Surgeon General Report, there is strong evidence supporting dental sealants and community sealant programs for the prevention of dental decay, particularly for high-risk children.

School-based sealant programs improve communication between parents and oral health professionals, helping parents make informed decisions about the benefits dental sealants provide. In addition, these programs help families who lack insurance or who don't have access to preventive services due to transportation or other barriers to care. Most importantly, the coordination of these programs has also been linked to helping families establish dental homes.

## *Program Update*

This year, school-based services were provided in 6 schools: Crawford County-Denison Elementary; Cass County-CAM North Elementary, CAM South Elementary, Washington Elementary, Lewis Elementary, and Elliott Elementary.

Screening and fluoride varnish services were provided to 106 children in Crawford County. Sealants were provided to 53 children on 173 teeth. In Cass County, 193 children received screenings and fluoride varnish. 148 children received sealants on 681 teeth.

## *Staffing Patterns*

Jennifer Macke, RDH is the I-Smile Coordinator. She provided program planning and direct services for this progam. Peggy Mortensen, RDH and Amy Paulsen, RDH are contracted hygienists that assist with screenings, fluoride varnish, and sealants.

**Goals for this fiscal year were:**

Provide sealant services at CAM North and South Elementary Schools, Denison Elementary, and Washington Elementary.
***Met***

**Goals for next fiscal year are:**

Provide sealant services at Washington Elementary, Lewis Elementary, Elliott Elementary, Mapleton Elementary, and Denison Elementary.

Thank you for reviewing our annual report. For additional information you may contact us at (712) 263-3303, fax us at (712) 263-4033, stop in at the Courthouse Annex located at 105 North Main Street in Denison, e-mail us at cchha@frontiernet.net or visit our web site at www.crawfordcountyhealth.com.