SUMMARY

Adverse Childhood Experiences (ACEs) is a well-researched constellation of traumas that affects the overall health of Sonoma County. The term ACEs specifically refers to childhood trauma that may lead to social ills, such as truancy, mental-health issues, drug use, and incarceration. The population most at risk of ACEs is children born into poverty. Prevention of ACEs in families eligible for Medi-Cal is a responsibility of the Public Health Division (PHD) of the Department of Health Services (DHS) of Sonoma County. However, Maternal Child, and Adolescent Health (MCAH), the primary entity responsible for prevention of ACEs is being allowed to wither. DHS Administration has reduced staffing in crucial programs, and morale has declined.

Research strongly suggests that programs supporting expectant mothers and their very young children, called upstream investments, are an effective way to reduce the occurrence of ACEs. MCAH manages the programs that address ACEs, which are:

- Women, Infants and Children (WIC)
- Nurse Family Partnership (NFP)
- Field Nursing (FN)
- Teen Parent Connection (TPC)

MCAH supports Medi-Cal recipients who are mothers and their children. NFP and FN are the supportive programs that use Public Health Nurses (PHNs) to make home visits to these families that are expecting or have a new infant. They work with WIC and the Teen Parent Connection to provide care for the first 1,000 days of a baby’s life. These upstream investments by MCAH result in healthier children who have improved chances to become productive adults, and who will likely rely less on public resources during their lifetimes.

Current DHS priorities for this Division are balancing the budget, reorganizing, and updating policies and procedures. The important role that MCAH plays in the upstream investments in Sonoma County’s neediest children and families has been undermined by significant staff reductions. While the DHS focuses on budget cuts, it could be short-changing the most vulnerable members of our County.
The Civil Grand Jury recommends a plan to fill and maintain PHD positions that will prevent compromising service for the most impoverished. Without increasing staff, the rates of drug abuse, teenage pregnancy, school dropouts, incarceration, and homelessness are likely to rise.

**METHODOLOGY**

The Civil Grand Jury conducted interviews with staff from all levels of the DHS. We interviewed some of these people several times throughout the year and questioned several by e-mail correspondence. We interviewed DHS representatives from these areas:

- The Public Health Division
- The Behavioral Health Division
- The Health Policy Planning and Evaluation Division
- The Maternal Child and Adolescent Health Section
- The Home Visiting Program
- The WIC Program
- Special Projects
- Senior Staff/Management

The Civil Grand Jury attended meetings of the following groups:

- The Maternal, Child and Adolescent Advisory Health Board
- The First 5 Commission
- The Sonoma County Mental Health Board

The Bibliography lists reference materials used by the Civil Grand Jury for this report. Appendix A of this report contains the sample 10-question ACEs test and the life-trajectory impacts that correlate with ACEs scores.

**BACKGROUND**

This is a self-initiated report. The Civil Grand Jury attended the July 2016 MCAH Advisory Board where the thirty-five attendees were visibly distraught. An article in “The Press Democrat” a few days later explained that a significant portion [16%] of the staff had elected to accept an early retirement. We later learned that fears of reduction in health benefits contributed to this wave of retirements. As a result, the Civil Grand Jury decided to investigate the MCAH Section of PHD.

**DISCUSSION**

Upstream Investment and the Prevention of ACEs
Public health experts have long recognized that providing upstream investments is crucial to preventing Adverse Childhood Experiences. Decades of research show that the most important period for intervention to prevent ACEs is the first thousand days of life during which most brain development occurs (See Figure 1). This period starts at conception and continues until the child’s second birthday. Many studies indicate that successful intervention reduces rates of mental illness, substance abuse, criminal activity, and severe social dysfunction.

MCAH is the primary entity that addresses the problems that can come with pregnancy and early childhood development. It does this primarily through home visitation programs that provide preventive care during the pregnancy and the first two years of a child’s life. The MCAH programs are staffed by Public Health Nurses (PHNs), who are Registered Nurses with a special certification. Although this requires more schooling beyond the RN degree, PHNs typically earn less working for the County than in a hospital setting.

MCAH PHNs care for mothers and babies who are eligible for Medi-Cal. The typical caseload is twenty-five clients per nurse, and many cases last the full two years. The nurse works closely with the mother and other family members toward the goal of a healthy baby.

**Women, Infants and Children Program (WIC)**

The WIC Program in Sonoma County supports expectant mothers, nursing mothers, and their infants under five years of age in obtaining a nutritionally sound diet. WIC is a 95% federally funded program. This program served more than 8,000 Sonoma County clients in 2016. Families must qualify based on income, but if they are qualified for Medi-Cal or Cal-Fresh, they automatically qualify for WIC.
Health professionals agree that proper nutrition of the mother during pregnancy supports optimum brain development in the child. Continuing high-quality nutrition for the mother after giving birth is crucial for breast-feeding, maintaining health, and ensuring that the growing brain of the child will continue developing normally.

WIC helps prevent anemia by providing nutritious foods to expectant and nursing mothers. The program teaches breast-feeding techniques, loans out breast pumps, and provides dental education, all without a fee. They have a successful peer-counseling program, and have increased breast-feeding rates in the County from 21% to more than 40%. They are one of only five WIC programs nationwide to receive a national award for the success of their program. In 2015, Sonoma County WIC received the Loving Support Award of Excellence from the United States Department of Agriculture. Sonoma County WIC was the only agency in the Western Region to receive this prestigious award.

**Home Visitation**

MCAH's PHNs conduct home visits that provide pre-natal and post-natal education and referrals to other agencies. Nurse Family Partnership (NFP), Teen Parent Connection (TPC), and Field Nursing (FN) are the three programs engaged in home visitation.

In-home evaluation is crucial in allowing the PHN or social worker to observe family dynamics and help coordinate appropriate care for the mother. Expecting a low-income client to come into a clinic regularly as her pregnancy progresses is not realistic. She may not have the time or ability to make a trip to the clinic.

The Field Nursing (FN) program deals with the most difficult cases, such as homeless and drug-addicted mothers. NFP provides home visits to expectant mothers after week 28 of pregnancy and follows the family until the baby's second birthday. (See YouTube graduation testimonial videos of NFP moms[https://www.youtube.com/watch?v=D7mYlg6kx6I]).

FN nursing staff has been reduced, from eleven nurses to six, over the past several years and two more positions are due to be cut. NFP is another program where staff has been cut with no replacement plans for the lost positions. To compensate for the reduced staff, PHD/DHS management changed the policy for serving clients at highest risk. For instance, the homeless seldom seek help, and FN PHNs usually spend time trying to contact them and determine their service needs. This hard-to-access client population was formerly recorded on the FN wait list. PHD management instructed FN to stop outreach to this population. This change eliminated the wait-list for clients in need of service by FN outreach.

DHS has combined middle management positions in MCAH, without reducing workload. The only formal plan centered on the need to cut spending. Communication breakdown between upper management of DHS and staff in the field was a constant theme of our investigation.
Conclusion:

The misunderstanding about retirement benefits that resulted in losses of experienced staff is an example of the disconnect between management and front-line employees. Poor communication has resulted in low morale and a lack of knowledge of DHS long-term strategy. Preventing ACEs with upstream investments pays long-term dividends, and yet it appears that DHS is reducing its commitment to the effort.

FINDINGS

F1. Miscommunication related to retirement benefits in the Public Health Division contributed to the resignation of experienced Public Health Nurses.

F2. Poor communication between the upper management of Department of Health Services and the staff in the trenches has resulted in poor morale.

F3. The policy of reducing PHN outreach to at-risk populations creates the appearance of efficiency by failing to count these clients, and thus creates a false impression of achievement.

F4. MCAH’s ability to prevent Adverse Childhood Experiences has been seriously undermined by the reduction in Field Nursing staff from eleven to six.

RECOMMENDATIONS

The Sonoma County Civil Grand Jury recommends that:

R1. To avoid a rise in financial and social costs associated with ACEs, the Director of Department of Health Services should develop a plan for maintaining or increasing adequate staffing levels of MCAH Public Health Nurses. It is recommended that the improvements be implemented no later than October 31, 2017; and it is requested that information on the plan be submitted to the Sonoma County Grand Jury by that date.

R2. Because the prevention of ACEs deserves to be the among the highest budget priorities of the Public Health Division in Sonoma County, the Board of Supervisors should provide increased funding to MCAH.

R3. The Directors of Department of Health Services and Public Health Division develop a plan to improve communication between all positions within Department of Health Services.

REQUIRED RESPONSES

Pursuant to Penal Code Section 933.05, the Grand Jury requires responses as follows:

R1 – Director of Department of Health Services
R2 – Sonoma County Board of Supervisors
R3 - Director of Department of Health Services and Director of Public Health Division

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- “Ahead of the Curve, Sonoma County Department of Health Services Strategic Plan”
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- “Public Health 3.0, A Call to Action to Create a twenty-first Century Public Health Infrastructure”
- Sonoma County Department of Health Services Organizational Chart
- County of Sonoma Department of Health Services – Public Health Division
- Sonoma County Family, Youth and Children’s Services [http://sonomacounty.ca.gov/Human-Services/Family-Youth-Children/Services/](http://sonomacounty.ca.gov/Human-Services/Family-Youth-Children/Services/)
APPENDIX A -- WHAT IS ACES?

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often
   Swear at you, insult you, put you down, or humiliate you? or
   Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often
   Push, grab, slap, or throw something at you? or Ever
   Hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever...
   Touch or fondle you or have you touch their body in a sexual way? or
   Try to or actually have oral, anal, or vaginal sex with you?

4. Did you often feel that ...
   No one in your family loved you or thought you were important or special? or
   Your family didn’t look out for each other, feel close to each other,
   or support each other?

5. Did you often feel that
   You didn’t have enough to eat, had to wear dirty clothes,
   and had no one to protect you? or
   Your parents were too drunk or high to take care of you
   or take you to the doctor if you needed it?

6. Were your parents ever separated or divorced?

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her? or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic
   or who used street drugs?

9. Was a household member depressed or mentally ill
   or did a household member attempt suicide?

10. Did a household member go to prison?

Now add up your “Yes” answers: This is your ACE Score
APPENDIX B -- WHY IS ACES SO IMPORTANT?

Read your score, or that of your child, and see why.
GLOSSARY

**Upstream Investment** is the initial investment of funds or services to effect results occurring later in the process. In Sonoma County's Public Health Division, the term implies funding services at the earliest ages to prevent ACEs and provide for school readiness. MCAH Program is responsible for delivering these services through WIC and home visiting Field Nurses and the NFP.

**ACESs** stands for Adverse Childhood Experiences -- They include abuse, neglect and many household dysfunctions such as violence, substance abuse, and homelessness. ACEs strongly relate to the development and prevalence of a wide range of physical and mental problems throughout the person’s lifetime including those associated with substance abuse. The problems caused by ACEs result in high social cost and often lead to premature death.

**MCAH** stands for Maternal, Child, and Adolescent Health. MCAH is a section under the Public Health Division. It coordinates health services for children, teenagers, and women of reproductive age. The MCAH toll-free line provides information and referrals to local community resources to help families get access to care. MCAH also provides health and safety consultation for child-care providers and for reproductive and for reproductive health-care providers.

Reference: Sonoma County website, Health Services, Public Health Division, MCAH

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Civil Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.