A Public Health Approach to Preventing and Treating Child Abuse and Neglect

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Big Picture Themes

- Facilitating Cross-Agency, Cross-Cabinet Coordination
- Building an Inclusive and Engaged HHS Ecosystem
- Building Human-Centered HHS Systems
- Building the Evidence for Best Practices

- Common Theme – being intentional and strategic about technology, data sharing/integration, and using data trends to inform policy.

Cross Agency, Cross-Cabinet Collaboration

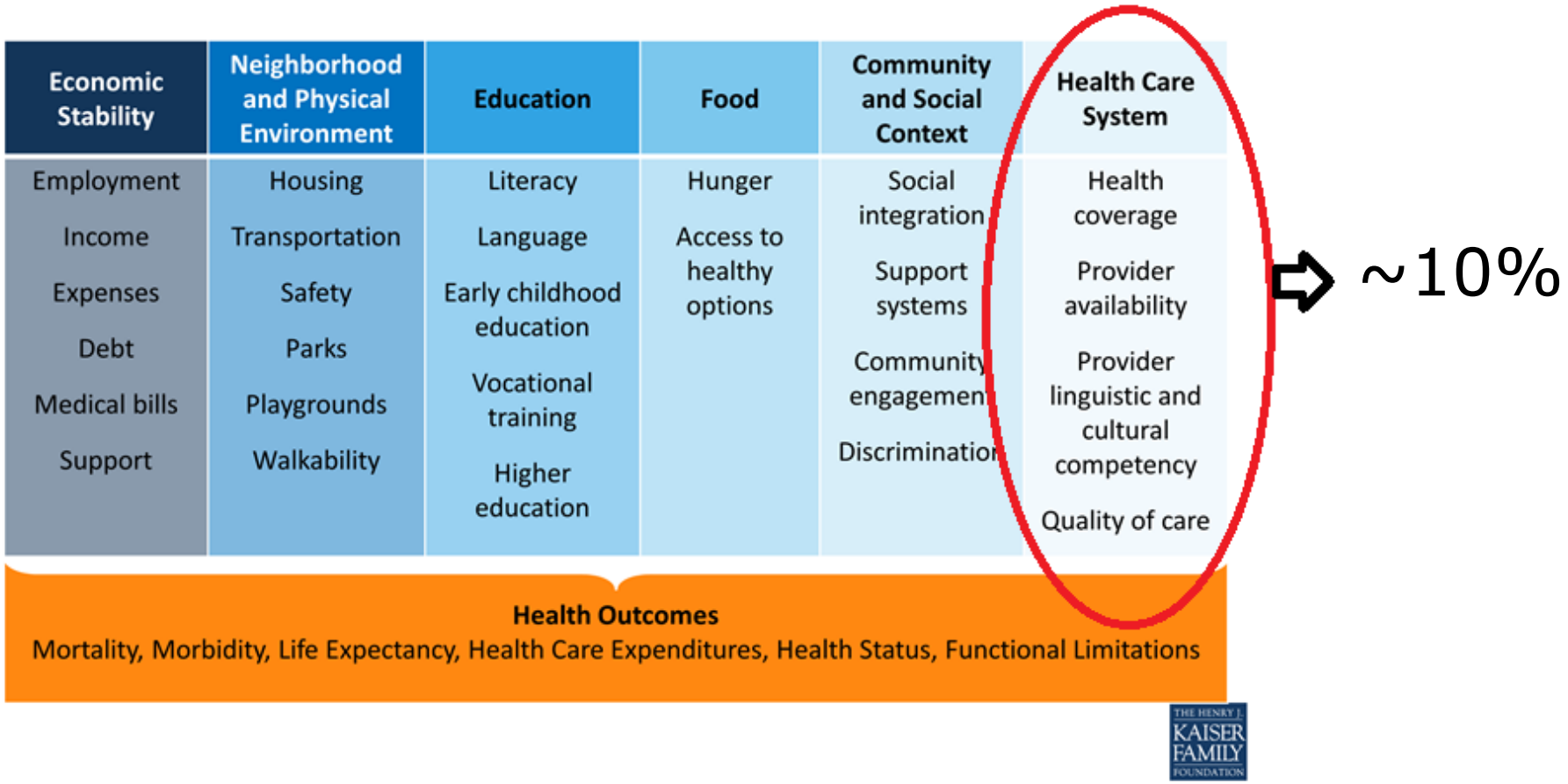
- “Our children (and families) don’t come in pieces, so why do we plan and budget as if they do?” (Minnesota Governor Tim Walz at NGA Convening, July 2019).
- The citizens we serve typically don’t have one issue in isolation, so we must work to maximize our limited engagement with them by serving the whole person.
- Coordination across HHS programs is critical to holistically serve vulnerable populations

Cross Agency, Cross-Cabinet Collaboration

- Potential Partners Include
  - SNAP
  - TANF
  - Medicaid
  - Child Welfare
  - Child Care Assistance Program (and Head Start, early education & care)
  - LIHEAP
  - Public Health
  - WIOA/Wagner Peyser/Vocational Rehab
  - K12/Post Secondary/Adult Education
  - Child Support Enforcement
  - Justice/Corrections/Re-entry/Probation and Parole
  - Housing Partners

Why it's important to serve the whole person…

Social Determinants of Health



Cross Agency, Cross-Cabinet Collaboration (Kentucky Examples)

- Kentucky HEALTH 1115 Waiver
  - Built a new integrated HHS/workforce engagement technology suite.
  - Developed MOUs across Cabinets for funding, data sharing, technology sharing, shared personnel, and service provisions.
  - Incorporated a “shared governance” structure that removed hierarchy and cabinet lines, focused on project management and forward progress regardless of who was involved in the tasks.
  - Built incentives to improve many outcomes, including financial literacy, health literacy, parenting, multi-generational health, fitness, employment, educational attainment, income.
  - Established multi-pronged Substance Use Disorder policy framework.

Building an Inclusive and Engaged HHS Ecosystem

- We are Health and Human Services Agency, we are not the Health and Human Service “system.”
- Its imperative to understand that the Government cannot be the solution—but it can be part of the solution, and take a lead role in coordinating resources.
- Having unconventional partners and stakeholders at the table provides innovative and collaborative ideas.
- Leveraging community partners is absolutely essential!

Building an Inclusive and Engaged HHS Ecosystem (Kentucky Examples)

- Resource Engine
  - The goal is a statewide 211-type system (United Way) in which citizens and partners can find resources in addition to government benefit programs.
  - Will have referral, appointment capabilities
  - Will integrate with integrated eligibility system
  - Will have several archetypes/profiles to help recommend services based on assessed needs or common characteristics

- The Next Big Thing (continued on next slide)

The Next Big Thing: Building on a Foundation of Collaboration & Innovation in Human Services and Workforce Delivery

- Culmination of several IT, policy, and workforce developments that positioned Kentucky to fundamentally transform how we deliver benefits and workforce services, including:
  - New eligibility authority from White House/OPM
  - SSP redesign and resource engine
  - New desire of LWDBs to partner
  - Human-centered design initiative
    - Government is supposed to be about serving people; human-centered design is a method to make sure services are built from the actual needs/desires of real people.
  - Kentucky HEALTH and cross-cabinet collaboration (KEE Suite)
    - Delay creates opportunity to improve delivery system while still leveraging federal funding to build some new features/connections
  - Engagement of employers, significant economic growth, increased need for workforce

The Next Big Thing: Building on a Foundation of Collaboration & Innovation in Human Services and Workforce Delivery

- Has potential to both improve quality of services and save state funds in the long term
- Create an entire new ecosystem, which would improve access through trusted partners without expanding brick and mortar
- Coordination of care and services as people progress from benefits to training to employment and self-sufficiency
- The Challenge – Developing an easy to administer cost allocation for across a number of programs that all have different requirements using a workforce that has never done this before.

Building Human-Centered HHS Systems

- Design systems that work for those we serve AND those who serve them.
- Human-Centered Design and Behavioral Economics are emerging areas with big lessons for HHS leaders
  - Understanding barriers for and the decision making process of our program participants AND our workforce will improve workflows, workloads and outcomes.
  - Where do people drop out of our systems? Why?

Building Human-Centered HHS Systems (Kentucky Examples)

- Behavioral Economics
  - Brought on UPENN-CHIBE (Center for Health Incentives and Behavioral Economics) early on in our 1115 waiver process to help with program incentive design as well as our Evaluation and Monitoring Planning
- Human-Centered Design
  - SNAP E&T Interviews/Field Work
  - Self-Service Portal and Resource Engine
  - Culture of Safety (Continued on next slide)

Building Human-Centered HHS Systems (Kentucky Examples)

- The Cabinet has begun Culture of Safety implementation, provided by Collaborative Safety, starting in DCBS as of February 2019. Culture of Safety:
  - Understands negative outcomes happen in child welfare, and also understands no one who works in child welfare wakes up with the intent to make decisions that could lead to a negative outcome.
  - Moves from a system of blame, to a system of accountability.
  - Changes the conversation from “who is to blame,” to “how did this happen?” Then puts change in place to keep bad outcome from happening again.
  - Identifies system failures and seeks to understand the circumstances through a critical incident review process.
  - Has proven results in other states that have implemented this practice model: reduces the number of children in care, improves workforce morale, and improves outcomes for families and children.

Building Evidence for Best Practices

- When there is insufficient evidence of promising programs getting good results, it's important to take additional steps to build Evidence Based Practices.
  - Its not enough to know something is working, we must be able to demonstrate and defend it. Funding availability demands it.
  - Invest in in-house data/analytics team and set aside funding for program evaluation that will satisfy rigorous scientific expectations.
  - Family First Prevention Services Act
  - SAMHSA Opioid Grants
  - Kentucky Program Examples
    - START
    - HANDS

Building Evidence for Best Practices (Kentucky Examples)

- Kentucky **Health Access Nurturing Development Services (HANDS)** is a voluntary home visitation program for any new or expectant parents. HANDS supports families as they build healthy, safe environments for the optimal growth and development of children. Program is administered by Department of Public Health and local Health Departments.
- **Who is Eligible:** Any parent expecting a new baby and residing in Kentucky is eligible--at no cost to families.
- **How does the program work?** Families begin by meeting with a HANDS parent visitor who will discuss any questions or concerns about pregnancy or a baby's first years. Based on the discussion, all families will receive information and learn about resources available in the community for new parents. Some families will receive further support through home visitation.
- **What are the main goals of HANDS?** Positive pregnancy outcomes, Optimal child growth and development, Healthy, safe homes for children, Family self-sufficiency
- Services to 10,000-11,000 families annually, Over 650 home visitation services on a daily basis

Building Evidence for Best Practices (Kentucky Examples)

- Kentucky **Health Access Nurturing Development Services (HANDS)** Outcomes:
- **Families who participated in HANDS (compared to families who did not participate) experienced:**
  - **Prematurity**— 26% less than comparable families
  - **Low birth weight infants**— 46% less than comparable families
  - **Infant death in hospital**— 94% less than comparable families
  - **Substantiated reports of child maltreatment**— 47% less than comparable families

Building Evidence for Best Practices (Kentucky Examples)

- START (Sobriety Treatment and Recovery Teams) is a child welfare based intervention for families with young children affected by co-occurring parental substance use and child maltreatment.
- START pairs a specially trained child welfare social worker with a family mentor. Family mentors are individuals in long-term recovery from a substance use disorder who often have previous experience receiving child welfare services.
- Family mentors help guide and coach families through both the recovery and child welfare processes.
- START intervenes quickly after the family comes to the attention of child welfare.
- START provides quick access to a holistic assessment and treatment services for all parents addressing substance use, mental health and trauma. It includes a service delivery system that involves cross-system collaboration and frequent and intense coordinated service delivery.
- As of June 2019, START has served 1,387 families, 2,095 adults, and 2,714 children.

Building Evidence for Best Practices (Kentucky Examples)

- Previous evaluations of START have found positive outcomes for families, including:
  - Mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START (66 percent and 37 percent, respectively).
  - About 75% of children remained with or were reunited with their parents at case closure.
  - Children in families served by START were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively).
  - The above outcome also results in cost-effectiveness—for every $1.00 spent on START, Kentucky potentially avoided spending $2.22 on foster care.
- The University of Louisville maintains rigorous program evaluation on START and in 2020 will be conducting its first randomized controlled Trial on START.

Leveraging technology and data sharing/integration to drive better outcomes

- HHS, education, workforce, and corrections agencies have numerous data sets, that when combined, can be used to drive and evaluate outcomes.
- Policy should drive technology, not the other way around. However, developing either in isolation of the other will not result in best outcomes.
- Identify key use cases and let use cases drive data integration and analytics.

Leveraging Technology and Data Sharing/Integration to Drive Better Outcomes (Kentucky Example)

- Evaluation of provider quality for substance use disorder treatment facilities.
- 1115 Waiver community engagement planning.
- Future state: Identification/Prioritization of families most at-risk for Child Welfare involvement.

Questions?