

# A Collaborative Approach to Human Services

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Interim Joint Committee on Health, Welfare & Family Services  
Monday, December 9, 2019



# Big Picture Themes

- Facilitating Cross-Agency, Cross-Cabinet Coordination
  - Kentucky HEALTH, SUD/Opioid Response Efforts
- Building an Inclusive and Engaged HHS Ecosystem & Workforce
- Building Human-Centered HHS Systems
- Building the Evidence for Best Practices

Common Theme – CHFS team has been intentional and strategic about technology, data sharing/integration, and using data trends to inform policy.

# Cross Agency, Cross-Cabinet Collaboration

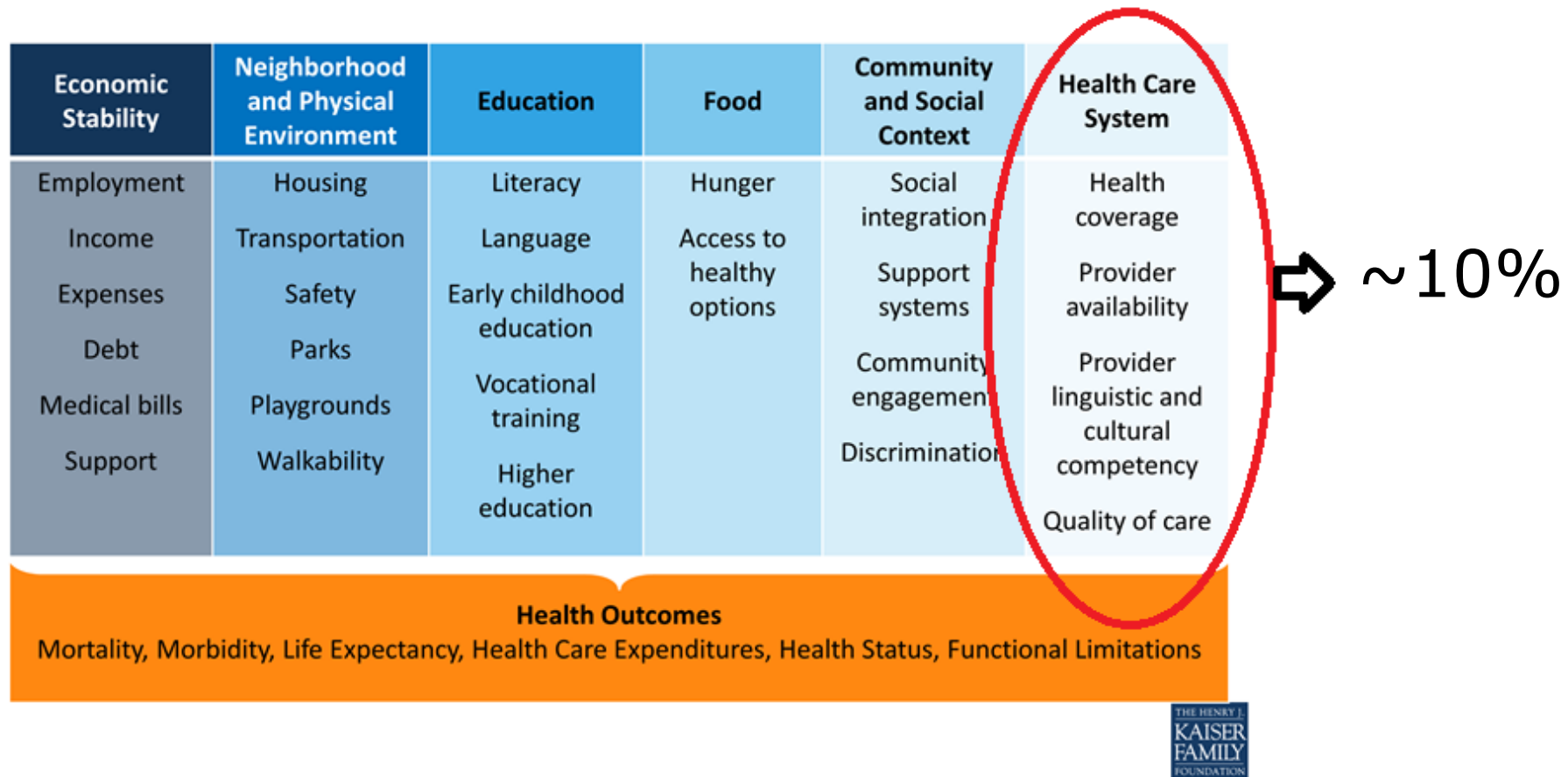
- The citizens we serve typically don't have one issue in isolation, so we must work to maximize our limited engagement with them by serving the whole person.
- Coordination across HHS programs is critical to holistically serve vulnerable populations
- Our children (and families) don't come in pieces,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

# Cross-Agency, Cross-Cabinet Collaboration

- Partners have included:
  - 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



# Kentucky HEALTH 1115 Waiver

- Built a new integrated HHS/workforce engagement technology suite (KEE Suite – recognized by APHSA for collaborative work).
- 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, including removing 16-bed limit and adding Naloxone to covered treatments.

# SUD/Opioid Response Efforts

- Coordinated the Kentucky Opioid Response Effort (KORE), administering more than \$60 million of federal funds to address the opioid epidemic in Kentucky
- Overdose deaths reduced by 15% from 2017 to 2018
- UK HEALing grant - \$87 million: Kentucky and UK represent one of only four study sites across the United States selected by the National Institute on Drug Abuse, part of the National Institutes of Health (NIH)

# Building an Inclusive and Engaged HHS Ecosystem: Changing Mindsets

- 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 has been absolutely essential!



# Building an Inclusive and Engaged HHS Ecosystem: Resource Engine & The Next Big Thing

- 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
  - Culmination of White House OPM guidance, IT, policy, and workforce developments that positioned Kentucky to fundamentally transform how we deliver benefits and workforce services
  - Engagement of employers, significant economic growth, increased need for workforce

# Building an Inclusive and Engaged HHS Ecosystem: Culture of Safety

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 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?

# Building Human-Centered HHS Systems

- 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 the Evidence for Best Practices

When there is insufficient evidence of promising programs getting good results, its important to take additional steps to build Evidence-Based Practices.

- It's 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
  - Kentucky leads the nation.
  - We MUST flip the funding model: **in SFY Kentucky spent \$475 million on out-of-home services, and only \$18 million on prevention services**
- SAMHSA Opioid Grants

# Building the Evidence for Best Practices

- Program Examples
  - START (Sobriety Treatment and Recovery Teams)
    - 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.
    - In SFY 2019, 2,600 families were served, resulting in 5,000 children remaining safely at home.
  - HANDS
    - 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

# Questions?

Thank you for the opportunity to share the incredible work by the dedicated, talented, innovative, and compassionate team at CHFS and across the Commonwealth who are committed to serving our people.