

# Ensuring Healthy Outcomes for Louisville's Vulnerable Children: Health Access Nurturing Development Services Program

Created more than 130 years ago, Family & Children's Place (F&CP), a community-based organization (CBO) in Louisville, Kentucky, has a long history of serving area residents in need. In the early 1990s, F&CP partnered with the Louisville Metro Department of Public Health and Wellness (LMDPHW) to ramp up prevention, intervention, and treatment programs to assist children and families in crisis. Together, the organizations launched the *Jefferson County Health Access Nurturing Development Services program*, or HANDS, a voluntary home visitation program serving new or expectant parents in the Louisville metro area.

HANDS targets at-risk children and families facing multiple challenges such as single parent status, low parent education, substance use, and domestic violence. The program equips parents with the skills and resources to support: (1) healthy pregnancies and births; (2) optimal growth and childhood development; (3) safe and nurturing environments; and (4) self-sufficient families. While HANDS has now expanded throughout Kentucky, This case study focuses on the Louisville-based partnership.

## Program At-A-Glance

**Partners:** Family & Children's Place and the Louisville Metro Department of Public Health and Wellness.

**Goals:** Improve health and social outcomes for at-risk children and families.

**Partnership Model:** Home visits for expectant mothers and new parents to support positive birth outcomes and healthy development.

**Scope of Services:** Use home visits to assess family needs, provide case management and child development education, and make linkages to social supports.

**Funding:** Medicaid reimbursement for assessment and home visitation.

**Impact:** Reduced rate of pre-term birth, decreased interaction with child protective services, and increased rate of meeting development milestones.

## Bridging Community-Based Human Services and Health Care Case Studies

Health care and community-based organizations (CBOs) across the country are increasingly working together to address social needs that may be contributing to poor health outcomes. These cross-sector relationships are occurring under a variety of models, yet little is known regarding the strategic, cultural, operational, and financial considerations that factor in their success. With support from the Robert Wood Johnson Foundation, the *Partnership for Healthy Outcomes* brought together Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities to capture and share insights for partnerships between health care organizations and CBOs, particularly those that serve low-income and/or vulnerable populations. This case study series highlights four partnerships illustrating diverse models between CBOs and health care organizations.

## Partnership Overview

*"The partnership was more organic than strategic. [DOH and F&CP] had a long history of working together and there was a mutual interest in pursuing funding to support the HANDS program and serve this at-risk population."*

*- Family & Children's Place*

Jefferson County HANDS was born out of a joint commitment by LMDPHW and F&CP to promote child health and well-being. In 1996, F&CP was pursuing federal funding to support violence and child abuse prevention. At the same time, LMDPHW was seeking to expand its nurse case management program to offer home visitation services for high-risk pregnant women and young families enrolled in Medicaid managed care. Through a series of conversations between LMDPHW and F&CP, the partnership was formed.

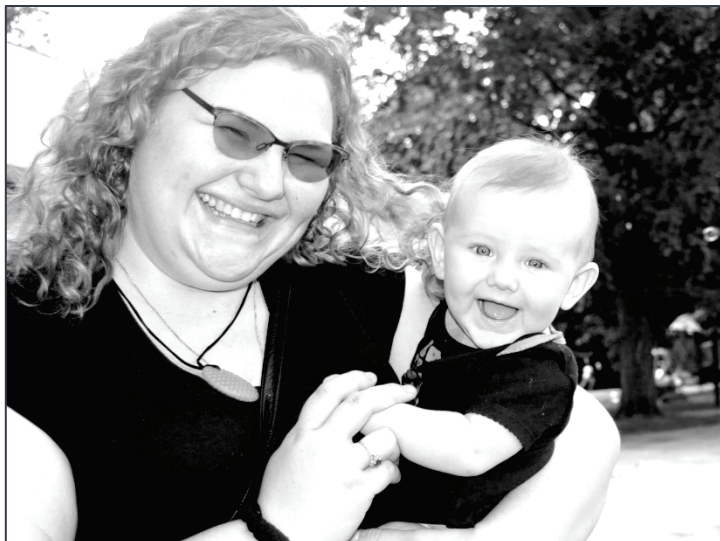
Together the entities received a grant to run Healthy Families America, a home visitation program that served children and families through age five.<sup>1</sup> Based on the program's success, the

Kentucky Department of Public Health (DPH) developed HANDS. LMDPHW and F&CP worked together to implement HANDS, which is similar to Healthy Families though smaller in its scope of services. In 1999, the HANDS program was piloted within local county health departments in 15 demonstration sites; by 2003, HANDS had been expanded to all 120 counties in Kentucky, with the program administered by DPH.

## Service Delivery Model

Referrals to HANDS come through a variety of sources, including the LMDPHW, the WIC program, federally qualified health centers, University of Louisville high-risk maternity clinic, surrounding hospital neonatal intensive care units, pediatricians and obstetricians, and word-of-mouth. Once referred, clients are screened using the Kempe Family Stress Inventory,<sup>2</sup> and an assessment is performed to identify family strengths and weaknesses. These assessments are used by a family service worker (FSW) to develop a family plan and weekly home visits are initiated. Using *Growing Great Kids*, an evidence-based curriculum, the FSW takes parents through childhood developmental stages and provides information on how to nurture and manage "difficult days" with infants.<sup>3</sup>

Referrals for social services are made both internally to F&CP and to organizations in the community. F&CP has multiple social service programs, including: (1) *Child & Family Services*, which offers counseling for children and



families who have experienced trauma; and the (2) *PAL Coalition*, which works to reduce substance use. FSWs also make referrals to including domestic violence prevention, supportive housing, food security, education, and transportation assistance. FSWs monitor home visitation and referrals via mobile technology, engaging with the family weekly until the child turns one, and then biweekly until the child turns three.

Initially, registered nurses employed by LMDPHW provided case management services for HANDS clients and focused on health services, while F&CP staff provided more intensive weekly in-home visits and

linkages to community supports. This initial division of labor meant some program functions, such as processing assessments in a timely manner, were “a bit disjointed,” but LMDPHW and F&CP staff said there was open dialogue for problem solving. Because the LMDPHW nurses have defined daily work hours and schedules per union contracts, this meant the provision of service was somewhat limited. As the health department transitioned out of direct patient care services for the HANDS program, F&CP took over both case management and visitation duties, streamlining the program and allowing F&CP to serve more families in need. F&CP could be nimbler in terms of service delivery because it had the flexibility to conduct home visitation when families were available, to include evenings and weekends. In addition, F&CP family social workers could work part time. F&CP staff noted that the more flexible staffing mix and part-time payment strategy resulted in cost savings, which were reinvested into programming. While LMDPHW continues to provide collaborative support to HANDS, the department largely serves as a “pass through” for program funding.

*“It was important for staff to be available when families were available, which wasn’t always between the hours of 8:30 am and 4:30 pm.”*

*- Family & Children’s Place*

## Information Sharing and Reporting

HANDS is required to submit data to DPH after each client encounter, including: (1) current immunizations; (2) connection to a medical home; (3) abuse and neglect; (4) achievement of developmental milestones; (5) healthy birth weight; (6) medical complications; and (7) referral to community services. A client “problem checklist” also is generated including: (1) relationship status; (2) substance abuse; (3) mental health/depression; (4) education and training; (5) access to transportation; (6) parenting concerns; (7) financial concerns; (8) employment; and (9) legal issues. Visiting social workers enter data into a statewide HANDS database after every home visit or encounter, and at age-related milestones.

Every quarter, HANDS staff from F&CP and LMDPHW convene to review outcomes data, as well as incidents, such as accidents, deaths, abuse/neglect, and intractable “problem checklist” issues clients may have. HANDS staff from each county work collectively to problem solve identified client barriers. To date, it has been difficult for the HANDS program to retrieve aggregate outcomes and performance reports from the state, although this is an area of development.

## Funding Model

Recognizing the health and social benefits of providing home visitation services to high-risk families, the Kentucky DPH initially supported the Jefferson County-based HANDS program using state funds. An early evaluation of the pilot demonstrated positive birth outcomes for enrollees and, as a result, DPH decided to expand the program throughout the state. Knowing that 90 percent of participating mothers were eligible for Medicaid, DPH approached Kentucky Medicaid to include HANDS as a reimbursable Medicaid service. Kentucky used a State Plan Amendment, approved by the Centers for Medicare & Medicaid Services, to make HANDS available to Medicaid-enrolled first-time parents statewide.<sup>4</sup>

DPH allots a specific amount to each county health department to operate HANDS, and the LMDPHW subcontracts with F&CP to provide assessment and visitation services for clients in the Louisville Metro/Jefferson County region. The initial assessment and ongoing home visits are reimbursed on a Medicaid fee-for-service (FFS) basis until the child turns three. Tobacco settlement dollars and state general funds are used to cover non-Medicaid eligible enrollees, and the county also receives a grant from the state general fund to provide HANDS services to mothers who have already given birth (priority is given to first-time parents). In FY 2016, HANDS served 770 families (often with two or more individuals in each family); in the first two quarters of FY 2017, 510

*“Most social service agencies historically weren’t designed around a business model, but we’ve realized over time that if we manage the program properly, F&CP could break even and make some money, which always helps a nonprofit.”*

*- Family & Children’s Place*

families were served, and the program is on target to serve more than 1,000 families in FY 2017. The FY 2017 operating budget for Jefferson County HANDS is \$1,263,225; the proposed operating budget for FY 2018 is \$1,391,981. Allocation to counties is based on prior year performance.

Leveraging LMDPHW’s Medicaid knowledge was invaluable for F&CP, which previously had limited experience with Medicaid billing and auditing practices. LMDPHW provided training for F&CP on Medicaid policies and procedures. The shift in the business practices for HANDS enabled F&CP to optimize program spending, resulting in improvements to service delivery and the ability to reinvest savings into prevention programs. As Kentucky

transitions to Medicaid managed care, managed care organizations (MCOs) will not be required to support HANDS, however the program will continue to be reimbursed at a FFS rate by DPH and administered at the county level.

## Patient and Community Engagement

F&CP has a longstanding history serving the Louisville area community. Efforts to promote HANDS as well as other F&CP/LMDPHW initiatives occur at community fairs, through referrals from clinical and community partners, and by word-of-mouth. F&CP administers a patient satisfaction survey biannually, and uses client feedback to continually improve the program.

## Evaluation and Outcomes



An evaluation conducted for the Kentucky Cabinet for Health and Human Services (the agency overseeing LMDPHW) shows that HANDS participation is generally associated with positive pregnancy outcomes, particularly among teen moms.<sup>5</sup> Data indicate that when the HANDS intervention begins during the first trimester, the program appears to have the greatest impact on birth outcomes, including length of gestation, birth weight, birth defects, and infant mortality, as well as lower rates of child neglect. HANDS participants also demonstrated improved understanding of child development and improved parenting skills. Anecdotally, F&CP also notes that program participants have increased rates of immunizations, decreased interaction with Child Protective Services, greater connection to primary care providers, and increased rates of meeting developmental milestones.

## Success Factors

There are several factors contributing to the success of the F&CP/LMDPHW partnership:

- **Aligned missions and committed champions.** The closely aligned missions of LMDPHW and F&CP to improve the health, social, and emotional outcomes of vulnerable children facilitates the ongoing working relationship. Staff champions at F&CP who have deep and long-standing relationships with the community and LMDPHW staff are critical to the success of the HANDS partnership.
- **Open communication channels and strong existing relationship.** LMDPHW and F&CP have a long history of collaborating on initiatives aimed at improving health outcomes for vulnerable Louisville residents. Given this established relationship and shared commitment, LMDPHW and F&CP work collaboratively to navigate potential issues.
- **Leveraging strengths.** While F&CP has a deep knowledge base around child abuse and neglect, trauma-informed care, and violence prevention, LMDPHW has access to more technical resources to support HANDS' operations. Staff at LMDPHW noted that CBOs are connected to communities in ways that health departments are not, and have a reputation for being very responsive to community needs. This intelligence helps inform LMDPHW program and funding decisions.

### Success Story

Natalie was only 18 when she discovered she was pregnant. She and her partner Christopher realized they were not prepared to take on parenting, so they reached out to HANDS. The visiting social worker helped prepare Natalie and Christopher for the birthing process, and helped them understand developmental milestones. "The most important thing we learned was reading our son's cues, and really understanding what he was trying to tell us," says Christopher. "As first-time parents, we didn't know what he was trying to express, but we now have an idea of what's going on." The visiting social worker also helped the couple with their finances and money management so that eventually they could save for a car. "We really had no idea what to expect with parenting and HANDS helped us overcome a lot of fear," says Natalie.

## Challenges

Staff across the organizations described some key challenges, including:

- **Organizational Culture Differences.** From the outset, LMDPHW and F&CP had to "learn each other's language." Compared to CBOs, state and county health departments have different funding structures and organizational requirements, and learning new processes requires time and a mechanism for continuous feedback. For example, the initial division of labor between LMDPHW and F&CP, and the challenges created by the Louisville Metro government union rules, limited the capacity of HANDS to provide optimal visitation hours.
- **Funding Restrictions.** Per the contract with LMDPHW, F&CP is reimbursed primarily for assessments and home visitation services for first-time mothers. While HANDS does offer the curriculum and supportive services to women who have already had children, this source of funding is significantly less and not as reliable.

## Looking Ahead

HANDS partners noted that demand for the program exceeds available funding, especially for non-first-time mothers who are not eligible for the program under Medicaid funding. That said, LMDPHW and F&CP continue to look for ways to collaborate to serve vulnerable children and families, including embarking on a joint initiative designed to address adverse childhood experiences and social factors that influence health outcomes. While HANDS is not a required service, the introduction of Medicaid managed care in Kentucky might create an opportunity for the state to work with Medicaid MCOs to cover home visitation programs such as HANDS.

### Partnership for Healthy Outcomes: Bridging Community-Based Human Services and Health Care

This case study is based on the *Partnership for Healthy Outcomes*, a year-long project of Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities with generous support from the Robert Wood Johnson Foundation, which captured and shared insights for partnerships between health care and community-based organizations, particularly those that serve low-income and/or vulnerable populations.



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## Endnotes

<sup>1</sup> Prevent Child Abuse America launched Healthy Families America in 1992, a home visiting model to address high rates of child abuse occurrences to children under five. For more information, visit: [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)

<sup>2</sup> J. Korfmacher. The Kempe Family Stress Inventory: A Review. *Child Abuse Neglect*. 24(1):129-40. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/10660015>.

<sup>3</sup> For more information about Growing Great Kids, visit <http://www.greatkidsinc.org/>.

<sup>4</sup> K. Witgert, B. Giles, A. Richardson. Medicaid Financing of Home Visitation Programs: Options, Opportunities, Challenges. The Pew Charitable Trusts: Washington, DC. 2012. Available at: [http://www.pewtrusts.org/~media/assets/2012/07/pes\\_nashp\\_hv\\_medicaid.pdf](http://www.pewtrusts.org/~media/assets/2012/07/pes_nashp_hv_medicaid.pdf)

<sup>5</sup> R.J. Illback, M. Pennington and D. Sanders, PhD. Evaluation Findings: Kentucky's Home Visiting Program for First-Time Parents (HANDS) REACH Louisville, INC.: Louisville, KY. 2006. Available at: <http://www.greatkidsinc.org/research/eval-ky-hands-05-06.pdf>.