
- Uma Ahluwalia, Director, Montgomery County, MD, Department of Health and Human Services
- Frank L. Alexander, Director, Boulder County, CO, Department of Housing and Human Services

Children’s Bureau
State Team Planning Meeting
Washington, D.C., July 18, 2018
Driving Outcomes for Families and Children

• Building Child Welfare Systems that Achieve Population-Level Outcomes
  • What We Hope to Achieve: Frank Alexander (5 mins)

• Services and Systems Integration and Child Welfare
  • Boulder County, CO: Frank Alexander (20 mins)
  • Montgomery County, MD: Uma Ahluwalia (20 mins)

• The Opportunity Before Us-Population Level Support for Child Well-Being:
  • Uma/Frank (15 mins)
You can work really hard, and serve a lot of people, but if you are not focusing on deep connections and root cause then you ultimately won’t have an impact.
In the absence of a systemic response to inadequate community response structures, participants, partners and social service staff carve their own paths, creating their own workarounds to improve the client experience. Cycles of abuse and neglect continue and child protection systems remain isolated from community.
Insights about Need and Risk

HHS Navigation Screening Pilot Data
Over 4000 screeners administered in a month to general assistance population.
Underscores the relationships between social factors and health outcomes in communities.

Pushes for service frameworks and structures to align and function together on behalf of families and individuals.
Integrated Services Model

Integrated Services Model of Care
Moving beyond ‘programs’ to an integrated continuum of whole-person care.

- Enter through any door, tell your story once
- Receive the right services at the right time
- Connection to community and natural supports
- EBP Informed Case Management
- Increased stability and self-sufficiency
Welcome to Kestrel in Louisville, CO!

A mixed-use inter-generational neighborhood designed within the four guiding principles of affordability, connectivity, sustainability and diversity.

- 200 homes
- 129 1-3 bed townhomes
- 17 buildings, 2 and 3 stories
- Floor plans 623 to 1,310 sq ft.
- A 71-unit, 3-story building for residents with a household member age 55+

341 total residents
128 are 55-and-over, 86 are 18-and-under
60 are living with a disability
Integrated Services: Practice Continuum

**Practice continuum highlighting family based services**

**Navigation Practice**
- Eligibility Supports, Emergency Assistance, Family Resource Navigation, Community Support, Primary Care

**Self Sufficiency Practice**
- Case Management, TANF, Early Intervention Services, Diversion Services, Financial Development

**High Intensity Practice**
- Child Welfare Ongoing Case, Crisis Services, Youth Corrections Programming, Jail, Homeless Services, Wraparound

**Shift services ‘upstream’ to prevention**

**Risk Continuum**
- High Risk
- Low Risk

**Involvement Continuum**
- High Involvement
- Low Involvement
Integrated Services: Components of Practice

**Navigation**
- Entry
- Screen
- Triage and Referral

**Self-Sufficiency Case Management**
- Entry
- Assess
- Case Plan
- Referral
- Reassessment

**High Acuity Clinical Case Management**
- Entry
- Assess
- Case Plan
- Referral
- Reassessment

Diagram showing the flow of services, from Entry, through Assessment, Case Plan, Referral, to Reassessment, and back to Entry, with additional services indicated by icons.
Child Welfare Referrals

Referrals have increased 65% since 2010 from 4,130 to 6,792.
The bar highlights the percentage of households improving above the prevention line for each domain. Scores based on comparison of entry and exit assessments for households completing case management programs where initial scores indicated vulnerability for the given domain.
Data looks at individuals exiting housing case management programs and whether they experienced a subsequent Child Welfare Referral or Case Involvement in the 12 months following their exit from the program.
Integration In Action

NAME: KIMBER WEST  AGE: 24
RELATIONSHIP STATUS: □ SINGLE  □ MARRIED
□ SEPARATED  □ DIVORCED  □ WIDOWED

HOUSEHOLD COMPOSITION:

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EMPLOYMENT: STAY-AT-HOME MOM
MONTHLY INCOME: $0

OTHER INFORMATION: MY HUSBAND'S AN ALCOHOLIC

CURRENT SUPPORTS RECEIVED:
□ MEDICAID/CHP+ □ CCAP  □ FCS SERVICES
□ FOOD ASSISTANCE □ TANF  □ LONG TERM CARE
□ CHILD SUPPORT

I HAVE BEEN MARRIED FOR 4 YEARS - IT WAS GREAT IN THE BEGINNING, BUT THEN MY HUSBAND STARTED DRINKING. HIS BEHAVIOR CHANGED SIGNIFICANTLY. I FINALLY LEFT AFTER HE TRIED TO CHOKE ME AND SAID HE WISHED I WAS DEAD. I TOOK OUR Daughters AND FLED TO A SHELTER. I’VE NEVER HAD TO ASK FOR HELP BEFORE. I DON’T EVEN KNOW HOW TO BEGIN REBUILDING MY LIFE.

THINGS I NEED:  THINGS I HAVE:
MONEY  □ A JOB  □ MY GIRLS! 💖 HOPE
WORK EXPERIENCE  □ A CAR  □ A HOME  □ HIGH SCHOOL DIPLOMA
A CAR  □ A HOME  □ COMMON SENSE TO KNOW ENOUGH IS ENOUGH!
CHILD CARE  MY MOM  FRIENDS
MY MOM  FRIENDS
SECURITY
SO WHAT DO I DO NOW? KIMBER
Kimber shows up at the shelter and the community provider assesses for risk, reviews existing data and submits a referral to Housing Panel for assistance.

Housing Panel reviews and approves Kimber for Housing Stabilization Program. Connects Kimber to other appropriate services.

Kimber can continue to track her progress and interact with other resources.
Putting Families First and the Promise of Integration

July 2018
1.04m Residents
33% Foreign Born

55% Racial or Ethnic Minority
41% non-English Spoken at home

36% Growth in the Senior Population by 2025
2015 projection is 196,000 individuals

159,010 Children in the Public School System
35% currently receiving FARMS

6 Zip Codes of Extreme Need —
Residents living <200% Federal Poverty Level

99,000 clients served in FY17
Average client accessed 1.8 services/benefits in 1.2 service areas in FY17

A Staff of Over 1600
More than 130 Programs
Over 600 Provider Contracts

Caseload Changes for FY16 - FY17
TCA – 5% Decrease
SNAP – 8% Decrease
MA – 3% Increase

Serving 31,000 Uninsured Adults, Children, and Pregnant Women

Montgomery County At-a-Glance.
Assessment

Total # of Calls to Screening (33% Increase)

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<tr>
<th>FY'17 (JULY-APR)</th>
<th>FY'18 (JULY-APR)</th>
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<tbody>
<tr>
<td>Calls to Screening</td>
<td>9915</td>
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<tr>
<td>Reports of Maltreatment</td>
<td>4829 49%</td>
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<tr>
<td></td>
<td>14,894</td>
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<td>4489 30%</td>
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New Investigations (12% Increase)

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<tr>
<th>FY'17 (July-Apr)</th>
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<tr>
<td>Investigation Response</td>
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<tr>
<td>Alternative Response</td>
<td>1127</td>
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<td></td>
<td>1026</td>
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In-Home Services
There have been 215 families served this fiscal year
Out-of-Home

5% increase in the monthly average
Average Length of Stay

FY'18 average length of stay for all children has been 32 months.
This graph represents the different types of maltreatment involved in the 142 shelters in 2017. Please note, there are several shelters that have more than one maltreatment type associated with them. Percentages do not add to 100%. Figures reflect the % of the overall cases that came in. For example, "Neglect" was involved in 88% (N= 125) of the 142 shelters in 2017.
The Structure of HHS and Intersects with MCPS

• HHS Enterprise

• Integrated Enterprise
  ▪ Aging and Disabilities
  ▪ Behavioral Health and Crisis Services
  ▪ Children, Youth and Family Services
  ▪ Public Health
  ▪ Services to End and Prevent Homelessness
  ▪ Office of Community Affairs – Community Action Agency

• MCPS intersects
  ▪ Aging and Disabilities – Intergenerational programming and DD kids turning 21 and entering adult system
  ▪ BHCS – MCPS kids referred to crisis center – topped 1700 this year – the highest referrals we have seen in my 11+ years. Child and adolescent mental health, in home mental health for kids in care and juvenile substance abuse referrals and diversion
  ▪ CYF – Child Welfare, Early Childhood, Community Schools, At Risk Youth and Positive Youth Development, Tutoring and Mentoring, Eligibility
  ▪ Public Health – School Health, School Based Health Centers and High School Wellness Centers, Disease surveillance
  ▪ SEPH – McKinney Vento protected homeless kids and families
  ▪ OCA/CAA – HeadStart and Anti-Poverty
Elements of a Partnership

• Multiple intersects
• Deep and trusting relationships at the leadership level
• A clearly articulated value proposition – have answered the why and the how to get it done
• A willing partner in our respective attorneys
• An executed MOU that is clear and supportive of the needs of all parties
• Don’t let perfect be the enemy of the good
Community Schools Initiative – Prevention and a Putting Families First Agenda

• What makes up our Community Schools Initiative:
  ▪ Linkages to Learning – 29 elementary and middle schools
  ▪ School Health – all 208 schools
  ▪ School Based Health Center – 9 elementary and middle schools
  ▪ High School Wellness Centers – 4 high schools
  ▪ Positive Youth Development
  ▪ Hunger Strategies
  ▪ Early Childhood Services
  ▪ After School Time Activities
  ▪ Access to eligibility services and the entire HHS enterprise
  ▪ Integrated Case Practice Framing
How to Leverage the School District Partnership in A Family Centric Approach

• Define who is at risk more broadly – to include TANF/SNAP/Medicaid/FARMS/WIC?
• Custody and non-custody families who are at risk
• Focus on improving safety and child well-being while also placing an emphasis on eliminating generational poverty – these then will include issues related to homelessness, incarceration, mental health and substance abuse issues, unemployment, domestic violence....
• Come with a strengthening families and strong prevention focus
• Leverage all the work states have already done on their IV-E waivers – such as applying a trauma informed approach, partnerships with domestic violence or substance abuse treatment providers, SDM, etc,.
What Does a Community Schools Initiative Look Like?

- Delivery of services in schools – mental health, primary health care, parent engagement, food market, afterschool time activities, early childhood services, access to benefits – serve kids who attend that school, their parents, siblings and neighbors
- Full Service LTL/SBHC only offered where there is 75% or higher EverFARMS rate
- Proposing a light model LTL
- Real time data sharing for custodial and non-custodial children – need a legal framework that keeps us compliant with FERPA, HIPAA, 42CFR, VAWA and CWS statutes – Not an easy task but can be done
- What questions need answering, what data should be shared and why, take time to frame access methodology and staff expectations of how to manage with the data
- Track Prevention and Intervention outcomes data – manage with the data
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- FRIENDS
- SECURITY

**THINGS I HAVE:**
- HOPE
- MY GIRLS!!
- HIGH SCHOOL DIPLOMA
- COMMON SENSE
- ENOUGH IS ENOUGH!

**SO, WHAT DO I DO NOW?** KIMBER
What would Happen to Kimber in MoCo

If Kimber had a 4 year old in HeadStart and a 6 year old in 1st grade -

• The children were presenting as anxious, hungry and easily distracted in school

• Kimber and the children are referred to LTL and from there the family is assessed and services are initiated including benefits, housing, DV supports, Mental Health, access to healthcare and workforce development supports

• A two generation prevention response
OUR BIG HAIRY AUDACIOUS GOAL –

NATIONAL CALL TO ACTION TO END CHILD FATALITIES NATIONWIDE FOR ALL CHILDREN AGES 0-3
Early Childhood National Imperative

• Relentless focus on improving health and well-being for every child 0-3 years old

• Focusing on healthy births and family formation

• Support for families with risk factors

• Increased access to quality childcare
  ▪ Investments in local access
  ▪ Prioritizing access for 0-3 year olds

• Early intervention teams focus on 0-5 y.o. referrals

• Coordination of care with community partners

• National partnership between HHS and PH

• Building Universal Home Visitation Program with universal screening and risk mitigation
Ecosystem Discussion in the Context of Strengthening Families

• Using this family as a case study - build a solution driven response to leverage Health/Housing and Human Services

(The goal is to push our efforts upstream to support primary prevention and community-based solutions)