

KENT COUNTY PREVENTION INITIATIVE PROPOSAL FOR EVALUATION & SERVICE EXPANSION

Kent County's Vision for Prevention:

Kent County will use its resources to enable all residents to develop healthy, positive lives by emphasizing primary and secondary prevention activities.

BACKGROUND

In September 2001, the Board of Commissioners approved the Report and Recommendations of the Prevention Subcommittee. The report emphasizes prevention as an investment in the lives of Kent County residents that will pay off in reduced costs for incarceration, mental and physical health services, and services for delinquent, abused or neglected youth. The recommendations included:

- Adoption of a vision statement for prevention programming
- Emphasizing evaluation of all prevention activities, including both short- and long-term outcomes, and increasing utilization of the Human Service Committee and the Kent County Family and Children's Coordinating Council
- Establishing three specific areas as priorities for service expansion:
 - 1) Primary prevention family support services
 - 2) Services for families where child abuse or neglect has been reported but has not been substantiated to the degree necessary to warrant intervention by the State – still, the family has admitted to a problem and asked for help
 - 3) All levels of substance abuse prevention (primary, secondary and tertiary), because it is such a dominant risk factor and predictor of future, more serious problems in both the current generation and the next
- Being more pro-active with respect to grant and State funding for prevention
- Directing the County Administrator/Controller to develop a plan to fund the recommendations

The Board directed the Administrator/Controller to develop a plan to fund the implementation of this report. The following is the proposed plan for evaluation and expanded programming in the three priority areas. The two are being presented together per the Board's emphasis on accountability, and the indication by the Board that expanded funding would be contingent upon the establishment of evaluation plans including both short-term and long-term measures for prevention programs. The plan takes into account an increased role for the Human Services Committee and Kent County Family and Children's Coordinating Council (KCFCCC). The evaluation component has the consensus of the Human Services Committee and the key players in each of the three priority prevention areas.

The recommended plan calls for limiting first year implementation to the first two areas identified as priorities by the Board: primary prevention family support services and early intervention for children at risk of abuse and neglect (Perspective 21! Early Impact). Due to changes occurring in the substance abuse coordinating agency, evaluation and service expansion of substance abuse services will be phased in during the second year of the project. The State is moving the administration of substance abuse services as a part of its revised procurement process for mental

health and substance abuse, putting the funding formula for services in a state of flux. The State is also in the process of developing a set of outcome measures for substance abuse services. Locally, senior substance abuse staff is in a state of transition due to retirements. Phasing in evaluation and service expansion for substance abuse in year two will allow the Kent CMH, the local coordinating agency for substance abuse services, to readjust its organization to address the State and local changes prior to adding a new evaluation component or expanding services. It will also provide time for the State to continue to develop its evaluation requirements and allow the County to coordinate with those activities so as to minimize duplication and emphasize coordination.

EVALUATION

The County's Prevention Plan requires that County departments and agencies that provide prevention programs have a plan to evaluate their effectiveness, including both short-term and long-term (e.g. up to 20 years or as appropriate) measures. However, Kent County currently lacks the data infrastructure necessary to be able to measure the long-term results. Absent the development of expensive longitudinal studies, linking data from a variety of different service providers (schools, hospitals, courts, social services, etc.) provides the only reasonable option for long-term outcome evaluation. The feasibility of linking such data has been demonstrated locally by Community Assessment Technology Changing Children's Health (CATCCH), a project administered by Spectrum Health.

The goal of CATCCH was to demonstrate the ability to link data from different organizations. The project used snapshot, one-time data and effectively proved the viability and value of linking data from multiple organizations. However, because CATCCH was developed as a technology research project, its partner agreements and confidentiality restrictions prevent it from providing ongoing surveillance data for evaluation.

For this reason, it is proposed that the data management function of the CATCCH project be incorporated into a public health surveillance system housed at the Kent County Health Department. The Health Insurance Portability and Accountability Act (HIPPA) specifically allows for the use of medical information for surveillance purposes, and places no restrictions on using aggregate, de-identified data for evaluation. This would also establish a data infrastructure that can be used to evaluate the long-term effectiveness of prevention programs.

Project Description

Using the CATCCH model, the Health Department will seek agreements from current CATCCH collaborating partners (e.g., FIA, 17th Circuit Court Family Division, etc.) and other key partners (e.g., Healthy Start) to link client specific data into a data infrastructure, to be housed and managed by the Health Department. Creation of the data infrastructure will allow programs to access long-term aggregate outcome data and technical support to finalize evaluation criteria.

Because this project will build upon CATCCH's experience and success in linking data related to maternal and child infant health, the initial program evaluation support will be limited to partners in the two Board-identified priority areas which directly address parent/child interaction and family functioning:

- *Primary prevention family support services*
- *Early intervention for children at risk of abuse and neglect (Perspective 21! Early Impact)*

As stated earlier, evaluation of substance abuse programming will not be implemented this first year as the State continues its work to develop evaluation criteria, however, as the system is piloted with these initial programs, the Health Department will also begin to work with Kent CMH and its provider agencies to identify ways that the system can be used to measure long-term outcomes for substance abuse services. In addition, once the data infrastructure is built and evaluation plans are more fully developed for the initial partners, additional partners in the three priority areas will be able to participate in the service by sharing their data in exchange for assistance in establishing an evaluation plan. The infrastructure will retain the flexibility to expand evaluation and surveillance capabilities to other areas as the County's prevention priorities are expanded or reevaluated.

The use of birth certificate data as the primary data source will create the infrastructure necessary to compare data from program participants against a control group. Types of comparative evaluation data which the infrastructure may be able to support include:

- **Process outcomes** (e.g., number of clients receiving services, linkages between services)
- **Health outcomes** (e.g., low birth weight, immunizations, developmental milestones, time between pregnancies, substance abuse)
- **Education outcomes** (e.g. years in special education, MEAP scores, grade retention, graduation/drop-out rates, mother's level of educational attainment)
- **Abuse/neglect outcomes** (e.g., substantiated cases of abuse/neglect, out-of-home placements, terminations of parental rights)
- **Delinquency and crime outcomes** (e.g., number of custodial parent's criminal convictions; child's number of status, misdemeanor or felony offenses)

Method For Reporting Evaluation Outcomes

As required by the County's Prevention Plan, evaluation data will be reported at least annually to the Human Services Committee for peer review, then to the Board of Commissioners. Evaluation reporting will be incorporated into the existing budget and performance measures review processes, as opposed to being established as a separate, stand alone, duplicative reporting activity. Because this project aims at providing long-term outcome-based evaluation, very little evaluative data will be available for several years. Implementing this data collection and analysis system is the crucial first step in creating a data infrastructure that will produce the long-term outcome-based evaluation outlined in the County's Prevention Plan.

Funding

Staff is recommending that up to \$305,759 be appropriated from the Undesignated, Unrestricted General Fund Balance for Start up Evaluation Costs for 2002; and that \$199,250 be appropriated annually for operation of the evaluation project.

SERVICE EXPANSION

Once agencies providing the targeted prevention programming have finalized their participation in the evaluation process, they will be eligible to seek County funds set aside for expansion of services as called for in the Prevention Plan. Staff recommends that service expansion be phased in over two years, and held constant at second year levels until evaluation data is available. Staff recommends that \$900,000 be appropriated from the Undesignated, Unrestricted Fund Balance for initial service expansion in 2003, and \$1,800,000 be appropriated each year thereafter, adjusted for normal staff wage increases. This level of funding will:

- Increase current primary prevention service capacity to serve 50 percent of first-time parents that request the service (provide services to approximately 420 more families per year);
- Meet the service needs of 100 percent of the 1244 families per year with reported but unsubstantiated incidences of child abuse/neglect, that request the service; and
- Provide substance abuse services to at least 392 more individuals.

Agencies providing services in the priority areas will be asked to submit proposals for service expansion, outlining the service to be provided, unit cost, estimated number of families to be served, and an outcome-based evaluation plan with both short and long term outcomes. Proposals must demonstrate the agencies' commitment to participation in the evaluation project. Allocations for service enhancement would be awarded in three-year cycles. Funds for service expansion will be contingent on continued participation in the evaluation project. The Prevention Division of the Health Department and the Administrator's Office will administer the contracting process and provide oversight.

The Human Services Committee will also have a strong oversight role through a yearly peer review of service delivery and progress on evaluation plans. The Human Services Committee will submit its findings to the Board of Commissioners and the KCFCCC on yearly basis as part of the existing performance measurement review and budget process (Board of Commissioners) and annual planning process (KCFCCC).

Staff is recommending the following allocations. Information on existing services, including description, capacity, and cost, is included in Attachment A.

- ***Primary Prevention Family Support Services***
2003: \$400,000; 2004 and beyond: \$800,000

Recent State budget cuts have resulted in a loss of \$400,000 for local early childhood family support services, and a loss of services to 180 families. There are approximately 9600 children born every year in Kent County, 3600 of which are to first-time parents. Based on the current acceptance and retention rates for first-time parents for a three-year program, approximately 1644 families per year¹ would participate in the programs if they were available.

¹ Estimated demand among first-time parents for three-year home visiting program, based on current acceptance rates:

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
New first-time parents requesting services (40 percent)	864	864	864
Families requesting second year of service (60 percent retention)		518	518
Families requesting third year of service (50 percent retention)			<u>259</u>
Total need for services	864 families	1384 families	1644 families

Currently, the two primary service providers for family support have the capacity to serve 358 families per year, only 22 percent of the estimated need for services among first-time parents. Staff recommends that service capacity be increased to meet about 50 percent of the estimated need among first-time parents, or 778 families. This level of service would provide a sufficient sample size to allow for accurate comparison with a control group for evaluation purposes. This capacity increase will be phased in over two years and then held steady until evaluation data is available (see Appendix A for a detailed cost description).

	Current	2003	2004 and beyond
Families served	358	568	778
Required funds	- -	\$400,000	\$800,000

Agencies currently providing primary prevention family support services will be asked to submit proposals for funding to expand the number of families served. Proposals must include an outcome-based evaluation plan with both short and long term outcomes, and must demonstrate coordination with other community service providers to avoid duplication. Due to the lack of a single, identified coordinating agency for these services, the KCFCCC will be asked to review the proposals and to make recommendations for specific funding allocations to be reviewed by County administrative staff for consideration as part of the budget process.

- ***Early Intervention for Children at Risk of Abuse or Neglect (Perspective 21! Early Impact)***
2003: \$500,000; 2004 and beyond: \$500,000

State funding cuts and changing requirements in recent years have put future State funding of Perspective 21! Early Impact in question. Due to funding cuts, the program has scaled back in intensity and service duration from the original proven model, despite some families needing the greater level of service. Current funding of the program provides a base level of service of an average of 14 units of service per family, below the original program design of 16 units. County prevention funds would ensure the stable level of funding necessary to ensure fidelity to the original program model, and allow for an accurate evaluation of the effectiveness of the program. The recommended funding level of \$500,000 will increase the units of therapy to bring service provision back in line with the proven service model and provide the level of funding necessary to address specific causes of abuse/neglect such as substance abuse (see Appendix A for a detailed cost description). In addition, as the numbers of referrals for child abuse and neglect continue to rise, this base level of funding will allow the program the flexibility to continue to meet the rising need.

As the coordinating agency for Perspective 21! Early Impact, the Family Independence Agency will be asked to submit a proposal for expansion of the program, which will be reviewed by the KCFCCC and County administrative staff for consideration as part of the budget process.

- ***Substance Abuse Services***
2003: NA; 2004 and beyond: \$500,000

Costs for prevention services vary widely depending on the method and intensity of service. Kent County Community Mental Health (CMH) estimates that the average cost of treatment is \$1,274.50 per person, and can run as high as \$7,000 to \$10,000 depending upon intensity of treatment. Approximately 4,200 individuals per year in Kent County seek substance abuse

treatment services through Kent CMH. Based on the estimated average cost of treatment per client, the recommended allocation of \$500,000 will provide services to at least 392 more individuals, and impact countless generations to come.

It is anticipated that Kent CMH, as the substance abuse coordinating agency, will work with County administration and providers to develop a proposal for second year service expansion funds, dependent upon its participation in the evaluation project.

THE RESULTS

The purpose of the Kent County Prevention Initiative is to impact costly and destructive social and health problems. Poor parenting skills, child abuse and neglect, and substance abuse are cyclical problems that can negatively impact children and families generation after generation. Implementing the recommendations contained in this report will provide primary prevention family support services to approximately 420 more families, increase the intensity of early intervention services for 1244 families identified at risk of abuse and neglect, and provide substance abuse services to at least 392 more families each year. By breaking the cycles of poor parenting, abuse and neglect, and substance abuse, investment in these services will impact countless generations to come.

Consistent, sustainable funding for service expansion and evaluation will allow both short- and long-term measurement of program effectiveness. Short-term benefits include improved parenting, fewer developmental delays, fewer incidences of abuse and neglect, and better health outcomes. In the long term, the evaluation project will be able to track the lasting effects of the programs, such as whether there is a long-term impact on child abuse and neglect, health, juvenile delinquency and crime, and success in school.

While long-term evaluation will be many years in coming, providing consistent, sustainable funding to evaluate and expand prevention services is an investment in the lives of Kent County residents that will pay off in reduced costs for incarceration, mental and physical health services, and delinquent, abused or neglected youth.

APPENDIX A SERVICE AND COST DESCRIPTIONS

PRIMARY PREVENTION FAMILY SUPPORT

There are four major and numerous smaller programs that provide family support services within the county: Healthy Start, Parents as Teachers, Maternal/Infant Support Services (M/ISS), and Maternal-Infant Health Advocate Services (MIHAS). Healthy Start and Parents as Teachers are the most similar in that they are offered universally (regardless of income) and incorporate family support and parent education. However, the two services differ in service model, emphasis, and intensity of services. M/ISS differs more widely from these services in that it is offered primarily to mothers who are Medicaid eligible, and its primary function is improving health outcomes. MIHAS is also limited primarily to families who are low income, and provides peer support and help removing barriers, but does not include an education component.

These services differ widely in purpose, model, and intensity of services, cost estimates are not meant for comparison. Instead, they are offered as rough estimates for expanding services.

Healthy Start

Healthy Start is a primary prevention family support program that provides services to new, first-time parents whose children are less than 3 years old. Healthy Start currently serves approximately 223 families per year. The program had served up to 400 families per year until it was scaled back due to State funding cuts of \$400,000. At the current level, Healthy Start employs 10 caseworkers, each of which serve approximately 23 families per year.

Healthy Start estimates that with additional funding they could add 6 full time caseworkers in the coming year, and 6 additional caseworkers each year thereafter. Healthy Start estimates the cost of adding caseworkers (including supervision, supplies, wages, administration, etc.) to be approximately \$45,000 to \$50,000 per full time caseworker. Assessments for the Healthy Start program are currently provided through the Health Department. While the Health Department has the ability to absorb the estimated first year increases, an additional assessment worker would be needed the second year to meet the increased need for assessments. The Health Department estimates the cost of a full time assessor (including benefits, administrative overhead, travel, training, and supplies) to be \$85,246. Estimated costs to expand service capacity over two years:

	<i>Current</i> <i>10 caseworkers</i>	<i>2003</i> <i>16 caseworkers</i>	<i>2004</i> <i>22 caseworkers</i>
Families Served	223	361	500
Community Contribution	\$762,528	\$762,528	\$762,528
<i>Additional Funds Required</i>	<i>--</i>	<i>\$300,000</i>	<i>\$685,245</i>
Total Cost	\$762,528	\$1,062,528	\$1,447,773

Parents as Teachers

Parents as Teachers (PAT) is an early childhood parent education and family support program offered in all local school districts throughout Kent County. This program is open to all families with children from birth to Kindergarten. PAT currently has 6 part-time parent educators (20 hours/week, 40 weeks/year), each of which can serve 20-25 parents per year with home visits,

depending on the intensity of service³. The program is adding 6 more parent educators in the coming year, and is applying for a grant to add 12 more.

PAT reports that the best option for service expansion is to increase the hours and workweeks for current parent educators, which will allow more families to be served while eliminating a key service gap. The current 40-week time frame means that there is a service gap where families can not receive services for 3 months during the summer. Increasing the hours and workweeks to 30 hours/week, 48 weeks/year will allow each parent educator to serve 10-12 more families and eliminate the summer service gap. Expanding service hours would cost approximately \$15,128 per parent educator. PAT estimates that with additional funding, the program can increase hours for 6 parent educators the first year and for an additional 6 parent educators each year thereafter. Estimated costs to expand service capacity over two years:

	<i>Current 6 part-time educators</i>	<i>2003 12 part-time educators (extended hours for 6)</i>	<i>2004 12 part-time educators (extended hours for 12)</i>
Families Served	135	372	444
Community Contribution	\$208,266	\$302,461	\$302,461
<i>Additional Funds Required</i>	--	<i>\$91,000</i>	<i>\$182,000</i>
Total Cost	\$208,266	\$393,461	\$484,461

Maternal/Infant Support Services (M/ISS)

Maternal Support Services (MSS) are services delivered to pregnant women with identified, qualifying risk factors. The service providers are PHNs, Social Workers, and Nutritionists. The Health Department current serves approximately 2000 women per year, of which up to 20 percent do not have Medicaid. Service to non-Medicaid clients is funded through a combination of County general fund dollars and the Maternal-Child Health Block Grant. An increase in funding would allow expansion to additional women not on Medicaid. The average cost for this service during a woman’s pregnancy is \$950 based on an average of 7 visits and numerous ancillary support services per client. The number of visits a woman receives varies greatly based on risk factors present.

Infant Support Services (ISS) is a service delivered to families of infants with identified, qualifying risk factors. As with MSS, the service is multidisciplinary in nature and based on individual needs. The majority of the clients have Medicaid insurance, which funds the service. Approximately 4300 infants/families receive this service annually, 15-20 percent of which do not have Medicaid insurance. As with MSS, service to non-Medicaid clients is funded through a combination of County general fund dollars and the Maternal-Child Health Block Grant. The average cost for this service is \$1,350 based on an average of 10 visits and numerous ancillary support services per client. Again, the number of visits a woman receives varies greatly based on risk factors present.

Maternal-Infant Health Advocate Services (MIHAS)

Maternal-Infant Health Advocate Services (MIHAS) are services delivered by paraprofessional outreach workers to women at or below 185 percent of the poverty level during pregnancy and the infant’s first year of life. It is funded by a grant from MDCH and is supplemented with County general fund dollars. This service may be provided alone or in conjunction with M/ISS. The focus is on provision of peer support and the removal of barriers to a healthy pregnancy/parenting outcome. The average cost for this service is \$920 per family based on an average of 12 visits and other support services provided.

³ Home visits range from weekly to monthly depending on the needs of the family. The service also includes play groups/parent meetings, which serve approximately 400 families per year.

EARLY INTERVENTION FOR CHILDREN AT RISK OF ABUSE OR NEGLECT (PERSPECTIVE 21! EARLY IMPACT)

Perspective 21! Early Impact is a voluntary program offered to families reported for child abuse/neglect, but did not have sufficient information to result in a substantiation. Perspective 21! Early Impact currently serves 1244 per year and employs 20 caseworkers.

The current budget for Perspective 21! Early Impact program is \$1,224,144.01, funded by a combination of Federal/State funding streams and local funding partners (e.g., United Way, Community Mental Health, Grand Rapids Community Foundation). This funding level allows for a unit rate of approximately \$65 per unit of service and 14 units of service per family. Actual cost of the service, as reported by the provider agencies, ranges from \$78 to \$95 per unit. The need to cover the additional expenses has left provider agencies with few funds to address specific risk factors for abuse/neglect (e.g., substance abuse). At least one provider has already reported it will terminate its contract with FIA for the service next year because it can not afford to continue the service, and the others have expressed similar concerns. In addition, the currently provided 14 units of service are below the original program design of 16 units.

An estimated \$383,152 would be required to bring service payments closer inline with service costs. This amount is calculated based on the difference between the current average unit rate (\$65/unit) and the average agency-reported cost for the service (\$87/unit) for 14 units of service for 1244 families ($\$22 \times 14 \times 1244 = \$383,152$). Provider agencies would continue to be required to provide a match to be negotiated during FIA's upcoming rate-setting process, and would be required to specify in the contracts how these funds would be used to address specific identified risk factors and causes of abuse/neglect, such as substance abuse.

An estimated \$216,456 would be required to provide the level of funding necessary to increase the units of therapy to bring service provision back in line with the proven service model. This amount is calculated based on providing an additional 2 units to 1244 families at the \$87/unit rate ($\$87 \times 2 \times 1244 = \$216,456$).

As the numbers of referrals for child abuse and neglect continue to rise, this base level of funding will allow the program the flexibility to continue to meet the rising need.

SUBSTANCE ABUSE SERVICES

A 1999 Center for Substance Abuse Treatment study estimated that there were 66,663 people in Kent County addicted to substances.⁴ Approximately 4,200 of these individuals seek treatment services through Community Mental Health. Others may seek treatment services through other means (i.e., private or employer-paid programs). The current budget for Kent CMH coordinated substance abuse services (both prevention and treatment) is \$6,290,000.

Costs for prevention services vary widely depending on the method and intensity of service. Kent County Community Mental Health (CMH) estimates that the average cost of treatment is \$1,274.50 per person, and can run as high as \$7,000 to \$10,000 depending upon intensity of treatment.

⁴ Richard F. Calkins, M.S.W., Georgia B. Aktan, Ph.D., James H. Lock, M.A., *Composite Prevalence Estimates for the Need for Substance Abuse Treatment Services in Michigan* (1999), p. 7.

While there are no local studies on the cost savings associated with treatment, a 1994 Center for Substance Abuse Treatment study found that providing substance abuse treatment resulted in an average cost savings of approximately \$7,911 per person in reduced health care costs, increased earnings, and reduced crime-related costs.⁵ Considering the snowball effect that substance abuse has on future generations, investment in substance abuse prevention and treatment will result in exponential cost savings and positive impact on generations to come.

⁵ Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, *Center for Substance Abuse Treatment (CSAT) Fax*, 5:6 (May 24, 2000)