

A Report to the 2006 Kansas Legislature

Prevention: Good State Policy and Practice

**A Report to the 2006 Legislature
as Directed by
Sec. 9(g) of 2005 Sen. Sub.
For H.B. 2482**

**Presented by
Gary Daniels, Secretary
Social and Rehabilitation Services
January 9, 2006**

Prevention: Good State Policy and Practice

The 2005 Kansas Legislature directed the Secretary of Social and Rehabilitation Services to prepare a report for the 2006 Legislature on programs related to low cost or no cost practices for prevention and social policy. Specifically the proviso directed:

“In addition to the other purposes for which expenditures may be made by the department of social and rehabilitation services from moneys appropriated from the state general fund or any special revenue fund for the fiscal year ending June 30, 2006, as authorized by section 111 of 2005 Senate Bill No. 225 or by this or other appropriation act of the 2005 regular session of the legislature, expenditures shall be made by the department of social and rehabilitation services from moneys appropriated from the state general fund or any special revenue fund for the year ending June 30, 2006, for activities related to an **analysis of programs related to low-cost or no-cost practices for prevention** and social policy: Provided, That this analysis should include an **investigation of potential funding sources**: Provided further, That the secretary of social and rehabilitation services shall report to the legislature in January of 2006 on the results and findings derived from this analysis.” (Sec. 9(g), 2005 Senate Sub. For H.B. 2482)

Background

The Kansas Department of Social and Rehabilitation Services (SRS) has been prevention-minded in its programming for many years. However, the agency began an intentional focus on prevention approximately two years ago. In making a conscious effort to concentrate on prevention policies, practices and programs, SRS seeks to address the aforementioned prevention proviso through a comprehensive assessment process, as well as outlining a long-range plan to move SRS from a culture responding to crisis to a culture of prevention. Embedding prevention into state policy and practice, a strategy promoted by the National Crime Prevention Council, moves state government from a reactive mode of operation to one that stresses proactive approaches (*Prevention Can Be a Priority in the Midst of Fiscal Calamity*, Topics in Crime Prevention, Fall 2003). Proactive approaches incorporate processes that share power with customers and stakeholders, pursue different models of service delivery, focus on customer-driven processes and take well calculated risks.

The initial stages of this concentration involved building internal support. To assist, SRS invited Dr. Dennis Embry, Paxis Institute, Tuscon, AZ, to Kansas twice during 2005 to provide awareness and guidance to agency staff regarding the concept of Simple Gifts. Simple gifts involves prevention policies, practices and programs that:

- have a scientific basis;
- are low or no cost;
- are easily explained, trained and supported; and
- cut across cultures (Embry, D.D., (2004), *Community-based Prevention Using*

Simple, Low-Cost, Evidence-Based Kernels and Behavior Vaccines, Journal of Community Psychology, 32(5), 575-591).

Embry outlined his concepts with staff and community partners in a two-day session and continues to offer technical support to those who have begun to pursue some of the concepts. Embry cautions that while his strategies are low-cost or no cost in regard to implementation, costs do exist to train staff, partners and volunteers in the concepts. Costs associated with support and implementation are generally lower than with some of the more advertised and well-known prevention programs and practices promoted by federal agencies.

Embry also addressed three committees of the Legislature in 2005. Those committees were: Senate Ways and Means, House Corrections and Juvenile Justice and the House Appropriations Committee. SRS wanted Dr. Embry to share his insights with the Legislature as the agency began to pursue this concentrated prevention effort.

“Today’s policymakers have the opportunity to discuss and support prevention as a cost-effective means by which to prioritize spending.” (Topics in Crime Prevention, Fall 2003) Prevention offers a lens from which to set priorities not only fiscally, but programmatically, as the agency seeks to provide more timely, relevant services while encouraging independence and autonomy for SRS customers.

Prevention Science

The aforementioned proviso gave SRS more incentive to concentrate on a comprehensive, systemic assessment of prevention efforts. The first focus for the agency included understanding and applying prevention science and research. This approach remains critical so agencies follow proven processes and outline a clear means to measure the impact of the practice or initiative. Too often agencies select popular “one-issue” programs without any evidence of likely success and no planned systemic evaluation of outcomes.

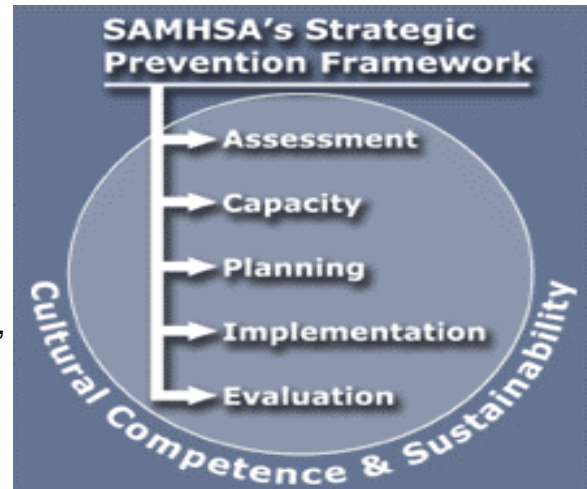
A prevention focus requires the agency to adopt some basic prevention principles and follow the science of prevention research. Those prevention principles include:

1. Employing comprehensive, systemic planning instead of one-issue planning;
2. Adopting a strengths-based strategy;
3. Developing solid evaluation systems;
4. Linking funding to outcomes;
5. Building local and statewide capacity to address prevention holistically; and
6. Strengthening agency level involvement and partnership.

Prevention research, while a newly developing field, provides a foundation to plan, implement and evaluate sound prevention policies, practices and programs. The Strategic Prevention Framework (SPF), as outlined by U.S. Health and

Human Services/Substance Abuse and Mental Health Services Administration (SAMHSA), consolidates that body of research into five steps:

- **Assessment**, which involves the collection of data to define problems within a community (geographic or otherwise), includes mobilizing key stakeholders to foster the process. This process includes assessing cultural competence, service gaps, existing prevention infrastructure, readiness, leadership, policies, practices and programs.
- **Capacity** seeks to mobilize resources within the community, convening key stakeholders, service providers and customers to assess capacity including fiscal, organizational and programmatic, as well as the capacity to sustain efforts and evaluate effectively.
- **Planning** provides tools to develop a strategic plan which includes policies, practices and programs to create a logical, data-driven plan to address issues and gaps identified in the assessment. This process produces strategic goals, objectives and performance targets as well as logic models and action plans. The planning phase addresses policy, practice and program as well as strategies for sustainability.
- **Implementation** focuses on action. This step puts into practice the strategic plan. During this part of the process, the evaluation plan emerges, as well as the data collection and monitoring processes.
- **Evaluation** measures the impact of the implemented policies, practices and programs. This step identifies areas of improvement and emphasizes sustainability of the initiatives. Evaluation helps review effectiveness, efficiency, and fidelity.



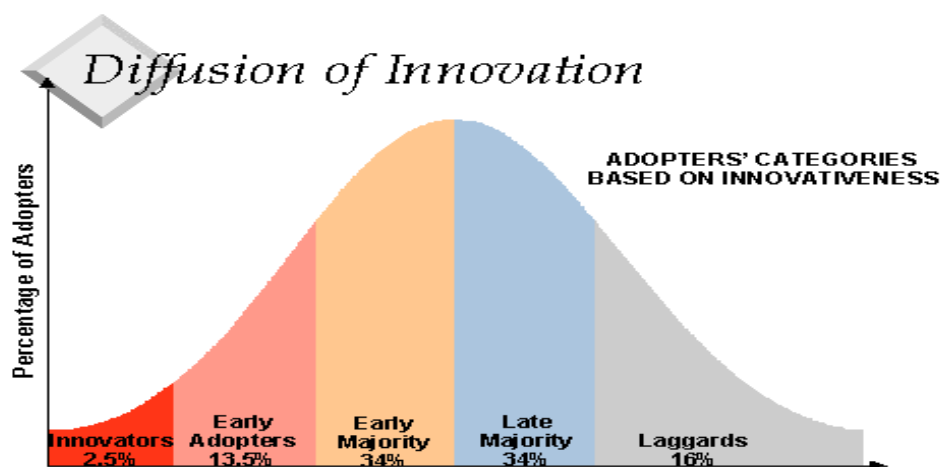
Additionally, the agency will rely on research conducted by Drs. Richard Catalano and David Hawkins, University of Washington (Seattle). The model promoted by Catalano and Hawkins outlines risk factors for youth risk behaviors such as violence, juvenile delinquency, public health, teen pregnancy, substance abuse and school dropout. The model, referred to as *Communities That Care*, highlights more than 30 years of trend research validating risk factors as well as protective factors that buffer a youth from problem behaviors.

Other research used by the agency to gauge effective prevention practices involves models in early childhood development, child abuse/neglect, adult abuse, prevention of disability and injury, mental health, and poverty. SRS works collaboratively with other Health and Human Services agencies to enhance prevention efforts at the community level.

By concentrating on prevention, the agency seeks to reduce expenditures needed for treatment, rehabilitation and incarceration. Prevention, while effective, takes time to achieve results. Focus on prevention takes a long-term commitment and flexibility to change as new research emerges to guide effective policy, practice, and program implementation. Long-term results will save money in future years, but only if the agency adopts a commitment to stay the course despite initial data that may show opposite results. One of the most challenging aspects of prevention involves measurement of success. Emerging research assists agencies and organizations in identifying appropriate measures for prevention initiatives, but still skepticism remains regarding whether the initiatives actually prevented some problem behavior from materializing. After all, it is difficult to measure what did not occur. However, the research demonstrates strongly that attention to prevention efforts and appropriate measures results in healthier communities and healthier citizens.

Infusing Prevention Into the Agency

Nationally, past prevention initiatives have tended to focus on specific social issues (substance abuse, child abuse, domestic violence, teen pregnancy, violence, etc.) without systemic coordination (*Topics in Crime Prevention, Fall 2003*). SRS experienced the same history primarily because of funding source requirements or limitations. By approaching prevention systemically the agency hopes to capitalize on efforts, resources and capacity to address a wide variety of issues and behaviors before the need for expensive interventions and treatment episodes emerge. SRS will follow the concepts regarding the *Diffusion of Innovation* model originated by Everett M. Rogers and adapted from *Crossing the Chasm* (Geoffrey A. Moore, Harper Business Essentials, 2002).



To infuse concepts into an organization, community or marketplace, Moore explains the use of innovators, early adopters, early majority, late majority and laggards. The agency continues to search for the innovators and early adopters to assist in moving change, including the intentional focus on prevention, through the entire agency.

SRS began to align resources and program areas to position prevention as a priority in the organization in FY 2004. SRS officially launched a process in August of 2005 to address prevention systemically. This effort, the SRS Prevention Initiative, brought together representatives from each program area (including state hospitals), every geographic area, as well as agency support areas (such as budget, personnel, organizational development, and legal). This team began a learning process that explores systems thinking, knowledge (technology) transfer and prevention science.

Assessing Current SRS Prevention Efforts—Initial Results

In order to gain a better understanding of current prevention efforts within SRS and to respond initially to the proviso, the agency conducted an initial assessment of the efforts. The results of this initial assessment offered areas of focus where prevention efforts seem to demonstrate positive effects with customers. This report narrative highlights a few of those efforts. (*Denotes programs funded with Children's Initiative Funds.)

Kansas Early Head Start (statewide)

This program, approved in 1998 by the Kansas Legislature, promotes healthy prenatal outcomes for pregnant women, enhances the development of very young children and promotes healthy family functioning. Participants receive home visits related to healthy child development and case management services. Providers conduct childhood screenings related to healthy development and school readiness. Child care assistance also allows parents to complete school, work or participate in job training. During FY 2004, KEHS reported:

- 93 percent of enrolled children are “up-to-date” on immunizations, up from 80 percent in FY 2001 (this compares to 79.3 percent of children entering kindergarten fully immunized in 2003-2004 as reported in the *Kansas Kids Count* publication);
- 99 percent of enrolled women received early prenatal care in FY 2004 (increase from 90 percent in FY 2001);
- 88 percent of enrolled children demonstrated age appropriate social, emotional, language, fine and gross motor skills in FY 2004, up from 62 percent in FY 2001.

Substance Abuse Prevention (statewide)

This effort funds 13 Regional Prevention Centers (RPCs) covering all 105 Kansas counties. The effort focuses on providing training and technical assistance to communities and community coalitions/task forces to scientifically address issues of substance abuse and healthy community development. In

addition, the prevention funds provide for data collection and evaluation of services. Kansas enjoys a national reputation for its substance abuse data-driven, outcomes-focused and evidence-based prevention efforts. The state tracks several outcomes and reports positive results:

- 30-day use of marijuana for 6th, 8th, 10th and 12th graders decreased from 12.1 percent in FY 1999 to 8.6 percent in FY 2005;
- 30-day cigarette use decreased from 21.3 percent to 12.9 percent in the same time frame;
- 30-day alcohol use dropped from 38.6 percent to 31.0 percent from FY 1999 to FY 2005;
- Age of initiation of use (a difficult outcome to move) of marijuana increased from 13.65 years of age in FY 1999 to 13.70 in FY 2005;
- Age of initiation for cigarettes increased from 12.23 to 12.38 from FY 1999 to FY 2005; and
- Age of initiation for alcohol use increased from 12.57 years of age to 12.85 years of age in the same time period;
- Favorable attitudes toward marijuana of the students surveyed dropped from 8.3 percent in FY 1999 to 6.6 percent in FY 2005;
- Favorable attitudes toward cigarettes decreased from 14.5 percent to 9.2 percent in the same time period,
- Favorable attitudes toward alcohol decreased from 14.6 percent in FY 1999 compared to 12.1 percent in FY 2005.

Home Base Project* (Community Service Dollars; serves Butler, Chase, Coffey, Greenwood, Lyon, Marion, Morris, Cowley, Harvey and Reno counties)

This project seeks to reduce the risk of out of home placement by providing family-centered and community-oriented case management services. Outcomes achieved for the past five years include:

- 92% of children served did not enter SRS custody in an Out of Home Placement (OOH) 90 days after referral to the program;
- 85% did not enter SRS custody with an OOH in the six months following the referral;
- 98% of children were not a victim of substantiated abuse or neglect while services were provided; and
- 75% of families identified a kinship resource to assist the family.

In FY2005, Home Base served 54 families (123 children) with no removal of any children from the home.

Home Base Project* (Community Service Dollars; serves Bourbon, Anderson, Allen, Woodson, Wilson and Neosho counties)

This project mirrors the Home Base Project just outlined. Geographical outcomes for FY 2005 for this project include:

- 100% of youth referred completed intervention and follow up phases;

- 96% of youth completing the program were not in need of additional SRS services; and
- 100% of youth were not confirmed as a child abuse or neglect victim.
- The project served 48 youth referrals in FY 2005 with 33 of those completing the project objectives.

Juvenile Intake Family Worker & Truancy Track* (Community Service Dollars; serves Cherokee county)

This project provides intensive intake of youth entering police protective custody (PPC). The project provides initial, intensive and on-going family services to families whose children are returned home from PPC. In addition, the project focuses on tracking and monitoring truancy of participants and works with the school system to promote healthy educational habits. Outcomes for the project include:

- In FY 2004 81 percent of youth were diverted from OOH through intervention with an intensive family assessment and services during its 72 hours of PPC;
- In FY 2005, 76 percent of youth were diverted from OOH through intervention with an intensive family assessment and services during its 72 hours of PPC.
- The project served 89 children in FY 2004 and 75 children in FY 2005.

Family Preservation (statewide)

The program seeks to provide services in the parental home to resolve problems that potentially could lead to OOH placements. This strength-based perspective seeks to build on positive family processes and eliminate or reduce the stresses in the family by providing an array of services. This program reports the following outcomes for the past five years:

- 96% of children were safely maintained in their home; and
- 94% of children did not experience recurrent maltreatment.
- The program served an average of 2,700 per year.

Therapeutic Services for Preschoolers* (19 counties and 8 school districts)

TSP operates as a demonstration project in partnership with the University of Kansas with the purpose of creating and/or expanding services specifically targeted to preschool age youth who experience or are at risk to experience Serious Emotional Disturbance. The Kansas Legislature appropriated money in FY 2001 to begin the work. TSP incorporates the Family Centered System of Care principles working collaborative with community partners to increase the outcomes for these children, primarily between the ages of 2 and 5. The project reports the following outcomes:

- 86.7% of children involved with the project report no SRS involvement;
- 87.3% of children exiting TSP will enter regular classrooms; and
- 26.9% of students exiting TSP will not require further community mental health services.

New Programs

Through this brief assessment process, SRS identified many prevention programs that began this current fiscal year (2006) or began in FY 2005 and do not have outcome data to report yet. Those programs range from statewide to regional projects. They include:

FAMLE* (Community Service Dollars serving Allen, Neosho, Wilson and Woodson counties)

The project seeks to prevent OOH placement by children placed in PPC.

Family Support* (Community Service Dollars serving Sumner County)

The project contracted through the Sumner County Mental Health Center provides an array of services to those families and children at significant risk of OOH.

Community Solutions* (Community Service Dollars serving Saline and Shawnee Counties)

This project uses a systems of care approach to stabilize, strengthen and support children and families through community collaboration, early intervention and empowerment services to prevent OOH placements.

Family Centered Systems of Care (FCSOC) (Statewide initiative with concentrated projects in Cherokee, Reno and Riley counties)

This project received one of nine state demonstration grants in FFY 2004, which focuses on improving child welfare outcomes through FCSOC development. The project incorporates a broad array of services and supports through a coordinated community network creating meaningful partnerships and service delivery avenues. The project seeks to accomplish statewide goals improving outcomes for safety, well-being and permanency. The project funds three concentrated efforts in the counties mentioned above with the goal of translating success in these to statewide efforts.

TANF Solutions Intensive Case Management (Statewide)

This strength-based approach to substance abuse treatment works exclusively with TANF customers. SRS contracts these services to a variety of providers throughout the state. The project seeks to increase access and engagement in treatment and increase retention in treatment. In addition to these outcomes, the project works to connect customers with community-based services to assist in maintaining recovery, participating in job training, continuing education and other resources to strengthen the family. One goal of the project seeks to reduce OOH placements of children of addicted parents.

Project Stay* (Community Services Dollars serving Barton, Russell and Stafford counties)

This project serves truant youth working to alleviate causes and symptoms associated with dropping out of school or being removed from the home. The project seeks to keep 70% of the youth in school and exhibiting regular school attendance.

Proven models and monitoring outcomes

As SRS initiates new programs, a particular focus includes implementing policies, practices and programs that have a documented research and evidence-based background. The agency will pay attention to implementing these strategies with fidelity in order to produce the results validated in the research. Because prevention research continues to emerge, some program areas await documented research with proven models and practices. If SRS implements initiatives in these particular

areas, it will monitor local and statewide outcomes (if applicable) in order to document those practices and programs as model or proven approaches. SRS makes a commitment to evaluate its prevention initiatives for effectiveness and will adjust approaches as data, analysis and circumstances within programs change.

Prevention Initiative Future

The SRS Prevention Team will conduct a more comprehensive, in-depth prevention assessment of all of the agency efforts. This assessment will include program overviews and purposes, outcomes and indicators, five-year trends for those outcomes and indicators (where available), type of prevention, target audience, geographic service area, costs associated with the initiative, numbers served, community collaborations involved and the evidence base of the program. In addition to the assessment, the effort will produce an inventory of current agency prevention efforts. This team will complete the scheduled learning sessions in March of 2006. Upon completion of this phase, the team will conduct a comprehensive prevention assessment of the agency. This assessment will focus on both programmatic and budget processes and provide performance measures and progress toward those measures. This team will make recommendations to the leadership of the organization about making changes in policies, practices and programs to better achieve results from its prevention efforts and initiatives. The Secretary anticipates the team to complete the work by July 1, 2006. SRS' budget and program recommendations should reflect a greater emphasis on prevention in submissions for FY 2007 and FY 2008.

Additional phases of the effort will include strategies for continuing to change the culture of the agency to one of prevention focus, as well as efforts to include contractors and providers in this infusion approach. Other recommendations will emerge as the data becomes available. The agency would welcome the opportunity to share the results of that effort either during the interim session this fall or to the 2007 Kansas Legislature.

Potential Funding for Prevention

The agency continues to look at its budget through a prevention lens, identifying potential flexible funding to dedicate to more concentrated prevention efforts. The agency will continue efforts at the regional level to partner with local entities to extend and enhance prevention efforts throughout the state. In addition, the agency received a minimal amount of money from a regional technical assistance provider to assist in the training of the team and the initial assessment efforts. SRS applied for a Kansas Health Foundation Recognition Grant to provide support for the training and assessment phase. That application was unsuccessful. Conversations between agency staff and potential federal funding sources began this past summer. Federal interest is beginning to awaken in regard to this comprehensive, systemic approach to prevention assessment, implementation and evaluation by a substantial governmental agency. SRS continues to monitor both federal government funding opportunities as well as those associated with state and federal foundations. SRS will assess funding announcements for their relevance to this effort and apply for appropriate funding as it becomes available.

Conclusion

SRS remains committed to a long-term focus on prevention believing that focus allows customers better access to services prior to crisis. By infusing this concept into all of the agency efforts (policy, practice and program), SRS anticipates the ability to serve customers more proactively and with dignity, providing access to a broader array of choices. The agency promotes this effort recognizing that a prevention focus represents sound social policy and practices efficient fiscal management.