Building a 21st Century Road Map to Child Welfare Transformation

FINAL REPORT

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Abt ASSOCIATES

About This Report

This Report was funded by Casey Family Programs under contract with Abt Associates to support and advance the ***Thriving Families Safer Children Initiative.*** Through strategic advising and the use of innovative tools in high-priority areas, Abt has provided a roadmap for action for a child and family well-being system focused on children from prenatal to age 3. Project activities were aligned in support of the 21st Century Research Agenda. Additionally, Abt was asked to develop a set of eight videos aimed at enhancing the competence of Casey Family Programs staff in using data to drive evidence-informed decision making. Abt worked together with Casey Family Programs over the course of the project to further advance the 21st Century Research Agenda by convening Abt researchers who work across multiple federal agencies and projects to learn more about the agenda and share lessons learned and insights for future opportunities.

Authors

The following individuals contributed to the contents of this Report: Alisa Santucci, Christine Tappan, Brooke Abrams, Justin Stein, Katie Long, Ciara Collins and Nathan Greenstein. We would also like to acknowledge the contributions of Ariel Edelman, Anna Mahathey, Ashlee Smith, and Will Yetvin for their participation in the data videos. Finally, we would like to thank Julie Sabol, Jon Saunders and Jessica Kerbo for their creative direction, design and support for both the Data 101 Series and report.

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Submitted to:

Casey Family Programs
2001 8th Avenue, Suite 2700
Seattle, WA 98121

Attn: Angie Hickenbottom
Telephone: 206.270.4996
Email: AHickenbottom@casey.org

Contract No.: 210246

Submitted by:

Abt Associates
6130 Executive Boulevard | Rockville, MD 20852
abtassociates.com

For More Information

Christine Tappan, MSW, CAGS
Co-Director, Abt Global Center for Technical Assistance and Implementation
Telephone: 410.693.4342
Email: Christine_Tappan@abtassociates.com

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Introduction

Over the last decade, a growing body of data and research has highlighted the profound human, societal, and economic costs of both Adverse Childhood Experiences (ACES) and Adverse Community Experiences (ACES). This "pair of ACES" encapsulates the phenomenon that "people with adverse childhood experiences also often live in communities with widespread adversity" (Ellis & Dietz, 2017). Simultaneously, there is growing recognition that our nation's child welfare system—currently focused primarily on protection—must substantially transform. Designed as a reactive, not proactive, system, it typically responds after child maltreatment and other adverse childhood experiences have occurred, with the primary intervention being removal from the home.

COVID-19 has highlighted the historical lack of investment in the conditions that children need to thrive (e.g., paid family leave, economic supports, healthcare access), and demonstrates how a crisis can exacerbate children's vulnerability to disease and violence. With the uncertainty of the pandemic, many more families are struggling and subsequently, more children are at risk for exposure to adversity. Preventing early adversity requires assuring that all children, regardless of sociodemographic background, have what they need to reach their full health and life potential.

Data from both the front end and deep within the child welfare system has dramatically informed our work and highlights the essential need for us to build early-childhood efforts focused on systems change and community conditions. In FFY 2020, nationally there were 618,000 victims of child maltreatment, equaling a national rate of 8.4 victims per 1000 children in the population. Child protection agencies received 3.9 million referrals for child maltreatment involving 7.1 million children—more than 19,000 children every day (Child Maltreatment 2020). Of these reports, over half are screened in (54%) and less than half screened out (46%). For the same period 407,000 children were in foster care. While African American children make up 14 percent of the child population in the US, they account for 20 percent of those entering the child welfare system. We know the child welfare system is steeped in inequities linked to race and poverty that play a role in removing children from their homes (Rivaux et al., 2008), and these decisions most negatively impact the life trajectory of our youngest children.

Our youngest children are at the highest risk. In 2016, the Commission on Child Fatalities underscored that children who die from child maltreatment are very young (Commission to Eliminate Child Abuse and Neglect, 2016). Almost three-quarters (70.3 percent) of child fatalities in FFY 2019 involved children younger than 3 years, and children younger than 1 year accounted for 45.4 percent of all fatalities. The rate of child fatalities for African American children is 3.1 times greater than white children. Similarly, Black and AIAN women have pregnancy-related mortality rates that are respectively two and three times that of white women (Medicaid and CHIP Payment and Access Commission, 2020).

Infancy is the age at which a person is most likely to live in a HUD-funded shelter for individuals and families experiencing homelessness (Gubits et al., 2015). For young children in particular, the links between racial inequity, poverty, health, housing, and involvement with the child welfare system are profound. More than 60 percent of child maltreatment decisions nationally are linked to poverty (Weiner et al., 2021).

Almost half (43%) of childbirths in the United States are funded by Medicaid, with the highest state rate being 71 percent (Kaiser Family Foundation, 2020). At the same time, our child protection systems are overloaded. They are responding to the needs of families with young children that we know can and should be met much earlier in our communities. The good news is that across health, housing, and human service systems there is increasing recognition that we must look collectively toward a population-level and social determinants of health approach to advance equity and address the "pair of ACES."

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"If I knew then what I know now, I would start by building a continuum of preventive services focused on children from birth to age 3.

David Sanders

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Casey Family Programs (CFP) has been at the forefront of efforts to redesign child welfare through the Thriving Families Safer Children (TFSC) initiative. This partnership cuts across the public and private sectors, and is focused on transforming child welfare toward a system focused on the well-being of children and families. Understanding the structural barriers and opportunities involved in shifting to a coordinated system for well-being involves a deeper understanding of the determinants of health in the areas of economic stability, education, health access and quality, and in the community and built environment where families live (Department of Health and Human Services, 2021). Based on the outcomes of key public health and human services convenings, as well as key data points mentioned above, CFP leadership determined that focusing on the prenatal period to age three (PN-3) and the families of these children is a critical priority in transformational efforts to build a system for child and family well-being.

Social Determinants of Well-Being

Abt Associates' mission is to improve the quality of life and economic well-being of people worldwide using innovative tools that target opportunities at the intersection of the social determinants of health. To achieve the goal of equitable impact across our work, Abt advances principles and practices that consider the intersectionality of a variety of equity issues. We engage with clients and partners to innovatively leverage data and identify solutions for shifting community conditions and addressing structural inequities embedded in systems that affect families' abilities to provide and care successfully for their children. CFP sought a partnership with Abt because of our research, data, and technical assistance capabilities and projects that cut across the social determinants of health as well as our experience to deeply examine the experiences of young children and their families.

CFP initially engaged Abt Associates to support and advance the TFSC initiative through strategic advising and the use of innovative tools in high- priority strategic areas to inform a roadmap for action for a child and family well-being system focused on children from PN-3. During the project, alignment with and support to the 21st Century Research Agenda was also incorporated into the project scope. Additionally, Abt was asked to develop a set of videos aimed at enhancing the competence of CFP staff to use data to drive evidence-informed decision-making. Abt continued to partner with CFP over the course of the project to help advance the 21st Century Research Agenda by convening Abt researchers who work across multiple federal agencies and projects to learn about the agenda and share insights and opportunities.

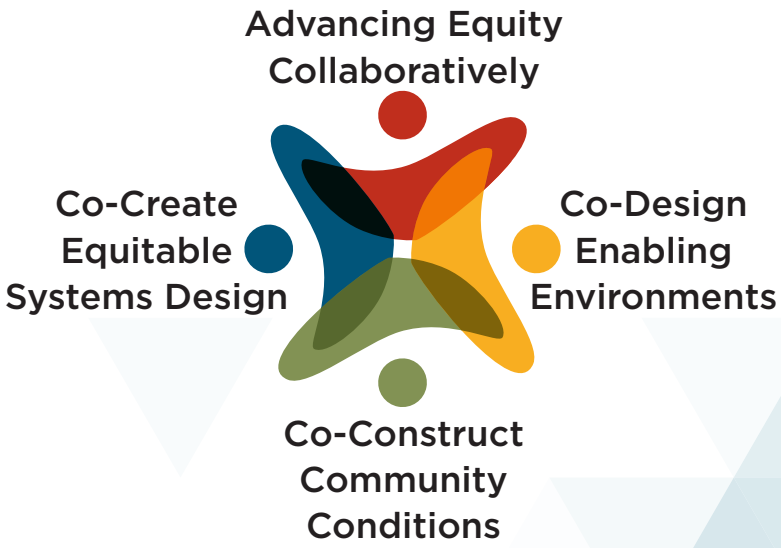
This report will describe Abt's innovative approach (Accelerated Automated Search) to using automated tools to search for literature and data, combined with the voices of lived experience and subject matter experts, to generate wisdom about what is known about creating a PN-3 child and family well-being system. Key takeaways and actionable strategies will be offered, along with a set of tools (Appendix C) to help advance CFP's child welfare transformation and 21st Century Research agenda efforts. Additionally, future directions will be shared and encapsulated in a vignette simulating the experience of a family in a transformed child and family well-being system. Finally, as requested, Abt will offer and describe ways in which they can continue to assist CFP with child welfare transformation efforts, including support to the 21st Century Research Agenda, using tools to inform and guide both research and transformation efforts, and providing technical assistance and implementation support across sectors for jurisdictions.

Actionable Strategies Toward a PN-3 Roadmap

This section highlights literature and resources that align and support the **Direction Setting Markers** toward a roadmap for transformation:

- Advance Equity Collaboratively,
- Co-Create Equitable Systems Design,
- Co-Construct Community Conditions
- Co-Design Enabling Environments

Achieving the goal of ***Thriving Families, Safer Children*** requires cross-sectoral systems design and coordination, with frameworks that deliver equitable strategies across social and structural determinants through a life course perspective. Calls to reduce and end racial and structural inequities have never been more urgent for the children and families who are served across health and human service systems. At the forefront of equitable systems is access to and delivery of high-quality maternal care together with safe and secure affordable housing. Throughout the project, Abt worked to identify literature and resources consistent with its ***DSMs*** and aligned with its primary question to identify actionable strategies across the social determinants of health as described in the CDC's Healthy People 2030.



However, much of what we culled from the AAS was deeper-end, intervention-based literature for DSMs. For example, the CWIG library search identified A Scoping Review Of Evidence-Based Interventions Available To Parents Of Maltreated Children Ages 0-5 Involved With Child Welfare Services, Maltreatment-Related Emergency Department Visits Among Children 0 to 3 Years Old in the United States, and Adverse Childhood Experiences and Executive Function Difficulties in Children: A Systematic Review. A greater number of results focused primarily on interventions for substance use in families and on children with disabilities, likely because of our population focus. We sought to elevate more system-focused designs, frameworks, conditions, and environments but it was clear that the research leaned heavily toward the all too prevalent idea that families need to be "fixed" in order to thrive. In this section, we provide examples of what we identified from the AAS and our broader scan from other sources, and a sample of Abt projects that cross the social determinants of health. We highlight information and examples of frameworks, equity-focused strategies, and systems-level approaches for PN-3 that promote child and family well-being to reduce involvement with child protective services.

ADVANCE EQUITY

The reckoning with the racial disproportionality and racial disparity observed in child welfare (Dettlaff & Boyd, 2021), health, and housing and across all sectors is long overdue. It is a pivotal moment that demands humility and a thorough re-examining of our systems and structures. It is also an opportunity for researchers and practitioners to identify innovations for frameworks and processes on how we bring research to practice with equity at the forefront. Currently, research and learning agendas are being developed or revised across federal agencies, state governments, non-profits and philanthropy with an explicit focus on advancing equity. President Biden's 2021 Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government is requiring all of government to establish plans, working groups, data, and methods to advance equity. Most recently, ACF released their Strategic Plan, with the first goal being to "advance equity by reducing structural barriers including racism and other forms of discrimination that prevent economic and social well-being," followed by using preventive and whole-family approaches toward family stability and economic mobility.

CO-CREATE EQUITABLE SYSTEMS DESIGN

Co-Create Equitable Systems Design

Conceptual frameworks are used to express a vision, inform strategy, and guide approaches for systems design, funding priorities, program implementation, and outcomes. The consistent use of frameworks across partners in systems change is a critical component of developing shared strategies, common language, and the clear identification of points of system intervention. As previously mentioned, our AAS results were limited in their ability to identify system design literature, and while we identified several frameworks, they do not universally address equity and are not used consistently across the child and family well-being ecosystem. Instead, they continue to be designed toward what parents/individuals need to do versus what systems need to do to support them. Familiar models such as the U.S. Children's Bureau's Protective Factors Framework emphasize strengths, resiliency, and positive outcomes to prevent child maltreatment. Agency frameworks such as the CDC's Essentials for Childhood and Healthy People 2030 offer socioecological approaches that highlight prevention in the context of organizational, community, and policy systems. Other models have developed multilevel approaches. The World Health Organization framework identifies both the structural determinants (government, policy, values) and social determinants of health including social cohesion and capital.

Equitable Frameworks to Guide Child Welfare Transformation

- Protective Factors Framework
- CDC's Essentials for Childhood
- Healthy People 2030
- WHO Conceptual Framework for Action on the Social Determinants of Health
- Water of Systems Change
- Children's Trust of South Carolina Empower Action Model
- ETR's Health Equity Framework
- Engagement Governance Access and Protection Framework

As we move deeper into system transformation, a wider array of expanded frameworks that explicitly address and embed justice, power dynamics, and relationships are needed to elevate and address health and root cause solutions. The Waters of Systems Change focuses on the dynamics that hold the problem in place and six conditions needed for structural, relational and transformative changes. The Children's Trust of South Carolina Empower Action Model builds on the current evidence around adverse childhood experiences, while including public health, race, and equity over the lifespan. The model emphasizes the bidirectional influences on an individual's health and well-being, and the multilevel influences on behaviors and conditions to prevent child maltreatment (Srivastav, 2020). Other relevant frameworks are briefly presented below:

- The CFP-funded Within Our Reach (2020) report describes the process of Transforming Child Welfare Systems to a 21st Century Model that Strengthens and Supports Families and Communities. It provides some examples of innovations that states and communities are implementing in their efforts to become a 21st century model of child welfare.
- ETR's Health Equity Framework synthesizes approaches that include the social determinants of health; science; and justice, to advance health equity. It acknowledges relationships, systems of power, individual factors, and physiological pathways, and defines "health equity" as having the *personal agency and fair access to resources and opportunities* needed to achieve the best possible physical, emotional, and social well-being (Peterson et al., 2021).
- The Engagement Governance Access and Protection Framework puts forward a data governance framework for health data collected from Black communities in Ontario. Written on the traditional lands of Indigenous Peoples, it calls for the collection and responsible use of race-based data in health, and emphasizes the use of "community governance tables," which are on the frontlines in building accountability.
- Abt recently worked with the U.S Preventive Services Task Force and Agency for Healthcare and Research Quality to articulate the definitional and conceptual issues around racism and health inequities, and to describe how racism and health inequities are currently being addressed in preventive health. Among other topics, *Addressing Racism in Preventive Services: A Methods Project for the U.S. Preventive Services Task Force*, addresses **path to action frameworks**, the social and structural determinants of health, and system-level interventions designed to reduce health inequities and specifically address racism.

In addition to frameworks, the AAS did uncover some literature addressing equity in maternal and child health and services. Less literature was identified in areas such as governance and planning. See sample titles below:

Sample Titles: Equity

Racial and Ethnic Trends in Sudden Unexpected Infant Deaths: United States, 1995–2013

Building Strong Foundations: Racial Inequity in Policies that Impact Infants, Toddlers, and Families;

Racial Disparities in Child Maltreatment: The Role of Social Service Availability

Underexamined Points of Vulnerability for Black Mothers in the Child Welfare System: The Role of Number of Births, Age of First Use of Substances and Criminal Justice Involvement

Sample Titles: Governance

A Framework for Choosing a State-Level Early Childhood Governance System: Child and Family Research Partnership Policy Brief

A Framework for Systems-Level Change: Urban Institute's 5 Things You Many Not Know about the Social Safety Net

HMA's Interagency Cross-Sector Collaboration to Improve Care for Vulnerable Children: Lessons from Six State Initiatives

CO-CONSTRUCT COMMUNITY CONDITIONS

Focusing systems that co-construct community conditions for safe and affordable housing, and access to high quality health care and childcare, are key in supporting upstream prevention of child welfare involvement. Below we describe some examples of strategies, research gaps, and programs that identify actionable strategies.

Co-Construct Community Conditions

Safe and Affordable Housing

Much of the AAS found literature related to adult and youth homelessness and programs, as opposed to system-level strategies such as planning, zoning, and funding. Some titles from the CWIG library more closely aligned with our DSMs include: *Characteristics of Mothers and Infants Living in Homeless Shelters and Public Housing in New York City; Neighborhood Qualities and Parenting Among Mothers With Young Children: Variation by Relationship Status and Homeless Families with Infants and Toddlers; Young Families in the Community: An Exploratory Analysis of Child Welfare Contact Among Young Mothers and Their Children; Neighborhood Inequality in the Prevalence of Reported and Substantiated Child Maltreatment; and The Well-being of Children Under Three.*

The search confirmed that while homelessness has been widely studied and documented, upstream housing solutions that focus on family and infant homelessness has been understudied. There were 580,466 people experiencing homelessness in America in 2020, 30% of whom are families with children. In the 12 months before pregnancy, 4% of women in the U.S. reported experiencing homelessness. The Family Options Study is one the few comprehensive studies to look at the impacts of housing and service interventions for homeless families.

EXHIBIT 1: INFANTS ARE THE MOST LIKELY AGE GROUP IN THE UNITED STATES TO HAVE STAYED IN AN EMERGENCY SHELTER IN THE PAST YEAR

Sources: Population by age group calculated by authors from U.S. Census Bureau (2014) Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States: April 1, 2010 to July 1, 2013. Numbers experiencing an emergency shelter stay by age are from Homeless Management Information System Estimates for the 2013 Annual Homeless Assessment Report to Congress found at https://www.hudexchange.info/resource/4404/2013-ahar-part-2-estimates-of-homelessness-in-the-us.

The study found that families who were offered a permanent subsidy experienced fewer than half as many episodes of subsequent homelessness (Reece, 2021). Priority access to long-term housing subsidies not only prevents homelessness but also reduces food insecurity, change of school moves for children, and intimate partner violence. The Homeless Families Research Briefs provide a further in-depth look at the characteristics of homeless families. The Well-Being of Young Children after Experiencing Homelessness brief documents infants as the most likely age group in the U.S. to have stayed in an emergency shelter in the past year. This directly correlates with the most likely age to be involved with the child welfare system.

A multidisciplinary literature review (Reece, 2021) of housing factors and interventions that impact infant and maternal health identified pathways of housing conditions that influence maternal child health and the role of discrimination. The study describes three primary pathways as: 1) housing condition and habitability, 2) neighborhood effect (related to housing's location), and 3) housing stability/affordability (Reece, 2021). The study points to recent research (Krieger et al. 2020) looking at the impact of redlining in New York. After reviewing birth records for 528,000 births in New York City, areas that were redlined prior to 1940 "had the highest rates of preterm birth (7.3%), and residency in these areas was still significant as a predictor of higher preterm birth rates after adjusting for contemporary socio-demographic characteristics."

Abt evaluated Compass Working Capital, an innovative model for implementing HUD's Family Self-Sufficiency (FSS) program, which relies on participant-driven financial coaching. The study found that the program helps increase earnings and improve credit in a cost-effective manner. The most recent report, Quasi-Experimental Impacts of Family-Self Sufficiency Programs, found that participants in the Compass FSS programs in Lynn, Cambridge, and Boston, Massachusetts earned more on average and received less in cash public assistance payments than their matched peers. While this program is showing effectiveness, it is largely being underused around the nation. More effort to communicate with the child welfare and other sectors about these types of programs could increase uptake and help serve more families.

Some states such as California, New Jersey, New York, and Ohio are looking more upstream toward implementing inclusionary zoning strategies, such as conducting racial equity analyses that take into consideration how the anticipated demographic composition of a new development would influence existing residential segregation patterns, and whether displacement was likely to occur in a racially disparate manner.

Others such as Maryland and Washington State are offering codified tenant protections that grant low-income tenants access to counsel in eviction proceedings. The Housing Solutions Lab at the NYU Furman Center, funded by the Robert Wood Johnson Foundation, helps "small and midsize cities plan, launch, and evaluate evidence-based local housing policies that advance racial equity; increase access to opportunity; and improve long-term health and well-being for residents." Additional resources on the site can help systems design, develop and implement a local strategy to foster inclusive communities.

Health Care Access and Quality

A multi-pronged approach is needed to reduce maternal and infant mortality and eliminate barriers to access for high-quality health care. At the systems level, more needs to be done to eliminate gaps in maternity care and engage families at the community level. The AAS identified the 2020 issue brief Maternity Care in the United States: We Can and Must Do Better, describing a range of poor outcomes (60% of pregnancy-related deaths are considered preventable, including by access to and provision of quality care) and disparities. Black women, Hispanic women, and women of other nonwhite races/ethnicities disproportionately experience births with severe maternal morbidity (66%, 10%, and 15% higher, respectively) relative to white women.

In its 2020 report, Nowhere to Go: Maternity Care Deserts Across the U.S., the March of Dimes underscores that 7 million women of childbearing age live in counties without or with limited access to maternity care. The report highlights the unequal care for mothers across the U.S., and the scarcity of hospital providers and insurance coverage addressing the systemic failures of supply and demand. Below are some examples of programs where communities are expanding access to maternity care.

Mobile Maternity Health Care Clinics. The AAS identified a novel free clinic for prenatal and infant care in Michigan (Gold et al., 2020). Detroit piloted a faith-based free mobile health care clinic to address systemic barriers like lack of transportation, insurance, or available childcare in an area that has some of the worst birth outcomes in the country. The Luke Clinic is a 501c3 non-profit that saw 200 patients in its first year and doubled that in the second. Mostly nurse-led, it focuses on building trusting relationships with a diverse staff that focuses on non-judgmental guidance. It offers free wrap-around services with the support of insurance navigators, social workers, language interpreters, doulas, and midwives.

The concept for the clinic was planned over a period of years and gained necessary input from residents in the community, health professions, and organizations. The clinic has a no-show rate half that of similar urban clinics and patients. Participants were more than twice as likely to attend follow-up appointments in their second or third trimester. Most participants are Black and/or Hispanic.

Better Starts for All, a pilot program of the March of Dimes, is helping to try to eradicate maternity care deserts through two active projects using mobile health clinics in Washington, D.C. and Ohio. They offer free online classes for pregnant women, bilingual services, and prenatal and well-baby education and support.

Perinatal Health Partnerships in Underserved Communities. The Northern Manhattan Perinatal Partnership (NMPP) is a nationally recognized community-based program that has been providing health and social services to communities for over 30 years. According to their website, between 1990 and 2003, their efforts reduced the infant mortality rate in Harlem from 27.7 infant deaths per 1,000 live births to 7.3 per 1,000. Annually they serve approximately 1,800 families, with community health workers conducting 1,500 home visits. They work with parents to increase their knowledge, and provide tools to prevent child maltreatment, one-on-one and with parenting education groups. Each month, they work with Harlem Community Health Network to gather community stakeholders and clients for input on how to address health disparities, with a main focus on preventing infant mortality.

Integrating Health, Learning and Community Building. The Pritzker Children's Initiative is helping to fund The Centering Health Care Institute (CHI), which is implementing two initiatives, CenteringPregnancy® and CenteringParenting®, to decrease the rate of preterm and low-weight babies and eliminate racial disparities in preterm birth. The CHI mission is to improve health, transform care, and disrupt inequitable systems through the Centering group model. The model integrates health assessment, interactive learning, and community building. Currently there are 582 Centering practice sites in 46 states and territories, serving 60,000 participants annually.

Digital Community Engagement Strategies. The ability to use digital tools to track activities and analyze service quality and trends can allow practitioners to develop more responsive interventions. Digitalizing tools and processes, particularly for community-based trainings, is a key approach for harnessing the power of technology, streamlining processes, making better use of data and a tailored, enabling environment for users.

Abt is working with USAID on an international project called Healthy Mothers Healthy Babies (HMHB) in Tajikistan. The project's goal is to improve the nutritional status of mothers and of children under two, and reduce their morbidity and mortality rates. To achieve that goal, HMHB aims to improve the quality and availability of lifesaving, evidence-based health interventions for women and children in Khatlon province. Two examples of digital strategies are the Community Based Events Digital Application (CBE App) and a Continuing Medication App (CME App). The CBE App collects, stores, and facilitates data analysis of community-level outreach activities, including community meetings, trainings, and mentoring and support visits. Each recorded event captures key information on activity deliverables, including the meeting coordinator, training topics, and unique attendee information. The CME App is enrolling healthcare workers to better track trainings at Nutrition Resource Centers (NRCs) to increase healthcare worker capacity. Surrounding users with an enabling environment and actionable information helps practitioners to track, plan, and implement evidence-based strategies to improve outcomes. For more information about this project, please see Appendix C.

CBE App

Provided 32 cascade trainings to 310 Health Care Worker facilitators from 67 health center

Trained 3,124 HCW (499 doctors, 329 midwives, 2,296 nurses)

Organized 2,209 Participatory Reflection Action sessions with 39,465 community members.

Trained Health Care Workers 311 villages in four pilot districts:

CME App

Supported 24 local trainers of 24 hospital and NRCs to deliver on-the-job training on health and nutrition topics.

3,362 health providers attended at least one training session in Year 1.

In the Cochrane Library, the AAS identified Decision-support tools via mobile devices to improve quality of care in primary health care settings, a 2019 systemic review for studies to understand whether community health workers using mobile devices give better-quality care. Due in part to the lack of research and low quality of evidence, the authors concluded, "we need well-designed research that takes a systems lens to assess these issues."

Hospital-Based Quality Improvement. The EMPower Best Practices model is improving knowledge of and skills in evidence-based maternity care practices among health practitioners. Best practices include breastfeeding, as racial and ethnic disparities in breastfeeding rates contribute to significant differences in health outcomes among mothers and infants.

Abt is working with the CDC to implement EMPower Best Practices, a hospital-based quality improvement initiative designed to build the skills needed to close these gaps in health outcomes. Through EMPower Best Practices, Abt is providing virtual, skills-based competency training and access to a shared knowledge portal including breastfeeding and quality improvement resources, as well as tools that enable participants to reach out to one another for joint problem-solving. The project is also addressing data- and systems-level approaches through a designated breastfeeding coach and a quality improvement coach to each hospital to provide tailored technical assistance and support by tracking measures to help teams learn about, and improve the delivery of, safe and equitable implementation of optimal infant nutrition practices and policies.

Early Care and Education (ECE)

Access to early childcare plays an important role in the prevention of child maltreatment. High-quality childcare providers can partner with parents to understand their challenges and connect them to resources. As with health care access, at a systems level, there is a need to study and eliminate gaps for access to early childcare and education and distribute funding more equitably. For example, Asian and Hispanic infants are less likely to receive childcare assistance (Cosse et al., 2018). ECE programs and services have been historically administered and funded in silos. This lack of coordination presents challenges for families trying to access and navigate programs and services, and challenges for programs in terms of administrative burden and operational stability.

We share two recent examples of projects where Abt is helping to meet these challenges in the context of COVID-19. First, Abt used qualitative analysis software to review 2019 Preschool Development Grant Birth through Five (PDG B-5) renewal applications from 22 states to learn how states were using their funding to strengthen their ECE systems in multiple areas. The brief ***Building a Stronger Early Childhood System: Ongoing State Efforts to Improve Coordination and Alignment*** offers a number of actionable and specific strategies that are highlighted from the state renewal application, including system-level approaches in the areas of governance, interagency collaboration, linking data across systems, coordinating funding and more.

Second, Abt supported New Hampshire in its efforts to better understand their early childcare landscape through geomapping. The use of geomapping as a tool to better understand community-level characteristics has been a growing asset to help inform human service fields. These tools can be used to provide input into state-level planning for the coordination of a variety of local services, such as family resource centers, health centers, food banks, etc. and identify and facilitate efforts to address service gaps.

One key goal of the New Hampshire PDG B-5 is to improve families' access to quality childcare by building a coordinated, family-focused, mixed delivery system. In service of this goal, the New Hampshire PDG B-5 leadership expressed interest in mapping childcare deserts in the state (i.e., communities with an insufficient number of childcare slots to adequately serve the families with young children who live nearby). PDG B-5 resources support families with children ages birth to eight in New Hampshire.

To support the state in this work, Abt Associates developed a series of maps—including static maps presented in this brief and an interactive online map—for the University of New Hampshire PDG B-5 team in partnership with the New Hampshire DHHS, the New Hampshire Department of Education, and the Council for Thriving Children.

Using ArcGIS pro, we plot "access scores" to illustrate the extent to which there is adequate childcare capacity to serve families with young children. The brief illustrates the important point that even though families may live in close proximity to multiple licensed childcare programs, without financial support they may not be able to access the programs if the care is too expensive. Childcare is an essential, supportive service to most families, and for those involved with the child welfare system, it may be a key element of a child's safety plan paid for through TANF Block Grants to the states which include the ability to transfer up to 30 percent of TANF funds to the Child Care Development Block Grant. Future research should explore whether families who live in communities with high access scores and who live in high-poverty communities truly have access to affordable and high-quality care options.

CO-DESIGN ENABLING ENVIRONMENTS

Data and Equity Measures

Equitable systems cannot be achieved without improving data sources and metrics, and expanding elements on race and ethnicity for prenatal care. According to the CDC, almost two-thirds of maternal deaths are preventable and occur during childbirth or within the first year.

Efforts such as the ADVANCE Clinical Data Research Network aim to improve the health of underserved populations by maintaining a "community laboratory" of Federally Qualified Health Centers and creating a national network of representative data for comparative research on clinical outcomes.

The Racial Equity Index is a data tool designed to help communities identify priority areas for advancing racial equity, track progress over time, and set specific goals for closing racial gaps. It provides a snapshot of overall equity outcomes for cities, counties, regions, and states.

The National Collaborative for Infants and Toddlers (NCIT) Online Solution Center has selected core indicators for a PN-3 outcomes framework that prioritizes research data that can be tracked reliably over time and is generalizable across diverse communities, with indicators that are sensitive to interventions. Geared specifically toward communities, the Data Guidebook is being used to help inform policy, planning and funding.

The CDC Levels of Care Assessment Tool (CDC LOCATe) is helping states and jurisdictions create standardized assessments of maternal and neonatal care by facility. The data can be combined with public health surveillance data and provides a more detailed analysis of maternal and child outcomes, including the volume of services by facility.

HRSA's Maternal and Child Health Bureau collects a wide variety of research, data and performance measures including the Title V Information System Federal Partnership Data, which supports the Block Grants for states to address health service needs of its mothers, infants and children. The HRSA Title V Cross-Cutting Systems Building Domain addresses program capacity or the systems-building needs of a state. While national data is unavailable, the user can click on an individual state and find performance measures that include racial equity-related policy, practices, and systems change at levels of governance.

There are more recent calls to action for federal partners to improve data on race and ethnicity. This second Grantmakers in Health Report (December 2021), Improving Data on Race and Ethnicity: A Roadman to Measure and Advance Health Equity, provides more detail about the current state of race and ethnicity data and how it is collected across federal and public health systems. The report identifies barriers and makes recommendations for actions the federal government, states and the private sector can take to improve their data collection on race and ethnicity.

Strategic Financing

Among actionable strategies, policy and financing are two of the most effective for embedding and sustaining systems change. A number of organizations explicitly focus on PN-3 policy and financing. The PN-3 Policy Impact Center Roadmap, for example, has a comprehensive roadmap for state-specific goals, strategies, and toolkits that address policies such as expanded income eligibility, reducing administrative burden for SNAP, paid family leave, the minimum wage, and state earned income tax credits. The PN-3 State Policy Clearinghouse is, uniquely, gathering a set of evidence-based state policies (vs. programs) to strengthen outcomes for infants, toddlers, and families.

The AAS identified in both the Cochrane and Campbell libraries Financial Benefits for Child Health and Well-Being in Low Income or Socially Disadvantaged Families in Developed World Countries, a systemic review of whether money given directly to poor families or pregnant women improved children's health, well-being and educational attainment.

Specific state examples of community-led approaches to raise capital and fund and pilot initiatives can be found at the Center for Social Policy brief (Lawal et al., 2020), Financing Prenatal to Three Policy Brief. Jurisdictions from New York to California document examples of enabling legislation and ballot initiative actions, ways to increase revenue through taxes, and the importance of engaging leadership to fund pilot a variety projects and sustain them.

Most critical of financing strategies is the expansion of Medicaid. For close to a quarter of states that have not expanded Medicaid, women lose their insurance coverage 60 days after giving birth (Ranji et al., 2021). The Kaiser Family Foundation's State Medicaid Expansion Decisions: Interactive Map is helping to track and analyze state expansion activity (Kaiser Family Foundation, 2022). Many studies have documented the health benefits of continuous healthcare coverage, including reductions in maternal mortality. Among 32 expansion states and 17 non-expansion states, Medicaid expansion was associated with nearly 12 fewer deaths per 100,000 adults annually in all-cause mortality, especially for non-Hispanic Black women.

Evaluating Service Delivery Models

Maternal and child health service delivery models that are helping to work across service provision and funding streams are another key component toward a whole-family approach across the social determinants of health. Below we highlight Abt projects that are supporting efforts to transform systems and funding.

Accountable Care Communities Model. In 2017, the Center for Medicare & Medicaid Innovation launched the Accountable Health Communities (AHC) Model to test two interventions to help Medicare and Medicaid beneficiaries resolve health-related social needs through navigation. This involved helping them make connections to community services that address needs for stable housing; food insecurity; transportation problems; utility difficulties; and interpersonal violence. Abt and its partners, RTI International and the University of California San Francisco, have recently released their first evaluation report, Accountable Health Communities (AHC) Model Evaluation. The report finds that the AHC Model is effectively identifying higher-cost and higher-utilization beneficiaries, and these beneficiaries are accepting navigation at much higher rates than anticipated. Early results show high acceptance of navigation, and some utilization reductions among the high-need population targeted by the AHC Model. Beneficiaries who qualified for the AHC Model intervention were disproportionately likely to be low-income; racial and ethnic minorities; and, among Medicare beneficiaries, living with disability and food insecurity.

Maternal Opioid Misuse Initiative. The prevalence of opioid use disorder (OUD) among pregnant women and the incidence of neonatal opioid withdrawal syndrome (NOWS) due to in-utero exposure to opioids have soared over the past two decades. The prevalence of NOWS among infants enrolled in Medicaid, for example, increased nearly five-fold between 2004 and 2014, rising from 2.8 to 14.4 per 1,000 births. Existing care approaches fail to address the fragmented care of pregnant and postpartum mothers with OUD. The Centers for Medicare & Medicaid Services' Maternal Opioid Misuse (MOM) is applying state-driven transformation for a coordinated model to improve care. Abt is partnering with Insight Policy Research and the Urban Institute to evaluate sites in 10 states to determine whether MOM models improve quality and health outcomes while cutting costs; improve access to treatment, service delivery capacity, and infrastructure; and create sustainable coverage and payment mechanisms.

Integrated Care for Kids (InCK) Model. The Centers for Medicare & Medicaid Services' InCK Model is a child- and family-centered local service delivery approach to improve the coordination and quality of care for children. Abt is evaluating InCK, which serves children (0-21) covered by Medicaid and the Children's Health Insurance Program. Using a mixed methods evaluation design, Abt will employ qualitative and quantitative techniques tailored to different locales to capture information about the model's implementation and provider, staff, child, and beneficiary experiences. The model intends to reduce health care costs through prevention, early identification, and treatment of behavioral and physical health problems, coordinated with health-related services and other services, including services in schools; early childhood care and education; food; housing; Title V; child welfare; and mobile crisis response.

Summary

This section describes **key takeaways from the AAS process, tools and methods** to help advance CFP's child welfare transformation, and ways in which Abt can continue to assist CFP with support to the 21st Century Research Agenda and Thriving Families Safer Children initiative, including opportunities for providing technical assistance and implementation support across sectors for jurisdictions.

Over the past several years, and prior to the COVID-19 pandemic, there has been increasing recognition and calls for transformation to the child welfare system. In large part, this is due to data driving an acknowledgment of the substantive investments currently being made in the system, while there is a continuation of poor outcomes, particularly for young children (0-3) and families of color. CFP, in partnership with federal and state agencies, as well as nonprofit and philanthropic organizations, initiated a deep national dialogue and set forth a bold vision to transform child welfare to a system focused on child and family well-being. These efforts have included the launch of the ***Thriving Families, Safer Children: A National Commitment to Well-Being initiative***, a public-private partnership focused on pushing the child welfare system upstream towards a larger focus on preventing children and families becoming involved with child protection services.

As TFSC was launching, the Biden Administration came into office and set forth an Executive Order on Advancing Race Equity, while ACF outlined in their strategic plan the goals of reducing structural barriers and the use of whole-family, community-based approaches to advance equity and promote well-being ACF Strategic Plan | The Administration for Children and Families (hhs.gov). At the same time, the COVID-19 pandemic was continuing to expose the historical lack of investment in the conditions that families and children need to thrive, especially during a crisis. Preventing exposure to early adversity requires assuring that all children, regardless of sociodemographic characteristics, have what they need to reach their full health and life potential.

Over the last year, CFP and Abt have worked in partnership to leverage Abt's innovative approach to using automated tools to search for literature and data to support advancement of the ***Thriving Families, Safer Children initiative***. Abt combined these efforts with the voices of lived experience and subject matter experts, to generate wisdom about what is known and not known about creating a PN-3 network of services and supports to promote child and family well-being. This process, known as the Accelerated Automated Search (AAS), produced substantive information related to what is known and not known about systems transformation that can drive improvement in outcomes.

In this final section of the report, key takeaways from AAS will be offered, along with a set of tools and methods to help advance CFP's child welfare transformation and 21st Century Research agenda efforts. Additionally, future directions will be summarized and encapsulated in a vignette simulating the experience of a family in a transformed child and family well-being system. Finally, as requested, we have also shared ways in which Abt can continue to assist CFP with child welfare transformation efforts, including support to the ***21st Century Research Agenda*** and ***Thriving Families Safer Children initiative***, using tools to inform and guide both research and transformation efforts, and providing technical assistance and implementation support across sectors for jurisdictions.

AAS Key Takeaways

- There is a significant value add when literature reviews are enhanced by automation, machine learning, and text analytics such as AAS.
- AAS can be used to quickly query large volumes of literature to focus on manageable number of resources matching identified criteria.
- AAS is a replicable, adaptable, and repeatable system for managing, monitoring, and maintaining the knowledge management framework to support research processes.
- AAS informed by RSTP/ISF benefits from cross-discipline input, review, and feedback throughout the cycle of learning.
- The AAS technical team and project team engaged in a fluid process of knowledge transfer.

AAS Tools

Finding, summarizing, and locating knowledge resources has a direct impact on the research and dissemination of best practices, novel approaches, and improving child welfare and other systems. Text Analytics is a powerful tool that allows us to begin to solve the problem of examining and exploring the vast amount of information within a research domain. We believe there is a significant value add when literature reviews are enhanced by automation, machine learning, and text analytics. These processes, and the work done to standardize and tokenize text, also become the groundwork for more sophisticated analysis including for natural language processing, document categorization, or machine learning.

The approach taken in this project used a set of processes to quickly query large volumes of literature to focus on a manageable number of papers matching our criteria. Traditionally, these literature searches would be repeated within a digital library repository but could be time consuming to replicate in other repositories or large banks of literature.

In addition, complex logic such as numerous "and/or" statements can be difficult to develop or repeat across repositories in a consistent manner particularly for less formal repositories or custom lists of literature found in the broader web ecosystem. The process developed here is a replicable, adaptable, and repeatable system for managing, monitoring, and maintaining the knowledge management framework to support research processes. If new data sources are identified, our process allows for quick comparative analysis and document identification. Similarly, changes to cluster definitions or new vocabularies can be updated and run on all past data sources to include the new terms. As such, the knowledge management framework should be viewed as an iterative system that can be continuously improved and tested to ensure that it is discovering new research in the areas of interest.

One critical step in the application of the tool is the development of the key words and logic. This step took additional time and collaborative processes with the SME's and AAS technical team in order to hone in on the most robust set of terms. The process benefits from cross-discipline input, review, and feedback throughout the cycle of learning. The AAS technical team and project team engaged in a fluid process of knowledge transfer to ensure that technical approaches matched SME recommendations.

Since the process was testing innovation, education about both the subject matter and the technical processes was essential to understand the results and continue to iterate for the collective team. The application of the AAS tool to additional data sources (JSTOR, Medline, Academic Search Complete) for CFP's priority research topics (mandated reporting and family resource centers) was a good example of collaboration and real time pivoting to align with CFP's simultaneous traditional literature review and comparison of results. However, these new sources illustrate the value of such an approach as the process is readily adaptable to sources like CWIG, which still hold literature but may not be thought of as a formal academic digital library, and JSTOR, which tends to be more in-line with the expectations one has from an academic library resource.

As such, using our approach allows us to adapt to alternative data access like webscraping CWIG as well as traditional data access using JSTOR's web interface to provide consistent search capabilities. Our process resulted in a robust current state of the research for the field and the development of a research tool that can be adjusted as terminology needs change or new terminology is introduced. The tool can also be re-run on past literature sets and categorize or classified to narrow and target literature of interest.

The resulting body of knowledge collected with our tool identified a lack of upstream, prevention and systems focused knowledge. For example, when we applied the AAS tool to CFPs priority area of 'family resource centers' the process affirmed a lack of robust results from our data sources. The generation of more research in this and other areas is needed to help move the field forward.

There were limits to the data that could be extracted from the CWIG repository. Primarily, the repository does not include several more modernized access processes such as API access or export functionality into machine readable formats such as csv, json, or xml. In addition, document records found in a search can be difficult to link back to for citation due to the way the full record is obtained from a search as a URL that includes the search parameters and a page number. Beyond technical access limitations, CWIG itself as a repository for child welfare information overlooks opportunities to leverage the data and metadata gathered to answer broader research questions like:

- What researchers are most active in the field?
- What papers are cited most frequently?
- What does the child welfare researcher network look like for our document library?
- What emerging topics are appearing in the literature?

Bringing and enhancing business intelligence and modernizing the user experience systems could help to drive engagement on these research tools. The automation of document search and gathering is the foundation on which these modernizations could be built.

Future Directions

A large body of potential actionable strategies arose from the scan of PN-3 and adjoining AAS process. Suggestions for opportunities to leverage Abt to support systems transformation are offered below in the following areas: 1) Role of Data in Transformation; 2) Supporting Transformation with AAS; 3) 21st Century Research Agenda; 4) Thriving Families Safer Children; and 5) Abt Technical Assistance to Advance Equity.

Role of Data in Transformation

Community Opportunity Map: CFP strives to be an organization that uses data to inform decision-making both internally and with its external partners in jurisdictions. While CFP has historically relied on child welfare data (e.g., referrals, substantiations, removals/exits) in its work with jurisdictions, the passage of FFPSA and the adoption of a public health approach to child maltreatment prevention necessitated the incorporation of community-level data.

Accordingly, CFP invested in the development of the Community Opportunity Map (COM) tool, an interactive mapping platform that displays publicly available community data, with a particular focus on factors associated with child abuse and neglect and SDOH more broadly. The COM was designed to inform decision making, strategic prevention and intervention efforts, calls to action, and stakeholder engagement to promote community health and well-being. CFP's primary dissemination of the tool has been through demonstrations to child welfare audiences with the goal of enhancing their understanding of SDOH and the importance of attending to community conditions to impact the downstream child welfare data they collect.

Given Abt's development of the Data 101 training series for CFP, Abt could be leveraged to help with:

1. ***Development of similar videos*** that provide a comprehensive overview of SDOH and a public health approach to child maltreatment prevention, basic navigation of the COM tool, and jurisdictional examples of COM utilization to lessen the burden of numerous demonstrations on CFP staff, which would allow them to spend more time engaging jurisdictions in how to use the tool to inform prevention efforts.
2. ***Technical assistance to jurisdictions in engaging cross-sectoral partners*** (e.g., housing, economic development, business leaders) to support primary prevention efforts.

By leveraging the COM tool, technical assistance could focus on the community conditions in a jurisdiction, how those conditions lead to the disparities that show up in their child welfare data, and demonstrate that all sectors have a role to play in the promotion of child, family, and community well-being.

Supporting Transformation with AAS

Further down the line, and using additional tools, there are improvements to be made in a few key areas:

1. ***Institutional or author network analysis to locate key elements of knowledge generation.*** Locating and understanding where and by whom literature is being published opens pathways for knowledge sharing, funding, and the transformation of research findings into policy solutions.

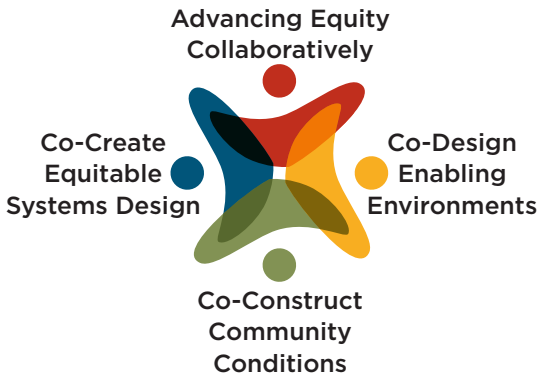
2. ***Expansion of document indexing and categorization to full text documents.*** Using full text documents, analyzing them, and conducting analysis on them can more precisely find documents of interest or papers that are not specific to the domain but might have relevant information. For example, a paper on the environmental justice impacts on individual populations might not have keywords in the abstract or title but could still be relevant to intervention topics.

3. ***Promote equity during the systemic evidence review process***. Abt is currently developing a new standardization for systematic evidence reviews that incorporates equity into the phases of the review process and can share this with CFP to help advance the field.

4. ***Supervised labelling of documents to utilize machine learning to automatically classify and label new documents.*** Building on the existing categorization framework, some manual labelling and categorization of information could be used to label sub-categories, relevance, or other criteria that can be used to assess those criteria on new repositories or documents for papers of interest.

5. ***Use additional tools to extract document information from papers identified in text analysis.*** For example, light-weight applications could be developed to utilize indexed full-text documents, search a relevant keyword such as “target population” and get contextualized results for any relevant documents for the purposes of speeding up meta-analysis or literature reviews. In addition, machine learning tools such as Named Entity Recognition (NER), are becoming more common for data extraction from free or structured text documents. NER allows for identification, labelling, and programmatic extraction of relevant qualitative or quantitative information.

Opportunities for the 21st Century Research Agenda



There are several ways in which Abt and its tools can support CFP's 21st Century Research Agenda, the purpose of which is to identify and support research that needs to be addressed to support child welfare transformation. The results of Abt's AAS demonstrated that there are significant gaps in knowledge related to the primary prevention of child maltreatment and suggests that questions about community-based prevention should be of utmost priority, especially as it pertains to services and supports for families with young children.

Abt's work at the intersection of SDOH positions it well to support:

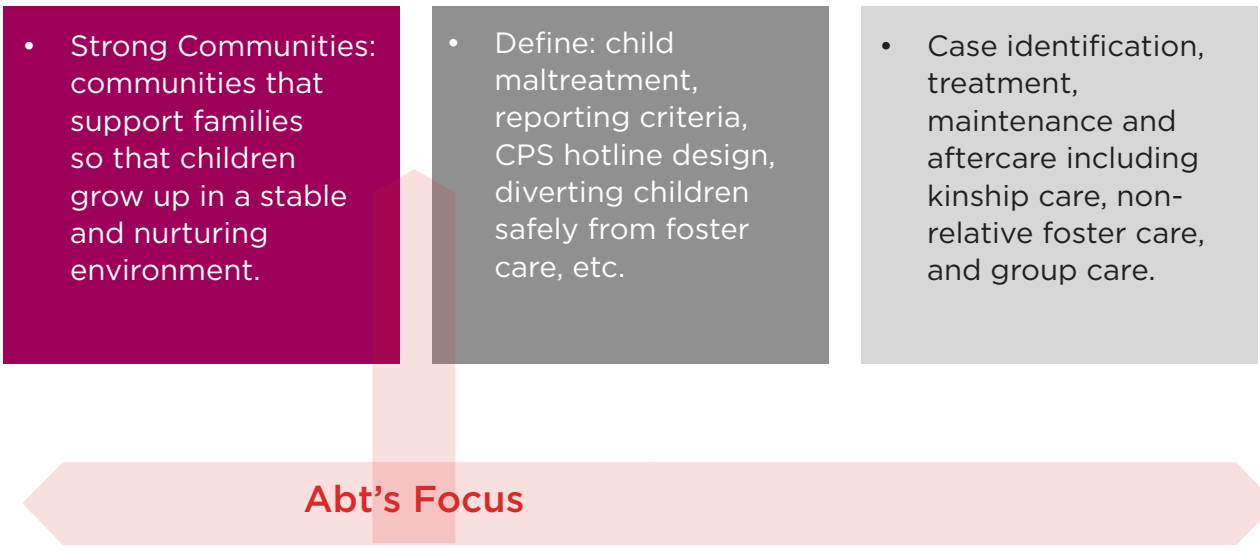
1. ***Dissemination and utilization of CFP's research agenda***, particularly to partners who may be doing and/or funding work relevant to child welfare but who have not yet made that connection.
2. ***Use of AAS results to identify relevant literature***, areas that most urgently need to be addressed, and keep researchers up to date with the most recent research as it is released.
3. ***Identification of funding organizations and technical assistance provision*** to ensure equity is at the forefront of systematic literature reviews, funding solicitations, proposed evaluations, funding decisions, and in carrying out research studies.
4. ***Transforming how research is conducted*** by finding and training local researchers to conduct studies in their own communities. Training local researchers who come from and look like the communities they are studying increases the likelihood that those communities will adopt and implement the results of research. To truly transform research, we must diversify the pool of researchers who conduct studies in communities. Given Abt's expertise in training local researchers, Abt is well-positioned to provide this support as Casey disseminates the 21st Century Research Agenda.
5. ***Translation and dissemination of findings*** and provide technical assistance to jurisdictions to help them use the findings to improve policy, practice, and programming to promote the wellbeing of the families and children they serve.

Finding ways to socialize and institutionalize the use of research evidence requires packaging evidence in novel ways that provide easy-to-digest blueprints for action. Abt could partner with Casey to convene learning networks; disseminate findings through webinars, infographics, newsletters, podcasts, and other novel forums; and engage with jurisdictions to help them put the research findings into action.

6. ***Improving givebacks and sustainable solutions*** by finding better ways of concluding research with communities. We understand deeply that just providing communities with a large report is not sufficient. Post-research debriefings, convenings, strategic planning sessions, or other hand-off efforts can ensure that communities will use research to build sustainable solutions. Researchers need to be better at engaging communities in the research process from start to finish – if communities are involved in the design, execution, and dissemination/translation of research, they are more likely to use those findings. Researchers are great at packaging and delivering information, but they are often not the right people to translate evidence into workable solutions. Incorporating lived experience ensures that blueprints for action are grounded in reality. Abt could support Casey as they pursue transforming how and by whom research is conducted and disseminated as part of their 21st Century Research Agenda work.

7. ***Support research in primary and secondary prevention*** given the research agenda's focus on serving families more upstream to prevent child welfare involvement. In addition to addressing research gaps as grantees, Abt could support other research teams in engaging cross-sector partners and community stakeholders, developing evaluation plans, disseminating and implementing findings, and ensuring the entire research process is grounded in equity.

Reflections on the 21st Century Research Agenda: Where Can Abt Assist?



Thriving Families Safer Children

The increasing number of TFSC sites may necessitate the support of additional technical assistance providers. Multiple sites have a specific focus on young children and SDOH; accordingly, Abt's work at the intersection of maternal and child health, housing, and child welfare have particular relevance to the TFSC initiative. Specific opportunities for technical assistance to TFSC sites are outlined below:

1. ***Provide technical assistance to TFSC sites.*** As sites are in different phases of TFSC implementation, Abt could partner with the TFSC sponsors to help sites analyze their existing data, identify gaps in data that may require additional data collection, identify focus areas, convene cross-sector partners, develop financing methodologies, and develop plans for implementation and evaluation. Abt's work on the Child Welfare Community Collaborations project could be leveraged to inform jurisdictions about how systems can be integrated across SDOH to support child welfare transformation. This could include a strong analysis of and connection to COM and other key community indicators. Abt is also well-positioned to support community collaborative networks in developing shared understanding through innovative learning methodologies that support child welfare transformation.

2. ***Use of AAS results to respond to TFSC site requests*** to identify relevant literature in a given content area. Abt could help synthesize findings in brief reports, which could be shared with all TFSC sites.

3. ***Support evaluation of individual TFSC site efforts.*** Abt's experience with research projects evaluating efforts to address SDOH and promote family and child well-being could be leveraged to support the development and execution of plans for evaluating each site's activities. Evaluation is critical to understanding if TFSC efforts are helping create a child and family well-being system, and as a result, more equitable health and well-being outcomes for children and families. Evaluation technical assistance could entail support of the development of logic models and theories of change, identification and/or creation of data sources for performance and outcome metrics, and data analysis.

4. ***Support cross-site evaluation of TFSC initiative.*** Given TFSC is a collective vision for a more just and equitable child and family well-being system, a cross-site evaluation of TFSC efforts and activities would help TFSC sponsors understand if their vision was being realized at a global level. Abt could partner with Casey and the other TFSC sponsors to identify activities, data points, and other elements of TFSC efforts common to several sites to conduct a multi-site evaluation of TFSC efforts.

This would not only inform the success of the TFSC initiative, but could inform non-participating states and jurisdictions of the efforts needed to transform their system towards a child and family well-being system that breaks the intergenerational cycle of trauma and poverty.

5. ***Deconstruct TFSC efforts to the core components level.*** As part of the cross-site evaluation, Abt could identify the components that were essential to system transformation. Abt has been a leader in deconstructing evidence—which is typically presented as a branded or bundled intervention—into core components. Identifying core components allows us to identify discrete solutions from which a jurisdiction could select a few (or many) given resource and budget constraints and that may be more manageable for child welfare and other systems to adopt and/or change. Abt's work on the ASPE's Evidence for Program Improvement project has produced several reports that deconstruct evidence to the core component level.

6. ***Support evaluation of individual TFSC site efforts.*** Abt's experience with research projects evaluating efforts to address SDOH and promote family and child well-being could be leveraged to support the development and execution of plans for evaluating each site's activities. Evaluation is critical to understanding if TFSC efforts are helping create a child and family well-being system, and as a result, more equitable health and well-being outcomes for children and families. Evaluation technical assistance could entail support of the development of logic models and theories of change, identification and/or creation of data sources for performance and outcome metrics, and data analysis. Abt could also provided substantive expertise in both the development of evidence required to receive federal reimbursement from a variety of federal funding streams (Medicaid, Title V, Title IV-E) as well as the implementation of practices currently eligible for reimbursement.

7. ***Disseminate results of TFSC efforts.*** As TFSC sites move further into implementation and start to produce results, Abt could partner with Casey to share positive outcomes resulting from TFSC activities and implementation. Dissemination could be in the form of regular blog posts, newsletters, podcasts, and other novel strategies to engage participating and non-participating sites throughout the lifecycle of the initiative.

Abt Technical Assistance Support to Advance Equity

1. ***Use of AAS results to respond to requests*** from jurisdictions for relevant literature in a given topic area. As Casey's Knowledge Management team regularly responds to numerous requests from jurisdictions, the ability to quickly find and distill relevant literature on a topic could expedite their development of briefs and sharing of timely information.

2. ***Closing the feedback loop by partnering with Casey to convene learning networks*** and provide webinars and other resources to develop communities of practice. Given Casey has limited staff time and capacity to follow up with all the individual jurisdictions engaged in their learning networks and content, Abt could be leveraged as both a partner in convenings and to follow up with interested jurisdictions to ensure the lessons learned are being put into action.

3. ***Provide more intensive technical assistance*** to help jurisdictions put into action what they learn through Casey learning networks and resources. Successful implementation of strategies could be brought back to Casey learning networks and shared with others to help communities learn from one another.

CONCLUSION

Abt Associates appreciates the opportunity to partner with Casey Family Programs on this important project to support ***Building a 21st Century Roadmap to Child Welfare Transformation***. We are confident that Abt's innovative approach to using automated tools to search for literature and data will continue to support the 21st Century Research Agenda and Thriving Families Safer Children initiative. Additionally, we hope the PN-3 and equity focus as well as proposed frameworks and measures will inform and guide CFP's work as they help jurisdictions to transform child welfare systems into more just and equitable ones. Abt has a variety of tools that could be leveraged for researchers, stakeholders, and local jurisdictions to support their work, and we have outlined several future directions in which Abt can continue to support CFP's efforts. Abt looks forward to the ongoing partnership and the opportunity to review the final report with CFP at a time that is most convenient for the CFP team.

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