

# HANDS: Supporting Kentucky Families and Providers

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Kentucky Hospital Association - January 30, 2025



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# Objectives

- 🛡️ Participants will be able to define how adverse child experiences (ACEs) and social determinants of health impact families.
- 🛡️ Participants will be able to identify the different components of the statewide HANDS (Health Access Nurturing Development Services) service delivery.
- 🛡️ Participants will be able to associate how HANDS home visiting services positively impact families through supporting positive pregnancy outcomes, optimal child development, healthy homes, and family self-sufficiency.

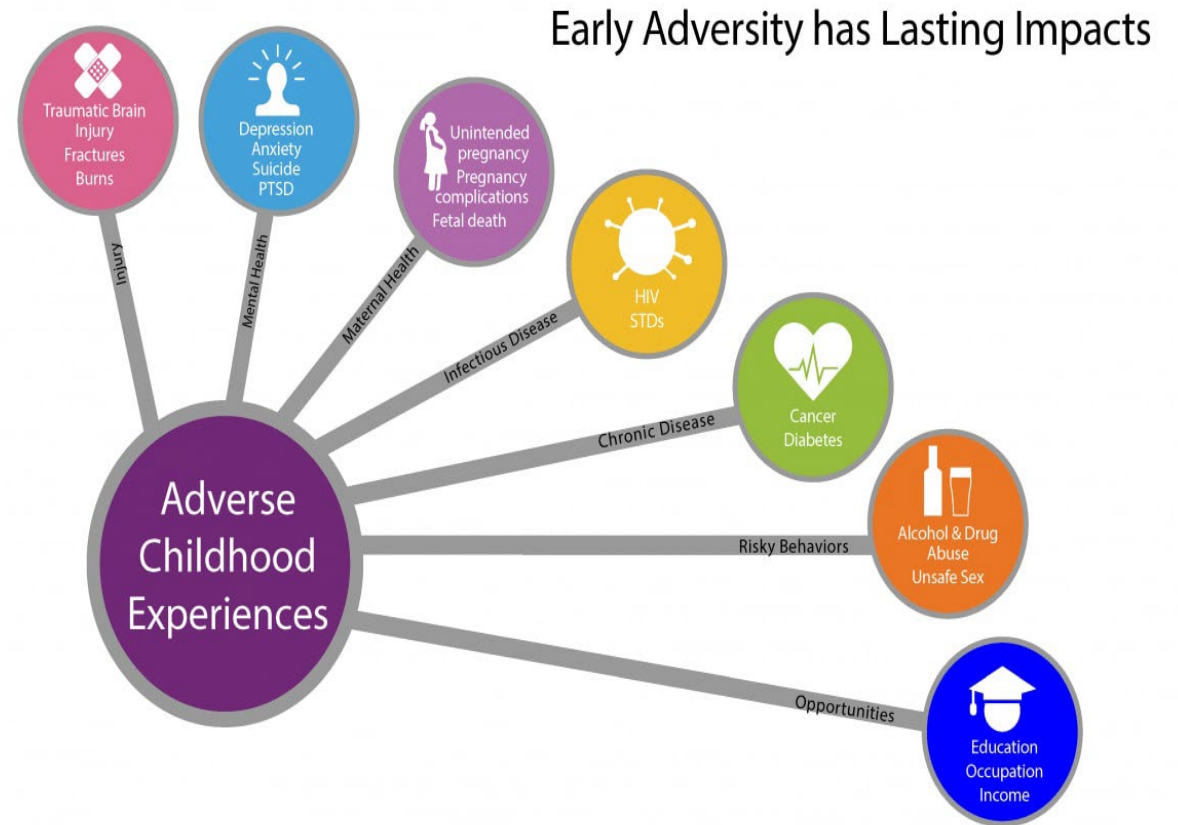






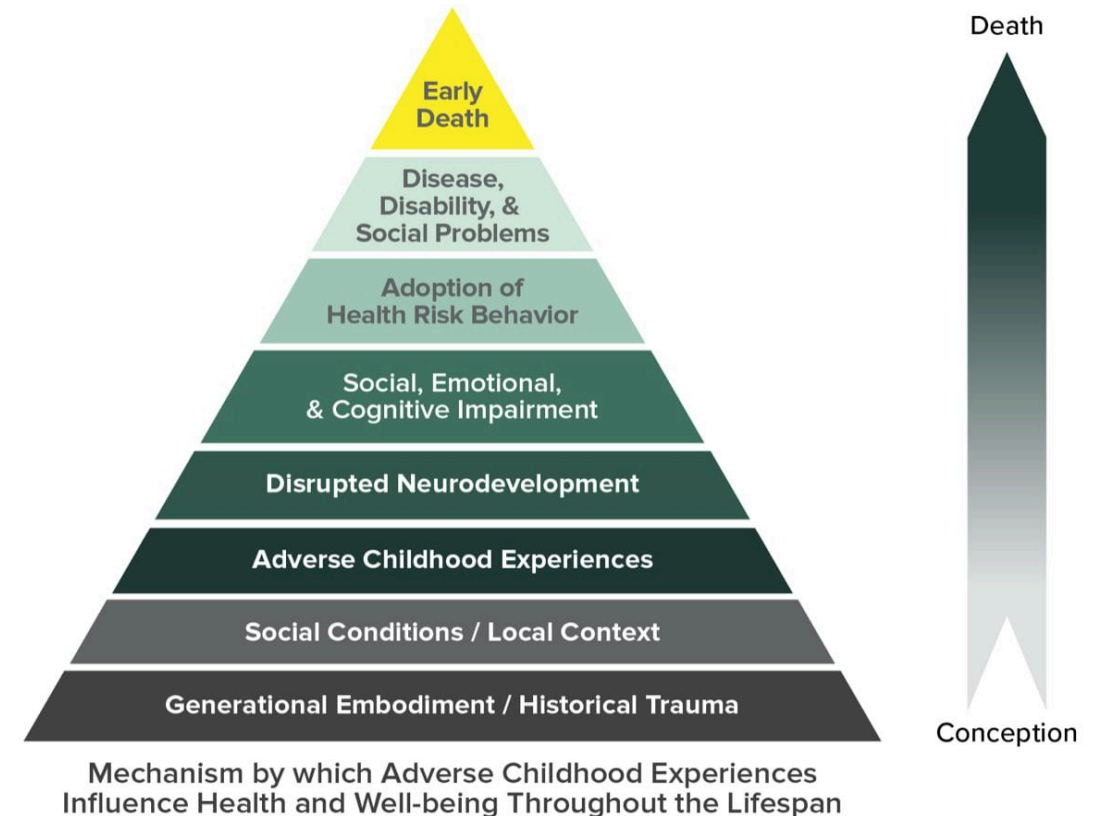
# Adverse Childhood Experiences (ACEs)

- 🛡️ CDC-Kaiser Adverse Childhood Experiences (ACE) Study (1995 – 1997)
- 🛡️ ACEs
- 🛡️ Abuse
- 🛡️ Neglect
- 🛡️ Household Challenges
- 🛡️ Common: Two-thirds of study participants reported at least one ACE.
- 🛡️ CDC: 61% of the population experienced at least one ACE.



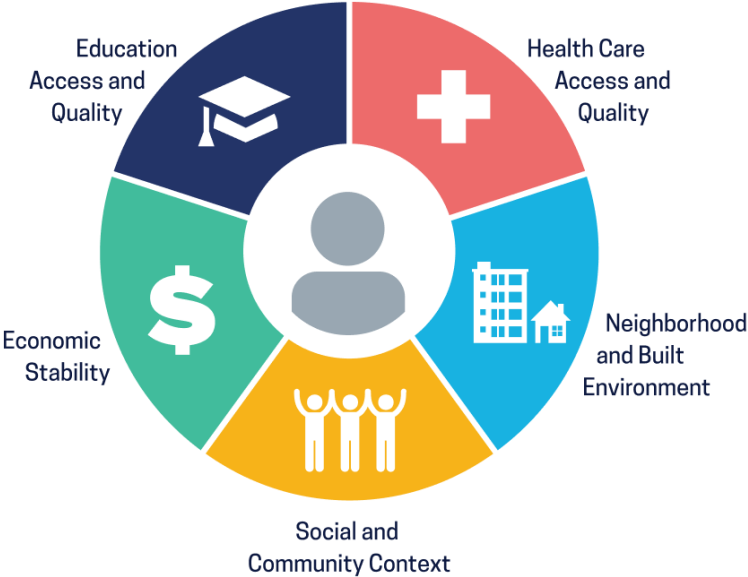
# ACEs Lasting Impacts

- 🛡️ Heart Disease
- 🛡️ Depression
- 🛡️ Risks of Injury
- 🛡️ Sexually Transmitted Infection
- 🛡️ Pregnancy Complications
- 🛡️ Fetal Deaths
- 🛡️ Chronic Disease: Cancer, Diabetes
- 🛡️ Childhood Development: Brain, Immune Systems, Stress Response



# Social Determinants of Health

## Social Determinants of Health



Social Determinants of Health  
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Healthy People 2030

# Connecting ACEs and SDOH



# To Impact: Go Upstream

- 🛡️ Screen for Risk Factors
- 🛡️ Build Protective Factors
- 🛡️ Improve and Reduce Health Disparities: Early Childhood Education, Access to Services (health, community programs, employment), public health prevention
- 🛡️ Positive Childhood Experiences (PCEs)
- 🛡️ Safe, Stable, Nurturing Relationships





# **HANDS is an Upstream Community of Support**

# What is HANDS?

- 🛡️ Health Access Nurturing Development Services
- 🛡️ Voluntary home visitation program for new and expectant parents (prenatal to age 3)
- 🛡️ Available in all 120 counties
- 🛡️ Designed to improve health and social outcomes
- 🛡️ Nationally recognized evidence-based model of home visitation
- 🛡️ Core foundational service within Public Health Transformation framework
- 🛡️ Services are provided by qualified home visitors who have received specialized training in home visitation

# HANDS History

- 🛡️ 1998 – Cabinet for Health Services and Cabinet for Health and Family Services (CHFS) Task Force
- 🛡️ Division of Maternal and Child Health (MCH) within Department for Public Health (DPH) – Resource Parents (teen parent home visiting program)
- 🛡️ 1999 – HANDS pilot
- 🛡️ 2002 – HANDS Expansion – KIDS NOW initiative and Medicaid targeted case management
- 🛡️ 2003 – HANDS expanded to all Kentucky counties
- 🛡️ 2010/Ongoing – Federal Maternal Infant and Early Childhood Federal Grant ongoing expansion

# Vision, Mission, Goals

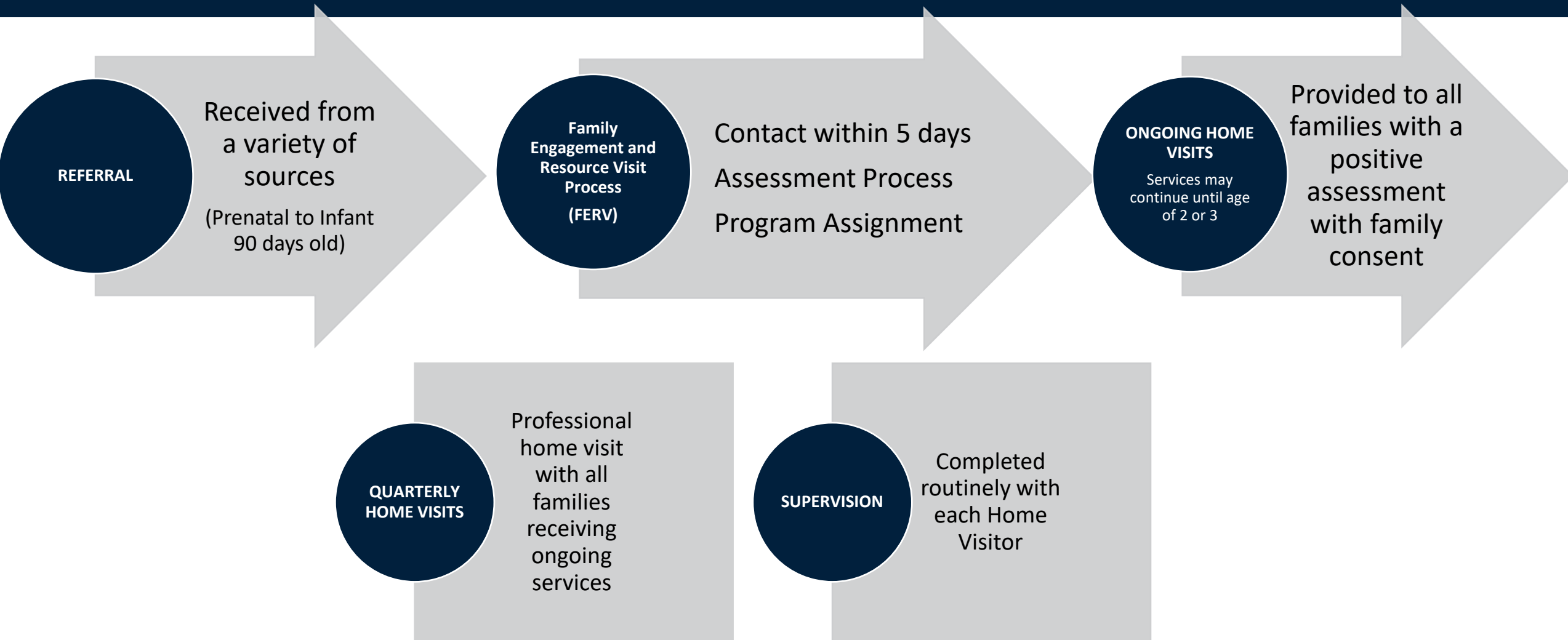
Vision:  
Every child is wanted  
and cared for in a  
stimulating and  
nurturing environment.

Mission:  
The KY HANDS Program  
supports families as  
they build healthy, safe  
environments for the  
optimal growth and  
development of  
children.

Goals:  
Positive Pregnancy Outcomes  
Optimal Child Growth and Development  
Children Live in Healthy, Safe Homes  
Family Self-Sufficiency



# Overview of Tasks and Roles



# Family Engagement and Resource Visit (FERV)

- 🛡️ Relationship Building
- 🛡️ Information Gathering – Family Story
- 🛡️ Identifying Strengths and Needs
- 🛡️ Share Resources
- 🛡️ Find Family's Fit with HANDS

## Family Story:

Parenting Experiences and Expectations  
Child and Family Health  
Social Environment  
Family Life  
Basic Needs  
Challenges and Stressors  
Resilience, Resources, Next Steps

# Home Visits

- 🛡️ Home visitors develop trusting and professional relationships with program participants to empower parenting skills.
- 🛡️ Screenings and referrals are provided for child development, depression, intimate partner violence, and safety at designated intervals throughout HANDS participation.
- 🛡️ Families receive referrals to community agencies as needed.
- 🛡️ Services are provided in the family's home, with a percentage offered outside the home or via tele-service when needed.

# Home Visits: Great Kids, Inc.® Curriculum Series

-  Prenatal
-  Birth to 36 Months
-  Growing Great Families (GGF)
-  Hope at Home – (SUD Companion Manual to GGF)
-  GK Together



# Home Visits

- 🛡️ Home visitors intentionally observe parent (caregiver) and child interactions to provide support and education to parents regarding:
- 🛡️ the child's cues and signals and how the parent responds,
- 🛡️ the closeness and physical contact between child and caregiver,
- 🛡️ nurturing parenting responses of the caregiver,
- 🛡️ communication between child and parent,
- 🛡️ safe, stimulating environments,
- 🛡️ serve and return interactions – the dance of the relationship, and
- 🛡️ joy, pleasure and mutual connection between parent and child.

# Staff & Training

- 🛡️ Supervisor, Home Visitor (Paraprofessional or Professional)
- 🛡️ Caseload Standards
- 🛡️ Weekly Supervision
- 🛡️ Rigorous Training
- 🛡️ 36.5 hours before providing any home visits: Adult/Infant/Child CPR. PAHT; Recognizing, Reporting, and Preventing Child Abuse/Neglect, Intimate Partner Violence
- 🛡️ 100 hours total in the first year: Nurturing/Attachment, Curriculum, Boundaries, Goals, Mental Health, Developmental Screening, Child Development, Family Visiting Safety, Problem Solving and Crisis Referral, Cultural Humility, Language Development
- 🛡️ An additional 20 hours in the second year
- 🛡️ After the first 24 months, 10 hours annually with five hours in red alert areas
- 🛡️ Evidence-Based Curriculum

# Support for Local HANDS Agencies

- 🛡️ HANDS State Office provides oversight and support for consistent, effective services to families and fidelity to the program model.
- 🛡️ HANDS staff receive specialized training and professional development.
- 🛡️ Quality Assurance Specialists provide annual comprehensive reviews.
- 🛡️ Technical Assistance Specialists provide ongoing coaching and support.
- 🛡️ Oversight and support of funding streams.

# How HANDS Impacts ACEs and Social Determinants

- 🛡️ Screen for Risk Factors
  - FERV, Screens (IPV, Edinburgh, ASQ, Home Safety), and Ongoing Home Visits
- 🛡️ Build Protective Factors
  - FERV, Home Visiting, Screens, Referrals, Community Events, Ongoing Home Visits
- 🛡️ Positive Childhood Experiences (PCEs)
  - Parents, Caregivers, Home Visitors, Preschool, Community
- 🛡️ Safe, Stable, Nurturing Relationships
  - The underlying foundation of all visits is building attachment relations between child and caregivers
- 🛡️ Improve and Reduce Health Disparities: Early Childhood Education, Access to Services (health, community programs, employment), public health prevention
- 🛡️ Referrals to community supports, including health, counseling, substance use support, education, employment, nutrition, transportation, social networks, and protective services



## SUD Prenatal - Parents

- Coordination with prenatal care,
- Inpatient treatment, counseling
- Screening for depression and referral for mental health concerns,
- Education and planning regarding crying, feeding, sleeping, home safety, stress, SUID

## SUD After Delivery - Parents

- Coordination with postnatal care
- Inpatient treatment, counseling,
- Screening for depression and referral for mental health concerns

## NAS – Newborn and Parents

- Coordination for newborn care, pediatrics, early intervention
- Facilitation of attachment and nurturing responses between parent and newborn,
- Observance of parenting responses – cues, crying, nurturing, stress, physical contact, safety, SUID
- Education and planning regarding crying, feeding, sleeping, home safety, stress,
- As newborn ages, screening for child development and referral to early intervention as needed,
- Referrals for support – support groups, basic needs, protective services

# Pilot Program – HANDS and HEART

- 🛡️ Pilot program designed to improve outcomes for pregnant and parenting women with OUD and their children, often with NAS.
- 🛡️ Provide weekly parenting group, facilitated by a HANDS home visitors, and integrate and co-locate support services within the health department.
- 🛡️ Peer Support Specialists lead weekly peer support sessions.
- 🛡️ Licensed therapist on site during sessions.
- 🛡️ Childcare provided.

# 2023 Statistics

Total Referrals: 3,890

 Health Department 50.51%

 Self 17.38%

 Other 8.69%

 Hospital 8.38%,

 OB/GYN 3.29%

 Families receiving services: 6,690

 Total Services: 146,326 (Assessments: 3,661, Home Visits: 142,665)

 Referrals to community agencies: 31,503

 Program Graduates: 1,194 (26.88% of all exits)

# How Can We All Work Together?

- 🛡️ HANDS is for everyone!
- 🛡️ Please avoid deficit-based language when describing HANDS. If HANDS is seen as a program for at risk families, then families are less likely to engage.
- 🛡️ The initial visit with HANDS is a service as we connect families to community resources. It demonstrates your outreach to a community partner to provide care post-hospital stay. You can provide the warm hand off to HANDS.
- 🛡️ Referrals to all prenatal and postnatal families. Referrals must occur before the infant is 90 days old.
- 🛡️ How to refer?
- 🛡️ Connect with your local LIA (often the local health department) and ask their staff to come and provide an in-service/information to your labor/delivery staff.
- 🛡️ Ask HANDS staff to do “rounds” at your facility each week – create a schedule that works for all of you for HANDS staff to visit with families and or facility staff.
- 🛡️ Watch for the online referral form – coming in 2025.

# What Can We Do By Working Together?

- 🛡️ Reduce and monitor risks: maternal depression, child development, child maltreatment, intimate partner violence.
- 🛡️ Create referrals: mental health counseling, SUD supports, basic needs, child abuse/neglect, intimate partner violence, housing, education, transportation, medical providers.
- 🛡️ Support medical care and best practices: consistent prenatal appointments, newborn/pediatric health care, best practices for parenting, guidance regarding child development.
- 🛡️ Change the trajectory for the family in front of us and generations to come.

# Findings

 Families who participate in HANDS services have better outcomes related to:

- Adequate prenatal care<sup>2,4</sup>
- Pregnancy-induced hypertension<sup>2,3,4</sup>
- Maternal complications during delivery<sup>4</sup>
- Maternal weight gain during pregnancy<sup>4</sup>
- Substantiated reports of child maltreatment<sup>1</sup>
- Low birth weight<sup>1,3</sup>
- Preterm birth<sup>1,2</sup>
- Breastfeeding<sup>3</sup>
- Maternal receipt of WIC<sup>1,4</sup>



Photo by [Courtney Hedger](#) on [Unsplash](#)



# EVERY Family Needs an Extra Pair of HANDS!



Kentucky  
**HANDS**   
Health Access Nurturing Development Services  
*Every family needs an extra pair of HANDS.*

# Questions?

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Division of Maternal and Child Health  
Early Childhood Promotions



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