

Session Name: Hotspotting in Child Welfare

Date & Time: 6/17/2021

Number of participants: 17, including presenters

Names of participants: Shannon Scott, Cherrelle Turner, Cassandra Finley, Joanna Lack, Heather Wilson, Julian Johnson, John Drebing, Liz Wyner, Takkeem Morgan, Katie Hubner, Ida Tamarin, Asad Bandeali, Sonya Soni, Sheela Bower, Victoria Sale

Notes (please use first name or initials around different speakers whenever possible):

PPT Presentation

VS:

- Shifting the paradigm around blaming the outlier for being an outlier
- Glean information from stories rather than broad questions about healthcare or systems change
- Discuss experience rather than jumping to solutions
- Camden Coalition began by noticing high usage of emergency care services within a 9 mi radius in Camden, NJ
 - Held focus groups and implemented solutions
 - Realized they were not hearing from those using the services
 - Moved to contacting those high utilizers in 1 on 1 conversations

TM? How long did this take?

- **VS:** Typically takes 2 years to connect with all users. Begin by finding those who are the highest cost, and work their case, you can see the cost savings pretty quickly- making the case for continued work.
- **CF&™:** How do we move past cost savings for governments and return those savings to the community.

VS: Root Cause analysis

LW?: How does this tie into evidence-based approaches?

- **VS:** The most valuable work, organic community solutions, may never become evidence-based, because the people doing the work likely will never have the capacity to publish/study. Cost savings in health makes the case for doing the work outside other evidence.