

**Testimony of
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**Opportunities to Improve Ohio's Home Visiting Programs:
Increasing Quality, Finance, and Systems Accountability**

Good day. My name is Judith Van Ginkel and I am the President of Every Child Succeeds, a Help Me Grow home visiting program. Our program, based at the Cincinnati Children's Hospital Medical Center, delivers evidence-based home visiting in Southwest Ohio and Northern Kentucky. In our 20 years of operation, we have served more than 27,000 families. Our data show strong results and improved outcomes. Among the families we've served: about 90% of infants had a healthy birthweight and were not preterm, more than 90% received well-child visits on schedule, and 98% of children were on track developmentally. For ECS, infant mortality is 4.7 per 1,000 – a rate well below city, county, state, or national averages and equivalent for all races.

I am here today to speak with you about the importance of increasing funding for HMG evidence based home visiting and for the opportunities I see to improve Ohio's home visiting programs through increased quality, finance, and systems accountability.

What is the opportunity?

Ohio has an unprecedented opportunity to expanding evidence-based home visiting services to reach more at risk mothers and children. Governor DeWine has made a commitment to increase home visiting program capacity throughout the state by three fold. I was pleased to serve on the Governor's Home Visiting Advisory Committee and to contribute to recommendations for fulfilling this vision.

Ohio needs additional home visiting capacity. The National Home Visiting Yearbook estimates that in Ohio in 2017 there were nearly 642,000 pregnant women and families with children under age 6 who could have benefited from home visiting. One quarter of these families met two or more risk criteria such as poverty or having a mother who is single, is under age 21, and/or has less than a high school education.

What is the current investment?

For decades, Ohio has invested in home visiting, and the available resources were increased dramatically with the enactment of the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MIECHV funds and related state general funds (a portion of which are committed under a federal maintenance of effort obligation) are currently used to support evidence-based home visiting in Ohio. For FY 2017 and FY 2018, the state received a federal MIECHV program award for approximately \$7.5 million.

Ohio Senate Bill 332 was enacted to support Help Me Grow as Ohio's voluntary, evidenced-based family support program and is the means to implement the federal MIECHV program. Three evidence-based home visiting models are supported: Healthy Families America (HFA),

Nurse-Family Partnership (NFP), and Parents As Teachers (PAT). Together MIECHV and Help Me Grow are reaching more than 10,000 families per year across all 88 Ohio Counties.

What are the strengths of Ohio's home visiting system?

Help Me Grow, as the basis for the Ohio home visiting service system, has adopted some unique and strong elements.

- Outreach to families and a central intake approach.
- A shared statewide data collection system that has been improved over time.
- Quality assurance and a “pay-for-performance” approach have been used, including bonus payments for home visiting providers who meet specified benchmark objectives. Ohio is only the second state to adopt a “rate card” approach and to use a Social Finance technical support grant to advance a form of “pay-for-success.”
- A Home Visiting Advisory Group, a state cabinet-level position to support children's initiatives, and additional public-private sector leadership is committed to improving the health and well-being of Ohio's families during pregnancy, infancy, and early childhood.

How can new resources expand and strengthen home visiting in Ohio?

Any expansion of home visiting in Ohio should aim to:

1. optimize federal matching funds by using Medicaid,
2. reimburse home visiting programs at a level sufficient to ensure quality, and
3. create accountable system structures.

I'd like to briefly discuss strategies to achieve these three aims and encourage legislative action to support them.

1. Optimize Federal Matching Funds with Medicaid

While Ohio uses MIECHV program funds as the basis for the Help Me Grow program, federal MIECHV funds are sufficient to provide services for only a small share of families in need. One major opportunity is to use any new state general revenues committed to home visiting as Medicaid matching funds.

While federal regulations prohibit use of both Help Me Grow and Medicaid funding to pay for the same visits or services, the state has options for using Medicaid financing for home visitation programs in addition to Help Me Grow Funding. In 2018, 20 states used Medicaid financing for home visiting through a variety of mechanisms.

Ohio has an approved state plan amendment related to home visiting and targeted case management; however, it has not yet been implemented. Targeted case management is the benefit category most used by states to finance home visiting, and it gives the state flexibility to specify a target population, providers/model, and/or geographic area. Ohio should submit to get a federally approved state plan amendment related to financing home visiting as targeted case management, as 20 other states have done. This would be structured as Medicaid 63% federal financial participation to match 37% state general revenue funds to finance home visiting. Our understanding is that Director Corcoran is committed to achieving this goal and we are anxious to work with her.

2. Funding sufficient to ensure quality

The promise of improved child and family outcomes—whether better health, improved parenting, less child abuse, more economic self-sufficiency, or school achievement—depends upon delivering evidence-based home visiting models with fidelity and quality. RAND studies estimate that the return on investment for home visiting ranges between from \$2.00 to \$4.00 for every dollar invested, with net benefits to society of between \$10,000 and \$41,000 per child served (with variations partly reflecting levels of family risk). Research also shows that these returns are the result of quality services.

The Help Me Grow/MIECHV structure in Ohio currently uses a “pay-for-performance” style approach, giving bonuses for home visiting programs that achieve benchmark on specified outcomes (e.g., use of prenatal care, smoking in pregnancy, preterm and low birthweight births, breastfeeding, immunizations, and maternal depression screening). A “pay-for-success” pilot is being designed. These approaches offer ongoing incentives for quality in home visiting.

Assuring that reimbursement rates align with the cost for home visits is an important. Currently Help Me Grow/MIECHV covers an estimated 80-85% of the cost to provide home visits. This requires that the remaining 15% of costs be funded by private or other sources. Yet home visiting programs cannot continue to count on foundations or United Way agencies for sustainable funding. It is imperative that the HMG unit cost rate be increased so that programs do not need to be dependent on philanthropy. Adequate reimbursement from Help Me Grow/MIECHV and/or Medicaid is critical for assuring high quality and effective home visiting services that achieve the desired results.

Additional support for certain administrative costs of home visiting can help to fill this gap. In particular, the State should provide funding for the data collection/reporting, evaluation, and outcomes measurement required for accountability. Providing each home visiting entity support for these activities would help to close the gap between cost and funding.

3) Create accountability structures for the Ohio home visiting system

States are leading the way in advancing home visiting services, finance, and statewide systems with multiple models to meet families diverse needs. The National Conference of State Legislatures and Pew Charitable Trusts have reported that, between 2010 and 2016, more than a dozen states adopted legislation to promote accountability in home visiting systems.

In most states with accountability legislation, an annual report to the legislature or governor is required, showing outcomes, utilization, and expenditures across home visiting models and city/county areas. Exemplary accountability reports are being submitted to governors and legislatures annually in Michigan and New Mexico. Ohio’s government, communities, and families deserve such an accountability report for home visiting. The Help Me Grow data system is a basis for getting this done.

Many states use multiple sources of funding and state agencies should report on the use of these funds. In most states, some state general revenues are used to purchase home visiting services, particularly as maintenance of effort funds (under MIECHV) or as matching funds (required by Medicaid). The major federal funding streams used by states for home visiting include: MIECHV, Medicaid, Temporary Assistance to Needy Families (TANF), Title V Maternal and Child Health Services Block Grant, Substance Abuse and Mental Health Services, Child

Welfare, and Head Start. Having clear accountability and accounting for braiding and optimizing these funds is essential.

Conclusion

In conclusion, I encourage the legislature to: appropriate additional funds for home visiting that can be matched through Medicaid, ensure that adequate payments and quality mechanisms are in place, and adopt home visiting accountability legislation similar to other states which requires annual reports on services, spending, and results.