EVERY CHILD SUCCEEDS

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Testimony to Senate Medicaid Committee
May 19, 2015
Judith B. Van Ginkel, PhD, President, Every Child Succeeds

Chairman Burke, Vice Chair Manning, Ranking Member Cafaro, and members of the Senate Medicaid Committee, my name is Dr. Judith B. Van Ginkel. I am the President of Every Child Succeeds and a Professor of Pediatrics at Cincinnati Children's Hospital Medical Center.

Thank you for allowing me the opportunity to talk to you today about a critical and essential service provided to thousands of children and their parents in southwest Ohio by Every Child Succeeds, the Help Me Grow program in Butler, Clermont and Hamilton Counties. I will first provide you with a summary of our Help Me Grow program and will then focus on one particular issue facing mothers enrolled in Ohio's Help Me Grow program – depression.

EVERY CHILD SUCCEEDS & HELP ME GROW

Through the Help Me Grow program, Every Child Succeeds has proven that prevention/early intervention to provide support to at risk, first-time mothers can deliver positive, quantifiable short and long-term outcomes for the mother, baby, families and community to help their children's development especially in the first year of life. Two-thirds of these mothers are either victims of violence themselves or have been witnesses to violence. They are fragilely connected to the workforce. They are low-income. One-half are clinically depressed. In short, they are some of our highest risk Ohioans.

For the child, the impact of Every Child Succeeds services is significant. I ask you to consider the following: In the first year of life, brain cells form at the most rapid rate than at any other time in development and learning begins immediately. During this time, in a positive environment, the foundation of future social and emotional development is established and children are likely to go on to develop healthy relationships with parents, sibling, teachers, and peers. This is also a time of foundational language development which requires a stimulating verbal environment. Enrolling children very early in life, particularly during pregnancy provides the best opportunity to build the foundation for future success in development—and to prevent infant mortality. Working with new parents at this time point, especially first time parents, creates a unique opportunity to build nurturing and stimulating parenting practices before unhealthy habits are formed. The research literature indicates that home visiting programs that focus on first time parents who are enrolled during pregnancy or in the first few months of the child's life experience the largest benefits from home visiting.

Yet, this is also a time of vulnerability. Failure to provide a stimulating and nurturing environment leads to numerous negative outcomes for children. Scientists have documented that this kind of environment creates "toxic stress" that adversely affects the child's growth and development, often over a lifetime. Abuse and neglect can limit brain development, sometimes profoundly and irreversibly. Poor attachment to other people in the first years of life affects social and emotional health throughout childhood and into the adult years. Maternal depression in particular contributes to poor attachment and an increased likelihood of mental health problems later in life. The window of opportunity closes quickly for these children, and the trajectory is one of increased risk for infant mortality, poor school performance, unhealthy relationships, social and emotional difficulties, and limited employment opportunities.

One of the goals of ECS is to prevent infant mortality. During pregnancy, we work with mothers to decrease smoking, attend prenatal care visits, and follow a nutritious diet. ECS directly assists mothers to understand the importance of a safe, nurturing and stimulating environment for their infants. We link them and their children to high quality medical care, teach mothers safe sleeping practices to prevent early death from SIDS, and teach them effective parenting skills to prevent abuse. Through our Moving Beyond Depression program, depressed mothers are provided with a highly effective and uniquely designed treatment that is delivered in the home. Consider the infant mortality rate in ECS compared to local and state and statistics:

ECS program:	4.7/1000 live births
Hamilton County:	8.9/1000 live births
Ohio:	7.6/1000 live births

Every Child Succeeds has decreased infant mortality by 60% compared to a matched comparison sample of high-risk infants. Importantly, in ECS there is no difference in mortality rates for African American and Caucasian babies. The racial disparity typically observed in the population is absent, in part, given our efforts to link all mothers and children to quality medical care as early as possible, and to address the constellation of services that are often called social determinates of health.

During the last 15 years, Every Child Succeeds has provided more than 500,000 home visits, serving more than 23,000 mothers and 23,000 infants in Brown, Butler, Clermont and Hamilton counties in Ohio and in northern Kentucky. Our program is essential and our data prove that this program works and saves the lives of children and their mothers. Let me be more specific with the following facts:

Enrollment and Population Impact

Number Served in Ohio:

- 1,806 families served in FY2014
- 14,636 families served since beginning of program in 1999

Number of Home Visits Provided:

- 22.401 visits completed in FY2014
- 275,537 visits completed with moms since beginning of program in 1999

Prenatal Enrollment:

- Mothers enrolled in FY2014: Ohio 60%

Child Health

- 89% of infants are born weighing at least 2,500 grams
- 93% of children receive at least 3 of the 5 well-child visits expected by 6 months of age
- 94% of children have an identified medical home
- 91% of infants reach a gestational age of birth at 37 weeks or more
- 75% of children receive required immunizations by 2 years of age

Maternal Health

- Among mothers who enrolled during pregnancy and who remained active in ECS at delivery, 93% reported receiving more than 10 prenatal care visits; 80% of mothers initiated prenatal care in the 1st trimester.
- 77% of mothers initiated breastfeeding
- 46% of mothers reported breastfeeding for at least 1 month
- 8% of mothers quit smoking during the program
- 89% of mothers are able to cope effectively with the stress of parenting
- 45% of parents exhibited clinically significant levels of depressive symptoms
- 70% of mothers with major depressive disorder recover following individualized treatment in the home through the ECS, Moving Beyond Depression program.

Child Development

- Nearly 98% of ECS children are on-target developmentally in the areas of gross and fine motor skills, as well as communication, personal, social, and problem solving skills.
- 44% of children 2-3 years of age received at least one school readiness home visit.
- 90% of children who graduated from ECS had a plan to send their children to a quality preschool.

Home Environment & Kindergarten Readiness

- 39% of ECS children had highly stimulating and nurturing environments at 3-months of age.
- 71% of ECS children had highly stimulating and nurturing environments at 15-months of age.
- 98% of mothers report healthy levels of social support.
- 68% of mothers who had low social supports at enrollment with ECS significantly increased their support by the time the child was 9-months of age.

Every Child Succeeds receives one half of its annual funding from public sources and one half from private philanthropy, most notably United Way of Greater Cincinnati and large corporate donors. Essential public sector initiatives like home visiting are best supported through a funding mix that engenders financial support as well as community understanding of the issue. Medicaid participation is a key element in that funding support network.

Next, we advocate for a regional approach to delivering home visiting and other services. Benefits include reduced administrative costs, better coordination of services and benefit from increased economies of scale. I have attached a paper that we wrote in 2011 that details the argument. (*Attachment 1*)

Finally, research has confirmed and we have implemented effective home visitation strategies that address the needs of high risk families. However, home visiting is only one part of a continuum of services that lead to a long term change in the health and social well-being of these families. By linking home visiting that begins prenatally, continues through age three, connecting with quality preschool and addressing family needs including, but not limited to, depression treatment, safe housing, proper nutrition and effective health practices, we can expect to have children ready to learn in kindergarten and parents who can be good, contributing members of our community.

MOVING BEYOND DEPRESSION

Depression is a devastating condition that prevents new mothers from providing the safe and nurturing environment that their children need to thrive. Mothers in Help Me Grow are at great risk for developing depression as they have many of the factors that contribute to the illness, including social isolation, histories of violence and neglect in their own childhoods, and educational underachievement. Consider the following statistics about maternal depression:

- Depression affects 13% of women during pregnancy and postpartum, a proportion that is doubled in those living in poverty.
- Depression negatively impacts all aspects of new mothers' lives, including work, parenting, education, and relationships.
- Children exposed to maternal depression have lower IQs (in boys), have more attention problems, are more aggressive, are less ready for kindergarten, and are more likely to receive expensive special education services than those with non-depressed mothers.
- Severe depression, longer episodes, and more frequent episodes lead to poorer outcomes in mothers and children.
- Depression in pregnancy increases the risk for birth complications, prematurity, and infant mortality.
- Depressed mothers are less likely to use car seats, take their children to well-child pediatric visits, and provide close supervision of their children.
- Only 20%-30% of depressed mothers receive mental health treatment in the community. This rate drops to 10%-15% in mothers living in poverty.

Statistics such as these led us to focus our efforts on how we could help depressed mothers participating in home visiting programs. Our own research has found that 45% of mothers in home visiting programs have clinically elevated levels of depressive symptoms during their first year in home visiting, a critical and sensitive time for infant development. Over the first two years of service, 38% of mothers meet criteria for the psychiatric disorder of major depression, the most serious and impairing manifestation of the condition. We were particularly struck by the growing body of evidence showing that depressed mothers do not fully benefit from home visiting services. For example, a recent study from Massachusetts found

that depressed mothers were more likely to be reported for child abuse and neglect in contrast to non-depressed mothers who saw the likelihood of reporting drop considerably compared to controls. We believe that effectively treating depressed mothers in their home during their participation in home visiting offers a tremendous opportunity to improve the lives of mothers, optimize the emotional and physical health of children, and maximize the benefits of home visiting.

Moving Beyond Depression (MBD) is a comprehensive approach to identifying and treating depression among mothers voluntarily participating in home visiting programs. MBD was developed to address these needs through a specific screening process to identify mothers in need of treatment and evidence-based treatment for depression adapted for home visiting programs and settings. In-Home Cognitive Behavior Therapy (IH-CBT) is at the core of MBD and was developed specifically to provide treatment of depression in mothers enrolled in home visiting programs. IH-CBT offers treatment that emphasizes the reduction of maternal depressive symptoms and recovery from major depressive disorders (MDD), thereby allowing home visitors to attend to parenting, physical health, child development, and other prevention issues. The IH-CBT approach adapts evidence-based and time-tested methods from Cognitive Behavior Therapy, adding specialized features designed to meet the needs of new mothers and to integrate seamlessly with ongoing home visiting services. Designed to address the needs of low-income mothers participating in home visiting programs, research on Moving Beyond Depression has demonstrated the success of the approach.

Consider the following findings from a randomized clinical trial of IH-CBT:

- Mothers receiving IH-CBT reported substantial drops in symptoms of depression relative to mothers who did not receive the treatment.
- The majority of mothers receiving IH-CBT no longer met criteria for major depressive disorder at the end of treatment.
- After treatment, mothers receiving IH-CBT reported improved coping with stress, fewer relationship difficulties, increased social support, and more satisfaction in the maternal role.
- Mothers receiving IH-CBT reported substantial drops in self-reported psychological distress and increased social support.
- Mothers receiving IH-CBT reported greater ability to function effectively at home, school, work, and in relationships.
- Mothers receiving IH-CBT had an average of 11.2 treatment sessions, in contrast to the average of 4.3 sessions in adult outpatient clinics.
- Mothers who had the biggest gains were younger and received more IH-CBT sessions and home visits.
- Mothers who were maltreated in childhood showed particularly large gains in the number of people in their social networks following treatment with IH-CBT.

- Mothers who recovered from depression reported that they coped better with stress related to the parenting role, their children improved in social and emotional health, and they had more nurturing and stimulating interactions with their children.
- Mothers receiving IH-CBT had an average of 3.2 additional home visits during the treatment phase relative to controls.
- Mothers who fully completed IH-CBT treatment stayed remained in home visiting up to 4 ½ months longer in contrast to mothers who did not receive treatment.
- A recent cost-effectiveness analysis found that, in comparison to treatment in community settings, IH-CBT added value in the form of savings in other medical costs and an increase of 8 depression-free months.

We are currently delivering Moving Beyond Depression to three counties in Ohio using Every Child Succeeds private dollars, and have successfully disseminated this program to other home visiting programs in California, Connecticut, Kansas, Kentucky, Massachusetts, Pennsylvania, Tennessee, and West Virgina. (*Attachment 2*) We believe that adoption of Moving Beyond Depression throughout Ohio holds the potential to improve the lives of new mothers and their children and to enhance the impact of Help Me Grow.

Further, it is important to note that Every Child Succeeds is actively involved with CareSource to create a pilot program that will test how a Help Me Grow home visiting program can most effectively blend with Medicaid Managed Care. Our shared intent is that Moving Beyond Depression will be a vital part of that pilot program. There are lessons to be learned and both parties are enthusiastic about the potential outcomes.

ECS respectfully requests that the Committee support elements contained in Senate Bill 9 and its directives and use these funds to support home visiting, care coordination, smoking cessation, safe sleeping, and maternal depression treatment. Taken together, these initiatives will address infant mortality reduction and ensure that all children have the best possible start. It would be money that is well-spent and will be highly likely to save money in Medicaid over the long-term.

Thank you again for your leadership and service to the citizens of Ohio and for the opportunity to appear before you today. I would be happy to take any questions from the Committee at this time.

Attachment 1

Proposal
Every Child Succeeds
RESTRUCTURING THE OHIO HELP ME GROW PROGRAM
February 1, 2011

Since 1999, Every Child Succeeds, part of the voluntary Help Me Grow prevention program has been delivering high quality, evidence based home visitation services for at risk, first time mothers in Southwest Ohio. Using a business model as the foundation and including a strong research/evaluation component, ECS has become emblematic of how home visitation can be used not only to provide important benefits for young children and their parents but also to provide an economic benefit to the community at large.

Every Child Succeeds has been changing the picture of poverty in Cincinnati – not with the all-to-frequent handout, but with a vital and insightful hand up. We have been helping young, impoverished first-time mothers in the art of mothering in their homes – parenting skills, education, safety, and medical and nutritional insight – replenishing a critical lost link in our culture.

Within the Every Child Succeeds population, this has not only resulted in healthier children (60% less likely to die in infancy), but also resulted in children entering school with vastly improved chances of normal brain and body development (95% vs. our 65% benchmark). We have served 17,000 families in the past decade, which means that thousands of children are growing up better able to enter the ranks of hard-working productive members of society – ultimately contributing to our GNP rather than depleting it.

AN INNOVATIVE PROPOSAL
We are well aware and vigorously support making transformative change in the way state government is being run and with this proposal we are proposing a new regional administrative structure for the State Help Me Grow program that would mirror what Every Child Succeeds has been using for more than a decade.

We are a model for program operation and collaboration with a proven track record for effectively and efficiently delivering program quality and outcomes, reduced program operating cost and community co-operation. Every Child Succeeds has attracted national attention from public and private sector funders eager to replicate our well documented success.

The idea is this:
Use the Every Child Succeeds administrative structure as a prototype for the structure of the Ohio HMG program. Rather than having each of Ohio's 88 counties operating their own county-based Help Me grow program, consolidate counties into regions using one set of administrators for a region rather than one for each county. For example, Every Child Succeeds operates in Brown, Butler, Clermont and Hamilton Counties with centralized services in our office located at Cincinnati Children's Hospital Medical Center. We refer to our structure as centralized management with decentralized service delivery. When we began operation in 1999, we issued a Request For Proposal asking area organizations to consider joining with us. More than two dozen groups responded and we chose 15 for geographic coverage and soundness of the proposal. We executed contracts with the responding groups and with these contracts call for quality standards, common curriculum, training, marketing, evaluation and program delivery.

Why couldn't this structure work for the Help Me Grow program in the State of Ohio? Administrative overhead for Help Me Grow could be consolidated effecting economies of scale. Eighty-eight county structures could be reduced to six if based on perinatal regions making additional resources available for families. At the present time in Hamilton County, ECS is meeting only 27% of the need for service.

This new structure could:

- Reduce administrative cost and duplication of service and effort.
- Improve use of scarce resources, program delivery, administration, evaluation, collaboration, communication, coordination, training and education among providers
- Provide opportunity to augment public dollars with private dollars and/or earned income to bring in additional funding
- Increase private sector involvement
- Benefit from economies of scale
- Balance resources for urban and rural counties
- Effect a return on investment
- Serve more at-risk families, improving outcomes for them and for Ohio

- Budget for outcomes as described in "Transforming Government into a 21st Century Institution: Redesigning Ohio" (December 2010)
- Use current regional configurations to begin to examine the total early childhood experience with a larger data set (perinatal, 0-3 years of age, early care and education, school readiness)
- Structure management centrally at the state level, probably at the Department of Health. Contracts with providers could be used to affect consistency and quality.
- Utilize an effective data collection, analysis system and a continuous quality improvement approach

Ohio has a successful history using a regional approach to service delivery in the Regional Perinatal Program. In Ohio FY 2003, the state issued a Request for Proposal for Perinatal programs to increase data activity to be led by regional centers. The RFP for FY 2004 continued the overall goal to reduce perinatal and infant mortality and morbidity but gave more emphasis on quality improvement and implementing outcomes. In FY 2005, a major change occurred when for the first time, the bidding process was open to any public or non-profit entity and the program focus was broadened to include monitoring and evaluating system performance, serving as a convener and facilitator for a seamless community based system and increasing professional and consumer knowledge.

Six perinatal regions are already in place; the same regions could be used for home visitation services. Indeed, we have begun to work more intensively with our Cincinnati Children's Perinatal Institute to determine how together we can do a better job caring for infants released from area perinatal units. We are also creating two pilot sites with pediatric offices or clinics to identify ways in which our home visitation program can augment the activity in the clinical setting and likewise how information from the physician can help our home visitors do a better job.

For Help Me Grow under the proposed approach, a state RFP could be issued allowing any qualified group to compete to be awarded the contract for a region. State and federal appropriated monies could be used to fund the service along with Medicaid support through the Ohio State Plan Amendment.

PUBLIC/PRIVATE FUNDING

Funding for Every Child Succeeds comes from both public/private sources with approximately half of our funding from public sources (General Revenue Funds in Ohio and Medicaid in Kentucky) and half from the business sector and individuals. We believe that this funding model is important for two reasons: first, it allows both sources of funds to be leveraged in an effective way and second, it causes the private sector/business community to be aware of and involved in program operation. In Greater Cincinnati we have found the private sector to be an invaluable resource not only for dollars but also for excellent volunteers, corporate expertise and community support that would not be possible with public sector funding alone. Private monies have helped to fill the gap when state Help Me Grow funds were reduced, they have funded the development of a unique literacy curriculum for children 0-3, they have provided seed money for the creation of our maternal depression treatment program, they have made it possible for us to have a robust, effective data management and billing platform and quality improvement initiatives in a community setting.

In exchange for receiving state Help Me Grow funding, regions could be asked to begin working with the private sector to generate support and awareness.

THE COST BENEFIT

Several cost-benefit analyses have documented that well-designed, high quality home visitation programs are good investments. The most recent comprehensive examination was conducted by the Rand Corporation in 2005. Examining a range of programs, this economic analysis concluded that for each $1 spent on such programs there were savings ranging from $1.26 to $17.00. The analysis attributed these savings primarily to the positive outcomes targeted in these programs, including improved cognitive capabilities, social adjustment, and better school performance. Programs that had the most impact were ones that provide services for children early in life, focused on addressing child and maternal needs, were intensive, used a well-trained and closely supervised staff, and enrolled economically disadvantaged families. Cost-savings benefits that were identified include:

- Decreased special education use
- Reduced juvenile crime
- Decreased use of public assistance
- Increased graduation from high school
- Increased number of children who go on to college
- Increased employment success in parents

ONE EXAMPLE OF WHAT IS POSSIBLE: EVERY CHILD SUCCEEDS

ECS operates in Butler, Brown, Clermont and Hamilton Counties in Ohio. Our founding partners include Cincinnati Children's Hospital Medical Center, United Way of Greater Cincinnati and the Community Action Agency. Since inception, we have engaged more than 17,000 families. Our professional home visitors (largely social workers,) have made over 350,000 home visits and we have good and compelling data for each visit. We focus on quality improvement, reduction in dependence, self sufficiency and improved parenting skills. We have evidence to document that our program is producing results: quantifiable, replicable results. The annual cost for a year of ECS service per family is only $2600, an accomplishment itself!

- ECS operates with a business model in a social service world. More than 50% of our nearly $8m budget comes from the private sector because we have been able to demonstrate that we can deliver a return on investment for them as well as our public sector funders.
- ECS is a non-profit organization run with the vision and discipline of a corporation.
- ECS is able to make evidence based decisions and to validate program outcomes through our robust data collection system—if something isn't working, we fix it.
- ECS uses business-level continuous quality improvement strategies to improve program operation and program outcomes.
- ECS believes that social service programs like ours need to seek creative ways of funding rather than being totally dependent upon public and/or private funding sources. To that end, we are working to generate earned income by selling ECS services and products to Connecticut, Boston and Hawaii. Our original literacy curriculum for children 0-3 is under serious consideration by a major national corporation.
- ECS just this year received more than $6 million in National Institute of Health research grants which brings additional dollars into Ohio. We are well known nationally, published in many peer reviewed journals and are working with the Pew Center on the States to hold a national quality in home visiting conference in Washington, DC in February, 2011.
- ECS supports economic recovery—more than 69% of our young, at-risk mothers go back to school and back to work. Our babies are born full term and healthy, they are developmentally on target and ready for kindergarten. We focus on literacy, good nutrition, reduction in domestic violence, maternal depression and child abuse, safety in the home—in short, we help to make our families and our communities stronger and our work force more competitive. We contribute to our GNP rather than depleting it.

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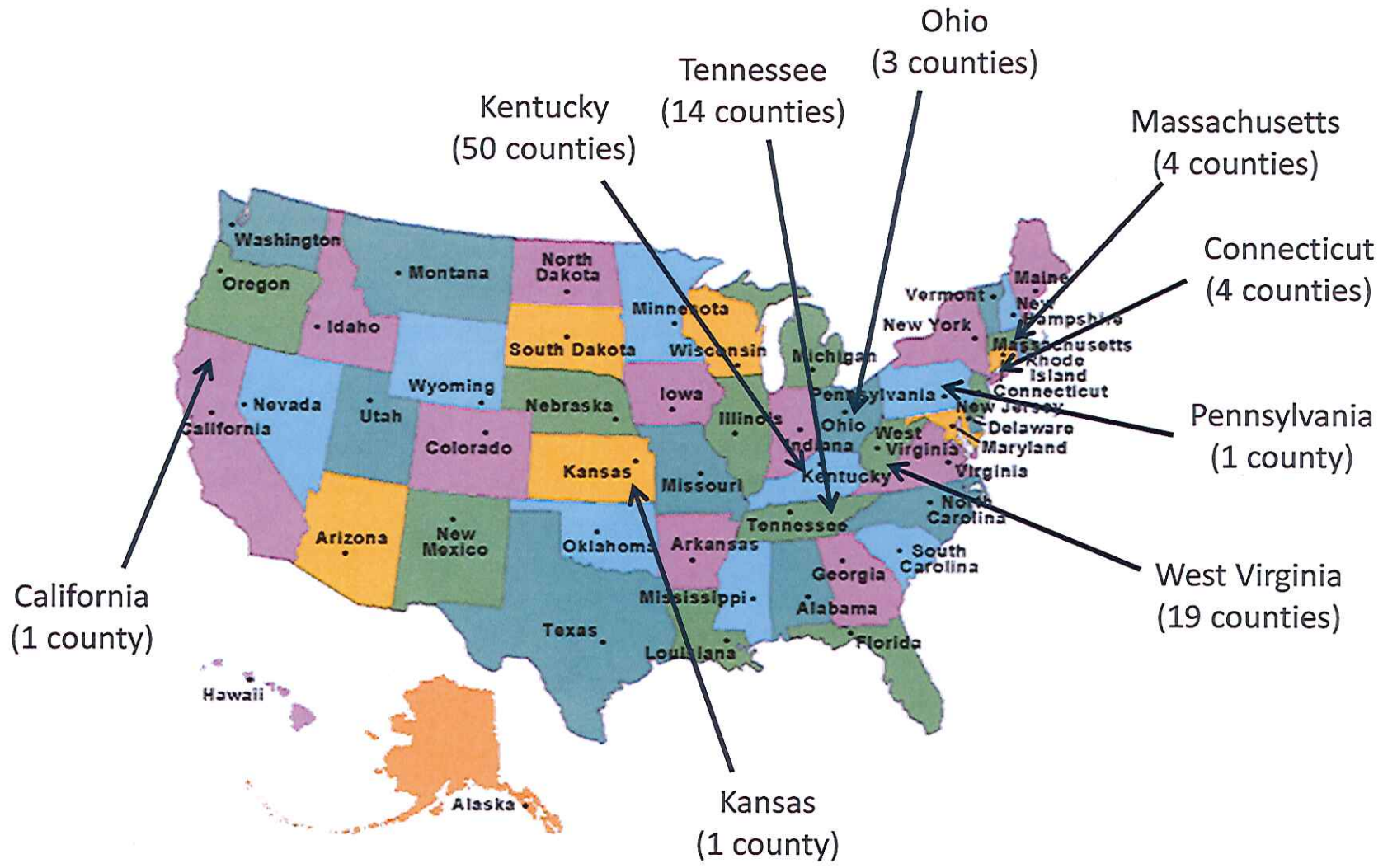
Every Child Succeeds
Moving Beyond Depression Nationally



www.movingbeyonddepression.org

Attachment 2