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FOUNDING PARTNERS:



Testimony to Senate Medicaid Committee

June 3, 2015

Robert T. Ammerman, PhD, Scientific Director, Every Child Succeeds

Chairman Burke, Vice Chair Manning, Ranking Member Cafaro, and members of the Senate Medicaid Committee, my name is Dr. Robert T. Ammerman. I am the Scientific Director with Every Child Succeeds and a Professor of Pediatrics and CCRF Endowed Chair in Behavioral Medicine and Clinical Psychology at Cincinnati Children's Hospital Medical Center.

Thank you for allowing me the opportunity to talk to you today. As you heard previously from our President, Dr. Judith Van Ginkel, Every Child Succeeds is the state's Help Me Grow partner in Butler, Clermont and Hamilton Counties. My testimony provides a summary of our Help Me Grow program and then focuses 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.

Preparing new mothers and their children for healthy, successful lives.

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 Virginia. (*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 supports Senate Bill 9 and its directives and use these funds to support home visiting, care coordination, smoking cessation, safe sleeping, and maternal depression treatment. These initiatives will address infant mortality reduction and ensure that all children have the best possible start. It would likely save money in Medicaid over the long-term.

Thank you 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.