

# Creating a Collaborative Network of Home Visiting Programs to Reduce Child Maltreatment

Mary Moffatt, MD

Division of Child Abuse and Neglect Team for Home Visiting:  
Jim Anderst, Monica Nielsen-Parker, Amy Terreros



**Children's Mercy**  
KANSAS CITY

# Background

Prevention of Child Maltreatment as a public health initiative



# The ACE Study

Adverse Childhood Experiences that were measured:

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Emotional Neglect
- Physical Neglect
- Household Substance Abuse
- Household Mental Illness
- Household Member Suicide
- IPV (toward mom)
- Household Member Imprisonment



# The ACE Study

## The True Nature of Preventive Medicine

Death



Birth



**Mechanisms By Which  
Adverse Childhood Experiences  
Influence Adult Health Status**

*“The ACE Study also showed that as the ACE score increased the number of risk factors for the leading causes of death increased. Thus, persons with high ACE scores are later at much higher risk for health and medical conditions resulting from their choice of remedies for their pain.”*

# Defining Stress

## *Positive Stress*

- Brief, infrequent, mild to moderate intensity
- Most normative childhood stress
  - Beginning school or daycare
  - The big project in middle school
- Social-emotional buffers allow a return to baseline
- Builds motivation and resiliency

## *Toxic Stress*

- Long lasting, frequent, or strong intensity
- More extreme precipitating factors
  - Abuse
  - Neglect
  - Household dysfunction
- Insufficient social-emotional buffering
- Potentially permanent changes and long-term effects

Slide Adapted from Andrew Garner, MD, PhD, FAAP, Presentation at the 2014 San Diego International Conference on Child and Family Maltreatment



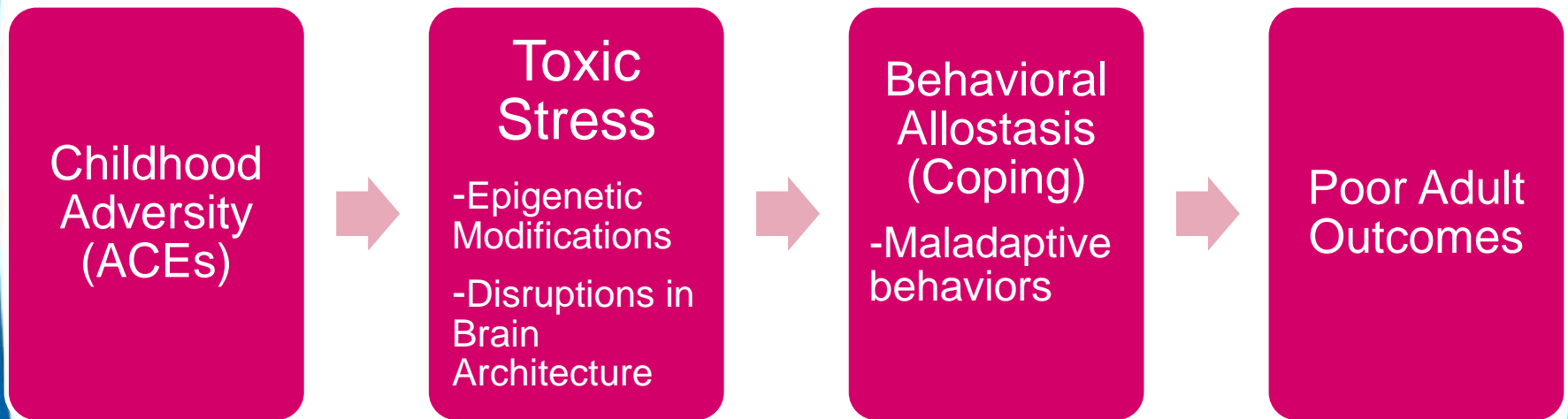
# What We Know...

- The brain changes its wiring based on exposure to “Toxic Stress”
  - The brain wiring is actually changed by the environment of the child!!!
- Toxic Stress in childhood changes how the body and mind work throughout life
- Early intervention can change these effects



# FRAMING CHILD MALTREATMENT AS A PUBLIC HEALTH ISSUE

## Toxic Stress Effects on Brain Development



# Other Societal Challenges

- Costs of Health Care
- School Performance
- Poverty/Dependence on Government
- Crime
- Economic self-sufficiency



# Home Visiting

- Developed in the 1960-1970's
- Nurses or Social Workers provide education and guidance to pregnant/new mothers
- Based on the premise that home visitors are an effective means of:
  - Reaching women reluctant to use traditional health care services
  - Responding flexibly to stressful life circumstances
  - Improving health habits and behaviors
  - Ultimately, reducing rates of preterm delivery

# Home Visiting

- **Targets high risk mothers/children**
  - Young moms
  - Poverty
  - Drug use
  - First time parents

# Preventing ACES, Toxic Stress & Poor Health/Mental Health Outcomes

- Home Visiting Initiatives
  - The Affordable Care Act
    - Health Resources and Services Administration (HRSA), Maternal and Child Health (Title V)
      - Funds direct home visiting service (MIECHV)
      - Funds research in home visiting (Home Visiting Research Network, HVRN)
  - The PEW Charitable Trusts Home Visiting Project
    - Policy Advocacy
    - Research
    - Information Sharing

# Home Visiting Evidence of Effectiveness (HomVEE)

- US Dept of Health & Human Services review
  - Review of home visiting literature
  - Program models that target pregnant women and children birth to age 5
  - Evidence of effectiveness within 8 Domains
    1. Child Health
    2. Child Development & School Readiness
    3. Family Economic Self-Sufficiency
    4. Linkages & Referrals
    5. Maternal Health
    6. Positive Parenting Practices
    7. Reductions in Child Maltreatment
    8. Reductions in Juvenile Delinquency, Family Violence & Crime

# Current Evidence Based Home Visiting Models

- Child First
- Durham Connects/Family Connects
- **Early Head Start Homevisiting**
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up
- Family Spirit
- **Healthy Families America**
- Healthy Steps
- HIPPY
- MESCH
- Minding the Baby
- **Nurse Family Partnership**
- Oklahoma's CBFRS
- **Parents as Teachers**
- PALS
- Project 12-Ways/SafeCare

# Home Visiting

*Proven by scientific research to improve the lives of children and families\**

- Improve health and development
- Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits
- Improve school readiness and achievement
- Reduce crime, including domestic violence
- Improve family economic self-sufficiency
- Improve the coordination and referrals for other community resources and supports

\*U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV)



# Formation of the Home Visiting Collaborative

- Goal for prevention of Child Maltreatment
  - Learned about model program (ECS)
  - Invited local Home Visiting Agencies (HVAs) to embark on journey of collaboration
  - Analyzed/assessed current strengths/challenges of local HVAs
  - Collaboratively developed a Strategic Plan based on needs and best practices
  - Currently developing infrastructure to address needs and carry out Strategic Plan

# Model for Collaborative Home Visiting: Every Child Succeeds® (ECS)

- Began in 1999 as a collaborative effort by Cincinnati Children's Hospital, Community Action Agency, and United Way of Greater Cincinnati
- Serves SE Ohio, NE Kentucky
- 14 agencies providing home visitation



# Every Child Succeeds® (ECS): A Model for Kansas City

- Bi-state region
- Collaboration of a children's hospital, the United Way, regional foundations, and the business community
  - Reach all families in need
  - Consistency
  - Standardization of training
  - Quality and Performance Measures
  - Outcomes Monitoring



# ECS Centralized Functions

- Funding
- Curriculum resources
- Training
- Referrals
- Web based data collection
- Research/evaluation
- Performance standards
- Quality assurance and improvement
- Parent aids/special needs (ex. crib, car seat)
- Transition support

# Every Child Succeeds®

## Demonstrates Great Outcomes

- 83% of children are up to date on immunizations
- 96% of children have a medical home
- 98% of children have a safe play environment
- 70% of mothers breastfeed
- 21% of pregnant mothers quit or reduced smoking
- 51% of mothers whose depression improved
- 63% of mothers complete their postpartum visits
- The infant mortality rate for families enrolled in the ECS program is **4.7 per 1,000** live births (compared to **11.3/1,000** for the city of Cincinnati not enrolled)

<http://www.everychildsucceeds.org/Our-Outcomes.aspx>

# Home Visiting- Long Term Child Outcomes

- Age 6 yrs – higher cognitive, vocabulary scores
- Age 9 yrs – higher GPA, reading, math scores
- Age 12 yrs – less likely cigarette, alcohol, MJ use
- Age 19 yrs – less arrests and convictions

# Home Visiting- Long Term Maternal Outcomes

- 83% increase employment by age 4
- 20% reduced welfare use during 15 yrs
- 60% fewer arrests during 15 yrs
- 46% increase in father's presence in home
- 9% decrease use food stamps during 12 yrs
- 50% decrease in Intimate Partner Violence
- 20% longer interval between 1<sup>st</sup> / 2<sup>nd</sup> child
- 10% reduced gov't spending / yr

# Home Visiting-Health Care Impacts

## Reduced Health Care Costs

- Pays for itself by the time a baby is 3 months of age through reduction in government medical assistance
- 60% reduced infant death rate
- 35% less likely ER visit first 2 yrs
- 40% less likely to need treatment injuries, accidents

# DEVELOPMENT OF THE KANSAS CITY REGIONAL HOME VISITING COLLABORATIVE

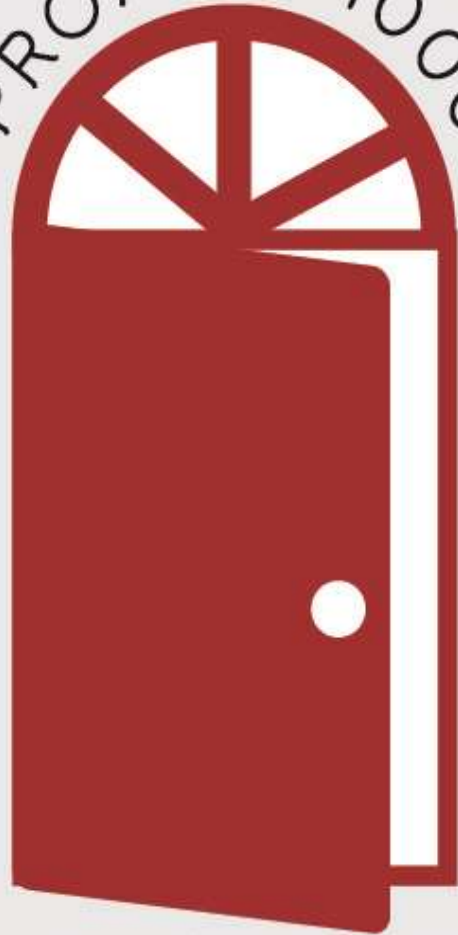


# Identification of Community Stakeholders

- Those delivering services or involved with early childhood initiatives
- CMH hosted one-day session with leaders from ECS for education and discussion on their collaborative HV program & how we might begin a similar initiative.



PROMISE 1000



every day counts



United Way of  
Greater Kansas City

# HV Collaborative Strategic Plan

- Monthly meetings with involved community stakeholders
- Developed over the course of 1 year
- Formal Strategic Plan Document 2014-2016
  - 7 Goal Statements

# Key Characteristics of an Effective Collaborative Home Visiting Network Identified Via Group Strategic Planning

---

1. Continuous **funding** necessary to serve the families appropriate for home visiting services
2. A centralized recruitment, initial intake, and **referral system** to ensure eligible families are served by the most appropriate home visiting program to meet their identified needs
3. A **coordinated approach** with home visiting partners, health care, mental health, social service, and education systems in the delivery of home visiting services.
4. A **data system** for measurement of ongoing effectiveness of services provided and to identify areas for program improvement
5. Home visiting agencies that operate according to federally-identified “evidence-based” models, or are in the process of becoming an “evidence based” model, with standardized data collection on shared outcomes, standards, and quality measures
6. Home visiting agencies that are staffed by highly-qualified and committed personnel to provide centralized functions and services
7. Home visiting services that are culturally responsive and meet the needs of the diverse, ever-changing populations represented in the defined geographical area

# Survey of Participating HV Agencies

- Online covering following topics:
  - Contact information
  - Details of service delivery, data collection and outcomes measures
  - Identification of other regional HVAs
  - Questions, hopes, concerns related to collaboration

# HV Agency Site Visits

- Assessment of current state of affairs of community HV agencies in the Kansas City Metro region
- Interview structure related to 7 goal statements from Strategic Plan

# HOME VISITING AGENCIES IN THE GREATER KANSAS CITY METROPOLITAN AREA ASSESSMENT REPORT



# Home Visiting Agency (HVA) Sample Information

- 12 HVAs identified,
  - 8 of which use federally designated “evidenced-based” programs-
    - 3 Healthy Families America (HFA),
    - 2 Parents as Teachers (PAT),
    - 2 Early Head Start,
    - 1 Nurse Family Partnership (NFP).
- 6000 children served by the HVAs of the greater metropolitan area
  - 11 agencies serving between 75-500 children,
  - and a 12<sup>th</sup> serving an estimated 4000.
- All 12 agencies provided services for prenatal moms.
- Maximum caseload per home visitor ranged from 12 to 25 (mean of 20)
- Visit frequency ranged from 1 time per week to 1 time per month.



# Home Visiting- Panacea?

- Why doesn't everyone do this?
- To be effective, programs need:
  - Fidelity
  - Standardization of training
  - Tied to “medical home” of child
  - Quality and Performance Measures
  - Outcomes Monitoring
- Variability in services and funding are barriers!



United Way of  
Greater Kansas City





# KC Metro Home Visiting Services

- **Strengths**

- Several are Evidenced Based Programs
- Home visiting services are available to those in need throughout geographic area
- Most agencies offer flexibility in delivery of services
- Expertise in home visiting services

# KC Metro Home Visiting Services

- **Challenges identified by HV agencies**
  - Multiple, unstable funding sources with varying reporting requirements
  - Data collection for outcomes analysis and reporting
  - Not tied to medical home of child



# KC Metro Home Visiting Services

- **Challenges noted by users/referral sources**
  - Varying, confusing eligibility requirements
  - Varying, confusing service areas
  - Varying, confusing referral process



# KC Metro Home Visiting Services

## *The Current Landscape*

### **Inconsistency between 11 separate programs**

- Varied staff training
- Varied data collection
- Varied recruitment/referral

## *Opportunities to Maximize Impact*

### **Consistency**

- Standardized training
- Outcomes monitoring
- Quality & performance measures
- Reach all families in need – standardized referral

# KC Metro Home Visiting Services

## *The Current Landscape*

**Lack of Coordination with  
Health Care**

**Funding that facilitates  
*variability* within each  
agency**

## *Opportunities to Maximize Impact*

**Tie Home Visiting to the  
Medical Home**

**Establish umbrella  
funding structure**

# HVA Current Largest Needs

- 5 - stable funding
- 4 - improved and consistent database and management
- 1 - increased referrals
- 1 - improved collaboration with the medical system
- 1 - increased intake staffing

# Addressing Identified Needs

- Centralized Functions
  - developed centralized database
  - developed centralized referral intake system
- Funding
  - partnering with United Way of Greater Kansas City & The Health Care Foundation of Greater Kansas City to establish secure funding streams
- Connecting home visiting to the medical home

# Centralized Database for Home Visiting

- Created within REDCap\*
- Currently web-based
- Designed for live data entry via iPad
- Outcome measures are initially based on MIECHV and ECS (model program)

\*REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies





# Centralized Intake Referral System (CRIS)

- Developed within REDCap
- Users may call a central phone number to provide referral information (211)
  - Call taker will enter information into CRIS

-OR-

- Users may enter information directly into CRIS via weblink
- CRIS programmed to determine appropriate agency for referral

# Home Visiting and the Medical Home

- Children's Mercy Pediatric Care Network
  - coordinates the medical care of pediatric patients
  - comprised of Children's Mercy Hospitals and Clinics, community pediatricians, and other health care providers in the Kansas City area
  - transition from "volume based" payment with constant pressure on unit cost and volume of services to "value based" payment through common structure
  - supports patient-centered medical homes for the providers in the network

# Pilot

- 1<sup>st</sup> RFP field testing use of the centralized database
  - 2 agencies funded from Collaborative HVA: participants with the highest number of families, highest number of users (home visitors), agreed to provide in depth feedback
- Funded by United Way

# Promise 1000: Next Steps

- 2<sup>nd</sup> RFP in development
- Enhance curricula and training for home visiting
- Standardize training
- Formalize a partnership with the Children's Mercy Pediatric Care Network (CMPCN) to strengthen the integration of primary care with home visiting services

# Promise 1000: Next Steps

- Implement quality monitors
- Stabilize funding
- Expand services





# Thank You

Contact: [mmoffatt@cmh.edu](mailto:mmoffatt@cmh.edu)



United Way of  
Greater Kansas City

