State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Kevin R. Hayden, Secretary

Monday, October 1, 2007

TO: Special Committee on Strengthening Wisconsin Families
FROM: Ann Altman Stueck, Department of Health and Family Services
RE: Family Foundations Program

Good morning. My name is Ann Altman Stueck and I am the Infant and Child Health Nurse Consultant for the State Maternal and Child Health Program at the Department of Health and Family Services, Division of Public Health. I want to thank the Special Committee on Strengthening Wisconsin Families and Chair, Representative Steve Kestell, for the opportunity to present to you this morning information about the Family Foundations home visiting program initiated by the Department of Health and Family Services in January 1999.

As you know, the Family Foundations home visiting program resulted from 1997 Wisconsin Act 293 that was established by the Governor and Legislature in 1998 to implement the Prevention of Child Abuse and Neglect Program.

The Prevention of Child Abuse and Neglect legislation established three components that all provider sites must provide: 1) a home visiting program for first time parents eligible for Medicaid; 2) a flexible fund for those receiving home visitation program services; and 3) a flexible fund for individuals or families who have either been the subject of a child abuse or neglect report or who have asked for assistance to prevent abuse, who are willing to cooperate with an informal plan of services, and for whom there will be no court involvement.

The flexible funds assist families and program staff to obtain goods or services that is needed immediately for family safety and functioning, and for which there exist no other source of payment. Examples of allowable costs are parenting classes, transportation to classes, infant cribs, car battery, minor home repairs, and eviction prevention.

As directed by the legislation, awards of dollars for the program were made available through competitive application according to a formula based on the numbers of the Medicaid births of all awarded sites. Of 32 applicants, ten program sites, (three urban counties, six rural counties and one Tribe), were funded as directed by statute.

Since January 1999, 9 counties have overseen programs in their communities located in Brown, Door, Fond du Lac, Manitowoc, Marathon, Portage, Vernon, Waukesha, and Waupaca counties; and one Tribe at Lac Courte Oreilles in Hayward. Funds for the program in the amount of $995,700 annually are administered to eligible counties by the Department of Health and Family Services, Division of Public Health for the Department's Division of Children and Family Services through a Memorandum of Agreement.

The Family Foundations Program is a voluntary, comprehensive, public health home visitation model that follows elements of best practice grounded in research that have been found effective with challenged families in preventing child abuse and neglect by national home visiting programs such as Healthy Families America. These elements of best practice serve as the framework that all of the 10 program sites must follow regardless of the program model that is used to deliver home visiting services in their communities.

In addition all Family Foundations program sites have committed to measure annual key benchmarks of family and child outcomes using standardized assessment tools for child development, child social-emotional development, parent-child interaction, and home safety to prevent accidental injury. All data is recorded in the Division's web-based Secure Public Health Electronic Records Environment (SPHERE) system for aggregate reporting.

Goals of the Family Foundations program are to decrease the incidence of child abuse and neglect, improve family functioning and parenting skills, increase the effectiveness of systems in responding to families in crisis, and make families more self-sufficient and less reliant on programs and services. The program is a targeted home visiting program for first-time parents whose child is eligible for Medicaid and assessed at risk for child maltreatment. Participation in the program is voluntary.

Under the program's auspices, trained paraprofessionals provide home visits under the supervision of nurses, social workers or child development specialists. The intensity of home visiting services is based on the needs presented by each family. Generally, home visits occur at least weekly during the early stages of participation, and decrease in frequency over time. Case loads of home visitors are kept intentionally small at no more than 25 families per full time employee to assure adequate time can be spent with enrolled families.

Home visiting staff also are required to attend the Department-sponsored basic and advanced training program that is research-based and assures home visitors have the skills and abilities necessary to provide quality program services. In addition, it is required that the programs bill Medicaid for the targeted case management benefit, *children at risk* category, for all care planning assessment, plan development, and ongoing monitoring services provided for children who are eligible.

In 2006 the 10 Family Foundations program sites provided home visiting services to 337 families with 80% of those families, or 268, receiving flexible fund assistance. An additional 146 families received help through the flexible fund to assist families at risk of child abuse and neglect.

As required by statute, the Prevention of Child Abuse and Neglect home visiting program was evaluated by the Department's Evaluation Section in the Office of Strategic Finance. The evaluation concentrated on outcomes of those children enrolled from July 1, 1999 through June 30, 2000 and outcomes on this cohort of enrolled children were followed for an additional two years. Specific measures utilized in the evaluation that were required by statute were:

- Number of substantiated child abuse and neglect reports
- Number of out-of-home placements
- Number of emergency room visits for injuries to children
- Immunization rates
- Number of Health Check services received by children, and
- Scores on standardized instruments that measure child development

The legislation also permitted the Department to evaluate other items that we felt were appropriate for evaluation and those items included:

- Scores on the Home Observation for Measurement of the Environment or HOME Inventory tool as a measure of family functioning and positive parenting practices
- Program retention and attrition rates, and
- Use of flexible funds

General conclusion of the program evaluation were that the Prevention of Child Abuse and Neglect program facilitates the delivery of appropriate and necessary preventive and acute medical care to young children, improves parenting skills, is better able to retain clients than a number of similar programs, and prevents child abuse and neglect.

We know that the families served in the Family Foundations program are at higher risk for child abuse and neglect than children generally. To establish comparison for our study for the child welfare measures, we used KIDSCOUNT (Annie E Casey) and The Third National Incidence Study on Child Abuse and Neglect to gauge how the children in Family Foundations compared to other high risk children not receiving services. For other measures, we compared the Family Foundations children to a comparable Medicaid population.

Specific key program findings as reported in the evaluation follow:

Findings for number of substantiated child abuse and neglect reports

- It is estimated that the abuse and neglect rate for Family Foundations children without services is 16%. Actual was 4%, or 10 children, had substantiated reports during Family Foundations services

Findings for out of home placements

- It is estimated that the out-of-home placement rate for Family Foundations children without services is 13%. Actual was 3%, or 8 children o were placed.

Findings for emergency room use for injury

- 69 children or 29% of the cohort, in Family Foundations used the ER for illness or injury with 16 children, or 7% of the cohort, using the ER during Family Foundations services for injuries. The annual ER use rate of the Family Foundations cohort was 0.36 visits/year, in comparison to 0.76 visits/year for annual ER use among children ages 0-5 enrolled in Medicaid HMOs.

Findings for immunizations

- 87% of children in Family Foundations were up to date on all scheduled immunizations in comparison to 54% of 2 year olds who were enrolled in the Wisconsin Medicaid program were up to date on all scheduled immunizations

Findings for Health Check exams

- 83% of children in Family Foundations received all scheduled Health Check exams in comparison to the Federal Health and Human Services' standard that requires 80% of children in Medicaid receive all scheduled Health Check exams

Findings for child development

- Twenty-six cohort children were identified with developmental concerns and 25 were referred to early intervention programs for evaluation and services if eligible.

Other findings:

- Family Foundations families demonstrated statistically significant improvements in overall parenting skills. The greatest improvement was in the availability of learning materials for the child in the home which improved by 17% between child age of 6 and 18 months.
- About half of the families were referred to basic needs or nutrition support programs and over 80% of the referrals resulted in families receiving services.
- About one-third were referred to a health care provider and 81% of the referrals received services. 98% of cohort children reported having a primary care doctor.
- The average time enrolled in the Family Foundations programs was 18 months. The most common reason for closure was moving out of the program service area at 41% of all closures. Closure rate excluding the movers was 36%.

Study Recommendations

The study findings recommended program improvements including enhanced services that focus on critical family and child issues in the areas of poverty, family violence, substance abuse, and mental health concerns. In addition it was recommended programs better optimize billing for reimbursement from Medicaid for the targeted case management services provided. UW-Extension, the training contractor, has developed a series of training and technical assistance sessions over the last three years with a special focus to address the need for home visitor skills to better support families with these concerns.

In his last two budgets, Governor Doyle included funding that DHFS requested to expand Family Foundations to other locations in Wisconsin. In the 2007-09 budget, the Governor included $642,400 in Fiscal Year 09 to take the program to approximately seven more sites. However, the Legislature did not approve this funding

The success of the Family Foundations program framework has been used by the Department and the Division of Public Health as a model to initiate a voluntary, comprehensive, intensive and strength-based, home visiting pilot program for pregnant women and families of infants and children through age 4 years in high risk areas in the City of Milwaukee.

Our goal is to promote a new way of serving families with coordinated, family-centered, community-based, and culturally-competent services that impacts positive outcomes for families and children. It is an integral component of the Department's efforts to promote healthy births and reduce disparities of birth outcomes. Wisconsin ranks last in African American infant mortality among 39 reporting states and the District of Columbia. (Center for Disease Control, May 2006)

Additional information about the Department's comprehensive efforts to eliminate racial and ethnic disparities in birth outcomes is described in the handouts distributed to you today.

The Milwaukee comprehensive home visiting program, named the Empowering Families of Milwaukee program, is operated by the City of Milwaukee Health Department in partnership with other community partners in Milwaukee's central city.

The six zip-code area targeted by the program (53204, 53205, 53206, 53208, 53212 and 53233) has a high incidence of poverty, infant mortality, low birth weight, late entry into prenatal care, teen pregnancy, sexually transmitted diseases, lead poisoning, and child welfare reports.

The major contributors to low birth weight and premature births include poverty and the negative biological effects of accumulated stress (attributable to racism and socio-economic factors), across generations and over the course of a woman's lifetime, which can result in higher rates of blood pressure and increased susceptibility to infections. The Empowering Families of Milwaukee program was initiated in late 2005 and is funded for five years until December 2010 with TANF funds.

The Empowering Families of Milwaukee program services are provided by a three-member team that includes a public health nurse from the City of Milwaukee Health Department and social workers and community health workers from community-based agencies. Families receive services based on their level of need, and the program seeks to develop long-term relationships with clients.

The program is built on the elements of best practice, uses the *Great Beginnings Start Before Birth* curriculum for expectant mothers from **Healthy Families America**, the *Born to Learn* curriculum from **Parents As Teachers** for parenting families, and bills Medicaid for case management services as indicated. A small flexible fund is also available to support immediate needs of families.

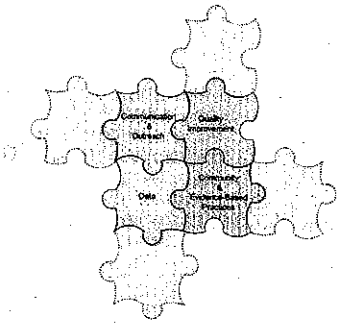
The Empowering Families of Milwaukee Program use identical assessment tools as the Family Foundations program and is participating in an outcome evaluation conducted by the Department's Office of Policy Initiatives. Client data is being collected in the Division's SPHERE system. High quality basic and advanced skill training is available to home visitors through a separate contract with Milwaukee County UW-Extension.

A preliminary 18 month program report indicates approximately 68 percent of the women served were African American, and 25 percent were Hispanic. Many were low-income; with medical care for the majority of these women being covered by Medicaid or BadgerCare.

An Empowering Families of Milwaukee status report sent by the City of Milwaukee Health Department to Division in August 2007 indicated that, since the inception of client services, the program has provided 860 families with 12,331 outreach and/or home visitation services. As of August 31, 2007, 176 women were enrolled and 109 (62%) enrolled in Empowering Families of Milwaukee when they were pregnant. There were a total of 669 face-to-face, 445 telephone, and 729 written contacts also reported. A final outcome evaluation report will be available by March 2011.

In summary, Wisconsin's Family Foundations home visiting programs have successfully promoted the use of elements of best practice as the framework that achieves results without prescribing a specific model be used. The Family

Foundations sites have demonstrated that comparison of key measures for families and children across these program models is achievable. Importantly, the Family Foundations programs maintain high quality services that continue to demonstrate positive results for families and children who chose to participate in them in communities where it is provided. It is the Department's recommendation that additional funds be allocated to expand the Family Foundations program to other communities in Wisconsin. I am available to address further questions. Thank you.



Eliminating Racial and Ethnic Disparities In Birth Outcomes:

A collaborative partnership established by the
Wisconsin Department of Health and Family Service

September 2007

WHAT WE KNOW

- Wisconsin ranks last in African American infant mortality among 39 reporting states and the District of Columbia (CDC, May 2006)
- Wisconsin met the national 2010 Healthy People goal of 4.5 deaths per 1,000 live births in 2004 for white infants; we did not meet this goal in 2005
- In Wisconsin, the majority of African American infant deaths are in Milwaukee, Racine, Madison, Kenosha, and Beloit
- The primary causes of infant death are low birth weight, and prematurity, birth defects and Sudden and Unexpected Infant Death (related to unsafe sleeping environments)
- The major contributors to low birth weight and premature births include poverty and the negative biological effects of accumulated stress (attributable to racism and socio-economic factors), across generations and over the course of a woman's lifetime, which can result in higher rates of blood pressure and increased susceptibility to infections
- In WI, African American women with a college education have worse birth outcomes than white women with less than a high school education
- The majority of African American pregnant women are enrolled in Medicaid HMOs
- Medicaid costs for very low birth weight infants are at least 10 times higher than those for a normal birth weight infant; additional longer-term costs are incurred due to the higher risk for developmental and other delays among premature and low birth weight infants.
- Shorter-term impact can come from improved quality of medical care for pregnant women, as well as psychosocial support, behavioral-risk reduction (smoking, drugs, alcohol), nutritional counseling, and care coordination or case management.
- Long term solutions include education and economic improvements as identified in the Governor's budget.

WHAT IS BEING DONE

- DHFS Initiative on Healthy Birth Outcomes began in 2003 to implement a broad-based strategy aimed at eliminating racial and ethnic disparities in birth outcomes, including building public will, partnering with key stakeholders to identify local solutions and secure resources, and reallocating current state resources to programs and strategies that are known to improve birth outcomes. Key achievements include :

  <u>New Services</u>
  - Home visiting. Directed $4.5 million dollars to implement a comprehensive home-visiting program, a proven effective strategy, in key zip codes in Milwaukee that have the highest rate of poor birth outcomes
  - Smoking Cessation. Directing $150,000 Tobacco funds to expand First Breath Tobacco Cessation Program to the SE Region
  - Family Planning. Prioritizing enrollment in the Family Planning Waiver in its $170,000 Adolescent Pregnancy Prevention Grant

Education, Training and Technical Assistance

- Developed a Virtual Technical Assistance Center (www.dhfs.wisconsin.gov/healthybirths) that enables stakeholders across the state to access information to promote healthy birth outcomes.
- Providing TA to local agencies and health departments in their efforts to secure federal and local resources to address the problem.
- Developing Social Marketing messages for racial and ethnic populations, using $100,000 combined Tobacco and Minority Health Program dollars, aimed at changing identified behaviors that may cause poor birth outcomes.
- Educating medical, legislative, public health, social services and community leaders on the causes of disparities in birth outcomes and promising practices for reducing disparities. A presentation to the UW-Madison Partnership Fund resulted in their committing to a "special initiative" directed to reducing racial and ethnic disparities in birth outcomes. UW-Madison School of Medicine and Public Health Dean Robert Golden reported to the UW Regents in May 2007 that the School is willing to make a multiyear resource commitment to address the issue.

Coalition Building

- Building local infant mortality coalitions in Racine, Beloit and Kenosha using federal MCH funds, aimed at developing local responses.
- Enhancing local leadership team in Milwaukee using DPH discretionary funds, with match from Milwaukee Health Department.
- Developed statewide advisory committee to further educate and increase public will to act, including developing indicators of success and evidence based practice recommendations.

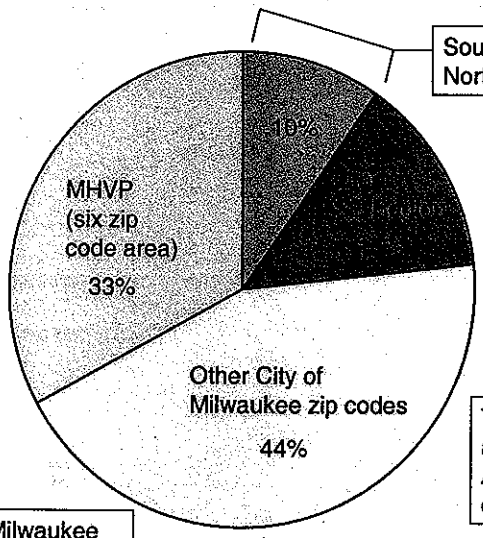
Quality Assurance

- Developing a $1.3 million Pay for Performance strategy for Medicaid managed care organizations to improve birth outcomes for low-income racial and ethnic populations

WHAT MORE CAN BE DONE:

- **Implement evidence-based practices in communities with highest rates of disparities**
  - Expand Targeted Home Visiting program to Racine, Beloit and Kenosha.
  - Develop medical provider education and training in effective and culturally competent healthcare delivery practices in areas of key risk (infection, STDs, etc.)
- **Pilot best practices that have been effective in other states:**
  - Implement a pilot Community Health Worker/Doula Program.
  - Develop a Center for Excellence in Women's Health with an FQHC in an affected community, focused on women's health over their lifespan rather than only on the perinatal period.
- **Educate and support behavior changes for those most at-risk:**
  - Implement and sustain a pilot social marketing campaign related to safe sleep, as unsafe sleep practice is a leading cause of infant deaths in the African American community.
  - Develop psychosocial support systems and care coordination for at risk women, including strategies to meet housing needs.
- **Make long term investments in early childhood education and economic development.**

Regional Contribution to African American Infant Deaths, 2000-2004



Southern, Western, Northern, Northeastern Region

The Southeast Region accounts for 90% of African American infant deaths.

The City of Milwaukee accounts for 77% of African American infant deaths.

Map of Milwaukee Infant Deaths 2000-2001

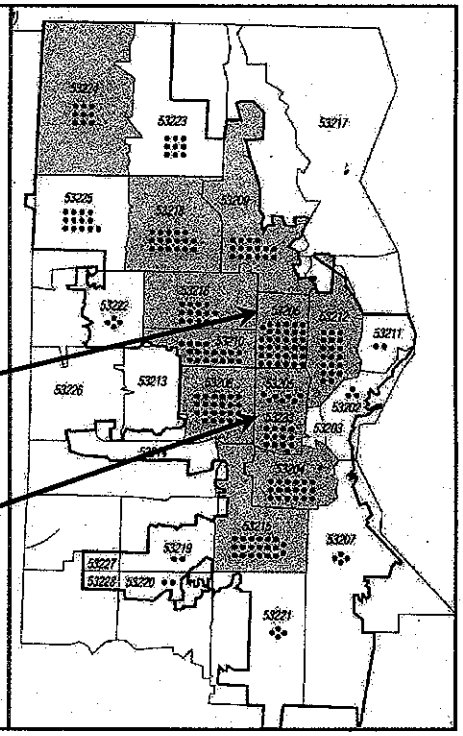
(N = 253)

Zip Code 53206 had the greatest number of infant deaths = 35
Rate = 23.3

Zip Code 53233 had the highest Infant mortality rate = 36.9
N = 13 infant deaths

Milwaukee Home Visitation Program Is in 53204, 05, 06, 08,12, & 33

2001-2002 FIMR Status Report, Milwaukee



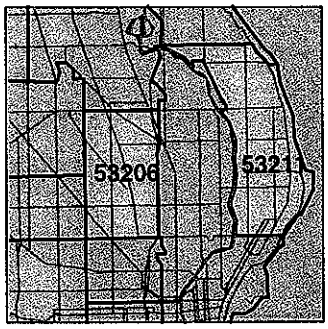
HOW DOES MILWAUKEE'S INFANT MORTALITY RATE RANK COMPARE TO THE INFANT MORTALITY RATE OF OTHER COUNTRIES?

2004 INFANT MORTALITY RATES, by COUNTRY

RANK	COUNTRY	IMR RATE
1	Singapore	2.28
2	Sweden	2.77
3	Hong Kong	2.97
4	Japan	3.28
5	Iceland	3.31
6	Finland	3.59
7	Norway	3.73
8	Malta	3.94
9	Czech Republic	3.97
10	Germany	4.2
11	France	4.31
12	Macau	4.39
13	Switzerland	4.43
14	Spain	4.48
15	Slovenia	4.5
	WISCONSIN WHITE	4.5
16	Denmark	4.63
17	Austria	4.68
18	Belgium	4.76
19	Australia	4.76
20	Canada	4.82
21	Luxembourg	4.88
	MILWAUKEE HISPANIC	4.9
22	Netherlands	5.11
23	Portugal	5.13
24	United Kingdom	5.22
	MILWAUKEE WHITE	5.3
25	Ireland	5.5
26	Greece	5.63

RANK	COUNTRY	IMR RATE
60	Sri Lanka	14.78
61	United Arab Emirates	15.06
62	Mauritius	15.57
63	Argentina	15.66
64	Russia	16.01
65	Jamaica	16.63
66	Panama	17.14
67	Bahrain	17.91
68	Jordan	18.11
69	Malaysia	18.35
	WISCONSIN BLACK	19.2
70	Qatar	19.32
71	Georgia	19.34
	MILWAUKEE BLACK	19.6
72	West Bank	20.16
73	Oman	20.26
74	Thailand	20.83
75	Bulgaria	21.31
76	Mexico	21.69
77	Colombia	21.72
78	Bosnia and Herzegovina	22.09
79	Solomon Islands	22.31
	Albania	22.31
80	Venezuela	22.99
81	Gaza Strip	23.54
82	Suriname	24.15
85	Ecuador	24.49
83	Armenia	24.16
84	Philippines	24.24
86		

A tale of two zip codes



	53206	53211
Population*	32,868	35,225
Median age*	25.8	29.9
African American*	96.1%	2.5%
High school graduate (25+ yrs of age)*	57.6%	95.7%
Disabled (21-64 yrs of age)*	37.0%	9.3%
Median family income*	$21,867	$70,704
Families below poverty level*	35.0%	3.6%
Teen birth rate 2004**	111	3
HIV rate 2004***	47	9
STD rate (15-19 yrs of age)***	22,795	1,070

* Source: 2000 U.S. Census data
** Per 1,000 females ages 15-19 years
*** Per 100,000 population

Hoxie, N

Infant Mortality Rates, 2001-2005

State/County City	White	Black	Hispanic	B/W Ratio
Dane	**3.9**	**9.6**	**6.4**	2.5
Madison	**3.8**	**10.7**	**7.6**	2.8
Kenosha	**4.1**	**18.1**	**X**	4.4
Racine	**6.9**	**28.3**	**7.0**	4.1
Rock	**4.7**	**17.6**	**5.6**	3.8
Beloit	**5.8**	**19.4**	**X**	3.4
Wisconsin	**5.3**	**17.3**	**6.4**	3.3

Note: 'X' denotes less than 5 events and is not reported.

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 3/5/07.

Birth Weight and Infant Hospitalization Charges During the First Year of Life
2001 Medicaid Births in Selected Counties
(Dane, Kenosha, Milwaukee, Racine, and Rock Counties)