

Every Child Succeeds Evidence-Based Home Visitation

An Innovation Station Best Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Southwest OH and Northern Kentucky	Title V/MCH Block Grant Measures Addressed
Category:	Best	<ul style="list-style-type: none"> • NPM #7: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B. • NPM#11: Percent of mothers who breastfeed their infants at 6 months of age. • NPM#15: Percentage of women who smoke in the last three months of pregnancy • NPM#18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
Date Submitted:	2011	

Practice Description

Goals of the program include promoting positive birth outcomes, healthy child development, healthy parent-child relationships, safe and stimulating home environments, and self-sufficiency.

We build trusting relationships with at risk moms at a time when it is most important in their child's development, ages 0-3.

Purpose

ECS was formed in 1999 by a partnership among Cincinnati Children's Hospital Medical Center, the United Way of Greater Cincinnati and Cincinnati-Hamilton County Community Action Agency. Leaders in these groups and in the local business community responded to research

that clearly shows the birth to age three window as a time of incredible growth and development for a child – physically, emotionally and cognitively. Nurturing parent-child interactions are necessary for children to develop optimally and, without such, developmental shortfalls can be difficult or even impossible to overcome later in life. Poor access to healthcare and lack of appropriate care and nurturing at home put children at risk for slowed brain development, accidents, and a disadvantaged start in school, leading to long-term academic struggles. ECS was created to give high-risk mothers a way to ensure an optimal start in life for their children.

Our values

We believe:

1. All children deserve an optimal start.

Every Child Succeeds is based on a strong scientific foundation demonstrating that a nurturing and stimulating environment in the first 1,000 days of life promotes optimal brain growth, cognitive development, psycho-social adjustment, emotional and behavioral health, and a significant, long term change in child and family trajectories.

Every Child Succeeds draws upon research in child health, brain development, social ecology and prevention science to deliver a high quality, strong program. Principles and findings from diverse disciplines and theoretical perspectives will be used to support both the program objectives and services provided.

2. All parents want to be good parents.

Every Child Succeeds helps parents create a stimulating, nurturing environment that is essential for brain development and the best start in life. Every Child Succeeds encourages independence, autonomy, problem solving skills, and self-reliance.

3. What we do and how we do it matters.

High quality, evidence-based programs implemented with fidelity will optimize developmental trajectories of children.

Program decisions must be data driven, utilizing the best available information and continual testing for improvement.

Our Guiding Principles

Every Child Succeeds is a voluntary prevention program based on foundational principles:

- Enrolling mothers prenatally or during the first few months after birth and extending visits over the first years of life maximizes the potential for good physical health, optimal psychosocial adjustment and readiness for school.
- Promoting a strong and close bond between the parent and child is essential for future social-emotional adjustment and ability to form healthy relationships.
- Providing services in the home removes barriers to participation and fosters safe, nurturing and stimulating environments needed for optimal child growth and development.
- Working with other community partners allows Every Child Succeeds to be an effective part of a continuum care.

- Engaging communities in the important role of raising healthy and successful children will enhance program outcomes.
- Respecting and reflecting cultural differences are essential for success.
- Generating new information through scientific research is fundamental to improving the impact of our programs, and ensuring family/community success.

Critical to developing our practice was determining the **target population**: single, low income, first-time mothers, who often lack access to healthcare. Engaging moms prenatally or just after birth allows ECS to impact the trajectory of high-risk children during the most important time in their development, ages 0-3.

Program elements include implementing evidence-based home visitation models; building a robust data collection and reporting system to capture learnings; using continuous quality improvement techniques; and adding program enhancements to improve outcomes and respond to family and community needs – all leading to innovative strategies.

Practice Foundation

ECS works together with low-income families to support them in building core capabilities for life, focusing on the relationship between parent and child. The program is based on a strong scientific foundation that a nurturing, stimulating environment prenatally and during the first 1,000 days of life promotes optimal brain growth, cognitive development, and emotional and behavioral health - all leading to long-term changes in the family's trajectory.

ECS draws upon research in child health, social ecology, self-efficacy and prevention science to support healthy birth outcomes, age-appropriate child development, parental nurturing capacity, and improved economic self-sufficiency. To achieve these goals, the program uses proven family-centered strategies, modelling and coaching, data driven decision making and well-established quality improvement methods. ECS adheres to the standards of four home visitation models - Healthy Families America, HANDS, Early Head Start and SafeCare – that have been identified by HRSA as supported by robust evidence of effectiveness.

At the core of the service is a trusting, caring relationship that the home visitor establishes with the family, based on mutual respect and on recognition that *the parent is the expert on her child's development*. Recognizing the parent's desire to be a great parent and operating within the context of a supportive, encouraging relationship, the home visitor is able to coach the family to success. ECS also:

- Targets first-time parents, who are just learning the parental role and are eager for information but often lack essential social support
- Engages moms prenatally or just after birth and provides regular home visits until the child turns 3
- Promotes a strong and close bond between the parent and child as the basis of future social-emotional adjustment and ability to form healthy relationships
- Serves multi generations: parent (mom and/or dad) plus child and often grandmother/aunt
- Respects cultural differences

Core Components

Core components are those essential practice elements which are observable and measurable.

- *Example: The goal of our program was to improve the number of perinatal depression screens among OB/GYN providers. We did this by conducting a yearlong practice improvement program for OBGYN practices across the state. The core components of this program included virtual training by a nurse educator, provision of a referral sheet tailored to the local area for positive screened women, and follow-up with practices by our program manager.*

ECS home visitors are *highly trained professionals* who build parental confidence and skills by tapping into the family's strengths, being empathic, exploring problem solving approaches and promoting opportunities for reflection. The visitors use Motivational Interviewing, a proven strategy for stimulating behavior change. They provide trauma informed care to cultivate positive coping mechanisms and stress-reducing strategies. Most important, visitors help create resiliency in families and buffer toxic stress through infusion of joyful and positive experiences!

Regular home visits starting prenatally and continuing until age three that include initial risk assessment, goalsetting, curriculum, screening and assessments, connection to community resources and transition support at age three.

ECS Home Visit Planning Guides integrate curricula and assist home visitors in preparing for visits with families. Guides are divided into four program phases: Prenatal, Infancy, Toddler and Preschool. The Guides address six domains: Parental Health, Parenting, Child Development, Personal and Environmental Safety, Social Supports, and Life Course Development. The Guides are structured to provide a comprehensive home visit. Training ensures that visitors use guides while allowing families to drive the service.

Quality Improvement: Using the Model for Improvement, we systematically collect data on multiple process and outcome indicators to reflect program impact. These data are produced monthly and quarterly in CQI formats including trend charts, red-green charts, and control charts. Data are transparent such that all agencies view their performance as well as their peers relative to program impacts. Improvement projects are conducted throughout the organization to conduct "small tests of change," sometimes involving a single family or home visitor. PDSA (Plan-Do-Study-Act) cycles are implemented to identify new practices to improve performance. A key value of CQI is that it allows program to adapt evidence-based models to local conditions in a systematic and data-driven way. As a result, it is a solution to the inevitable problems encountered when evidence-based programs developed in highly controlled conditions circumstances are applied in real world settings.

Highly integrated program and evaluation facilitates data driven decision-making at all levels of the organization, from the home visitor to the collaborative's president. It is the bedrock of the logic model.

Credentialed home visitors with weekly one-on-one reflective supervision support. Training is comprehensive and builds competencies in visitors.

Practice Activities

The Core Components described below are key to home visiting and delivering services to clients:

Core Component	Activities	Operational Details
Screening & Assessment	Screen for maternal depression and child development Program assesses home environment for safety and psycho-social factors.	<ul style="list-style-type: none"> Screening and assessment on a regular schedule by trained staff. Use screening and assessment data to develop the plan for services and appropriate referrals for parent and child.
Referrals	Referrals and linkages to external community resources Connects families to health, education and social services	<ul style="list-style-type: none"> Provide referrals and linkages to external community resources that are identified with families and/or individual family members. Social supports must be integrated into a broad network of family services in order to meet the varying needs of families (Thompson, 2015). There is increased evidence that adequate social and material supports are necessary for children's safety (Pelton, 2015; Thompson, 2015).
Goal setting	Develop family plan in partnership with parents Helps families develop achievable goals, making the process less intimidating by breaking it down into small manageable steps	<ul style="list-style-type: none"> Identify goals that will drive service delivery and ensure that services are highly individualized. Goals are created within 45 days of enrollment and then updated every six months.
Curriculum	Presenting prenatal and postnatal curriculum topics and activities with the families.	<ul style="list-style-type: none"> Visitors are trained to deliver the Growing Great Kids Curriculum based on child's age and parents' interest.
Observation	Use CHEERS to document attributes of parent child interaction.	<ul style="list-style-type: none"> Visitors trained to observe parent child interaction and document after each home visitor what they observed.
Supervision	Weekly sessions with a trained supervisor	<ul style="list-style-type: none"> This is time to focus on the home visitor, who is working in highly challenging circumstances and benefits from reflective practice.

Evidence of Effectiveness (e.g. Evaluation Data)

The ECS evaluation and research plan was developed to meet the multiple objectives of the organization. As a "real world" community-based program with an integrated evaluation and research component, the evaluation and research plan had the following overarching objectives:

1. Provide reliable and valid data on child and family functioning in order to document outcomes.
2. Collect data on potential moderators and mediators of outcomes.
3. Use data to improve the program locally.
4. Use data to identify new areas of inquiry that are subsequently examined using rigorous designs and funded through external research grants.

Control Group and Design. It was recognized that a control group was important to answer specific questions about the effectiveness of the program and mediators and moderators of outcomes. Community concerns regarding a clinical trial design led to the decision to use a quasi-experimental design in which all participants would receive home visitation services and data would be collected with all participants.

Measures. Home visitation is designed to yield positive outcomes in a variety of domains. These include child health, child development, child social and emotional functioning, nurturant parenting, maternal substance use, and maternal life course. Moreover, there are a number of factors that may moderate or mediate outcomes. As a result, there are numerous relevant variables that can be measured in home visitation. Selection of instruments was driven by the need to measure multiple domains to document key outcomes, feasibility, home visitor and mother burden, usefulness for home visitors in providing services, interest expressed by various ECS constituents, and cost. Some variables were selected based on hypotheses about their importance to functioning and outcomes (e.g., depression), while others were selected in anticipation of the need to document specific outcomes (e.g., immunizations) relative to benchmarks. We selected a battery of measures of child and family functioning that was designed to address and balance the needs described above.

Data Management. A robust and flexible data management system is essential for a successful evaluation and CQI program. We developed eECS, a web-based system uniquely designed to meet the needs of ECS. Home visitors gather and upload data to eECS, which in turn provides real time access to information by ECS administration and evaluators. eECS is used to provide standard reports to home visitors and agencies, generate invoices for billing, and manage data for subsequent analysis.

Replication

While Every Child Succeeds operates in the Greater Cincinnati region, our outcomes and efficiencies have been so successful that ECS is now the model of home visitation on which the State of Ohio bases its *Help Me Grow* program (as of July 2012). *Help Me Grow* is Ohio's birth-to-3 system for funding the implementation and maintenance of coordinated family-centered services for expectant parents, newborns, infants and toddlers (www.ohiohelpmegrow.org). In addition, we have contracted with the State of Ohio to create home visitor training modules for the statewide program.

ECS serves as a consultant and leader in developing and carrying out home visitation programs in communities outside of Ohio as well.

- In Connecticut, we have partnered with The Children's Trust Fund to implement and evaluate the Maternal Depression Treatment Program across the state.

- In Boston, Massachusetts, we are partnering with the local United Way, also to train therapists in administer IHCBT Maternal Depression Treatment Program through a home visitation methodology.
- ECS is consulting with Hawaii's statewide Healthy Start program, through an ACYF grant to improve the implementation of their well-respected statewide program. We are working with Dr. Anne Duggan (Johns Hopkins University) specifically on Continuous Quality Improvement, in terms of how we have constructed and applied our own CQI program.
- We are in discussion with Little Rock, Arkansas Children's Hospital, to replicate the ECS program, with emphasis on linking the transition from home visitation during 0-3 to another home visitation program that exists in Little Rock for 3-5 year olds.

In its first 20 years of existence, Every Child Succeeds has been accepted and offered 137 conference presentations and had 51 articles published in peer reviewed journals.

Section II: Practice Implementation

Internal Capacity

ECS has 85 home visitors and 14 supervisors working in seven counties. In addition, there are three depression treatment therapists and 17 staff at the central office to handle marketing, referrals, billing, fundraising, quality improvement and research and evaluation.

Collaboration/Partners

Every Child Succeeds (ECS) is an organization that was founded in collaboration and has successfully operated via collaboration for 20 years. The United Way of Greater Cincinnati (UWGC) took the lead in identifying a community need and then acting as the central organizer to pull together the community resources and leadership available to address this need. UWGC brought together Cincinnati-Hamilton County Community Action Agency/Head Start (CAA), for its extensive access to at-risk families in Greater Cincinnati, and Cincinnati Children's Hospital Medical Center (CCHMC), for its research capabilities and academic rigor, to address this issue in which social health and medical health intertwine. To provide ongoing leadership, the three organizations agreed to form one central organization, dedicated to the selected population and drawing on the resources of all three founding groups: Every Child Succeeds (ECS) was born.

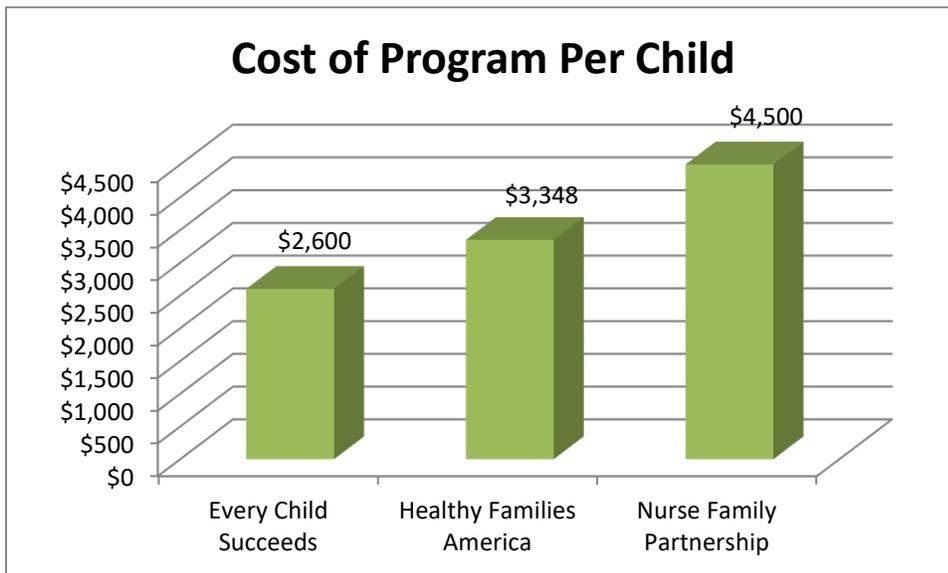
ECS was formed to act as the permanent central leader in addressing early childhood wellness. United Way continues to provide leadership as well as significant funding for ECS, and they further efforts by using their access to the public and private sectors to continuously shape the local social agenda. Representatives from UWGC, CAA and CCHMC sit on the ECS Board of Directors, thus providing ongoing leadership, direction and decision-making for our organization.

We decided to collaborate with existing social service agencies to fulfill our need for qualified home visitors, and we now partner with eight agencies, located in various communities of Greater Cincinnati and Northern Kentucky. ECS provides training and an extensive curriculum for home visitors to follow with at-risk mothers and their children ages 0-3. In this model, ECS provides central management: dedicated resources for leadership, long-term planning,

marketing, billing, fundraising and other operational activities. The agencies we partner with are decentralized service providers: they provide a large client referral base, a wider reach into the community, efficient and cost-effective service delivery and professional knowledge. Agency home visitors can focus solely helping families. A managing supervisor from each agency serves on the Lead Agency Council, two members of which serve on the ECS Board. In this way, the management structure allows for a fluid feedback loop of information between ECS partners, leaders, administration and the service providers. Sharing of best practice information and results at all levels of ECS operations ensures high-quality programming, which has ultimately resulted in our incredible outcomes.

Practice Cost

Using a business model in a social service world has resulted in programming cost-effectiveness. The ECS program achieves the very positive outcomes noted here at an approximate cost of \$2,600 per family, per year. Two other home visitation programs that also experience positive outcomes and success in their client populations, and on which we based our basic home visitation curriculum, provide a benchmark, which ECS is well below. Nurse Family Partnership reports an approximate cost of \$4,500 per family, per year, and Healthy Families America reports \$3,348 per family, per year.



Budget			
Activity/Item	Brief Description	Quantity	Total
Home Visiting	Regular home visits following protocol	30,000 Visits	\$4,692,000
Moving Beyond Depression	In Home Cognitive Behavioral Therapy	Three therapists, clinical supervision, mileage and program costs	\$550,500
Community Health Worker	Prenatal Service Coordination	Two Community Health Workers, mileage and program costs	\$265,000
Total Amount:			\$5,507,500

Practice Timeline

A business community concerned about the dearth of ready employees

From inception, the local business community has influenced ECS, with Board members serving and leading from Procter & Gamble, Kroger, Macy's (Federated), Fifth Third Bank and others. These leaders came together in 1997 in response to an Annie Casey Foundation report of the 50 most populace cities that showed Cincinnati in the bottom rung on key indicators of child well-being, including but not limited to teen pregnancy and juvenile justice. Moreover, they were concerned about employees entering the workforce without the proper skills. They became champions of early childhood intervention in part because the ultimate return on investment is a ready workforce.

Corporate leaders made certain ECS would operate under a strict and efficient business model. As a result ECS has a strong infrastructure, effective leadership and provides an impressive ROI for its families, the community and its generous investors. As part of this business model, ECS provides home visitation services through contracts with 14 local health and social service agencies. Using a decentralized service delivery system to hire, train and supervise our 125 home visitors ensures that services are provided in a cost-efficient way. These agencies are able to maintain the highest standards of program execution, data collection and analysis.

Participating organizations include one hospital, St. Elizabeth Medical Center, and various social services groups with compatible missions.

Funding from Welfare Reform

At the same time, there were significant savings from Welfare Reform that enabled a shift in funding towards prevention. Both Ohio and Kentucky used these funds initially to support Every Child Succeeds.

See project contact for more details on the practice timeline.

Resources Provided

www.everychildsucceeds.org

Lessons Learned

Through a focused effort we have been able to adhere to our implementation plan. However, there have been a number of challenges. These include external forces from funders and political entities that sometimes both added to the overall burden of the data collection and practice objectives or steered the organization in directions that were not fully consistent with its aims. We have had to be especially vigilant to resist these efforts through education and rigorous data collection which documents the outcomes of the home visiting intervention and demonstrates the problems associated with drift.

In ten years of operating through extensive collaboration, ECS and its partner organizations have adopted a culture of openness, accountability and a willingness to give up some autonomy at times. A key to our success has been mutual alignment to a common goal. Communication is vital and so we maintain monthly meetings with our service provider agencies, publish a monthly newsletter featuring our partners, and make sure partners are represented on the Board. With so many points of view, the leadership team must make decisions based on evidence. Through science, evaluation and the collection and analysis of data, we have ample, strong evidence to consider. We make decisions impartially, for the purpose of meeting our goals. Finally, we make sure all parties are recognized for their contributions. Adopting these principles has enabled us to see dramatic, continued improvements in outcomes among the target population.

In 20 years of operating through extensive collaboration, ECS and its partner organizations have adopted a culture of openness, accountability and a willingness to give up some autonomy at times. A key to our success has been mutual alignment to a common goal. Communication is vital and so we maintain monthly meetings with our service provider agencies, publish a monthly newsletter featuring our partners, and make sure partners are represented on the Board. With so many points of view, the leadership team must make decisions based on evidence. Through science, evaluation and the collection and analysis of data, we have ample, strong evidence to consider. We make decisions impartially, for the purpose of meeting our goals. Finally, we make sure all parties are recognized for their contributions. Adopting these principles has enabled us to see dramatic, continued improvements in outcomes among the target population.

Next Steps

Every Child Succeeds' strong public/private partnership ensures sustainability. The program receives 50 percent of its funding from public sources and 50 percent from private, primarily United Way. We have expanded to now serve moms with more than one child and are launching a fundraising campaign to expand services.

Practice Contact Information

For more information about this practice, please contact:

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