Scaling Up Home Visiting in Wisconsin: A Two-Generation Strategy to Address Trauma

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Trauma is a Major Public Health Problem

- Over 60% of American adults have had at least one <u>adverse</u> <u>childhood experience</u> (ACE) such as child abuse & neglect, domestic violence, and parental substance use
- ACEs are a major source of <u>toxic stress</u> that increase the risk of disease, including heart disease, stroke, and cancer
- ACEs also increase the risk of mental illness, substance abuse, low educational attainment, and unemployment

Childhood Experiences Survey

- Assesses 10 ACEs, including 5 forms of child maltreatment and 5 forms of household dysfunction
- The CES also measures other sources of toxic stress:
 Extreme poverty & homelessness
 Prolonged parental absence & parent/sibling death
 Bullying & Violent crime

Family Foundations Home Visiting (FFHV)

- Wisconsin's FFHV program is a partnership between the Dept. of Children & Families and the Dept. of Health Services
 - Supports evidence-based home visiting
 - Funded through the federal MIECHV program plus state TANF and GPR
 - > 96% of FFHV participants eligible for meanstested benefits or below 200% of poverty line



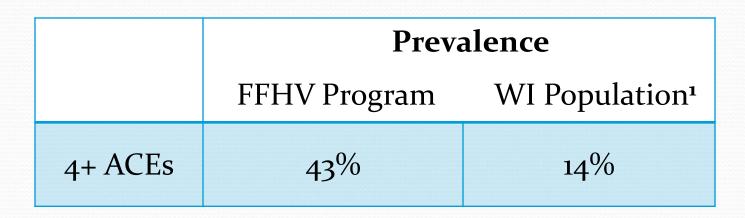
Prevalence of ACEs in the FFHV Program

ACEs in Mothers	%		
Physical abuse	39.8		
Sexual abuse	26.4		
Emotional abuse	28.2		
Physical neglect	12.2		
Emotional neglect	18.0		
Substance abuse	50.4		
Mental illness	43.7		
Domestic violence	36.6		
Incarceration/Jail	37.9		
Divorce/separation	43.8		

*85% of mothers in the FFHV program reported at least 1 ACE

*68% reported 2 or more ACEs

Trauma Is Not Equally Distributed



¹Child Abuse and Neglect Prevention Board. (2018). *Adverse childhood experiences in Wisconsin:* 2011-2015 Behavioral Risk Factor Survey findings. Madison, WI: Author.

Other Sources of Toxic Stress

Adverse Experience	FFHV Mothers (%)		
Prolonged Absence of Parent	57.5		
Bullied Often	26.1		
Death of Parent/Sibling	24.4		
Homelessness	22.5		
Food Insecurity	18.0		
Victim of Violent Crime	15.9		

Adversity Does Not End in Childhood

 The Adult Experiences Survey assesses adverse grownup experiences (AGEs), including:

Spouse/Partner

- Physical abuse
- Emotional abuse
- Mental health problems
- > AODA problems
- Incarceration/jail

<u>Other</u>

- Forced sexual activity
- Crime victimization
- Homelessness
- Chronic poverty
- Discrimination



Longitudinal study (2015-present) of risk and resilience
 Over 1,400 families served by the FFHV program
 Mothers complete surveys at multiple time points
 Tracks child, parent, and family outcomes over time

Adverse Grownup Experiences

Spouse/Partner	%	Other	%
Physical abuse	45.1	Forced sexual activity	21.0
Emotional abuse	60.3	Crime victimization	31.9
Alcohol misuse/drug use	42.3	Homelessness	36.0
Mental health problem	33.5	Chronic poverty	23.4
Incarceration/jail	48.2	Discrimination	31.5

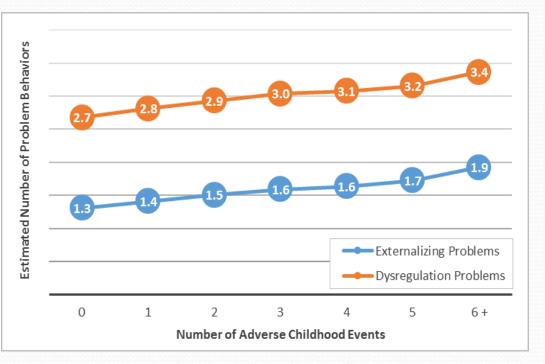
1 or more AGEs = 85%; 2 or more AGEs = 70%

Effects of Adversity on Mental Health

- ACEs → Poor Mental Health (depression, anxiety; PTSD)
- AGEs → Poor Mental Health
- ACEs \rightarrow AGEs
- ACEs → AGEs → Poor Mental Health

Intergenerational Effects

Mothers with higher ACE scores are more likely to have children with behavioral problems and emotion regulation problems



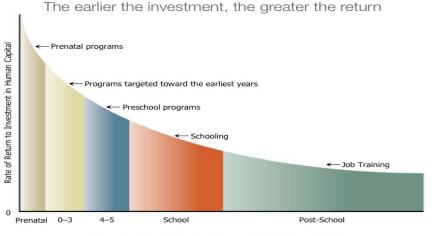
What is Home Visiting?

- Home visiting programs provide in-home services and support to pregnant women and new parents
 - "Two-generation" approach
 - >Often delivered by health & human service providers
- Key outcomes
 - > Maternal & child health
 - > Child abuse & neglect prevention
 - > Child development & school readiness

Home Visiting is a Smart Investment

Home visiting programs and other early childhood interventions are effective & cost-effective

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT



Source: James Heckman, Nobel Laureate in Economics

Interrupting Intergenerational Trauma

- Home visiting has the potential to interrupt the intergenerational cycle of trauma
 - >Parent/Caregiver = Intervention
 - Child = Prevention

The Public Health Challenge

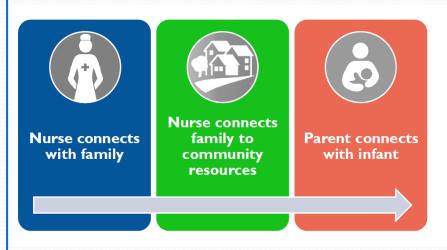
- Most home visiting programs provide long-term services
 - All models supported by the FFHV program are designed to serve families for multiple years
 - Difficult to scale up due to duration and cost

FFHV PROGRAM, 2014-2016	2014	2015	2016	Total
Families Newly Enrolled, Statewide	605	714	584	1903 ¹

¹Represents less than 1 out of 100 infants born in WI

Family Connects: One Policy Solution

- Universal model
 → all families offered services during hospital visit
- Assessment conducted during initial home visit
- Services "triaged" → more visits and referrals according to family needs
- Promotes community resource alignment



Family Connects: Evidence

• 80% of parents agreed to a home visit

- Improved home environment safety, child care quality, maternal mental health, and father involvement
- Reduced <u>CPS reports</u> and <u>ER visits</u> for infants

• Returned over \$3 for every \$1 invested

Family Connects Racine County

- In 2017, Central Racine County Health Department (CRCHD) began to implement Family Connects with Ascension All Saints Hospital
 Funding from United Way of Racine County & Racine County Human Services Department
- Able to serve up to 600 families per year with 3 nurses
- Delivered alongside its long-term home visiting program → families referred for further services as needed

Trauma-Responsive Home Visiting

• CRCHD has integrated the Trauma Screening, Brief Intervention, and Referral to Treatment (<u>T-SBIRT</u>) into Family Connects

➢ 10−30 minutes to deliver

Prior research has shown that T-SBIRT is feasible to deliver in <u>pediatric care</u> and <u>workforce development</u> settings

Effective and efficient protocol for helping trauma victims access treatment and other services

Takeaway Messages

- 1. Trauma is a major public health problem.
- 2. Home visiting is a two-generation strategy that has great potential to prevent trauma and mitigate its effects.
- 3. Targeted, long-term home visiting programs can't do it alone.
- 4. Family Connects is a short-term, universal home visiting model that is proven to be effective and cost-effective.
- 5. Wisconsin could develop a trauma-responsive home visiting system by combining brief, universal services with targeted, long-term services.