

SCALING UP HOME VISITING IN WISCONSIN: A TWO-GENERATION STRATEGY TO ADDRESS TRAUMA

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Trauma is not a rare occurrence. Nearly six in 10 (57%) Wisconsin adults have endured at least one potentially traumatic adverse childhood experience (ACE) such as abuse, neglect, or household challenges. However, 85% of low-income mothers have at least one ACE and they are twice as likely as the general population to have two or more ACEs. Trauma has intergenerational consequences as well, by increasing parents' risk of problems such as mental health challenges that may impair their ability to care for their children. Home visiting is a two-generation approach that can prevent childhood trauma and enhance parents' well-being by providing intensive, in-home support to vulnerable pregnant women and new parents. In Wisconsin, four evidence-based home visiting programs are being implemented across 31 counties and five tribal regions. Scaling up home visiting programs is a challenge because of their duration and cost. One option for doing so is Family Connects, a promising, "light touch" home visiting program being implemented in Racine County that serves all families regardless of income. At a cost of \$500 to \$700 per family, nurses conduct at least one home visit to assess the infant and family and create a plan for more intensive services if needed. One study found that the reduction in infant emergency medical care alone returned \$3 for every \$1 spent on the program.

Joshua Mersky

INTRODUCTION

Research on trauma has produced two certain conclusions. First, trauma is prevalent. For example, over 60% of adults in the United States report that they have endured at least one potentially traumatic adverse childhood experience (ACE) such as abuse and neglect, household substance use, or domestic violence.¹ Second, trauma is consequential. Research has shown that ACEs are the leading environmental causes of disorder, disability, and disease.² ACEs also increase the risk of low educational attainment, unemployment, and criminal offending.^{3,4,5} The more ACEs a person suffers, the worse their outcomes tend to be throughout the life course. Worse still, ACEs do not represent all potentially traumatic events in childhood, and they do not begin to account for various forms of trauma that adults experience.

Yet, we have a reason to be hopeful because there are effective ways to prevent trauma and intervene after it has occurred. Two-generation programs have the potential to mitigate the effects of trauma on parents while also protecting their children from trauma. In this chapter, I document the scope of trauma in Wisconsin, especially in economically distressed communities. I then highlight the promise of home visiting as a two-generation strategy to address trauma. I summarize the state of home visiting in Wisconsin and highlight an innovative home visiting program, Family Connects, that is being implemented in Racine County.

Two-generation programs have the potential to mitigate the effects of trauma on parents while also protecting their children from trauma.

TRAUMA IN WISCONSIN

In recent years, we have learned a great deal about the scope of trauma in Wisconsin.

70% of low-income Wisconsin mothers have endured two or more adverse childhood experiences (ACEs), twice the rate of the general adult population.

A 2018 report commissioned by the Wisconsin Child Abuse and Neglect Prevention Board showed that 57% of Wisconsin adults have endured at least one ACE.⁶ Although ACEs are widely distributed in the population, they are not equally distributed. ACEs are more prevalent in low-income families and communities. In Wisconsin, my co-authors and I have documented the prevalence and impact of ACEs in the Families and Children Thriving (FACT) Study, a longitudinal investigation of low-income households receiving home visiting services. We found that 85% of mothers in the study had suffered at least one ACE, and 70% of the women had two or more ACEs—roughly twice the rate of Wisconsin’s general adult population.⁷ Approximately 40% reported that they were physically abused, and 50% grew up with an adult who abused alcohol or other drugs.⁸

Our research at the Institute for Child and Family Well-Being has uncovered similarly high rates of trauma among other underprivileged groups, including job-seeking men in Milwaukee.⁹ But trauma is not just an urban problem. In fact, we found that ACEs are more prevalent among low-income white and Native American women who live mostly outside of urban areas than among black and Hispanic women who live largely in urban areas.¹⁰ Our results reinforced a study of 85,000 adults in the National Survey of Children’s Health, which showed that ACEs are more prevalent among low-income whites than low-income blacks and Hispanics.¹¹

ACEs are only the beginning of the story, because trauma does not end in childhood. Drawing on lessons from ACE research, we developed the Adult Experiences Survey to measure adverse adult experiences. We found that over 40% of mothers in the FACT Study have been physically abused by a partner or spouse, and almost 60% have been emotionally abused. More than a third (37%) of the women have experienced adult homelessness. We also showed that childhood trauma increases the risk of adult trauma, and that stacking adult trauma on top of childhood trauma increases the risk of depression, anxiety, and posttraumatic stress disorder.¹²

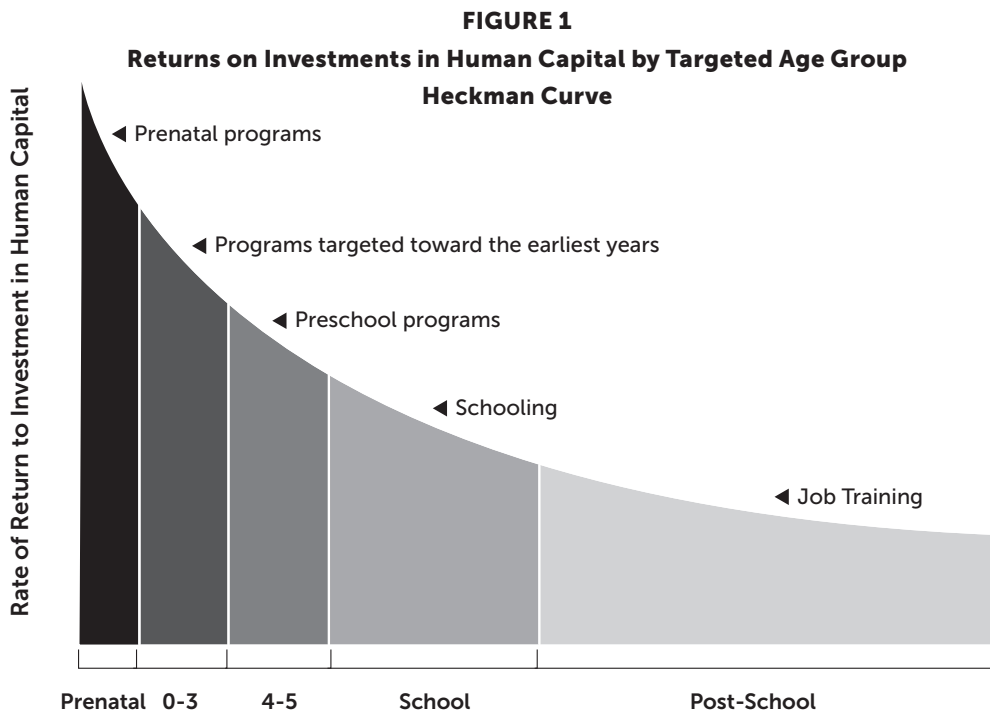
Trauma also has intergenerational consequences. Trauma increases the risk of many problems such as substance abuse and mental health challenges that may impair parents’ ability to care for their children. As a result, the trauma parents have experienced can undermine the development of their offspring. For instance, my research has shown that the higher the mother’s ACE score, the more likely it is that her children will have emotional and behavioral challenges.¹³ As discussed in the previous chapter, strong parent-child connections are critical for children’s health and school achievement as well as later success in the labor market. When those connections are missing, children are more likely to experience further adversity in adulthood and pass along this downward cycle to the next generation.

HOME VISITING: AN EVIDENCE-BASED, TWO-GENERATION STRATEGY

Many programs have been designed to either prevent trauma or alleviate the suffering it causes. Two-generation programs have the potential to do both. By serving parents and children together, they hold great promise as a means of interrupting the intergenerational cycle of trauma.

Home visiting is one example of a two-generation approach with a strong evidence base. Home visiting programs provide in-home support and services to enhance the well-being of children and their caregivers. Research indicates that home visiting services can promote maternal and child health, nurturing home environments, and gains in child development. As Nobel Prize-winning economist James Heckman has demonstrated,

interventions like home visiting that target the earliest years are among the most effective and cost-effective investments we can make as a society. The “Heckman Curve” summarizes the large body of research on the returns on investments in various programs (see Figure 1).¹⁴



Source: James Heckman, Nobel Laureate in Economics, University of Chicago.
Retrieved from <http://heckmanequation.org/resource/the-heckman-curve/>

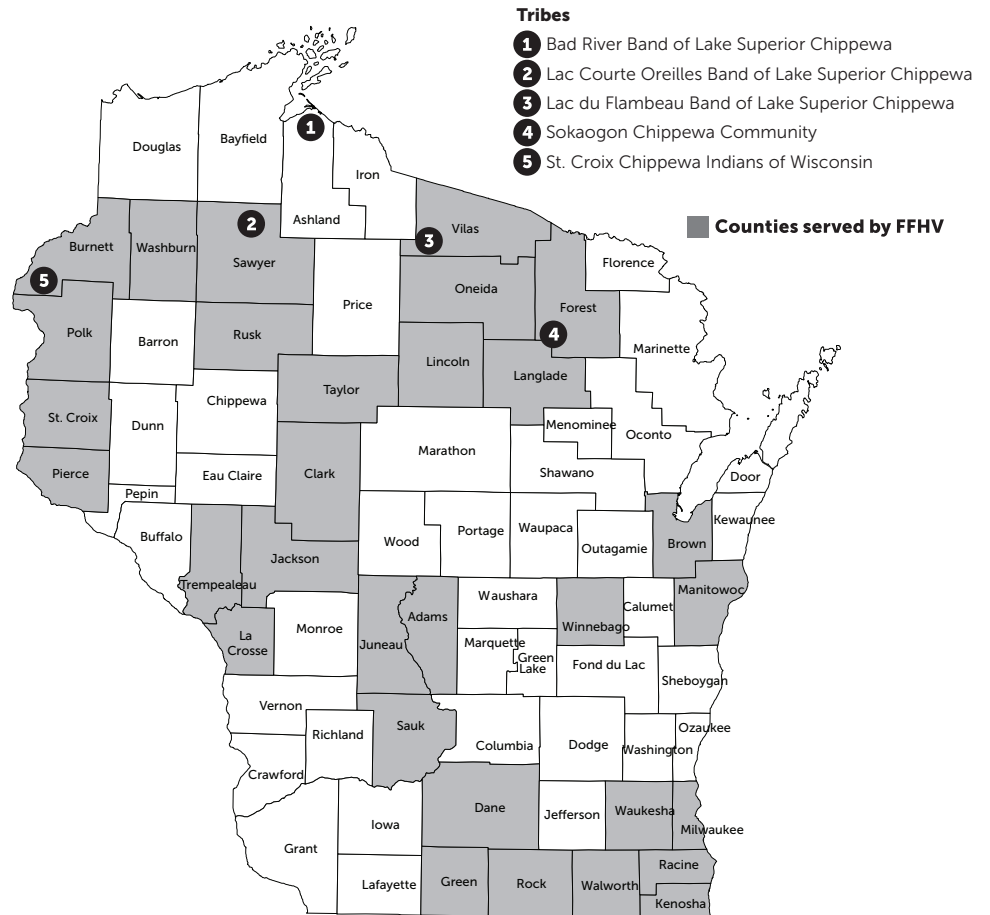
Based on this body of evidence, local, state and federal governments are supporting the implementation of home visiting programs in all 50 states.¹⁵ Since 2011, Congress has allocated more than \$2.5 billion in funding to states through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. As of August 2018, 20 home visiting models have met the U.S. Department of Health and Human Services’ criteria for evidence of effectiveness.¹⁶ Most of these evidence-based programs begin prenatally, last for multiple years, and serve primarily at-risk children and families.

WISCONSIN’S FAMILY FOUNDATIONS HOME VISITING PROGRAM

Home visiting programs in Wisconsin are coordinated by the Department of Children and Families, in partnership with the Department of Health Services, through the Family Foundations Home Visiting (FFHV) program. FFHV is funded principally by MIECHV, and it receives additional support through Temporary Assistance for Needy Families (TANF) and state general purpose revenue. As shown in Figure 2, FFHV services are currently administered by local implementing agencies (counties or nonprofit organizations) across 31 counties and five tribal regions (see Legislative Fiscal Bureau chapter in this report). In 2017, the program served nearly 1,500 families and provided more than 18,000 home visits.¹⁷

Home visiting programs are administered across 31 counties and 5 tribal regions in Wisconsin.

FIGURE 2
Wisconsin Counties and Tribal Regions Served by the Family Foundations Home Visiting (FFHV) Program (2018)



Source: Wisconsin Legislative Fiscal Bureau (see chapter in this report).

FFHV prioritizes serving the state’s most vulnerable families, particularly pregnant mothers who may lack access to physical and mental health care and need parenting support. The program serves some of Wisconsin’s highest-risk communities identified through a 2015 needs assessment that focused on various risk factors, including high rates of infant mortality, child maltreatment, substance abuse, domestic violence, crime, school dropout, poverty, and unemployment. More than 96% of the households served by FFHV have incomes at or below 200% of the poverty line or are eligible for means-tested benefits such as TANF and BadgerCare Plus.

FFHV programs are voluntary and utilize intensive, evidence-based curricula. FFHV currently supports four evidence-based home visiting models: Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Along with federally funded initiatives in other states, FFHV selected these models because they

have the potential to improve outcomes in six areas, including two that are directly related to ACEs and trauma (in bold):

- Improved maternal and child health
- **Prevention of child injuries, child abuse, neglect, and maltreatment**
- Increased school readiness and achievement
- **Reduced domestic violence**
- Improved family economic self-sufficiency
- Greater coordination and referrals to other community resources and support

While home visiting programs have great potential to improve the outcomes of children and families, they are not without limitations. These programs aim to serve families for multiple years, but up to two-thirds of families drop out of services early.¹⁸ Most home visiting models are also resource-intensive, costing roughly \$7,500 per family per year.¹⁹ Due partly to their duration and cost, they reach only a small fraction of the families that might benefit from services. To illustrate, Wisconsin's FFHV program averages around 650 new enrollments per year, representing less than 1% of families with newborns statewide.²⁰ Thus, if home visiting is to reach its potential to interrupt the intergenerational cycle of trauma on a large scale, we need to find ways to reach more families.

FAMILY CONNECTS: AN EVIDENCE-BASED, UNIVERSAL HOME VISITING MODEL

Family Connects is a “light touch” home visiting model that aims to ensure all infants and their parents get off to a great start, no matter their socioeconomic status. By serving all families with newborns in a community, the program was designed to have a large-scale impact on public health problems such as child abuse and neglect. The program does so efficiently by matching services to each family’s needs. The program begins with outreach to all new parents in a hospital maternity ward, during which an initial home visit is scheduled. At the home visit, which occurs about three weeks after a mother gives birth, a public health nurse completes an assessment of the infant as well as the family’s strengths and needs. For most families, the initial home visit is all the support that they require. Yet, families that could benefit from further support may receive ongoing services from their home visitor and other partner agencies in the program’s referral network.

An initial randomized trial in Durham, North Carolina, showed that 80% of families accepted services and, of those, 86% successfully completed the program.^{21,22} The study found that Family Connects enhanced home environment safety, parenting behavior, and father involvement while reducing child protective service reports and infant emergency medical care. By cutting down emergency medical care alone, this low-cost program (\$500 to 700 per family) returned more than \$3 for every \$1 spent.

By cutting down on emergency medical care alone, Family Connects returned more than \$3 for every \$1 spent.

FAMILY CONNECTS RACINE COUNTY

Family Connects is now recognized by the federal MIECHV program as an evidence-based intervention, and the model is being disseminated throughout the country. In July 2017, the Central Racine County Health Department (CRCHD) became the first agency in Wisconsin to implement Family Connects. CRCHD adopted Family Connects after it became clear that its long-term home visiting program, while beneficial for

those receiving services, was not reaching the number of families required to achieve its public health goals. CRCHD delivers Family Connects alongside its long-term home visiting program, and the former complements the latter by linking families with greater needs to more intensive services. By offering brief and long-term home visiting services, CRCHD helps ensure that families receive the appropriate level of care—no less and no more. In so doing, CRCHD has developed a model of care that is consistent with a national movement toward precision home visiting.²³

Family Connects also is helping coordinate trauma-responsive services and resources in Racine County on an unprecedented scale. For example, CRCHD established a close relationship with the Positive Parenting Program (Triple P) that is delivered by Children’s Hospital of Wisconsin in Racine. Triple P is an evidence-based family support intervention that has been shown to prevent child maltreatment and reduce emotional and behavioral problems in children who have been maltreated.²⁴ CRCHD has also collaborated with the Institute for Child and Family Well-Being to train Family Connects nurses to deliver the Trauma Screening, Brief Intervention and Referral to Treatment (T-SBIRT) protocol. T-SBIRT is a 10-minute intervention that has been shown to help assess trauma and increase the likelihood that adults will accept a referral for mental health services.²⁵

Racine County employs three Family Connects nurses who are able to serve up to 600 families each year.

At present, CRCHD employs three Family Connects nurses who are able to serve up to 600 families each year—nearly the same number of annual enrollments in the statewide FFHV program. In early 2019, with support from the Child Abuse and Neglect Prevention Board, the Institute for Child and Family Well-Being will launch an 18-month impact study of this innovative program. If the study demonstrates that the program is effective, policymakers could consider expanding local and state funding for Family Connects so that the program can be brought to scale in Racine and other counties. As evidence of its effectiveness and cost-effectiveness gains momentum, universal postpartum home visiting could become a reimbursable standard of care.

KEY TAKEAWAYS AND NEXT STEPS

This chapter discussed several important facts about trauma and highlighted home visiting as a two-generation strategy to prevent trauma and mitigate its effects.

- Trauma is a common occurrence, not a rare event. For example, 57% of Wisconsin adults have endured at least one potentially traumatic adverse childhood experience (ACE) such as abuse, neglect, or household challenges.
- Although trauma is widely distributed in society, it is not equally distributed. Trauma is more prevalent in poor families than the general population.
- Trauma has lasting consequences for all populations, regardless of socioeconomic status. For instance, ACEs are among the leading environmental causes of mental and physical health problems in later life.
- Home visiting is a two-generation strategy with potential to prevent children from experiencing trauma while supporting parents who have experienced trauma.
- Wisconsin’s Family Foundations Home Visiting program is a statewide network of agencies that provide evidence-based home visiting services to some of the state’s most vulnerable families.

- Most home visiting models are intensive, long-term programs. Although they can be effective, they are difficult to scale up due to their duration and cost.
- Family Connects is a brief, low-cost home visiting program that aims to have a large-scale impact on public health by reaching all families with newborns in a community.
- Family Connects allocates resources efficiently by tailoring the amount of services each family receives based on its level of need.
- Family Connects is an evidence-based model. It has been linked to many important benefits, including lower rates of infant emergency medical care and child protective service reports. The program has been shown to return over \$3 for every \$1 spent.
- In 2017, the Central Racine County Health Department became the first Family Connects site in Wisconsin. With three public health nurses, the program can serve up to 600 families per year.

In early 2019, with support from the Child Abuse and Neglect Prevention Board, the Institute for Child and Family Well-Being will launch an 18-month impact study of Racine's Family Connects program.

- If the study produces local evidence of impact, policymakers could consider expanding funding for Family Connects in Racine and other localities.
- The Central Racine County Health Department has integrated Family Connects with its long-term home visiting program, which could serve as a model of care for other Wisconsin counties and sites nationwide.
- In the long run, universal postpartum home visiting could become a reimbursable standard of care.

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