

Agenda

Introduction
ROI Calculator Overview
What's New
Building the Business Case
Get Involved
Questions?



A Program of ZERO TO THREE



Our traditional fee-for-service health care system pays for behavioral health problems, not prevention

Continuum of behavioral health services and supports for children

PREVENTION:

Typically not available or covered

PROBLEMS:

Provided and covered

Insurers and payers usually:

- Only pay for diagnosis-driven services
- Focus on short-term saving opportunities
- View young children as healthy and low-cost, so new investments in prevention are not prioritized
- Lack an understanding of the early brain science and the importance of dyadic services for young children and caregivers



Overall HealthySteps (HS) Site Funding Sources

Billing payers for HS services

e.g., Medicaid, commercial

Bundled service arrangements or capitation

e.g., per member, per month

Direct contracting with health plans

Value-based purchasing

PAYER REIMBURSEMENT

A BRAIDED AND DIVERSE FUNDING APPROACH IS IDEAL

Health system reinvestment, department funds

Local funds

State budget

Department of Defense, Indian Health Service

OTHER FUNDING SOURCES

Federal

State/municipal

Philanthropic

GRANTS



A Program of ZERO TO THREE



How we collaborate

- Support your team with expertise in billing and coding
- Develop, track, and share sustainability best practices
- Provide tools, like the ROI
 Calculator and
 HealthySteps Business
 Case Template
- Help you identify your
 Members of Congress for outreach
- Track federal legislation

Identified Need

Funding for HealthySteps at your practice is changing

Proactive Outreach

New approaches to sustainability for HealthySteps may be of interest to your state

We're with you every step of the way!





Why is this important?



Value proposition of HealthySteps to important stakeholders:

- State Medicaid agencies
- Health system leadership
- Managed care organizations (MCOs)
- Legislative officials
- Philanthropies





Evolution of the ROI Calculator

2015-2017

2020-2023

2023-2025

- HS National Office partnered with Colorado sites and Manatt Health to develop the initial version, an Excel spreadsheet, which quantified short-term Medicaid savings based on interventions provided by HS Specialists
- Used to secure a state budget line item

- Transformed the spreadsheet into an online, automated ROI Calculator that could be used by the broader HS network
- Used by sites in CA, CO, IL, MA, NC, NJ, NY, & SC to conduct site/health system/statewide analyses

- The National Office partnered again with Manatt Health to update the online tool
- Now reflects additional services provided by HS Specialists that accrue estimated savings to Medicaid AND other public sectors (e.g., criminal justice and education systems) in both the short- AND long term

A Program of ZERO TO THREE

HealthySteps ROI Calculator Cost Savings Interventions

- 1 ORIGINAL INTERVENTIONS
- Appropriate Use of Care
- Reduction in Asthma Incidence
- Reduction in Intimate Partner Violence
- Breastfeeding Support
- Smoking Cessation
- Oral Health
- Maternal Depression Treatment
- Birth Planning/Spacing
- Flu Vaccine

- 2 NEW INTERVENTIONS
 - Diaper Assistance
 - Food Security
 - Early Detection
 - Positive Parenting
 - Immunizations (Combo-7)
- 3 FUTURE INTERVENTIONS
 - We continue to review research and add to the calculator





Approach to HealthySteps Cost Savings Analysis



The HealthySteps ROI calculator is designed to capture both the short-term and long-term savings resulting from services provided over a one-year period.

Savings associated with these services accrue at different times.

- Some savings occur in the short-term, defined as within ≤1 year after receiving the intervention. These are reflected in the "short-term ROI."
- Other savings accumulate over the long term, which are defined as more than 1 year from the time the intervention is provided. "Longer-term ROI" includes savings that accrue over both one year and beyond, encompassing both short- and long-term benefits.

Not all savings related to HealthySteps services can be quantified.

The estimates tend to be **conservative** and likely **underestimate** the full economic impact and benefits of HealthySteps.



Return on Investment Calculation

Short-Term ROI = Total Short-Term Savings – Total Operating Costs

Total Operating Costs

Longer-Term ROI = Total Savings - Total Operating Costs

Total Operating Costs



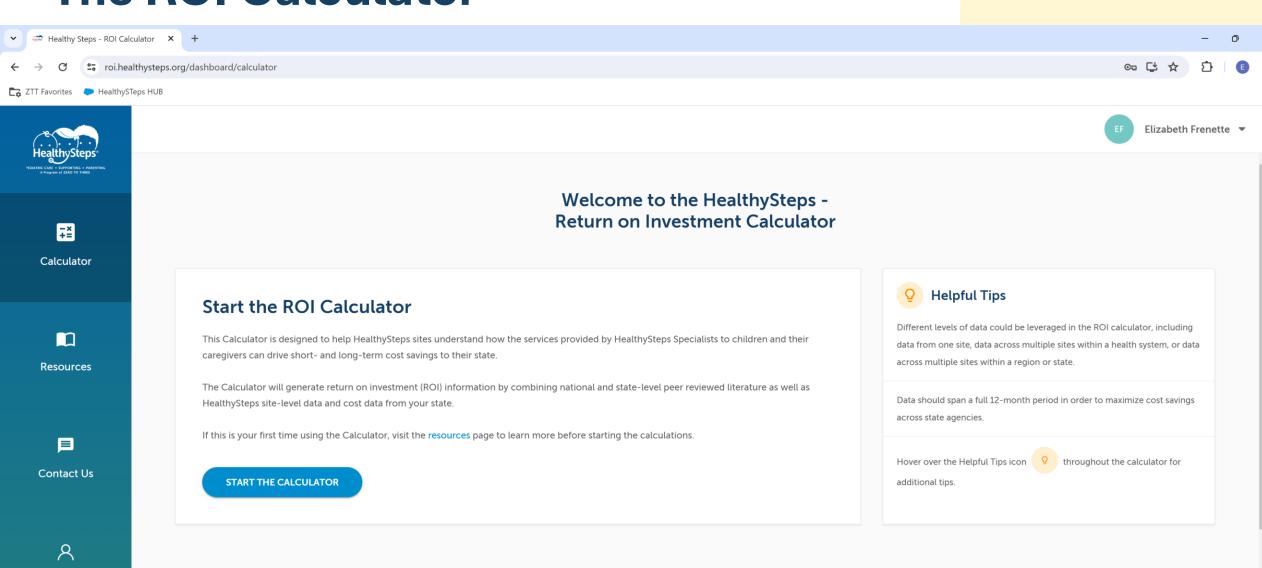


HealthySteps Interventions That Accrue to Multiple Sectors*

	HealthySteps Service	Health care	Education	Public Assistance	Child Welfare	Criminal Justice
Long-term Savings <i>only</i>	Appropriate Use of Care					
	Reduction in Asthma Incidents					
	Diaper Assistance					
	Reduction in Intimate Partner Violence					
	Breastfeeding Support					
	Food Security					
	Early Detection					
	Positive Parenting					
	Smoking Cessation					
Both short- and long-term savings	Oral Health					
	Maternal Depression Treatment 🧗					
	Birth Planning/Spacing 🕌					
	Immunizations (expanded)					

The ROI Calculator

YOUR REPORTS **Q**



Total Cross-Sector Cost Savings to Medicaid & Other Public Sectors



CHILD-FOCUSED INTERVENTIONS

- Oral health*
- Asthma
- Appropriate use of care
- Immunizations*
- Diapers
- Early detection



ADULT-FOCUSED INTERVENTIONS

- Breastfeeding
- Postpartum maternal depression*
- Intimate partner violence
- Healthy birth spacing*
- Food security
- Smoking cessation
- Positive parenting

Total Short- and Long-Term Savings: \$XXX,XXX

XX% AVERAGE ROI

leveraging the HealthySteps cost savings model developed by Manatt Health

For every \$1 the State invests in HealthySteps, the State realizes an estimated \$X.XX in savings** across state agencies over the longer term.

^{*} Savings accrue across both the short- and long-term

^{**} Savings above and beyond the initial \$1 invested by the State



Tips, Tools, and Resources to Build Your Business Case

- Partner with us!
- PowerPoint Presentation Slides
- ROI Calculator
 - Sample Report
- FAQ
- Peer-reviewed literature



How Does HealthySteps Support

[State Name] Goals?

Early Intervention

- ✓ Universal early and frequent developmental screening
- Warm handoffs to early intervention services
- ✓ Systems navigation for families

HealthySteps® PEDIATRIC CARE • SUPPORTING • PARENTING A Program of ZERO TO THREE

Community-Based Services

- Strengthens protective factors and addresses risk factors for abuse and neglect
- Screening for maternal depression and caregiver needs
- ✓ Partnership with Family Success Centers
- Universal screening for autism and socialemotional/behavioral health
- ✓ Care coordination and systems navigation
- ✓ Family support for navigating to Children's Systems of Care services

Maternal & Infant Health

- ✓ Screening for maternal depression and family needs
- Warm handoffs to home-visiting and perinatal programs
- ✓ Anticipatory guidance for caregivers

Health Care

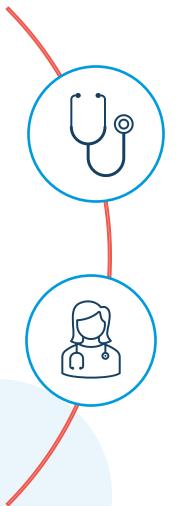
- ✓ Cost savings associated with adult and pediatric interventions
- ✓ Maternal and infant health support in primary care
- ✓ Ensuring closed-loop referrals to specialty care



A Program of ZERO TO THREE

New York's State of Babies

HealthySteps Specialists support children, families, and providers navigate complex challenges:



PREVENTABLE DISEASES

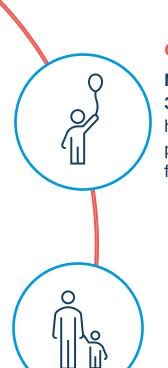
Vaccination rates for routine immunizations continue to lag behind pre-pandemic levels, increasing the risk of preventable disease outbreaks.

In **2024**, more than **one in four** children under three in **New York** had not received recommended vaccines.

PREVENTIVE MEDICAL CARE

Preventive medical care (also known as "well-child care") is a critical opportunity to detect a developmental delay or disability, so that early treatment can reduce its impact on both the child and family.

In **2023**, **90.8**% of infants/toddlers in **New York** had a preventive medical care visit in the past year, this is slightly above the national average of 89.3%.



CHILD POVERTY

New York is home to **649,646 babies**, representing **3.3**% of the state's population. As many as **37**% live in households with incomes less than twice the federal poverty line (for 2025, about \$32,150 for a family of four¹), placing them at economic disadvantage.

PARENTAL STRESS

One in 14 children has a caregiver with poor mental health, and the COVID-19 pandemic significantly increased maternal anxiety.

10% of mothers in New York experience less than optimal mental health.

Arkansas State Example

Identify Need

Local advocates and health care providers identified HealthySteps as a good fit for state needs

Robust grant funding allowed a 7-site demonstration project

Brought in the HS National Office to collaborate on advocacy for a sustainable funding approach

Make the Case

Educated decision makers about the high potential for return on investment with HealthySteps

Result

Legislation passed in April 2023 that created a supplemental payment for HS





South Carolina State Example

Identify Need

Health care providers identified
HealthySteps as a good fit for state
needs

Loss of health system funding that supported HealthySteps

Brought in the HS National Office to collaborate on advocacy for a sustainable funding approach

Make the Case

Educated decision makers about the high potential for return on investment with HealthySteps

Result

SC Dept. of Public Health and SC Dept. of Social Services are providing \$2 million to sustain HealthySteps and have begun pressuring Medicaid to support







Get Involved

Advocating for Babies, Toddlers, and Caregivers



Follow ZTT on social media



Call your state representatives



Join community and local coalitions



Reach out to us!



Contact Information



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Evidence Summary References



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- ² El-Sherif, A., Mitchell, S., Farley, A., Lujan, E., Smith, K., Wise, T., Green, P., Maslen, P., Buchholz, R. (2023, Oct 20 24) Increasing Comprehensive Pediatric Screening through HealthySteps Implementation [Poster Session]. AAP Annual Conference, Washington, DC.
- ³ Authorship TBD (under review). Using Medicaid claims to estimate the effect of HealthySteps on pediatric preventive services. Submitted to JAMA Pediatrics in June 2024.
- ⁴ Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D., Genevro, J., Grason, H., Hou, W., Keng-Yen, H., Hughart, N., Snow Jones, A., McLearn, K.T., Miller, T., Minkovitz, C., Scharfstein, D., Stacy, H., Strobino, D., Szanton, E., & Tang, C. (2003). Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation. https://ztt-healthysteps.s3.amazonaws.com/documents/139/attachments/2003_ HS_National_Evaluation_Report.pdf?1539967.
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- Gross, R.S., Briggs, R.D., Hershberg, R.S., Silver, E.J., Velazco, N.K., Hauser, N.R., & Racine, A.D. (2015). Early child social-emotional problems and child obesity: Exploring the protective role of a primary care-based general parenting intervention. Journal of Developmental and Behavioral Pediatrics, 36(8), 594-604, https://doi.org/10.1097/DBP.000000000000212.
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- 15 Briggs, R. D., Silver, E.J., Krug, L.M., Mason, Z.S., Schrag, R.D.A., Chinitz, S., & Racine, A.D. (2014). Healthy Steps as a moderator: The impact of maternal trauma on child social-emotional development. Clinical Practice in Pediatric Psychology, 2(2), 166-175. https://doi.org/10.1037/
- ¹⁴ Buchholz, M., & Talmi, A. (2012). What we talked about at the pediatrician's office: Exploring differences between Healthy Steps and traditional pediatric primary care visits. Infant Mental Health Journal, 33(4), 430-436. https://doi.org/10.1002/imhj.21319.
- 15 Wolcott, C., Buchholz, M., Ehmer, A., Stein, R., & Talmi, A. (2017, Nov 29 Dec 2) Adversity and well-child visit attendance: The role of a preventative primary care intervention [Poster Session]. ZERO TO THREE Annual Conference, San Diego, CA.

- Child Visits and Immunizations in the First Year. Journal of Pediatric Psychology, 47(3). 360-369. https://doi.org/10.1093/jpepsy/jsab104.
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- ¹⁹ Valado, T., Davies, D., Till, L., Lee, H. (2020, Oct 24 Oct 28). Using Data and Continuous Quality Improvement Methods to Drive Improvements to Services and Outcomes in Pediatric Primary Care [Conference presentation]. American Public Health Association 2020 Annual Meeting and Expo,
- ²⁰ Leis, J., Powell, B., Davies, D., Till, L. Ibanez Gomez, L. (2019, Oct 2 Oct 4). Continuous Quality Improvement within HealthySteps: Experiences Across Sites and Efforts in Three Outcome Pilot Sites [Conference presentation], Zero To Three Annual Conference, Hollywood, Fl. United States.
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- Effective implementation of culturally appropriate tools.
 Effective implementation of culturally appropriate tools. in addressing overweight and obesity in an urban underserved early childhood population in pediatric primary care. Clinical Pediatrics, 58(5), 511-520. https://doi: 10.1177/0009922819832088.
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- 2º Buchholz, M., Burnett, B., Margolis, K.L., Millar, A., & Talmi, A. (2018). Early childhood behavioral health integration activities and HealthySteps: Sustaining practice, averting costs. Clinical Practice in Pediatric Psychology, 6(2), 140-151. https://doi.org/10.1037/cpp0000239.

Source List—Child-Focused Interventions (1/2)

Oral Health

- http://www.aapd.org/assets/1/7/2016 Legislative Fact Sheet 4-PD Article Early Visits.pdf
- http://www.aapd.org/resources/frequently_asked_questions/

Asthma

- https://www.cdc.gov/asthma/brfss/2018/child/tableC3.html
- https://www.researchgate.net/profile/Cynthia-Kelly 3/publication/12527826 Outcomes Evaluation of a Comprehensive Intervention Program for Asthmatic Children Enrolled in Medicaid/links/0912f50
 89d09f8f06b000000/Outcomes-Evaluation-of-a-Comprehensive-Intervention-Program-for-Asthmatic-Children-Enrolled-in-Medicaid.pdf

Appropriate Use of Care for Ambulatory Sensitive Conditions

- https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=1&subcomponent=0&year=2014&tableSeries=-1&searchText=&searchMethod=1&Action=Search
- https://meps.ahrq.gov/data_files/publications/st484/stat484.pdf
- https://meps.ahra.gov/mepsweb/data_stats/MEPSnetHC/hcaction
- https://www.emedny.org/ProviderManuals/Physician/index.aspx
- https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician Manual Fee Schedule Sect2.xls
- https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician Procedure Codes Sect2.pdf
- https://www.health.ny.gov/health_care/medicaid/rates/fqhc/
- https://www.health.ny.gov/health_care/medicaid/rates/fqhc/fqhc_trended_ceilings.htm
- https://www.macpac.gov/publication/access-in-brief-use-of-emergency-departments-by-children/

Source List—Child-Focused Interventions (2/2)

Vaccines

- https://www.cdc.gov/flu/fluvaxview/reportshtml/reporti1617/reportii/index.html
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4272519/pdf/12879 2014 Article 670.pdf
- https://www.cdc.gov/flu/professionals/vaccination/effectivenessqa.htm
- https://www.cdc.gov/flu/about/disease/2015-16.htm
- https://pubmed.ncbi.nlm.nih.gov/35024795/
- https://jamanetwork.com/journals/jamapediatrics/article-abstract/486191
- https://www.cdc.gov/vaccines/vpd/polio/hcp/effectiveness-durationprotection.html#:~:text=Two%20doses%20of%20inactivated%20polio,99%25%20to%20100%25%20effective
- https://www.cdc.gov/vaccines/vpd/mmr/public/index.html#:~:text=One%20dose%20of%20MMR%20vaccine%20is%2093%25%20effective%20against%20mumps
- https://www.immunize.org/askexperts/experts_per.asp

Diapers

• https://nationaldiaperbanknetwork.org/wp-content/uploads/2022/02/The-Social-and-Economic-Impacts-of-the-Dlaper-Bank-of-Connecticut-1.pdf

Early Detection

- http://www-personal.umich.edu/~baileymj/Bailey_Sun_Timpe.pdf
- https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s_nmfis03c01.pdf
- https://www.sri.com/wp-content/uploads/2021/12/neils_finalreport_200702.pdf
- https://www.fosters.com/story/news/2007/09/09/neglecting-special-education-federal-government/52529178007/

Source List—Caregiver-Focused Interventions (1/2)

Breastfeeding

- https://www.ncbi.nlm.nih.gov/pubmed/26644419
- https://pediatrics.aappublications.org/content/146/5/e20191892

Postpartum Maternal Depression

- https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states
- http://pediatrics.aappublications.org/content/pediatrics/113/6/e523.full.pdf

Intimate Partner Violence

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497667/pdf/15504447.pdf

Healthy Birth Spacing

- https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a1.htm
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4470255/pdf/nihms698082.pdf
- https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6530e2.pdf
- https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states
- https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf
- https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up-2010.pdf
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2254565/pdf/hesr0042-1960.pdf

Source List—Caregiver-Focused Interventions (2/2)

Smoking Cessation

- http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0029665&type=printable
- https://pubmed.ncbi.nlm.nih.gov/25418250/
- https://web.archive.org/web/20190223223815id_/http:/pdfs.semanticscholar.org/4e7e/6b8a93c33d5f528dddfdb39a882ade2ebf33.
 pdf

Food Security

https://www.cdc.gov/pcd/issues/2019/18_0549.htm

Positive Parenting

- https://familyconnects.org/wp-content/uploads/2023/06/Randomized-controlled-trial-of-Family-Connects.pdf
- http://www.wsipp.wa.gov/ReportFile/1498

Source List—Broader or Longer-Term Impacts

Substance Abuse

https://www.shvs.org/wp-content/uploads/2018/03/SHVS Medicaid-Opioids Final.pdf

Continuous Enrollment

https://www.macpac.gov/publication/ch-2-promoting-continuity-of-medicaid-coverage-among-adults-under-age-65/

Housing Insecurity

• http://childrenshealthwatch.org/wp-content/uploads/Unstable-Housing-and-Caregiver-and-Child-Health-in-Renter-Families.pdf

Nutrition & Food Insecurity

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4880217/

Overview of ROI Methodology

- HealthySteps Return on Investment (ROI) is a measure of total savings generated from services provided by a HealthySteps site over a one-year period compared against service delivery costs for one year of operations.
- Short-term vs. Longer-term ROI:
 - Short-term ROI includes savings that accrue over a one-year timeframe.
 - **Longer-term ROI** includes savings that accrue over a timeframe of one year or longer, including both short and long-term savings
 - For example, the savings realized for the treatment of postpartum depression (reduction in healthcare utilization) are seen across the first six years following birth.
- Positive vs. Negative ROI:
 - A positive ROI (>0%) indicates that savings generated by the site exceed program costs over the associated timeframe.
 - A negative ROI (≤0%) indicates that program costs generated by the site exceed savings generated over the associated timeframe.

Calculating Short- and Long-Term Cost Savings

Cross-sector cost-savings analysis incorporates:

- The total number of children served by HealthySteps sites, including the number of Medicaid-enrolled children* served by HealthySteps sites
- The total service delivery cost of administering HealthySteps at sites or health systems in a state
- Savings attributable to specific HealthySteps interventions, for children and caregivers

Savings attributable to HealthySteps interventions calculated by determining:

- How many children and/or caregivers received which HealthySteps interventions
- Site-specific service delivery data
- The estimated outcomes of those HealthySteps interventions (to Medicaid and other public sectors)
- Site-specific outcomes data and/or peer-reviewed research
- The savings attributable to those outcomes
- Peer-reviewed research and/or available expenditure/fee data

The analysis generates both low-end and high-end estimates for the cost savings.

How HealthySteps Aligns with [State

Name] Strategic Plan

Goal 1

Goal 2

Goal 3



HealthySteps Helps Support Select HEDIS Measures

HEDIS Measure	HS Area of Focus/Relevant RCT Outcomes			
Children and adolescents' access to PCPs (12-24 mo., 25 mo. to 3 years)	 Well-child visits and immunization rates Children were more likely to receive a well-child visit on time^{1, 2, 3, 4} Children were more likely to receive vaccinations on time^{1, 3, 4} and 1.4x more likely to be up-to-date on vaccinations by age 2^{1, 2} 			
Childhood immunizations (total 2 years old) all combinations				
Well-child visits first 15 months	• Continuity of care was better for both total visits and well-child			
Well-child visits (3 years)	visits ^{4, 5}			
Annual dental visits (children 2-3)	 Oral health and care coordination/systems navigation Children were 1.4x more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention¹ 			
Weight assessment/counseling for nutrition and physical activity (3 years)	 Parent education/support: Breastfeeding Mothers reported feeling more supported to breastfeed⁹ and breastfeed longer than the minimum 6 months recommended by the American Academy of Pediatrics² Children identified as being "at risk" of social-emotional challenges demonstrated lower rates of obesity at age 5 than comparable children who did not receive HealthySteps¹⁰ 			

HealthySteps Helps Support Select HEDIS Measures

HEDIS Measure	HS Area of Focus/Relevant RCT Outcomes		
Ambulatory care – emergency department visits	Parental education/support: Appropriate use of care		
Adults' access to preventative/ambulatory health services	• Children were 23% less likely to visit the emergency room for injuries in a 1-year period ¹		
Postpartum care	 Parental education: Unhealthy birth spacing . Mothers were 1.4x more likely to have a nonmedical referral, including for maternal depression¹ Mothers with depressive symptoms were more likely to discuss their symptoms^{1, 2, 4} Providers were more likely to discuss postpartum depression with mothers³ Mothers with depressive symptoms reported fewer symptoms after 3 months in the program⁹ 		
Flu vaccines for adults	Parental education: Prevention and tobacco, alcohol, and substance use • Families were 4x more likely to receive information on community resources ¹		
Initiation & engagement alcohol and other drug dependence treatment			
Medical assistance with smoking and tobacco cessation (18+)			

