



What About the Babies?

The Baby Bundle Meets
Medicaid's First 1000 Days

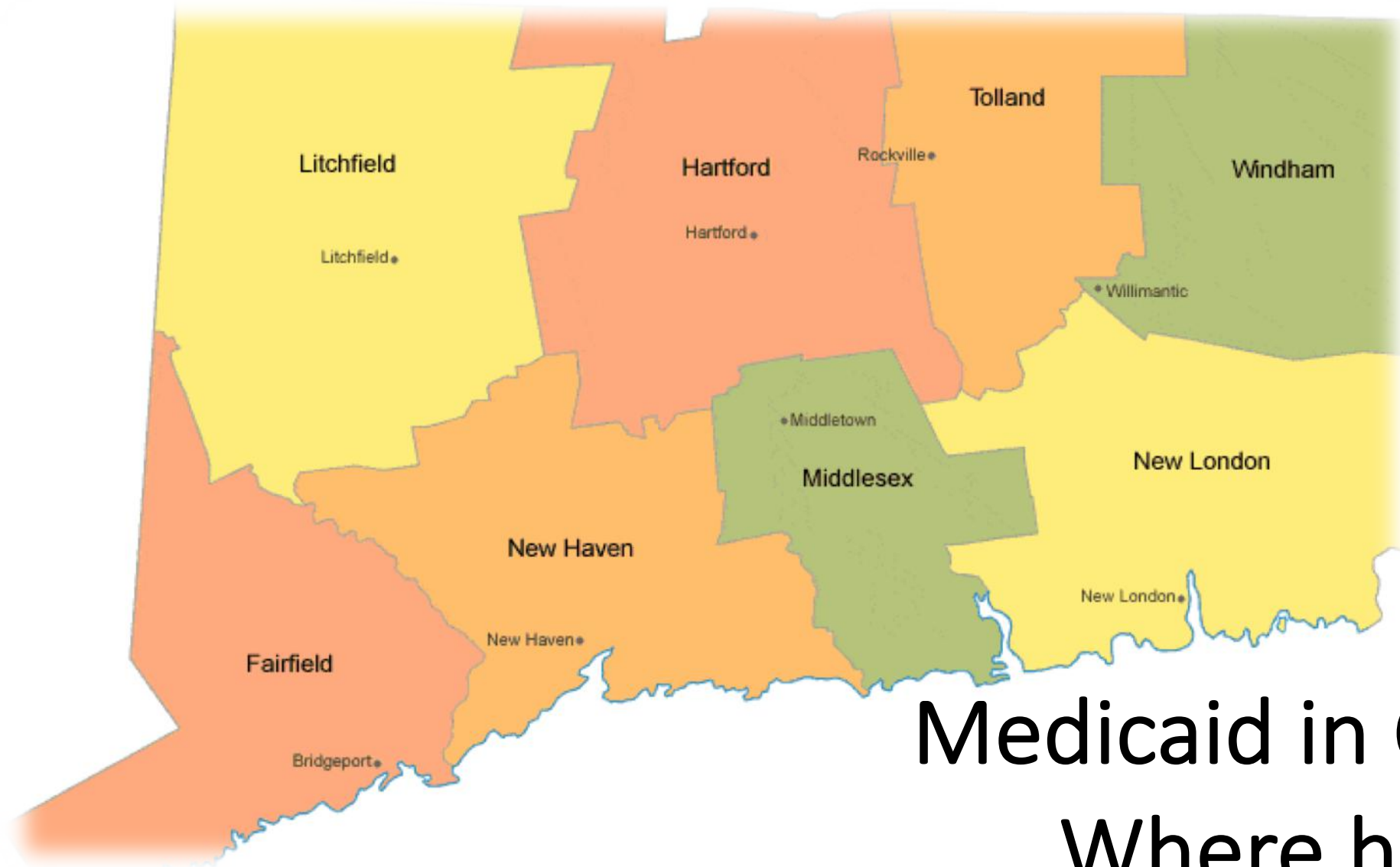
NOTE TO VIEWER

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SHOW MODE so you have
access to all content.



2018 Health and Human Services Convening

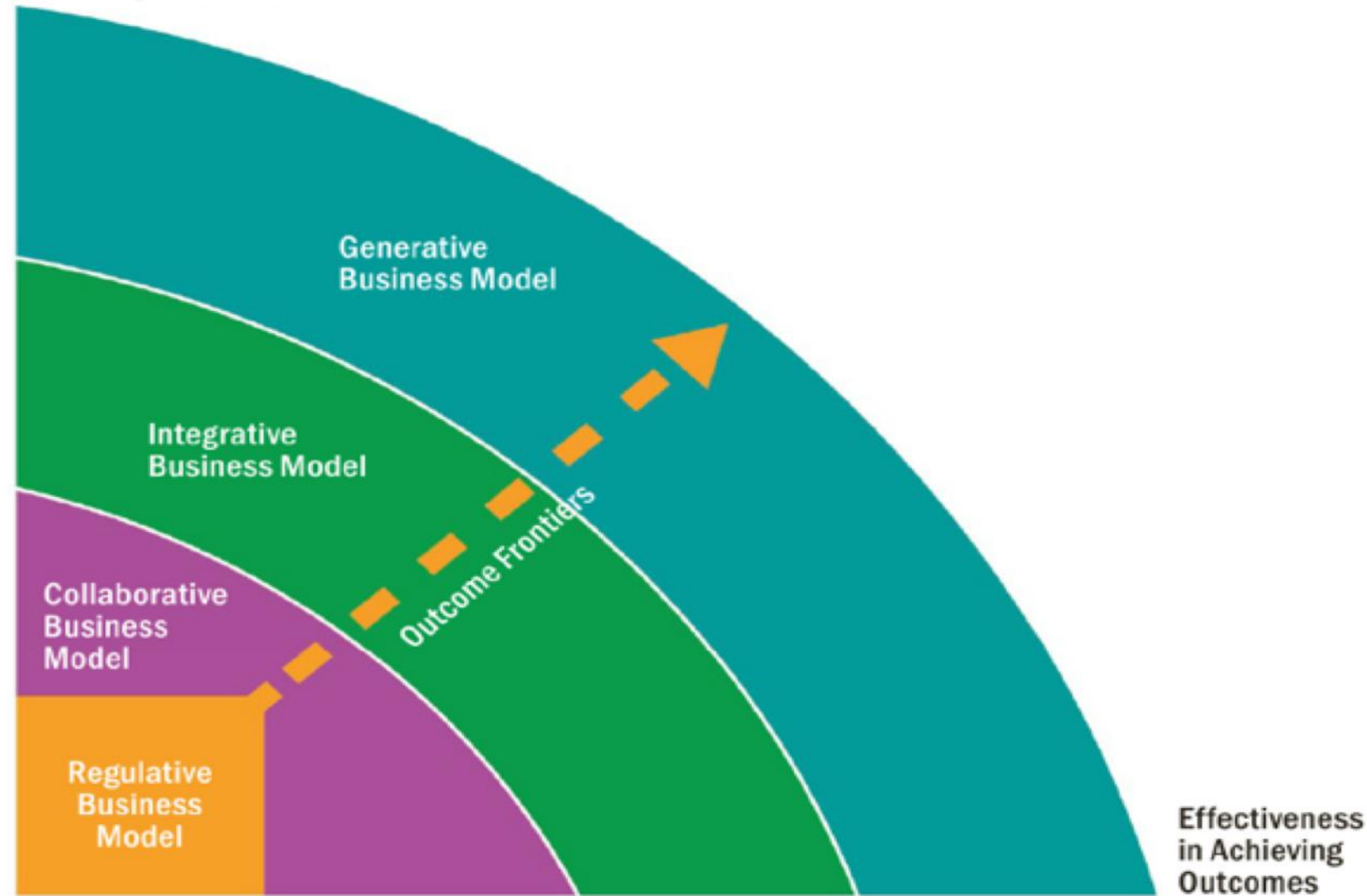
Roderick Bremby, Commissioner
CT Department of Social Services
Janice Gruendel, Senior Fellow
Institute for Child Success (SC)
Bridgeport Prospers, (CT)



Part I Medicaid in Connecticut: Where have we been and where are we going?

The Human Services Value Curve

Efficiency in
Achieving Outcomes



Regulative Business Model: The focus is on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.

Collaborative Business Model: The focus is on supporting constituents in receiving all services for which they're eligible by working across agency and programmatic borders.

Integrative Business Model: The focus is on addressing the root causes of client needs and problems by coordinating and integrating services at an optimum level.

Generative Business Model: The focus is on generating healthy communities by co-creating solutions for multi-dimensional family and socioeconomic challenges and opportunities.

Program

Most states pay private insurers to provide care under the program; Connecticut says it has saved money by reimbursing providers directly



Report: Medicaid-expansion states, led by CT, reduce per-person costs

Politics Health Care Budget/Economy Schools/Child Welfare Enviro

View as "Clean Read"

Share Email Print

July 24, 2017

Like 234

Connecticut saw per-person Medicaid spending decrease more than any other state over a five-year period that began the first year of expanded coverage under the Affordable Care Act. Per-person Medicaid spending in Connecticut dropped an average of 5.7 percent per year from 2010 to 2014, compared with an increase of 2.5 percent for private health insurance and an increase of 1.6 percent for Medicare, according to a [analysis of federal data](#) by Center for Medicare and Medicaid Services researchers published in the journal Health Affairs.

The article cites the implementation of the Affordable Care Act as having the most widespread impact on the health sector nationwide in the 2010-2014 period.

Spending more overall, but less per person

States such as Connecticut that chose to expand Medicaid under the Affordable Care Act collectively spent 12 percent more on Medicaid as a whole from 2013 to 2014, compared with 6 percent in non-expansion states, but on a per-person basis, the script was reversed.

17 COMMENTS

3. Megyn Kelly Expected to Lose Show Over 'Blackface' Remark



SECTIONS SEARCH

Hartford Courant

SALE \$1 for 3 months LOG IN

THURSDAY OCT. 25, 2018

OBITS E-NEWSPAPER BREAKING SPORTS COMMUNITY OPINION POLITICS BEST REVIEWS

45°

f t e

Letters Medicaid Saves

AUGUST 8, 2018

I was disappointed to read Democratic gubernatorial candidate Ned Lamont's comments in The Courant's Aug. 6 editorial ["[Our Nod For Democratic Nominee Goes To \(The Old\) Ned Lamont](#)"] about moving our state's successful Medicaid program back to managed care as a strategy to save money.

Since firing managed care organizations from our Medicaid program six years ago, Connecticut has saved \$118 million for taxpayers annually. We lead the nation in lowering per-person Medicaid costs of care.

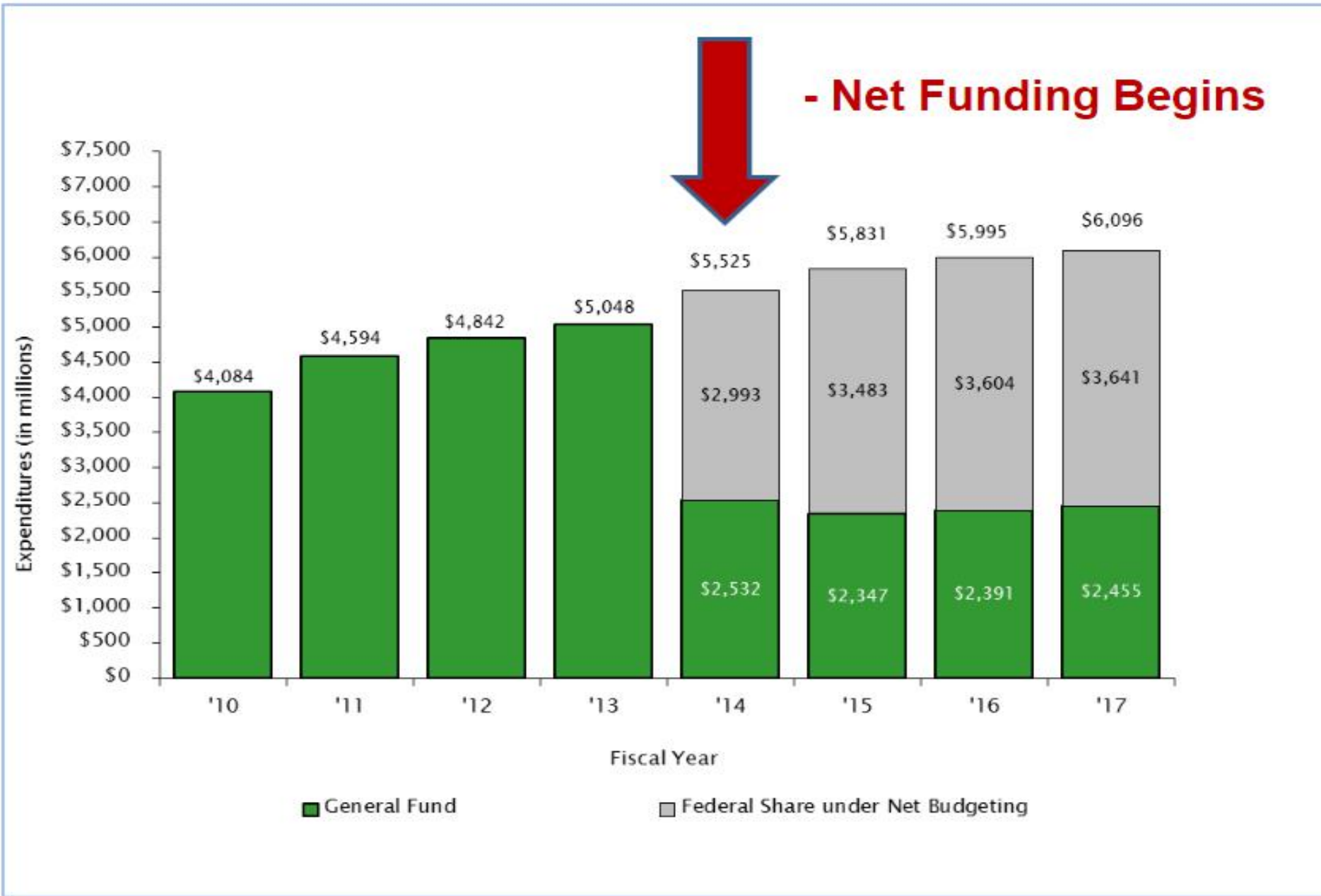
At the same time, we've increased the number of doctors participating in the program, increased preventive care and lowered emergency department and hospital visits.

Updated March 18, 2018

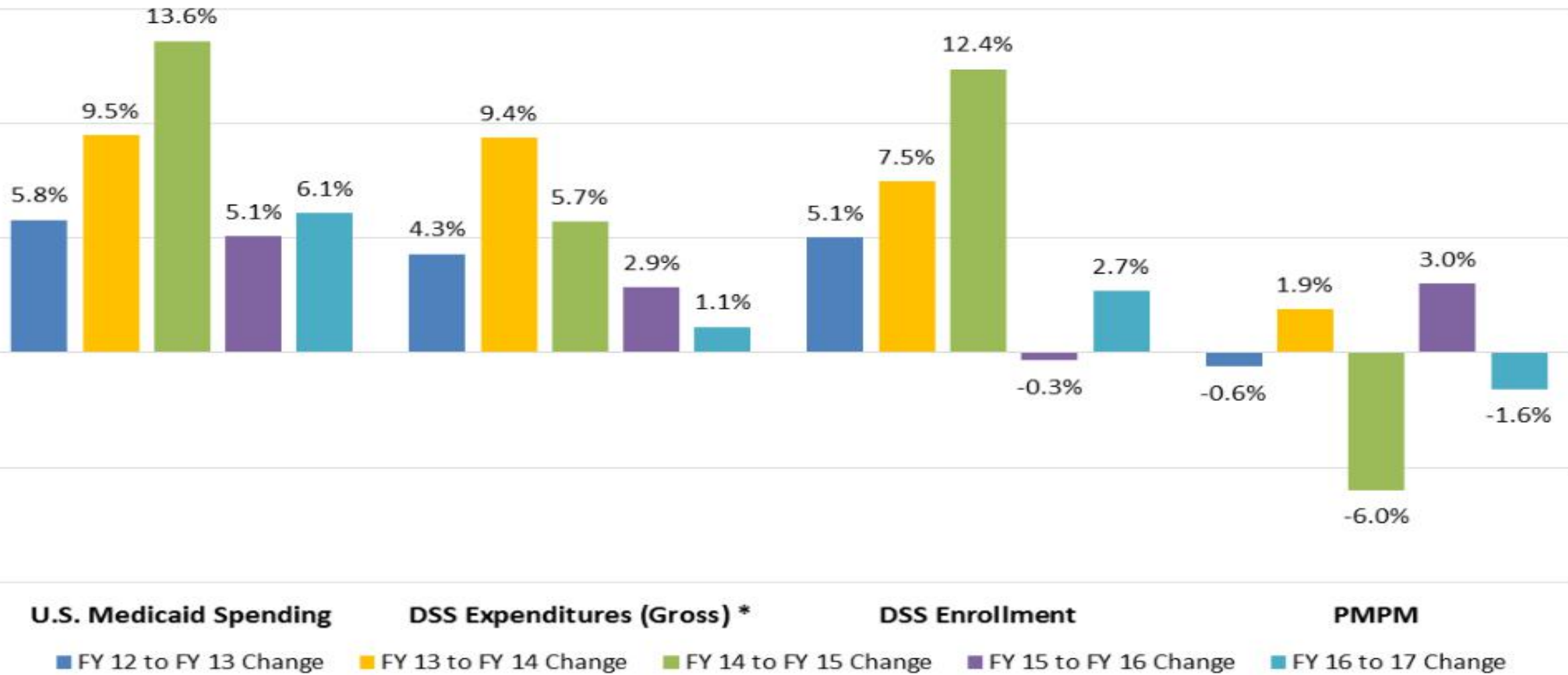
CT's state share of Medicaid costs have dramatically stabilized.

State share of costs was lower in SFY 2017 than it was in SFY 2014.

SFY 2017 state share was only \$34 million, or 1.4%, higher than the estimated SFY 2012 state share.



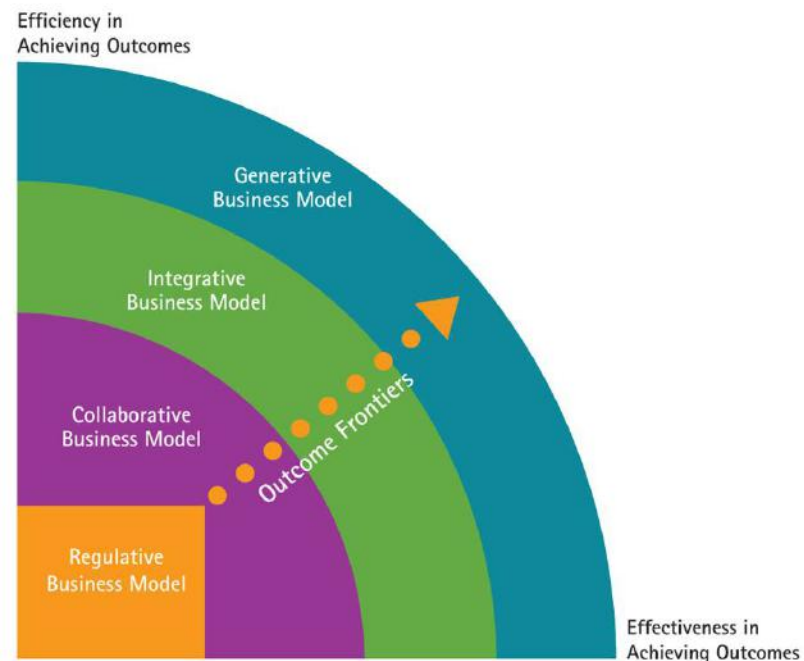
Medicaid Growth Trends



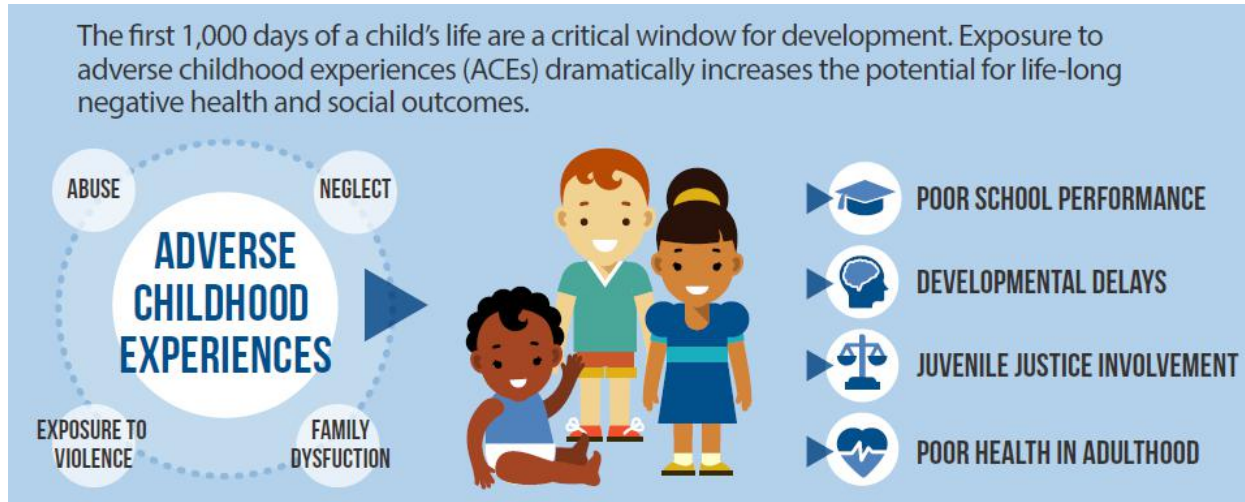
* Expenditures are net of drug rebates and include DMHAS' behavioral health costs claimable under Medicaid.

SNAP Application Processing Timeliness

FFY 2017	97.95 (3)
FFY 2016	97.52 (3)
FFY 2015	94.35 (14)
FFY 2014	80.21 (44)
FFY 2013	57.36 (53)
FFY 2012	56.71 (53)
FFY 2011	60.35 (53)



States are building a *First 1000 Days* framework for Medicaid reform



First 1,000 Days on Medicaid

MEDICAID'S UNIQUE ROLE IN EARLY CHILDHOOD

Medicaid is uniquely positioned to identify and connect at-risk children (ages 0-3) in low-income families with needed health, developmental, and social services — increasing the odds that children get a good start in life.



Medicaid covers almost half of babies born in the United States and 40 percent of children



Publicly financed health care is the social institution most likely to have regular contact with children ages 0-3 in low-income families



Medicaid guarantees coverage for developmental screenings and other preventive care that is important for identifying concerns early

MAXIMIZING MEDICAID'S WINDOW OF OPPORTUNITY

There are key opportunities for state Medicaid agencies and their health plan contractors to support high-risk, low-income families:



Integrating data across sectors



Using data to target the highest risk children and families



Identifying assessment tools and shared metrics

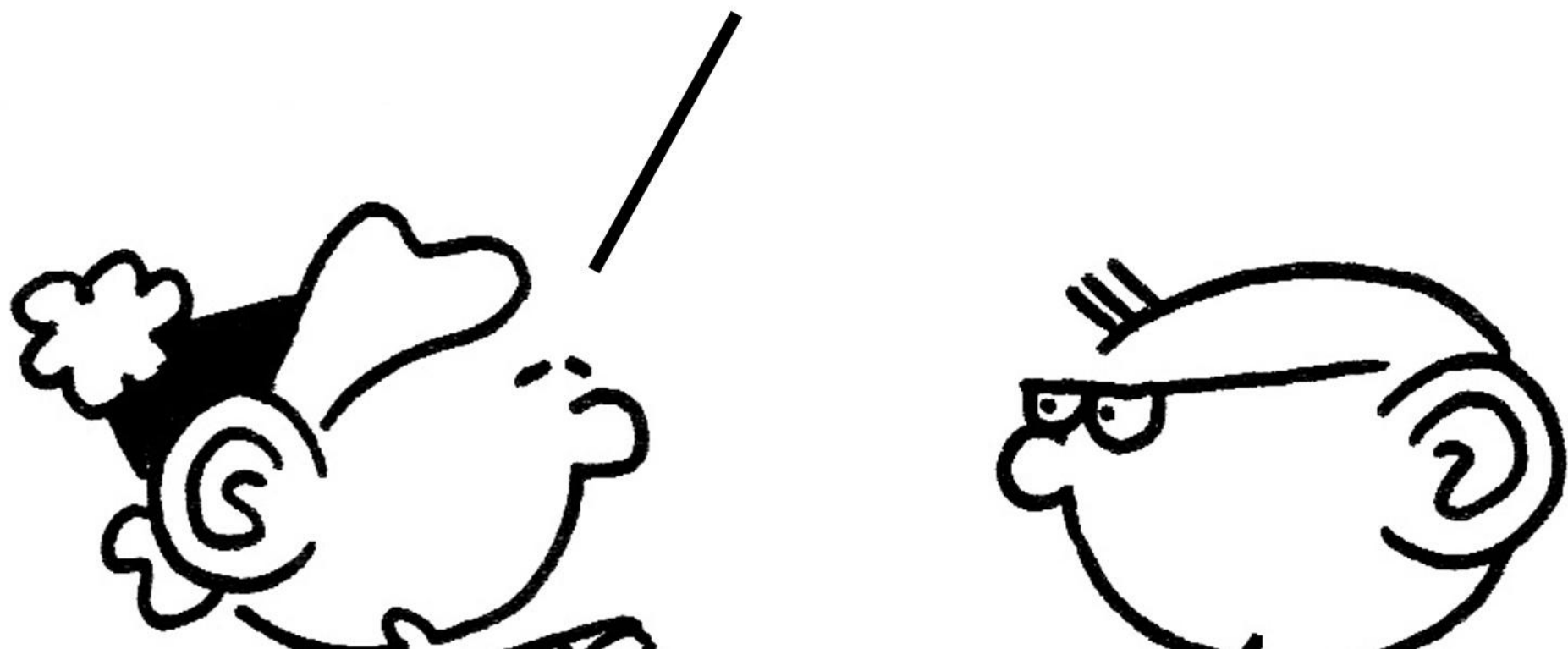


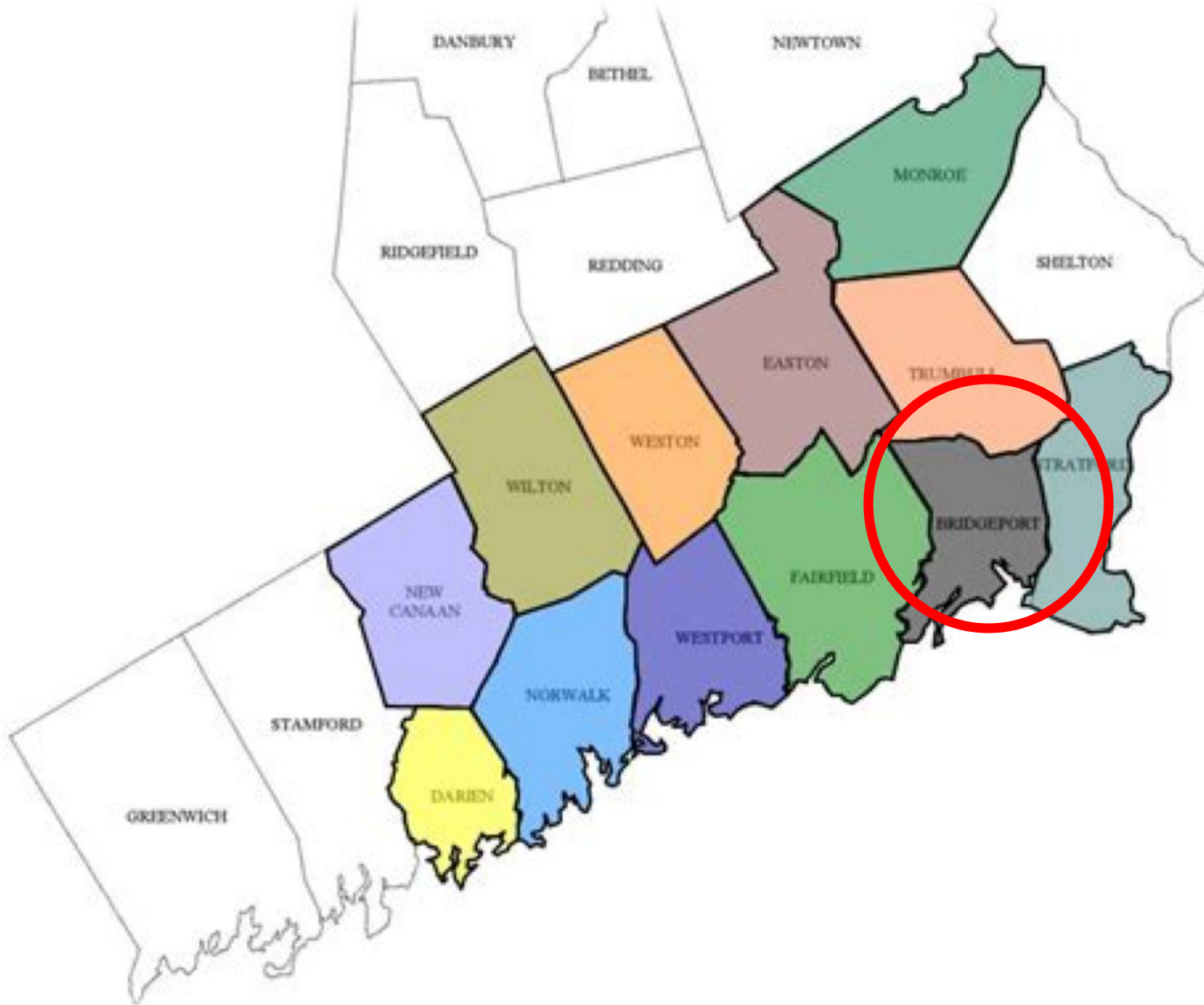
Building state and community partnerships



Creating new clinical models and community linkages

THE TROUBLE WITH OPPORTUNITY
IS THAT IT COMES DISGUISED
AS HARD WORK!





Part II

Getting to Born Healthy and Ready at Three

The Data Dive

Bridgeport, Connecticut



Population:	145,934
Children 0-21:	33,634

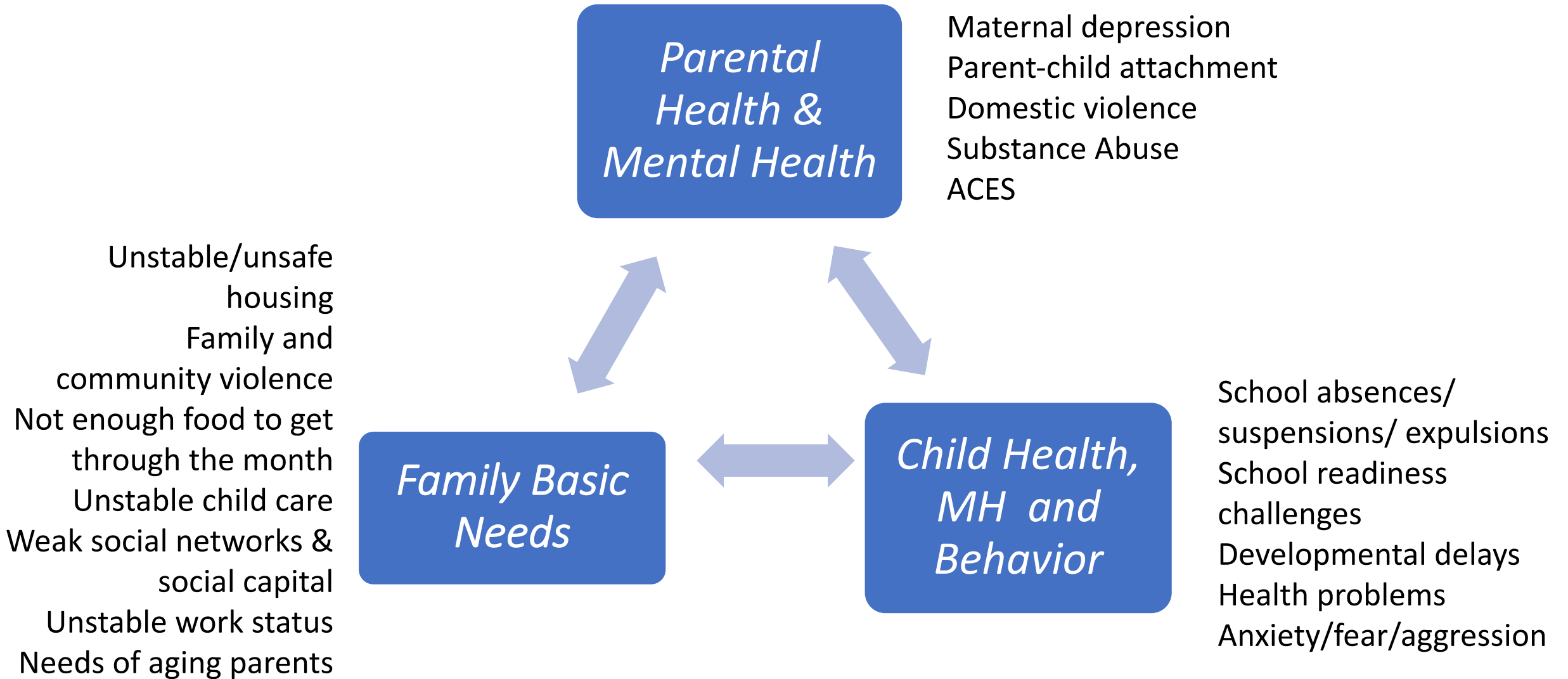
- ❑ Surrounded by the wealthiest cities/towns in the state and the nation.
- ❑ 99.9% of public school students qualify for Free and Reduced Lunch
- ❑ Student achievement gaps the largest in the state

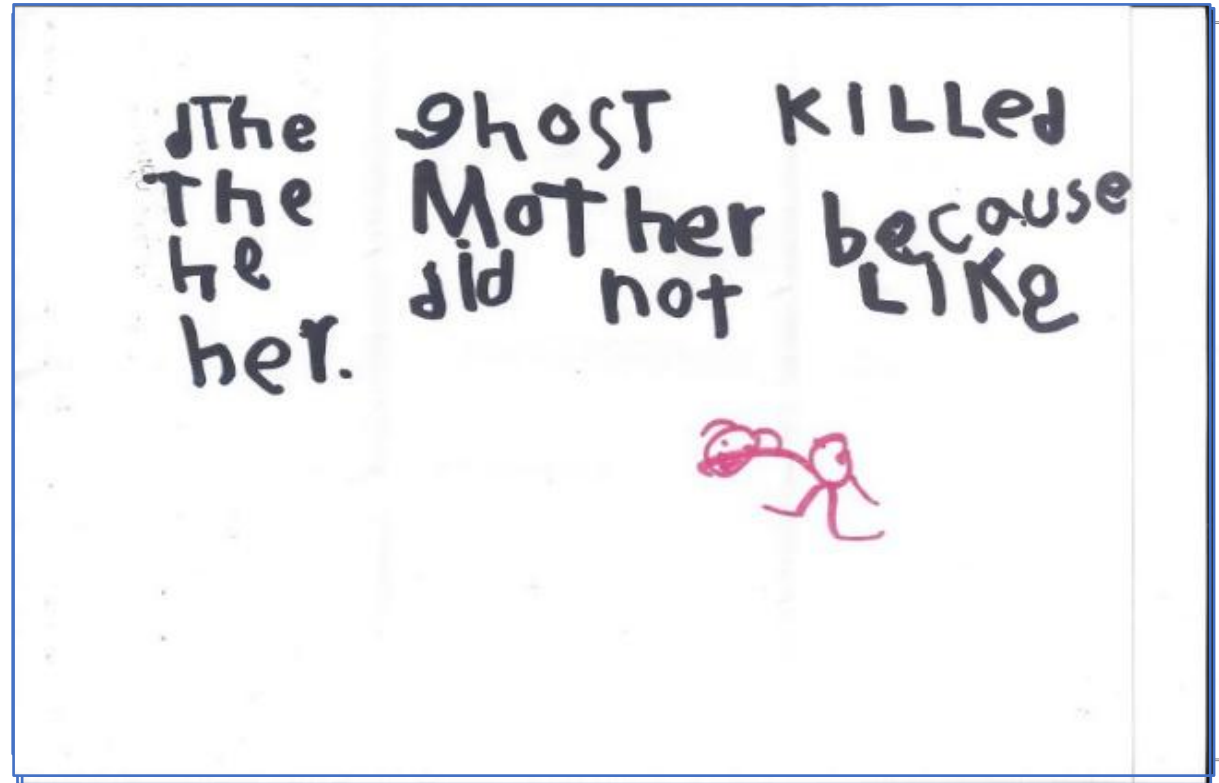
We gathered and back-mapped birth, developmental and academic data...



- ❑ 9% of 5th graders proficient in math
- ❑ 24% of 3rd graders reading at level
- ❑ 3 in 10 entering K school ready
- ❑ **75% of three-year-olds enter Head Start BEHIND (2016)**
- ❑ 21% no or inadequate prenatal care
- ❑ 63% of the city's 1800-2000 yearly births Medicaid funded

We looked at stressors that our families were living with





We listened
to real stories
from children
in Bridgeport....

We found data on the developmental and educational impacts of trauma and adversity

MORE LIKELY TO BE RETAINED

IMPAIRED MEMORY

LOWER VERBAL SKILLS

MORE DISCIPLINE REFERRALS

INCREASED EXTERNALIZING BEHAVIORS (I.E., AGGRESSION, DEFIANCE, HYPERACTIVITY)



DIFFICULTIES WITH ATTENTION

LOWER TEST SCORES

MORE ABSENCES

HIGHER SUSPENSION RATES

INCREASED INTERNALIZING BEHAVIORS (I.E., DEPRESSION, ANXIETY, WITHDRAWING)

DIFFICULTY REGULATING EMOTIONS

We looked at stressors and trauma in our city and in our country...

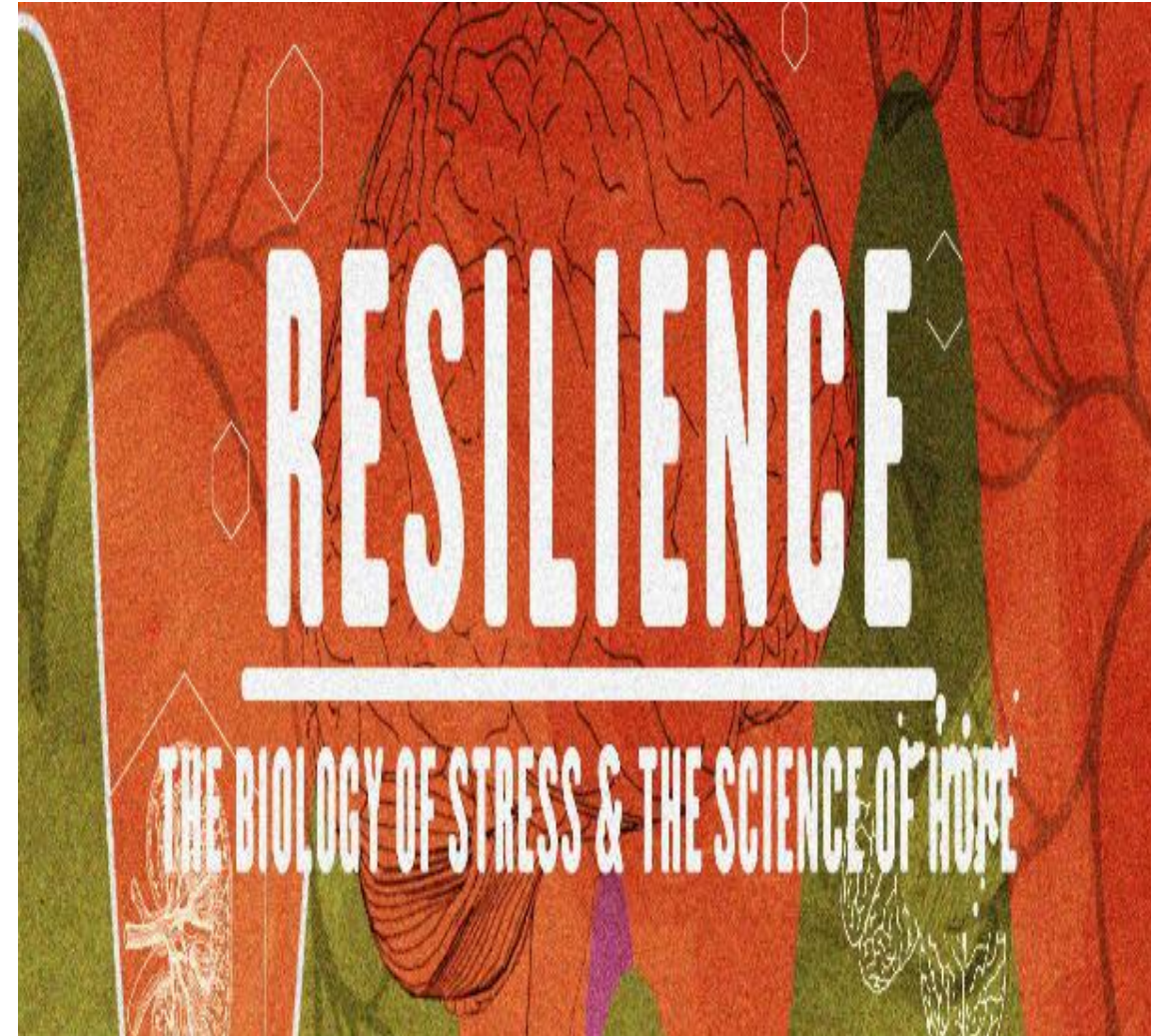


This is not OK

... and we use the Resilience documentary to tell the ACES story



ABUSE	NEGLECT	PHYSICAL	FUNCTION
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	



We created The Arc of Science to help people understand that...



BRIDGEPORT PROSPERS

Chapter 2



June 2016
Summary Report
Birth - 3 CAN
Pre-K - 3rd CAN

LIVE UNITED.



B - 3 CAN
PK - 3rd CAN
Technical Reports

2015
2016
2017



We mapped assets, wrote technical reports based on data, created recommendations and linked to the What Works literature



"FACT TO ACT: DATA DRIVEN DECISION MAKING"

**JUNE 26 8:30- NOON
UNIVERSITY OF BRIDGEPORT - TOWER ROOM**

We articulated a whole family, values-based set of expectations




Assess and plan from a person-driven, strength-centered, science-informed, skill building framework

Anchor actions in place-based, protective factors

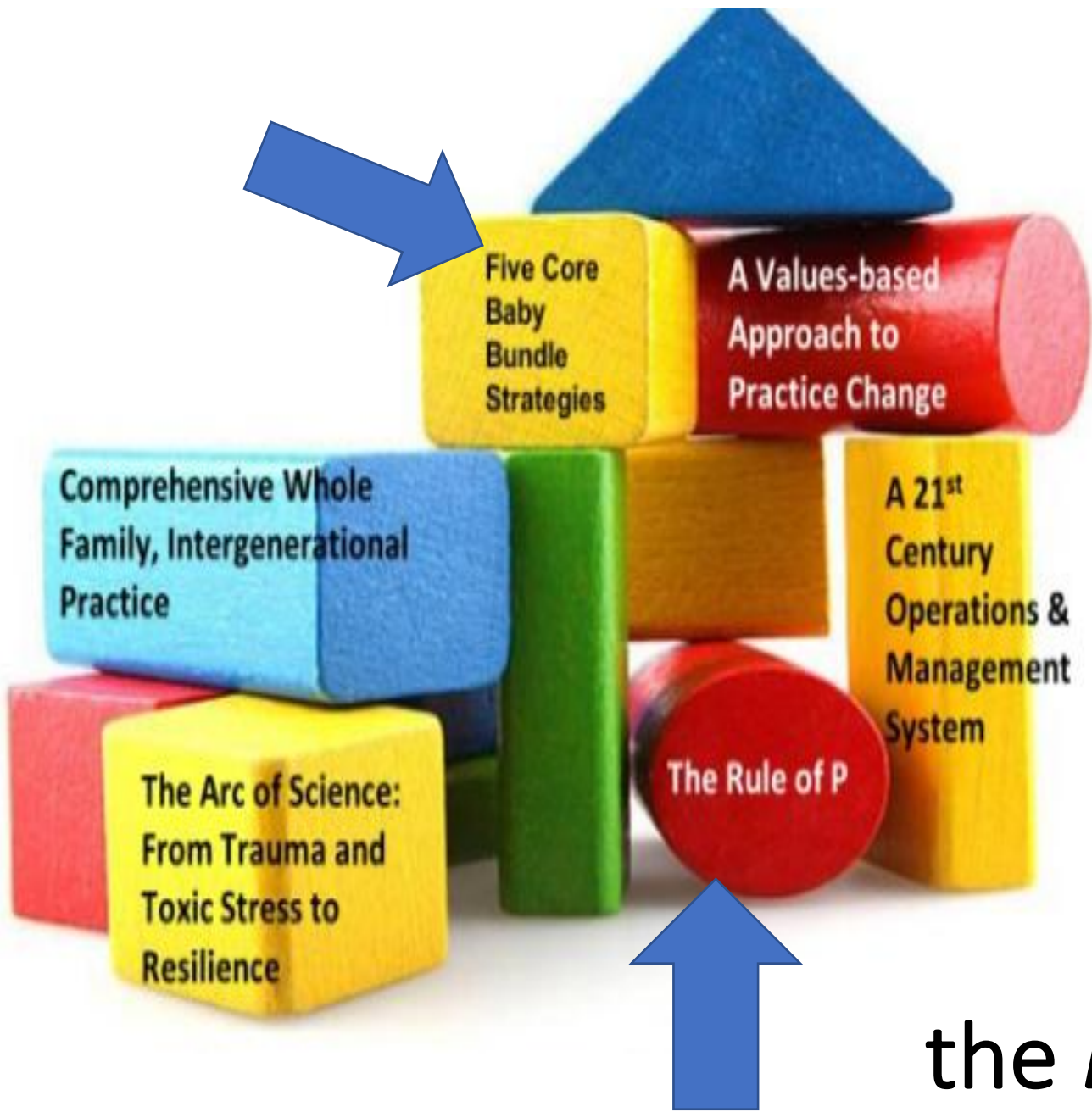


Employ data-informed, outcome-focused practice and programs, linked through cross-sector partnerships



We found our voice and
created a BHAG

*All Bridgeport babies born
beginning in January 2018
will reach expected health
and developmental
benchmarks by the
age of three.*



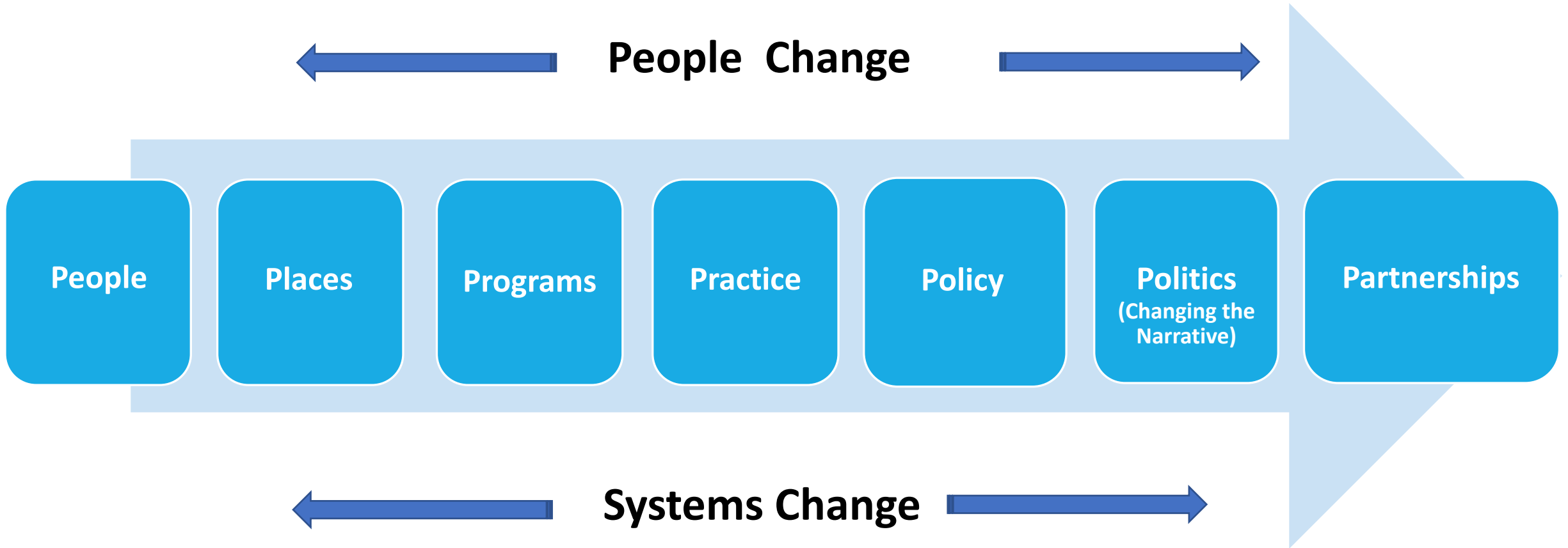
Part III

Fact to Act: So what IS
the *Bridgeport Baby Bundle*?

No one
program
can do
this
work...



We created the **Rule of P** to keep ourselves and the process honest...



The Bridgeport Baby Bundle: Five Core Strategies

Supported
Care and
Parenting

An Army of
Helpers and
Advocates

Bridgeport
Baby
Investment
Bundle

Innovation
and Better
Connections

Track
Change.
Measure
Impact

A Peek at What's Inside Each Strategy *(Red is moving. Think about the Rule of P)*

Supported
Care and
Parenting

The Bridgeport Basics

*Pregnancy support and universal home visiting (Centering Pregnancy/ Family Connects)***Universal screening (Sparkler)** Early literacy (ROR) Infant and toddler family child care (All Our Kin)***Maternal wellness (MOMs Partnership)**

An Army of
Helpers and
Advocates

Resilience screenings

The Bridgeport "Baby Squad" Building champions: Faith, pediatric (*Sparkler and The Basics*), higher education and giving sectors Parent Leadership (PLTI)

The Baby
Investment
Bundle

Investment Portfolio for strategy #1 PLUS Strategy #5: **Innovative Funding re data; High-wealth donors "Baby Scholarships"; State Medicaid re-form funding**

Innovation
and Better
Connections

Authentic Family & Neighborhood Engagement

Top to Bottom (linking food & diapers) Arts in early learning Respectful service access: No wrong door and a warm handoff

Track
Change.
Measure
Impact

National Interoperability Collaborative Bpt Virtual Baby Data Coalition: **DSS, OEC & SDE Partnership** City DPH and hospital data **Medicaid admin data; Linking to Sparkler data**

An Organizational Reality Check:

Do we have a 21st century management and operational system at the city and state level?





Working to Connect State and Local Data Systems



- Pregnant women by provider
- Babies born by hospital
- Live births: natural delivery and C-section
- NICU rate
- ER visits under 6 months old (Unduplicated count of ER patients, under 6 months old)
- Overnight hospital stays under 6 months old (Unduplicated count of overnight hospital stays under 6 months old)
- Unduplicated count of children either ER or overnight visit, under 6 months old
- HUSKY Enrollment of babies and other children in their families
- Prenatal and postnatal maternal MH screens paid for by Medicaid and successive MH treatment for depression



Strategic Partnerships

Bridgeport Agency/Program Partners

Bridgeport Department of Health, Bridgeport Hospital, Bridgeport Hospital Foundation, St. Vincent's Hospital, Optimus Community Health, Southwest Community Health, Child First, Child and Family Guidance (NFN and PAT), Visiting Nurses Services, Dr. Norman Weinberger (Pediatric Champion), Pediatric and OB providers, Reach Out and Read, Read to Grow, All Our Kin, Early Head Start, Bridgeport Libraries,, Partnership for Early Education Research, Bridgeport Health Advisory Council, Primary Care Action Group

State and National Level Partners

CT Department of Social Services, Office of Early Childhood, Child Health and Development Institute, Child Development Infoline, Help Me Grow CT, Institute of Child Success, Family Connects, Reach Out and Read, Stewards of Change (Data and Interoperability), National Interoperability Collaborative, Boston Basics, Sparkler, MOMs Partnership, HRSA and National Institute of Child Health Quality (NICHQ)



Whew!
Lots of moving
parts...

We think NIRN can
help us with
implementation
science...

*Brave is when
you're afraid but
you do it anyways.*

@natashacombs
Let's Be Brave.

So, what about the babies?

