

Medicaid Early Childhood Innovation Lab: Project Overview and Site Activities

Health policy experts increasingly recognize that exposure to adverse experiences during the first 1,000 days of life dramatically increases the likelihood of poor health and social outcomes later in life. Many of the challenges that low-income, high-risk families face are essentially multi-generation issues rooted in poverty; low educational attainment; mental illness and substance use; unsafe neighborhoods; violence; and criminal justice involvement. With Medicaid covering nearly half of all births and 40 percent of children nationwide, Medicaid-driven strategies offer valuable potential for identifying problems and connecting at-risk infants, children, and their families with needed services. Efforts to reduce early childhood trauma and adverse childhood experiences (ACEs) could have major long-term payoffs, for individuals and their families as well as the states and health care systems serving them as adolescents and into adulthood.

Preliminary Learning Group

Over the past few years, the Center for Health Care Strategies (CHCS) has convened leading Medicaid plans and provider organizations in its *Complex Care Innovation Lab* to explore how early childhood adversity often leads to a socially constructed pathway to super-utilization. Under an early planning grant from the David and Lucile Packard Foundation, CHCS brought together leaders from six states — Connecticut, Maryland, Minnesota, New York, Oregon, and Washington — to identify strategies to support high-risk, low-income families, prevent ACEs, and improve the life chances, social determinants, and educational prospects of children. The following topics emerged as key priority areas to support this work:



- Creating new clinical models and community linkages to medical practices;
- Building state and local cross-agency partnerships (e.g., health, early childhood, child welfare, housing, etc.);
- Integrating cross-sector data;
- Using analytics and predictive modeling to target interventions to the highest-risk infants, families, and neighborhoods; and
- Identifying assessment tools and shared metrics (e.g., kindergarten readiness).

Innovation Lab

With support from the Robert Wood Johnson Foundation and the Packard Foundation, CHCS launched the *Medicaid Early Childhood Innovation Lab* in August 2017 to convene a learning group of state Medicaid agencies (Connecticut, Maryland, and New York) and regional health systems (Hennepin County, Minnesota and Health Share of Oregon) to catalyze upstream innovations in Medicaid. These sites are designing Medicaid-driven strategies to: (a) create optimal conditions for early childhood (prenatal and ages 0-3) health and development; and (b) intervene with at-risk families to prevent trauma and improve the life chances of these children.

CHCS is working closely with the participants to design interventions, often targeting specific high-need communities and families that are more likely to yield quicker and more significant returns than would population-wide approaches. At the same time, the Innovation Lab is drawing attention to and supporting efforts that make the case for broader investments in creating optimal conditions for healthy childhood development of all children. Lessons that emerge from the participating teams will be shared broadly with stakeholders across the country.

Emerging Plans for *Medicaid Early Childhood Innovation Lab* Sites as of Spring 2018

Connecticut. The state Medicaid agency, Department of Children and Families, and Department of Education is partnering with state agencies in early childhood and public health, as well as community-based providers and organizations to implement an evidence-based ACEs/trauma prevention model for high-risk pregnant women and children up to age three in need of critical wraparound services. The model will be conducted in low-performing school districts and use community linkages to medical practices to ensure that appropriate assessment and treatment are in place. The team is currently exploring Medicaid funding mechanisms for this work.

Maryland. The state is using Section 1115 waiver authority to implement a Medicaid-funded, evidence-based home visiting pilot for high-risk pregnant women and children up to age two in several local jurisdictions. The state is leveraging this pilot opportunity to clarify and understand children's and families' access to and utilization of an array of appropriate and impactful services to develop a comprehensive understanding of the referral policies, practices, and partnerships for connecting families with social supports to address issues related to social determinants of health, e.g., food insecurity, unemployment, housing instability, and lack of education.

Hennepin County, Minnesota. The county — which has authority over local human services and criminal justice as well as public health, a safety net hospital and health system, and a Medicaid managed care plan — is building cross-agency partnerships to better understand the complex needs of *Opportunity Families* (those at high risk for health disparities). It will work to identify the ways in which primary care, public health, and human services divisions, including child welfare, can work together to improve the health of children, from the prenatal stage through age five. The county is also exploring financing mechanisms and data-sharing methods to develop a “totally accountable” delivery system that enables the integration of evidence-based programs currently delivered separately to high-risk families. This work is being done as part of large-scale efforts to reduce dramatic increases in child protection cases among at-risk families associated in part with the opioid epidemic and other related family traumas.

New York. The state Medicaid agency is collaborating with The Albany Promise, a local cradle-to-career collective impact partnership focused on ensuring all children have a fair shot at economic mobility through improved education outcomes. The pilot in Albany County provides enhanced Medicaid payments to MCOs to incentivize pediatricians to use a standardized developmental screening tool to screen all children, provide warm handoffs for children needing care, and collect screening and referral data for children ages up to age five in the county. The goal is to improve kindergarten readiness of all low-income children. Inspired by this work, the state also launched the “First 1,000 Days on Medicaid,” a statewide cross-sector initiative, which selected ten major policy and programmatic steps for Medicaid to take to improve outcomes for the 2.2 million children under the age of five on the Medicaid program. Expanding upstream prevention efforts, like those done in Albany's Connections pilot, all across New York to address the social determinants of health in young children to prevent the super utilizers of tomorrow is the goal of this new focus of the Medicaid program in New York.

Health Share of Oregon. Health Share, Oregon's largest Coordinated Care Organization (an accountable care organization), recognizes that early trauma increases the chances that children will grow up to be high utilizers of health and social services systems and as such, is making significant investments of health care dollars in early childhood prevention and social services. It is pursuing both clinical and community level efforts to support its prevention strategies, including a pilot of the Oregon Family Well-Being Assessment in maternity care systems to better understand family behavioral health and social determinant needs. In addition, Health Share is enhancing clinical and community intervention and referral systems to respond to needs identified from the assessment. It is also leading regional approaches to help ensure that children are ready for kindergarten.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.