



What About the Babies?

A Symposium in the
NIC of Time

On the Agenda



- Part I: Setting the context: Truth to Power
- Part II: Moving Upstream: The Baby Bundle
- Part III: Medicaid and the Young Child
- Part IV: Advancing the Bundled Framework
through Agency Interoperability



Part I: Truth to Power

Many Children and Families in
American Today Face Challenges

We envision
an America
where all
children can
grow up...



Healthy Safe Smart Strong

We are not there now...



We envision a nation where all children are reading at grade level, measured at the 3rd grade

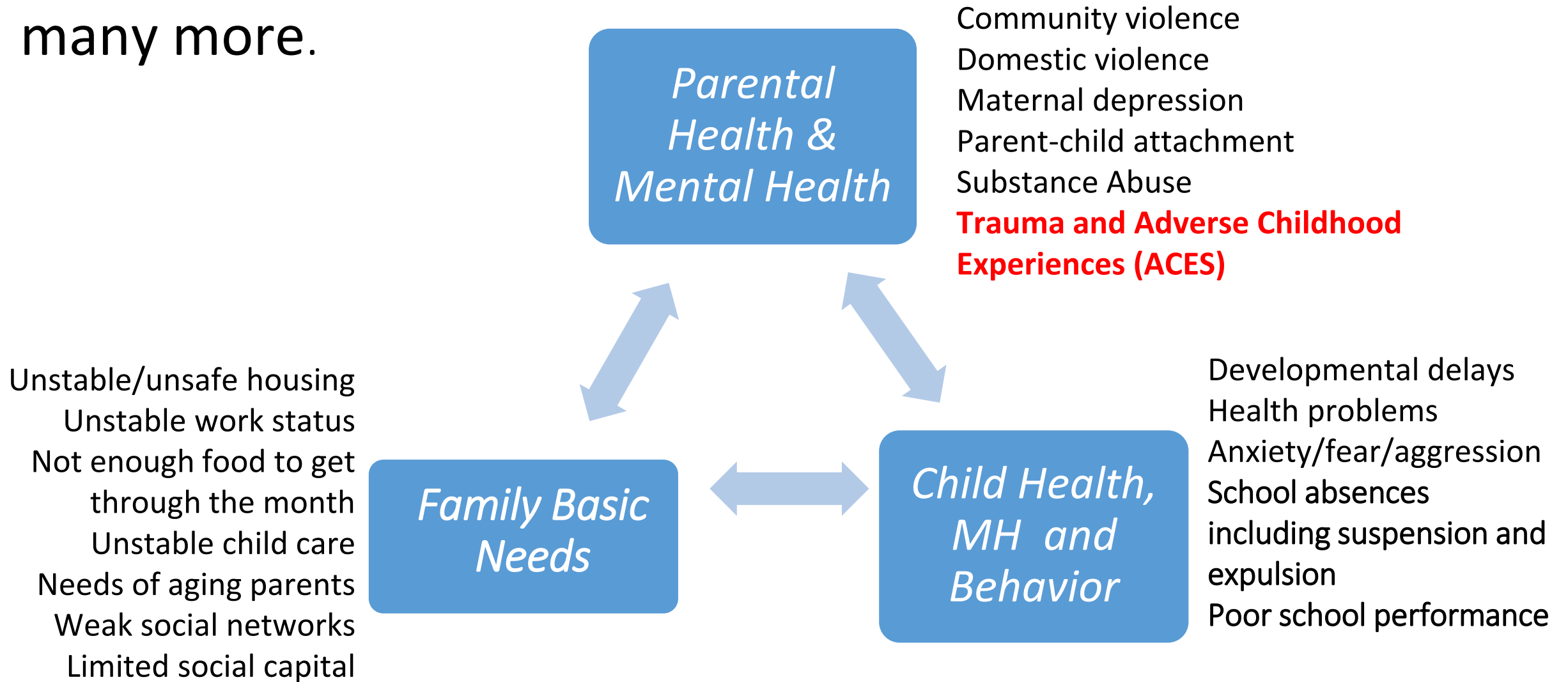
We are not there yet...

The Campaign for
**GRADE-LEVEL
READING**

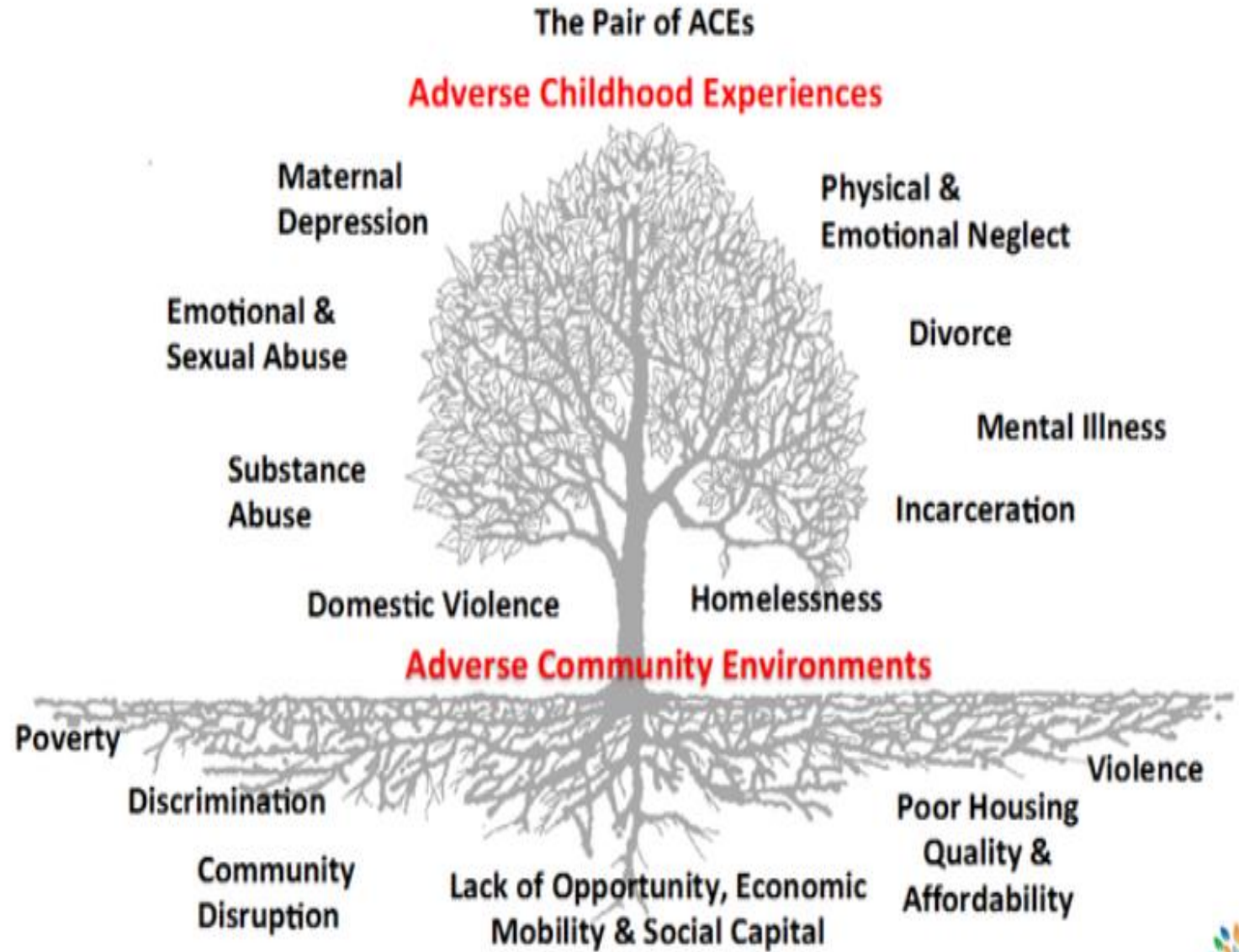
WE ENVISION **AN AMERICA**
IN WHICH A LEGACY OF ECONOMIC
SECURITY AND EDUCATIONAL
SUCCESS PASSES
FROM
ONE GENERATION TO THE NEXT.

We are
not
there
either...

We know that *all* families face some challenges.
And some families face
many more.



Families with
ACES often
live in
communities
with ACES

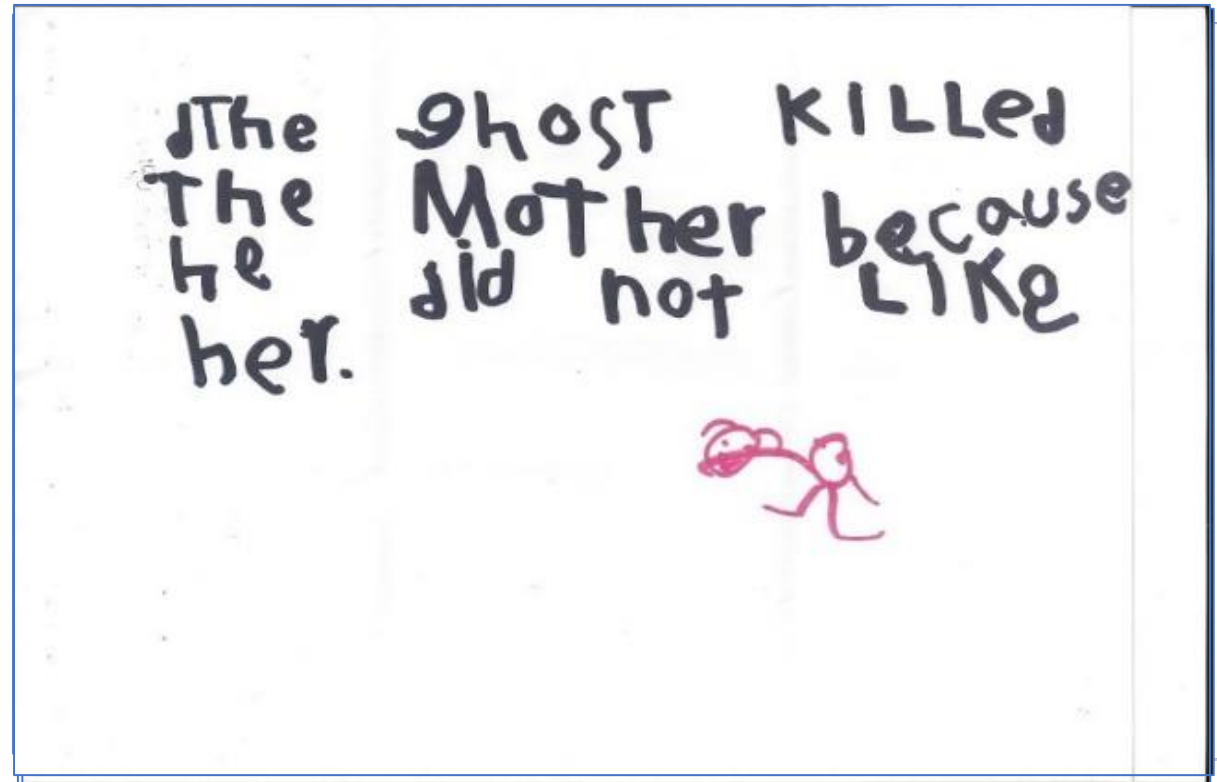


The level of
trauma in
America's
communities
today is
stunning...



This is
not OK

If we listen to children,
we know that know
that even young
children feel
all of this....



We know that the impact of trauma and adversity manifests itself in behavior and development...

**MORE LIKELY TO BE
RETAINED**

IMPAIRED MEMORY

LOWER VERBAL SKILLS

**MORE DISCIPLINE
REFERRALS**

**INCREASED EXTERNALIZING
BEHAVIORS (I.E., AGGRESION,
DEFIANCE, HYPERACTIVITY)**



**CHILDREN WITH
ACEs**

DIFFICULTIES WITH ATTENTION

LOWER TEST SCORES

MORE ABSENCES

HIGHER SUSPENSION RATES

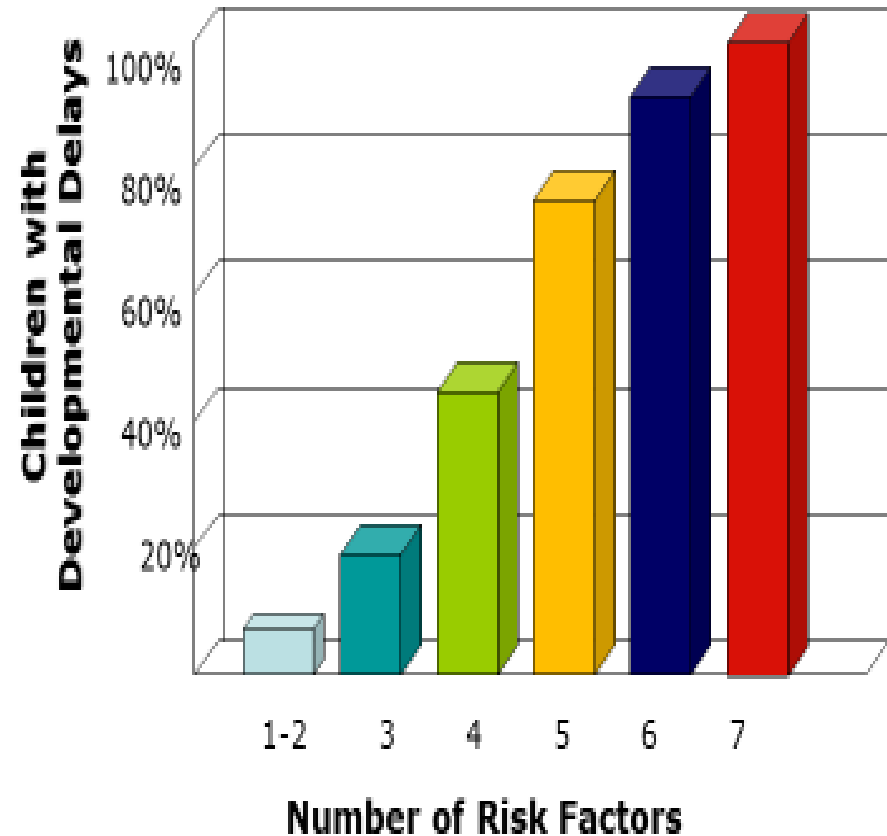
**INCREASED INTERNALIZING
BEHAVIORS (I.E., DEPRESSION,
ANXIETY, WITHDRAWING)**

**DIFFICULTY
REGULATING EMOTIONS**

And we know that the early years really matter

- ❑ The more types of early adversity in the early years, the greater risk of children's developmental delays before the age of 3.
- ❑ A child's developmental delays, language, social-emotional and behavioral challenges can reduce school readiness and hurt academic performance
- ❑ Living with trauma and toxic stress changes the biology of body and mind across generations.

Significant Adversity Impairs Development in the First Three Years

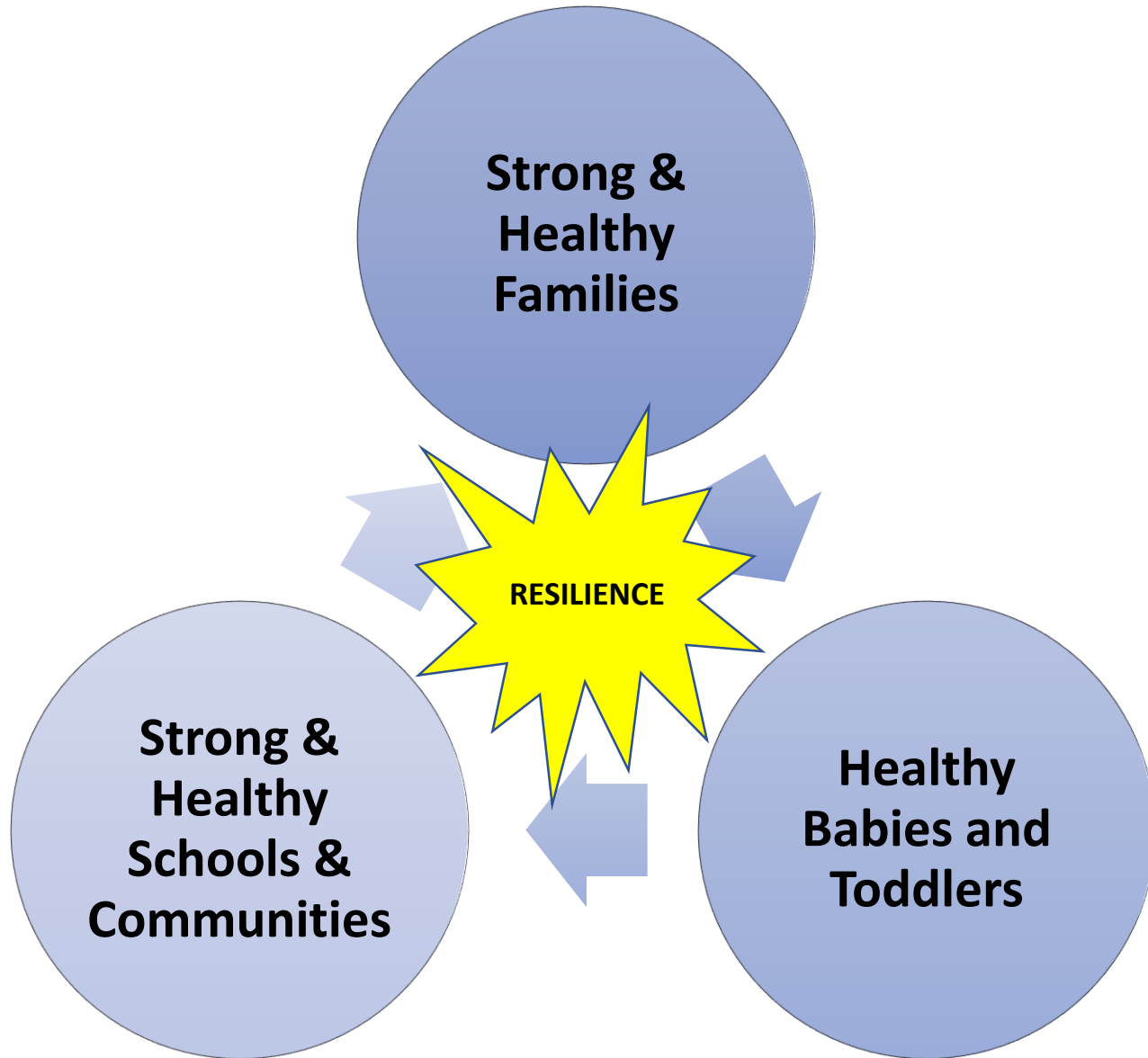


Source: Barth, et al. (2008)

The next question:
What *can* we do that is BETTER than the best
we have done so far?



Failure is not an option...



The neuroscience says: To raise kids who are healthy and ready at 3 we need to build 'relational health' by investing in...

Management science says we need 21st century interoperable systems at the city and state levels



**Real-time Data on
Clients & Outcomes**



**Internal and Cross-Agency Workforce
Leadership, Support & Development**



**Resource Flexibility &
Innovation**



Strategic Partnerships



**Strategic Planning and
Communications**



CQI and Accountability

IMPLEMENTING SITE INDICATORS

CAPACITY TO IMPLEMENT

Staff meet minimum qualifications

Able to sustain staffing, coaching, training, data systems, performance assessment, and administration

- Financial capacity
- Structural capacity
- Cultural responsiveness capacity

Buy-in process operationalized

- Practitioners
- Families

FIT WITH CURRENT INITIATIVES

Alignment with community, regional, state priorities

Fit with family and community values, culture and history

Impact on other interventions & initiatives

Alignment with organizational structure

NEED

Target population identified

Disaggregated data indicating population needs

Parent & community perceptions of need

Addresses service or system gaps

PROGRAM INDICATORS

EVIDENCE

Strength of evidence—for whom in what conditions:

- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy or Effectiveness

Outcomes – Is it worth it?

Fidelity data

Cost – effectiveness data

USABILITY

Well-defined program

Mature sites to observe

Several replications

Adaptations for context

SUPPORTS

Expert Assistance

Staffing

Training


Coaching & Supervision

Racial equity impact assessment

Data Systems Technology Supports (IT)

Administration & System

Implementation science offers us a toolkit for site and program readiness



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

@natashacombs
Let's Be Brave.



Part II

Moving Upstream: The Bridgeport Baby Bundle



Bridgeport, Connecticut

Population:	145,934
Children 0-21:	33,634
Annual Births:	~2000

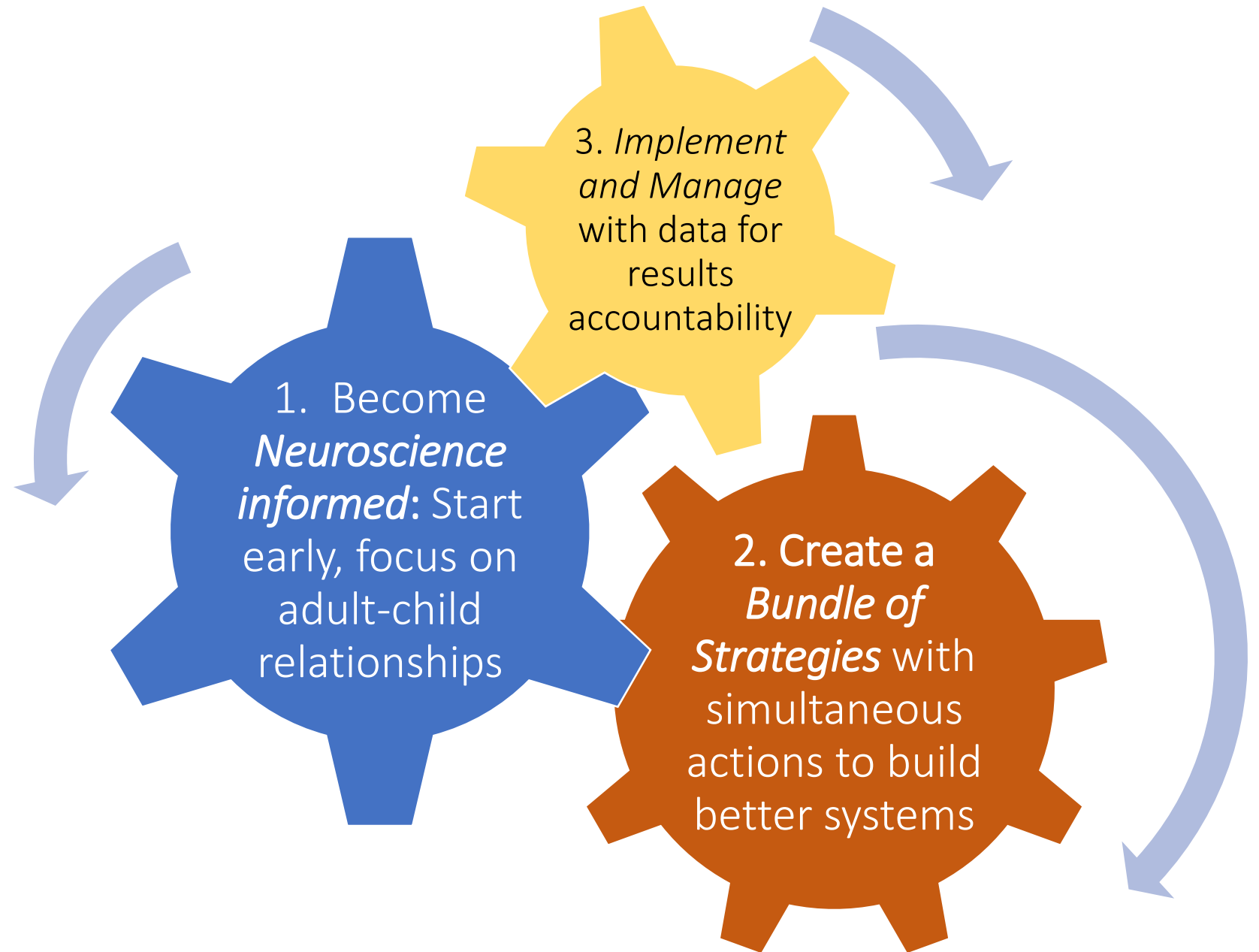
- ❑ Surrounded by the wealthiest cities/towns in the state and the nation.
- ❑ 99% of Bridgeport public school students qualify for Free and Reduced Lunch
- ❑ Student achievement gaps are the largest in the state
- ❑ A collective impact STRIVE site since 2012



How are children doing in Bridgeport?

- ❑ 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**
- ❑ 21% no or inadequate prenatal care
- ❑ 63% of the city's 1800-2000 yearly births Medicaid funded

Truth to power:
There is no
single program
that can “fix”
these problems,
but we can....





A Very Brave Goal

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

Our science-informed, place-based, longitudinal cohort design

N ~ 10000 Total					5 th birth cohort
N ~ 8000 Total				4 th birth cohort	
N ~ 6000 Total			3 rd birth cohort		
N ~ 4000 Total		2 nd birth cohort			
N ~ 2000	1 st birth cohort				
	Calendar 2018 Age Birth to 1	2019 Age 1 to 2	2020 Age 2 to 3	2021 Age 3 to 4	2020 Age 4 to 5
What changed? What can we know? When can we know it?					

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)

Supported Care and Parenting

The Bridgeport Basics
Pregnancy support and universal home visiting (CHWs/Centering Pregnancy/Doulas/Family Connects) **Universal screening (Sparkler) & Hospital Wellness Check**
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, libraries and the **giving sector**
Parent Leadership (PLTI)
Bridgeport Sings

The Baby Investment Bundle

Investment Portfolio: Dollars, People, Skills
Innovative data funding
High-wealth donors/ "Baby Scholarships"
CT_Medicaid_innovation
Prioritizing service access for the baby bundle cohort; Fiscal analysis of extant state and local money

Innovation and Better Connections

Authentic Family Engagement
(see Strategy 2) PLUS
Top to Bottom (linking food & diapers)
Arts in early learning
Seniors Rock the Babies
Better Case Process
Respectful service access; No wrong door and a warm handoff
Workforce training in trauma-informed practice

Track Change. Measure Impact

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

Leveraging opportunity to build a flexible, sustainable resource base (dollars, people & skills)

Supported
Care and
Parenting

\$\$\$

An Army of
Helpers and
Advocates

\$

Building the
Baby
Investment
Bundle

\$\$

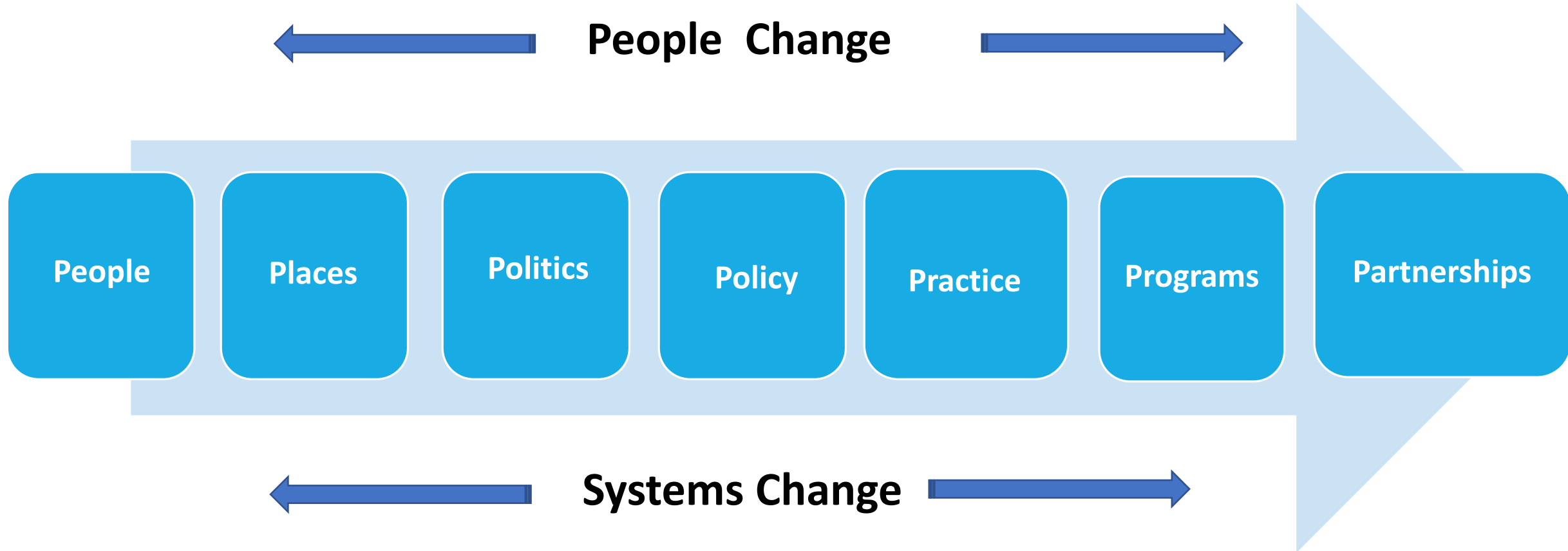
Innovation
and Better
Connections

\$\$

Tracking
Change.
Measuring
Impact

\$\$

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



Linking to a PK-K bundle: Success at Six



**Sensible
Screening and
Assessment**



**Better Family-
School-
Community
Partnerships**



**Intentional PK-K
Alignment &
Transitions**



**Targeted
Educator
Professional
Development**



**A PK-K
Investment
Bundle**



**Tracking
Change.
Measuring
Impact**



Linking to Medicaid Reform: The First 1000 Days

The first 1,000 days of a child's life are a critical window for development. Exposure to adverse childhood experiences (ACEs) dramatically increases the potential for life-long negative health and social outcomes.



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

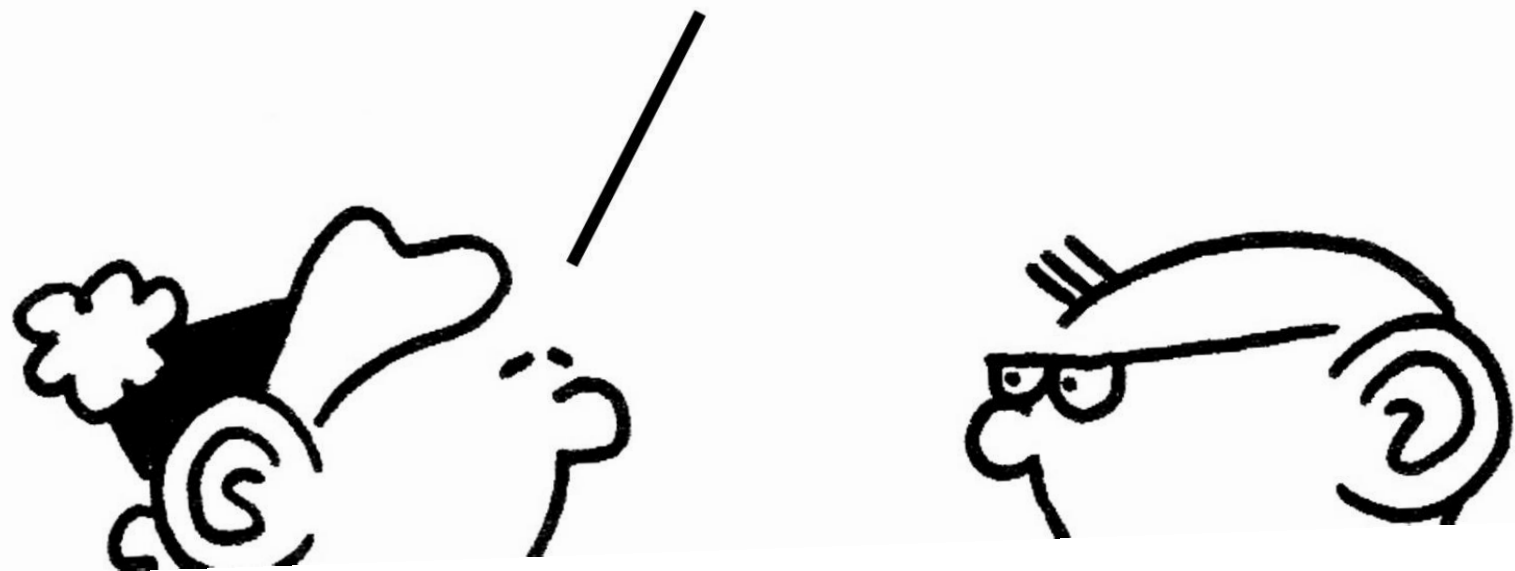


Building state and community partnerships



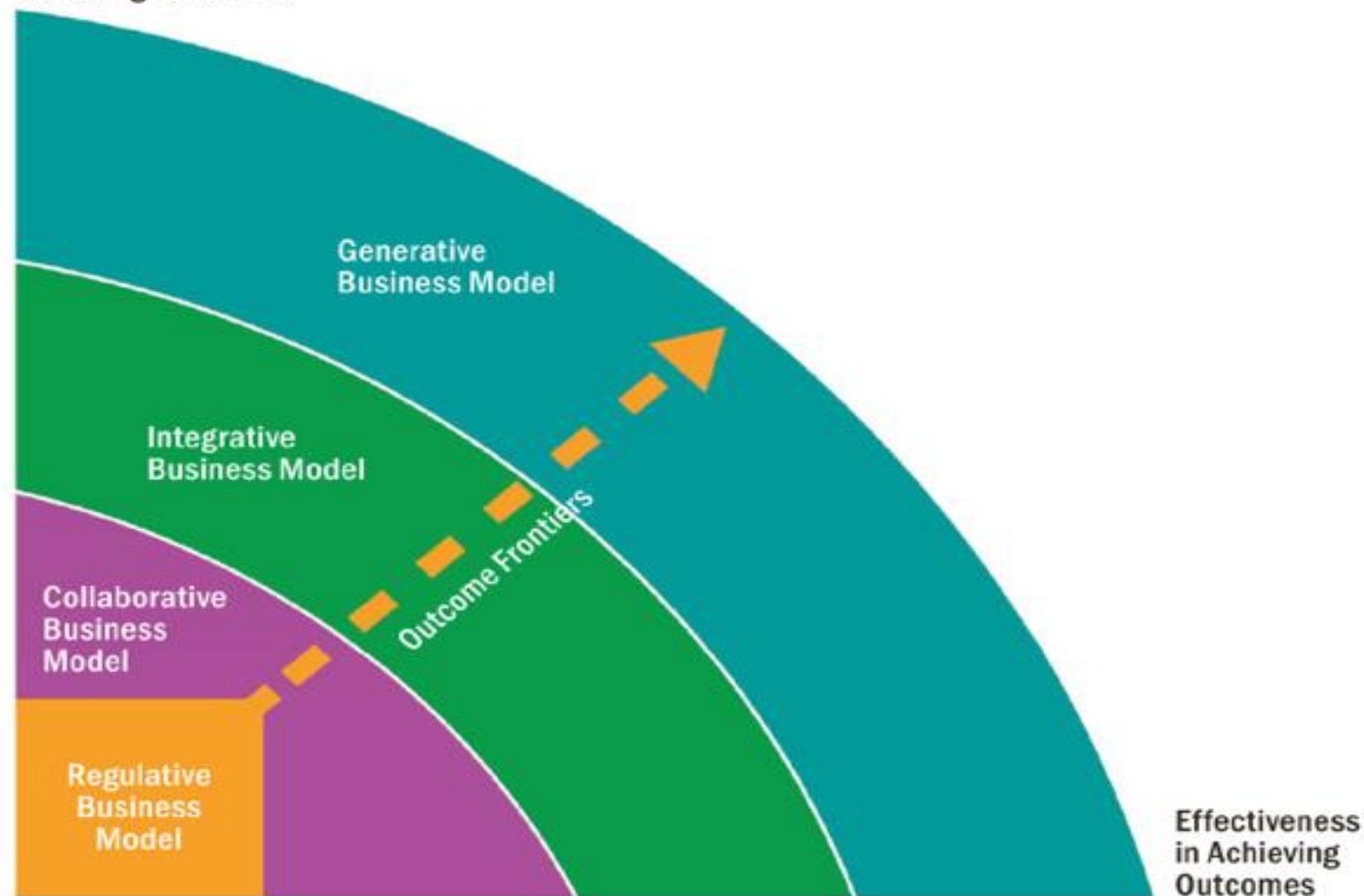
Creating new clinical models and community linkages

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



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.

Linking to Medicaid Reform: The First 1000 Days

The first 1,000 days of a child's life are a critical window for development. Exposure to adverse childhood experiences (ACEs) dramatically increases the potential for life-long negative health and social outcomes.



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

COLLABORATIVE

A Symposium in the
NIC of Time: Moving
Upstream to Improve
Health and Well-Being