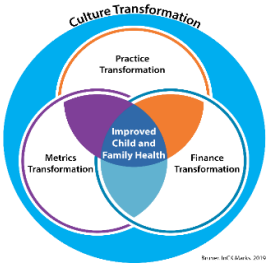
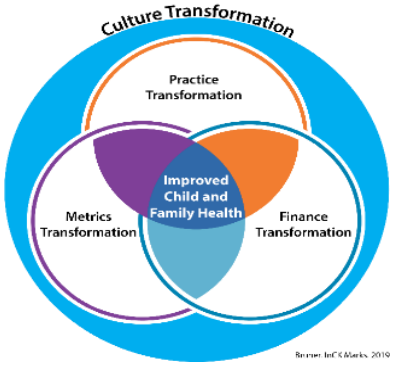
InCK Marks

Health Care Transformation for Young Children: A Landscape of Federal and Foundation Initiatives and Model Dissemination Efforts

July, 2020 Enumeration



Framework for Transforming Children's Health Care



Children's primary care providers include: pediatricians in solo or group practice, family practitioners in rural and urban clinics, nurse practitioners and physician assistants in community health centers, and others. All aim to be a family-centered medical home.

Research and professional guidelines such as *Bright Futures* point to a need for more family-centered medical homes that emphasize: 1) prevention, attachment, and healthy development, 2) meaningful family engagement, and 3) connections to other services in the community. In addition to providing high quality medical care, child health practitioners are being called upon to identify and initiate responses to social determinants of health, including stress and adversity (economic, social, and psychological). In short, they are being called upon to transform their practice.

Changing the culture of children's primary care will require transformation in practice, measurement, and financing. Most important, transforming child health care will require a culture of practice with emphasis on health equity and long-range outcomes, not short-term costs.

Across the country, exemplary practices demonstrate how to create high-performing medical homes, which deliver more team-based, relational, and family-centered primary and preventive services. We have the knowledge base to move toward broader diffusion and adoption of child health care transformation.

InCK Marks encourages child health practitioners, experts, advocates, researchers, and policy makers to help advance child health care transformation and promote health equity for all children.

- Practice Transformation – Moving toward more high performing, family-centered medical homes with preventive, developmental, behavioral, and other services that respond to both bio-medical and social determinants of health. This includes reaching the standards set by *Bright Futures* and the expectations set by Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
- Metrics Transformation – Using measures and measurement tools to guide performance and support practice transformation, including those related to the child, home environment, and family strengths and goals. Practice-level measurement tools and system-level metrics are both needed.
- Finance Transformation – Providing financing that recognizes how preventive and primary care for young children can have lifelong positive impact and long-term cost savings across multiple public systems, that rewards the greater value of high performing medical homes over existing practice. This is particularly true for Medicaid financing.
- Culture Transformation – Advancing health equity via transformed medical homes that value and build from family culture, strengths, and goals and are connected to the neighborhoods and communities served. Assuring family-centered care focused on healthy development (cognitive, social/relational, emotional/behavioral, and physical) requires advancing equity and combatting bias in all its forms.

Preface

The last thirty years have seen many advances in child health coverage, early childhood systems building, the science of early development, and recognition of the importance of and need for new policies and practices to improve children's early development and ensure equity.

This paper provides an overview of these advances – in federal policy, in foundation investments, and in the development and dissemination of effective program models. These have led to broader and deeper efforts to transform young child health care. The Appendices to the overview provide brief summaries of different current federal and foundation initiatives and program model dissemination efforts and the states in which they are operating.

The landscape seeks to highlight those initiatives and models which can inform the framework established by the InCK Marks National Advisory Team and shown on the previous page. The National Advisory Team for InCK Marks includes: Charles Bruner, Kay Johnson, Maxine Hayes, Kamala Allen, Mayra Alvarez, Melissa Bailey, Scott Berns, Christine Bethell, Elisabeth Burak, Paul Dworkin, Wendy Ellis, Jeff Hild, Shadi Houshyar, Nora Wells, and David Willis.

Acknowledgements and Disclaimers

This paper was made possible with generous funding from the Robert Wood Johnson Foundation (RWJF) and the Perigee Fund for the establishment of InCK Marks. All opinions and views expressed are those of the author(s), however, and not necessarily of the funders. The purpose of InCK Marks is to support child health champions – child advocates, practitioner leaders, family and community voices, health experts, Medicaid agency staff, and policy makers – in advancing and transforming child health care to achieve health equity.

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Health Care Transformation for Young Children:

A Landscape of Federal and Foundation Initiatives and Model Dissemination Efforts

This paper is broken into three parts – related to federal initiatives, foundation initiatives, and program model development and dissemination efforts.

PART ONE:

Historical Landscape and Current Initiatives: The Federal Government and Young Children

Interest in young children and government's role and responsibility to them is not new. In 1930, President Herbert Hoover convened a White House Conference and established a Children's Charter which, although the language is archaic, remains relevant today. A significant part of the Kennedy and Johnson Administration's New Frontier, Great Society, and War on Poverty efforts recognized the need for comprehensive approaches to poverty and to young children, most notably the enactment of the enduring Head Start program. In the 1960's, there were calls and thoughtful efforts to promote service integration and responses to children and their families that were more holistic and community based. At the same time, the responsibility for the healthy development of young children has largely been viewed as under the purview of their parents and families – with government reluctant to intervene, except in providing public education (K-12) and responding to health-threatening instances of poverty, disability, or dysfunction.

Over time, however, and particularly in the last three decades, there has been increasing attention to young children and a more proactive, promotive role of government in ensuring children have a good start in life. The following is a very brief overview of advances in federal policy regarding young children over these decades.

Federal Policy and Young Children: The 1990s.

In 1990, President George H. Bush and the National Governor's Association, led by Arkansas Governor Bill Clinton, established national educational goals, with the first educational goal being that "By the year 2000, all children in America will start kindergarten ready to learn." While Part H (now C) of the Individuals with Disabilities Act had been established in 1986 and the Comprehensive Child Development Act had supported demonstration programs modeled after the Beethoven Project in 1988, the establishment of the 1st National Education Goal marked a significant step in recognizing the importance of the earliest years of life and the need for government attention to supporting children and families even before they start school. Moreover, the sub-goals under Goal One emphasized that

achieving school readiness involved expanding health care, family support, and early care and education services. [see insert]

1st National Education Goal

By the year 2000, all children in America will start school ready to learn. The objectives for this goal are that--
(i) all children will have access to high-quality and developmentally appropriate preschool programs that help prepare children for school;
(ii) every parent in the United States will be a child's first teacher and devote time each day to helping such parent's preschool child learn, and parents will have access to the training and support parents need; and
(iii) children will receive the nutrition, physical activity experiences, and health care needed to arrive at school with healthy minds and bodies, and to maintain the mental alertness necessary to be prepared to learn, and the number of low-birthweight babies will be significantly reduced through enhanced prenatal health systems.

Over the next decade, this was followed at the federal level by different efforts to establish new services or dramatically expand existing ones. This included establishment of Early Head Start in 1994 and the State Child Health Insurance Program (SCHIP) in 1997, as well as increased emphasis in child welfare and foster care on family-centered services through the Family Preservation and Support Services program in 1993. Federal funding for child care was boosted dramatically with establishment of the Child Care and Development Block grant (CCDBG) in 1990 and then more than doubled again in 1996 with the enactment of the Temporary Assistance to Needy Families (TANF) welfare reform initiative, replacing the Aid to Families with Dependent Children (AFDC) and enabling transfers of TANF funds to CCDBG as well as expanding CCDBG funding. In 1994, Congress also established a National Center for Service Integration and demonstration sites to explore cross-sectoral responses to improve alignment across federal and state programs. In 1991, the Maternal and Child Health Bureau in 1991 initiated the development of *Bright Futures*, establishing guidelines for well-child care.

Federal Policy and Young Children: The 2000s.

The publication of *From Neurons to Neighborhoods* at the outset of the new millennium served to focus additional attention on the earliest years of life – with a new framing of its importance in the science of development – a framework which has resonated with policy makers and the public as well as those in early childhood fields. The Maternal and Child Health Bureau established **Early Childhood Comprehensive Services (ECCS) grants** in 2001, providing modest but continued funding to states to conduct cross-agency planning and action to improve young children's healthy development, based upon a system vision including: (1) medical homes and health care, (2) early care and education, (3) social emotional development and mental health, (4) family support services, and (5) parent education. In 2000, the Maternal and Child Health Bureau also established **Healthy Start** as a community-based infant mortality reduction

initiative, focusing upon high need neighborhoods. In 2001, HRSA established the National Survey of Children with Special Health Care Needs and in 2003 launched the National Survey of Children's Health. Congress established the Newborn Screening Saves Lives Act in 2007, providing funding to states to advance standard screening of infants. In 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) established **Project LAUNCH** (Linking Actions for Unmet Needs in Children's Health) providing competitive five-year grants to states and targeted communities in those states to promote the social-emotional, cognitive, physical, and behavioral health of children from birth to eight years of age. Project LAUNCH provided awards to different states and communities in each of the years from 2010 to 2015, with the last of these now entering their final year of funding. In 2009, Congress enacted the Child Health Insurance Program Reauthorization Act (CHIPRA), which provided substantial additional funding and coverage options to states and also established demonstration programs, particularly around strengthening child health measurement. In 2009, as part of the additional funding to Head Start under the American Recovery and Reinvestment Act (ARRA), states also received funding to establish Early Childhood State Advisory Councils, whose focus was upon early care and education but included representation from the health sector.

The Federal Government and Young Children: the 2010s.

The federal Accountable Care Act (ACA) represented the most sweeping changes to health care financing by the federal government since the establishment of Medicare and Medicaid. While most of the attention in the legislation was directed to adult populations, the ACA had several major provisions related to children. First, the ACA established *Bright Futures* as the standard for providing primary and preventive health services for children and made such visits free of any deductibles or co-insurance, as well as temporarily increasing Medicaid reimbursements for visits to Medicare rates. Second, the ACA included a new federal grant to the states for home visiting, the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, as a categorical program for all states. Third, the ACA established a Center for Medicare and Medicaid Innovation (CMMI) with $10 billion in funding over the decade to advance innovations to move toward value-based care and payment systems. While most of the funding and direction under CMMI has been to adult and chronic care populations in efforts to reduce costs while improving services and health outcomes, several of its funding efforts have focused upon children. This included Strong Start for Mothers and Children (with 27 grantees testing models from 2013-2017), designed to improve pregnancy outcomes and reduce premature births. In 2019, two new competitive opportunities were established that specifically focused upon children and also were designed to recognize and respond to the opioid crisis. These were the **Integrated Care for Kids (InCK) Model**, with awards to seven states in 2019 for seven-year pilot program efforts, and the **Maternal Opioid Misuse (MOM) Model**, with awards to ten states (and no overlap between InCK and MOM). While not necessarily directed to the child Medicaid population, most states also have secured funding through CMMI for **The State Innovation Models (SIM) initiative,** starting with round one in 2013 with $300 million in federal grants to 25 states, under cooperative agreements, to design and test innovative, state-based multi-payer health care delivery and payment systems. Several states have directed part of their SIM financing specifically to focus upon the child portion of the Medicaid population.

During this decade, there also were joint actions between the Department of Education (DE) and the Department of Health and Human Services (DHHS) to build more comprehensive early childhood systems. This included three rounds of **Race to the Top Early Learning Challenge** multi-year grants in the $30 million to $50 million range to 20 states. While much of the focus was upon early care and

education, the applications acknowledged the importance of the health system to child development and provided options to states to direct some of their attention there and some of the infrastructure developed in the participating states remains.

Following the Race to the Top Challenge grants, DE and HHS developed competitive grants for Early Head Start and Child Care Partnerships, and now a **Preschool Development Grant** program. While both have provided primary emphasis upon early childhood education programs, they also have encouraged those awarded grants to involve the health community and to recognize the role health practice plays in children's development. In another major effort to build more comprehensive approaches to children's education and development within poor communities, Promise Neighborhoods began as a grant program in 2010 and awarded 37 grants to communities before it was incorporated into ESSA in 2016.

Finally, in 2016 the **ECCS** moved from a categorical grant for all states to a competitive impact grant program, awarding larger grants to twelve states, each with specific local impact communities.

The Federal Government and Young Children: The 2020s.

The federal government's role in supporting young children and their healthy development has been evolving, with much greater attention to the needs of children and their families in the earliest years of life. Some of the initiatives developed at the federal level to explore new strategies and foster innovation in the development and delivery of services remain as efforts to lead that way toward a robust early childhood system including health, early care and education, and family support. Others, while federal funding has ended, have produced advances in states that have been incorporated into state actions and, in some instances, state budgets. Candidates for President during the 2020 primary season have developed much more robust early childhood policy plans and agendas that draw upon the P.A.R.E.N.T.S. Science (Protective factors, Adverse childhood experiences, Resiliency, Epigenetics, Neurobiology, Toxic stress, and Social determinants of health) in ways that have not occurred previously. In many respect, children's issues, and particularly young child policy issues, have come of age.

While the federal government can play a catalytic role and, in particular, provide funding to states and communities, however, most of the development and implementation activities involved – as well as innovations that then can be diffused through federal policy actions – occur at the state level.

In this respect, states and communities can draw upon, learn from, and leverage the federal initiatives currently in operation or leaving a legacy. Appendix One provides a table showing current federal initiatives supporting innovation and state-of-the-field demonstrations (those bold-faced in the above text). In addition, states and communities can draw categorical funding (CCDBG, TANF, MCH, FQHC, Part C of IDEA, Head Start, WIC/SNAP, etc.) and entitlement funding (Medicaid and Title IV-e), which can be a base of funding for early childhood systems development and child health care transformation.

PART TWO:

Historical Landscape and Current Initiatives: National Foundations and Young Children

Philanthropy has played a significant role in financing services for children and families, with national foundations in particular advancing innovation. Much has and continues to focus upon funding specific program models and their inventor champions to pursue innovation, sometimes with funding directed to scaling up and diffusing those models (see Part Three on program models). In addition, and sometimes through combining funding support across several foundations, philanthropy has established initiatives with broader goals to improve children's health and development through concerted state or community planning efforts engaging diverse stakeholders and focusing upon improving that health and well-being at a population level.

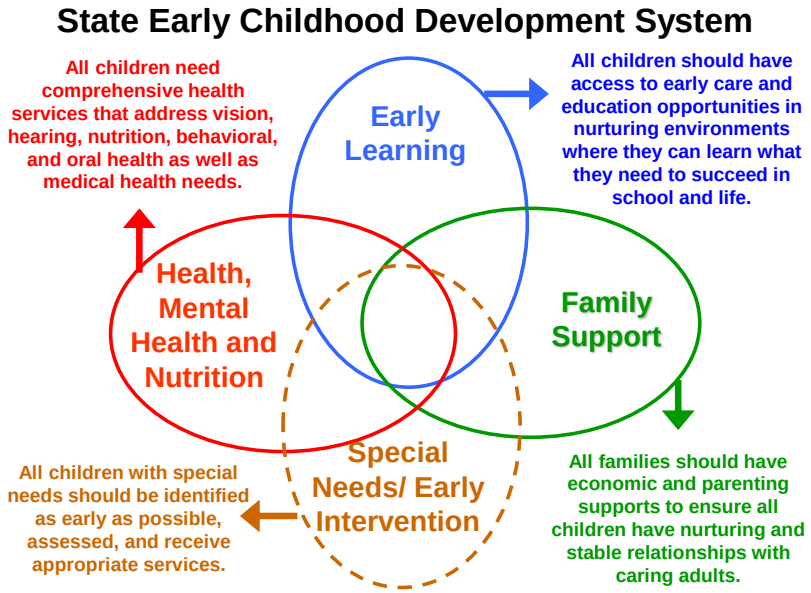
Foundations and Young Children: 1990s.

In 1990, the Annie E. Casey Foundation funded eight states to develop state *Kids Count* reports based upon the national report, providing a new foundation for child policy education and advocacy. Thirty years later, *Kids Count* operates in all states and is the signature program of the foundation, in many states providing core support for comprehensive child advocacy agendas. In 1992, the Pew Charitable Trusts launched a five-state, ten-year $56.4 million Children's Initiative to focus upon building an inclusive system of supports for young children, a sweeping and innovative effort that was abandoned a year later, after determination that its goals could not be achieved within the funding and timeframe, still leaving behind a vision of what a comprehensive and inclusive system for young children should be. In 1994, the Carnegie Corporation published *The Quiet Crisis*, developed by a task force of thirty leading voices in the early childhood community, calling for action and investment in young children, particularly birth to three. In 1996, Carnegie initiated a multi-state and community initiative to do so, Healthy Steps for Young Children, sharing many of the features of the Pew Initiative. At the same time, the Kellogg Foundation drew upon the work in North Carolina and Governor James Hunt to fund the SPARK Initiative through the Smart Start Technical Assistance Center that built upon the North Carolina Model. These early foundation initiatives shared a common perspective that no one service or sector (health, education, or family support) alone could achieve the 1st National Education goal and a more systemic and integrated approach was needed.

Foundations and Young Children: 2000s.

Beginning in 2000 and, through three phases running to 2012, the Commonwealth Fund developed the Assuring Better Child Health and Development (ABCD) program, designed to assist states in improving the delivery of early child development services for low-income children and their families by strengthening primary health care services and systems that support the healthy development of young children, ages 0-3. The program focused particularly on preventive care of children whose health care is covered by state health care programs, especially Medicaid, with twenty-seven states participating in one of the three phases. During roughly the same period, 2001 through 2009, the Robert Wood Johnson Foundation financed a Covering Kids Initiative to support state program expansions in Medicaid and CHIP to cover and enroll children at the state level. Beginning in 2007 and continuing to this day, the Packard Foundation has supported the **Finish Line** project, supporting state advocacy organizations in

expanding coverage and enrollment policies to ensure all children have health coverage. At a broader, cross-system level and building upon the interest generated by the 1st National Education Goal and recognizing the importance of developing measures to drive change, from 2001 through 2004, the David and Lucile Packard Foundation, Ford Foundation, and Marion Kauffman Foundation collaborated in supporting a 17-state School Readiness Indicators Initiative to develop and track child outcomes in the early years to raise awareness of the need for policy actions to improve school readiness, with partnerships between the state and child advocacy organizations in developing state indicators. In 2002, the Early Childhood Funders Collaborative organized funding across more than a dozen foundations to create the **BUILD Initiative**, initially supporting four states in a learning community to build comprehensive early childhood systems, which continues to this day, at various points supporting efforts in more than a dozen states. The BUILD Initiative was instrumental in establishing a framework for school readiness, through the Early Childhood Systems Work Group of leading organization in the early childhood field, which includes health as one of four key service areas (the four "ovals" as depicted in the Work Group's framework), although most of the actual focus of BUILD and its states have been on early care and education. Since that time, there have been further adjustments to the "ovals" framework, but these retain the same general service sectors impacting young children's development as those from ECCS and other initiatives.



Source: Early Childhood Systems Working Group. 2006.

Foundations and Young Children: 2010s.

A good deal of the emphasis in the 2000s in child health was on expanding coverage to all children, involving both federal and state-level activity (at the federal level around CHIPRA and the Affordable Care Act), and foundations continued to press for expanding coverage and holding onto gains made in providing child health. In early childhood, the greatest emphasis was upon preschool and child care, although the ACA also initiated the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, outside of health care but directed to healthy development in young children through

strengthening families and responding to social determinants of health, with the Pew Charitable Trust investing in state policy actions to promote home visiting.

Particularly in the second half of the decade, however, a number of national foundations have begun to focus upon the content of the care provided to children, and young children in particular. From 2016 through 2018, the Robert Wood Johnson Foundation supported the Health Equity and Young Children Initiative jointly operated by the Child and Policy Center and the BUILD Initiative, working with exemplary practices in the field to focus upon core practice elements that improve child health. The Kresge Foundation provided over $4 million in funding in 2014 for a five-year initiative jointly directed by Nemours and the UCLA Center for Healthier Children, Families, and Communities – Moving Healthcare Upstream, with a Collaborative Innovation and Improvement Network (CoIIN) of exemplary health care systems focusing upon child health care transformation. In 2019, the Robert Wood Johnson Foundation supported what in many respects represents a follow-up to Moving Healthcare Upstream, the **Nemours HOPE (Harnessing Opportunity for Positive, Equitable, Early Childhood Development) Project**, taking a systemic and integrative approach to improving healthy child development in the earliest years of life. In 1917, the Einhorn Family Trust, the David and Lucile Packard Foundation, the Kellogg Foundation, the Pritzker Foundation and others pooled over $ 10 million in funding to support "Big Bets" in early childhood, giving rise to a **Pediatrics Supporting Parents Initiative** involving the National Institute for Children's Health Quality (NICHQ), the Center for the Study of Social Policy (CSSP), the National League of Cities, and the National Association of Counties as national partners to advance child health care transformation in the earliest years of life. That included funding for several different state and community demonstration efforts developed through the national partners. The Pritzker Foundation also launched its **Children's Initiative** and, in 2018 and 2019, through a competitive process now supports coalitions in twenty-one states across the country to increase the number of infants, toddlers, and their families receiving high-quality services by 50% over the next five years, as well as 29 communities. This work is being supported through a National Collaborative for Infants and Toddlers (NCIT) Solutions Center, with a framework of strengthening early learning, family support, and child health care as core to achieving its goals. The Robert Wood Johnson Foundation has now funded the Center for Health Care Strategies in a multi-state **Aligning Early Childhood and Medicaid Initiative** , and, most recently, a multi-year **Accelerating Child Health Care Transformation Initiative**, which will work with select identified sites to advance child health transformation. The JPB Foundation and the Perigee Fund represent two other national foundations with major foci upon health equity and the particular developmental period from birth to five.

Foundations and Young Children: The 2020s.

Since the publication of *From Neurons to Neighborhoods* in 2000, much of the policy focus around young children has been upon early care and education, particularly advancing preschool, boosted in significant measure by select studies showing high returns-on-investment from high quality preschool programs and quality child care settings. To a lesser degree, there also has been policy support for some specific programs, particularly home visiting, designed to strengthen parenting and family support. Children's health care also has been viewed as essential to healthy child development in the early years, but with most of the attention directed to getting young children and their families health insurance coverage and not delving into what that coverage could provide. As foundations have focused increasing attention on the earliest years of life (prenatal to three), they have begun to look at the health care system as a locus for at least an initial response to social as well as bio-medical issues affecting children.

The constellation of foundation initiatives which has emerged in the second half of the 2010s points to the possibilities and potential of child health care transformation to play a major role in both improving healthy young child development overall and advancing health equity.

As with federal initiatives, states and communities can draw upon, learn from, and leverage these foundation initiatives currently in operation or leaving a legacy. Appendix Two provides a table showing current foundation initiatives supporting innovation and state-of-the-field demonstrations (those bold-faced in the above text) and the states in which they operate. In addition, many community foundations or state-specific foundations are making investments that deserve attention.

PART THREE:
Historical Landscape and Current Initiatives:

Model Program Diffusion and Scaling in Child Health Care for Young Children

Both federal and national foundation initiatives offer the potential for broad-based innovation and diffusion and scaling of effective new practices and advancing efforts to transform them. At the same time, these initiatives generally do not arise from thin air. In most instances, they are based upon innovations which have sprung up, usually due to champions at the practice level, and demonstrated a potential for success. Practitioner innovators and champions tackle important challenges they face and devise new approaches to them, often in the form of program models or practice enhancements. While these may not represent comprehensive responses to transform practice, they often represent core aspects of doing so and are key levers for moving toward broader transformation.

Dr. Barry Zuckerman is one of those practitioner innovators and champions, establishing Reach Out and Read as an in-office practice model in 1989 in Boston City Hospital. Not only does the model incorporate demonstrating the value of reading in the office and providing the child with a book, it also models physician-parent interactions that are strength-based and engaging. Since 1989, Reach Out and Read has extended nationwide and in thousands of offices, now reaching one-quarter of low-income children. Following that innovation, Dr. Zuckerman established Medical-Legal Partnerships as a model for responding to patients' nonmedical needs for services and often legal support. The National Center for Medical-Legal Partnerships (MLP) was established in 2006 and, since that time, has supported and advanced diffusion of Partnerships across the country, particularly in community health centers and other high-volume medical institutions serving low-income families.

Several different program models have been established and proved to be effective in providing parenting education and support within the practice to support healthy child development. **HealthySteps for Young Children** uses a team approach to primary health care. It offers families with children up to age 3 access to a specialist who addresses parents' concerns about child development and behavior and serves as a link between families and their doctors. Developed in 1994, HealthySteps has been replicated in a number of communities and states across the country, now working under Zero to Three for national diffusion. **Project DULCE (Developmental Understanding and Legal Collaboration for Everyone)**, developed by Dr. Robert Sege and moving to replication in 2016, focuses upon the first six

months of life and incorporates a family specialist during the well-visit to proactively addresses social determinants of health, promotes the healthy development of infants, and provides support to their parents.

Centering Pregnancy and Parenting offer group visits which enhance primary care practice and respond to the family in providing a nurturing and healthy home environment. They are part of the Centering Healthcare Initiative. Centering Pregnancy was initiated in the 1990s, to provide such support during the prenatal period, and Centering Parenting extended this approach into the first three years of life. **Child FIRST**, developed in Connecticut by Dr. Darcy Lowell 1995, provides home visiting and group activities for families with very young children who are most vulnerable to experiencing adversity, including out-of-home placement.

Help Me Grow, launched in Connecticut in 1997 through the leadership of Dr. Paul Dworkin, provides a new type of telephone care coordination directly available to the child health practitioner and designed to ensure young children's developmental needs are identified early and necessary community services accessed. As both a program model and approach (practitioner surveillance and screening, telephone care coordination, and linkage to community services), Help Me Grow, through a national center, is being replicated or adapted in more than thirty states.

In addition to these program models which emphasize strong roles for the primary child health care practitioner, other models – Triple P, Circles of Security, etc. – focus specifically upon strengthening the parent-child bond and relational health so essential to healthy young child development. There also are efforts to build in more community-based staffing into providing support and navigation – Abriendo Puertas, Community Health Workers, family navigators, promotora, doulas, etc.

In large measure, the efforts to transform children's health care at the practice level build upon such ground-up efforts.

Appendix Three provides a table showing current program models with very active diffusion efforts and with substantial research bases to promote their adoption. Those in bold-faced are represented here, as they have concerted efforts to spread and scale their models.

Appendix Three also includes several planning and advocacy efforts that involve learning communities or collaboratives across multiple states – the **Alliance for Early Success**, **National Improvement Partnership Network**, and **ASCEND at the Aspen Institute.**

APPENDIX ONE: TABLE – FEDERAL INITIATIVES ADVANCING EARLY CHILDHOOD SYSTEMS BUILDING, INCLUDING CHILD HEALTH CARE ENRICHMENT/TRANSFORMATION

Early Childhood Comprehensive System (ECCS) Impact Grants. First established in 2001, the Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA) created ECCS to advance comprehensive efforts within states to advance health development in young children, with approximately $7 million in annual funding. In 2016, the MCH Bureau shifted from grants to all fifty states to competitive, five-year high impact grants to twelve states focusing upon the first three years of life. Using a Collaborative Innovation and Improvement Network (CoIIN) approach, ECCS has established a goal, at least within the place-based communities selected by participating states, of a 25% increase in age-appropriate developmental skills among their communities' three (3) year old children. MCHB is planning to initiate a second round of competitive grants in 2021, as the first round of grantees five-year demonstration concludes.

Project LAUNCH. Established in 2008 under the Substance Abuse and Mental Health Administration (SAMHSA) in partnership with the Administration on Children and Families (ACF), HRSA, and the Centers for Disease Control and Prevention (CDC). Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) goal is to promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The long-term goal of Project LAUNCH is to ensure that all children enter school ready to learn and able to succeed. Project LAUNCH seeks to improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families. Project LAUNCH is grounded in the public health approach, working toward coordinated programs that take a comprehensive view of health and promote the well-being of all young children. Project LAUNCH has awarded competitive five-year grants to for annual cohorts of state, territory, and tribal grantees who select a local pilot community to be a partner, with a dual focus on improving collaboration across the child-serving system and improving access to and availability of evidence-based prevention and wellness promotion practices (including traditional tribal practices that promote wellness). Project LAUNCH has funded xx cohorts, with the last being in xxxx. .

The Center for Medicare and Medicaid Services (CMS) Innovation Center. The CMS Innovation Center, formerly the Center for Medicare and Medicaid Innovation, received $10 billion in funding through the Affordable Care Act to test new payment and delivery models to improve health quality, population health outcomes, and reduce per capita expenditures with Medicare and Medicaid. While the vast share of funding under the Innovation Center has been directed to high cost populations, particularly those

with seniors and those with disabilities and not to children, the Innovation Center has established several Initiatives which either focus upon children or provide states the opportunity to do so.

Integrated Care for Kids (inCK) Cooperative Agreements. The Integrated Care for Kids (InCK) Model is a $126 million, seven-year initiative, involving $16 million competitive cooperative agreements with seven states and their target communities to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health need, including responding to opioid misuse. Launched in early 2020, the InCK model emphasizes: (1) **Early identification and treatment** of children with multiple physical, behavioral, or other health-related needs and risk factors through population-level engagement in assessment and risk stratification; (2) **Integrated care coordination and case management** across physical health, behavioral health, and other local service providers for children with health needs impacting their functioning in their schools, communities, and homes; and **Development of state-specific APMs** to align payment with care quality and supporting accountability for improved child health outcomes and long-term health system sustainability.

Maternal Opioid Misuse (MOM) Model. The CMS Innovation Center established the MOM Model at the same time as the InCK Model, to address the growing problem of Opioid Use Disorder (OUD) among pregnant and postpartum women and its impacts upon them and their children. The goals of the MOM Model are to: (1) improve quality of care and reduce costs for pregnant and postpartum women with OUD as well as their infants; (2) expand access, service-delivery capacity, and infrastructure based on state-specific needs; and (3) create sustainable coverage and payment strategies that support ongoing coordination and integration of care.

State Innovation Model (SIM). The State Innovation Models (SIM) initiative partners with states to advance multi-payer health care payment and delivery system reform models. Each state-led model aims to achieve better quality of care, lower costs, and improved health for the population of the participating states or territory. The initiative is testing the ability of state governments to use policy and regulatory levers to accelerate health system transformation to meet these aims. Started in xxx, SIM has supported over half of states representing 61 percent of the U.S. population: 38 total awardees include 34 states, three territories, and the District of Columbia, with awards ranging from $30 million to more than $50 million. While most of the focus is upon the Medicaid population and not confined to children in that population, some states have focused some of their funding on the child health population and a number are seeking to address social determinants of health.

Race to the Top Early Learning Challenge (RTT-ELC) grants, The Race to the Top-Early Learning Challenge (ELC) grant program was a joint effort by the U.S. Department of Education (ED) and the U.S. Department of Health and Human Services (HHS) to improve early learning and development for young children by supporting states' efforts to: increase the number of children with high needs, birth to 5 years old, in high-quality early childhood settings; and build comprehensive early childhood systems, including the health systems. Twenty states have received 4-year RTT-ELC grants ranging from $20 to $70 million, through three rounds of funding beginning in 2011. Although grantees have not dedicated significant portions of their ELC grants to initiatives targeting infants and toddlers specifically, their

efforts to strengthen the systems that support all young children and families have the potential to improve outcomes for infants and toddlers. Similarly, some states made significant efforts to engage the health communities in their states in developing comprehensive approaches.

Preschool Development Grant Birth to Five (PDG-BF) Program. The PDG-BF program is a $275 million program administered by the Administration of Children and Families (ACF) in coordination with the Department of Education. 46 states received funding in 2019, and 20 states and territories were awarded strategic planning grants in 2019 and 20 states were awarded three-year grants to implement the strategic plans, starting in 2020. Additionally, 3 states that had not previously received PDG B-5 planning grants were awarded initial planning grants to complete needs assessments and strategic plans. The primary purpose of the grants is to support states in expanding preschool programs and maximizing parental choice, improving transitions within early learning and care programs, and improving the overall quality of programs, but the guidelines also allow for states to work to incorporate health services into their work.

FEDERALLY-FUNDED EARLY CHILDHOOD/HEALTHY DEVELOPMENT INITIATIVES							
	ECCS	LAUNCH	InCK	MOM	SIM	RTT-ELC	PRE-SCHd
	12	8/14 5/15	7	10		20	19R, 3P
Alabama		14					Re
Alaska	X						
Arizona					D2		
Arkansas		14			T1		
California		15			D2	11	Re
Colorado		14		X	T2	12	Re
Connecticut		14	X		T2		Re
Delaware	X	14			T2	11	
District of Columbia							
Florida	X						Re
Georgia		14				13	Re
Hawaii	X						
Idaho					T2		Pl
Illinois			X		D2	12	Re
Indiana	X			X			
Iowa					T2		
Kansas	X						
Kentucky					D2	13	
Louisiana	X			X			Re
Maine				X			
Maryland				X	D2	11	Re
Massachusetts	X	15			T1	11	
Michigan					T2	13	Re

Minnesota					T1	11	Re
Mississippi							
Missouri		14		X			Re
Montana					D2		
Nebraska							
Nevada					D2		
New Hampshire				X	D2		Re
New Jersey	X		X		D2	13	Re
New Mexico					D2	12	
New York	X		X		T2		Re
North Carolina			X		D1	11	Re
North Dakota							
Ohio			X		T2	11	
Oklahoma	X				D2		
Oregon			X		T1	12	Re
Pennsylvania		14			D2	13	
Rhode Island		15			T2	11	Re
South Carolina							
South Dakota							
Tennessee				X	T2		
Texas		15		X	D1		
Utah	X						
Vermont					T1	13	
Virginia					D2		Re
Washington		15				11	Re
West Virginia		14		X	D2		
Wisconsin					D2	12	Pl
Wyoming							Pl

Project LAUNCH – includes the two most recent cohorts of grantees receiving five-year funding: those starting in 2014 (14) and those starting in 2015 (15).

SIM – Includes those receiving both Testing (T) or Development (D) funding. Some states starting with Development funding (D1), while others moved from Testing in the first period to Development in the second (D2). Others began Testing in the second period (T2). Some received Testing in the first period but did not move onto development (T1).

RTT-ELC – includes all three rounds of awards, starting in 2011 (11), then 2012 (12), and then 2013 (13)

Preschool Development Grants – includes states receiving planning grants (Pl) and renewal grants (Re) in 2019.

APPENDIX TWO: TABLE – FOUNDATION INITIATIVES ADVANCING CHILD HEALTH CARE TRANSFORMATION

Robert Wood Johnson Foundation Child Health Care Transformation Initiatives. As the country's largest health philanthropy, the Robert Wood Johnson Foundation (RWJF) provides support to many initiatives related to health care overall, including child health. Recently, RWJF has created an explicit focus on child health care transformation, also recognizing the particular role of Medicaid in financing child health care. While RWJF funds a great number of grantees who do work in child health, several recent initiatives are focused upon both broadening the scope of child health care and extending exemplary practice through diffusion across states and communities.

InCK Marks Resource Network. InCK Marks was established in 2018 to provide resources to states, communities, and leaders in child health care related to the federal Integrated Care for Kids (InCK) Model and created a resource network of over twenty-five national organizations. In 2020, InCK Marks established anew goal of "supporting leaders advance child health care transformation" through providing state-of-the-field resources on transformation at the practice, metrics, financing, and culture of health levels. InCK Marks draws upon the research and work across its national resource partners in providing this information, with a particular focus upon the 0-3 population but extending to children prenatally to 21.

Aligning Early Childhood and Medicaid. Initiated in 2019 through the Center for Health Care Strategies (CHCS) with the National Association of Medicaid Directors and Zero to Three, Aligning Early Childhood and Medicaid seeks to enhance alignment across Medicaid and state agencies responsible for early childhood programs to improve the health and social outcomes of low-income infants, young children, and families. The 20-month initiative will support opportunities to develop and test: (1) aligning state programs and investments between Medicaid and other early childhood systems to drive more strategic, evidence-based investments for infants and toddlers in low-income families; and (2) Demonstrating the value of early childhood cross-sector alignment, for improving near- and long-term health and social outcomes.

Accelerating Child Health Care Transformation. Initiated in 2020 through a three-year grant to CHCS, the Accelerating Child Health Care Transformation is designed to work at the community-level with selected exemplary pediatric practices to accelerate child health care transformation, demonstrate the value to young children and their families, and identify core levers for accelerating transformation within practices. Accelerating Child Health Care Transformation will draw upon the resources developed by InCK Marks in its work in order to deepen the knowledge base and support development of state-of-the-art models for advancing child health care transformation.

Nemours Project HOPE (Harnessing Opportunity for Positive, Equitable Early Childhood Development) Initiative. Project HOPE **is** designed to advance e equitable outcomes for young children (prenatal to age five) and their families by building the capacity of local communities, state leaders, cross-sector state teams, and local coalitions to prevent social adversities in early childhood and promote child wellbeing. The HOPE Consortium includes Nemours Children's

Health System (Nemours), BMC Vital Village Network, and the BUILD Initiative. HOPE is working with communities and states over a two-year period (2018-2020) that have multi-sector coalitions, networks, or initiatives that are committed to reducing inequities by addressing early childhood adversity through systems alignment, policy, and capacity-building strategies. Grantees are participating in two years of collaborative learning with in-depth technical assistance for capacity-building.

Pediatrics Supporting Parents (PSP) Initiative. The PSP initiative is a collaborative effort that focuses on the opportunity that pediatric well-visits present for pediatricians and parents to partner to support children's social and emotional development and nurturing parent-child relationships. Launched in 2017, the initiative is supported by six early childhood funders: Einhorn Family Charitable Trust, J.B. and M.K. Pritzker Family Foundation, The David and Lucile Packard Foundation, W.K. Kellogg Foundation, Overdeck Family Foundation, and an anonymous individual contributor. During its first three years, PSP explored how pediatric professionals can promote healthy social and emotional development and nurturing parent-child relationships. For its next phase, PSP will extend to a five-year timeframe and shift to a collaborative model in which field leaders, funders, and family, pediatrician, and community representatives co-create PSP's strategic priorities and invest in "proof points" in select communities that demonstrate concrete changes in pediatric primary care. Key activities that emerged during the first phase of the initiative include:

Identification of Practices. The Center for the Study of Social Policy (CSSP) conducted analysis of nearly 70 leading programs and interventions in and adjacent to the pediatric primary care practice that promote positive outcomes around social and emotional development and the primary caregiver-child relationship. Through in-depth analysis and visits to select implementation sites, 14 catalytic practices as well as recommendations to address barriers to scale were identified.

PSP Learning Community. NICHQ is leading a learning community of 18 pediatric clinics in 12 states to test the 14 common practices that emerged from the CSSP analysis. The two-year Learning Community began in 2018 and is concluding in 2020. The strategies can be collapsed into three areas: nurturing competence and confidence of parents; connecting families to supports to promote health and address stressors; and developing the care team and clinic infrastructure.

Medicaid Blueprint and PSP State Technical Assistance. CSSP and Manatt Health developed a blueprint for state agencies, managed care plans, and pediatric providers on how to use financing mechanisms and quality metrics under Medicaid and CHIP to reimburse and incentivize enhanced pediatric practices. CSSP and Manatt Health are providing tailored technical assistance to seven states to demonstrate how Medicaid can help finance effective strategies to improve young children's social and emotional development.

Pritzker Foundation Children's Initiative (PCI). The Pritzker Initiative established the National Collaborative for Infants and Toddlers (NCIT) to advance promising practices and programs that ensure every parent has the support they need to give their children a strong start in life. This involves: (1) supporting healthy beginnings, (2) supporting families, and (3) supporting high quality child care and learning. NCIT has supported 6 foundational states in their work and, in 2019, selected, through a prenatal-to-three state competitive grant process, 10 states and the District of Columbia for $100,000

planning grants and are eligible for a further competitive grant competition for implementation. The grants are part of PCI's plan to facilitate the expansion of early childhood services to one million more low-income families by 2023.

Packard Foundation Finish Line Project. Launched in 2007, the Finish Line Project provides financial and technical support to advocacy organizations in selected states to improve child health coverage, through grants to states and through technical assistance provided through the Georgetown Center for Children and Families and communications and messaging support through Spitfire Strategies. In 2019, there were 19 Finish Line states, several funded by organizations or foundations other than the Packard Foundation, The Robert Wood Johnson Foundation has provided funding to include additional states in 2020. State grants have been in the $100,000 to $150,000 range, enabled those states to have senior level staffing directed specifically to improving child health.

The Early Childhood Learning and Innovation Network for Communities (EC-LINC). Since 2016, the Center for the Study of Social Policy (CSSP) has supported select communities across the country in building results-oriented, integrated early childhood systems that improve outcomes for young children and families. EC-LINC communities focus on young children and their families, ages birth to eight, with a growing number of activities beginning prenatally. Action areas for impact include: (1) **Integrating family voice, leadership, and equity**, and (2) **Transforming practice and systems** by bringing focused attention to closing disparity rates and accelerating work focused on enhanced pediatric care, maternal well-being, and early learning. CSSP has used EC-LINC work to contribute to the development of both PSP and PCI and the work of the JPB Foundation.

JPBFoundation Addressing Social Health and Early Childhood Wellness (ASHEW) Project. Through JPB Foundation funding and leadership, the American Academy of Pediatrics has enlisted six state chapters to engage in ASHEW project, employing quality improvement techniques and clinical education and training to identify and manage social determinants of health in pediatric practices, including conducting maternal depression screening and social determinants screening that also identify and respond to family strengths and provide appropriate referrals. The six state chapters (Northern California, Georgia, Indiana, Maine, Oregon, Virginia, and Wisconsin) will work with select practices in a collaborative quality improvement project in 2020 and 2021.

FOUNDATION EARLY CHILDHOOD/HEALTHY DEVELOPMENT INITIATIVES --SIGNIFICANT HEALTH CARE FOCUS								
	RWJF	RWJF	RWJF	PSP	PSP-MED	PRITZKER	PACKARD	CSSP
	Med-CHCS	Acc-CHCS	HOPE/Nem	NICHQ	CSSP/Ma	NCIT	FINLINE	EC-Linc
	8	TBD	10	12	7	6Fo 13PlRe	18	9
Alabama				X				
Alaska				X			x	
Arizona							x	
Arkansas						Pl	x	

California			X	X	Fo	x	Xx
Colorado	X	X					X
Connecticut		X					x
Delaware							
District of Columbia					Pl		
Florida		X					x
Georgia						x	
Hawaii							
Idaho						x	
Illinois		X			Fo	x	
Indiana			X				
Iowa			X			x	
Kansas				X			
Kentucky							
Louisiana							
Maine				X			
Maryland			X		Pl	x	x
Massachusetts		X	X		Pl		
Michigan		X			Pl		x
Minnesota	X						
Mississippi							
Missouri						x	
Montana							
Nebraska			X		Pl		
Nevada				X	Pl		
New Hampshire							
New Jersey	X	X			Re		
New Mexico					Re		
New York	X	X	X	X	Fo	x	
North Carolina			X	X	Fo	x	x
North Dakota							
Ohio		X			Fo		
Oklahoma		X					
Oregon	X		X		Fo	x	x
Pennsylvania					Pl	x	
Rhode Island	X						
South Carolina					Re		
South Dakota							
Tennessee						x	
Texas		X			Pl	x	
Utah			X			x	
Vermont	X						x
Virginia			X	X			

Washington	X	X	Pl	
West Virginia				x
Wisconsin			Pl	x
Wyoming				

JPB ASHEW includes: CA, GA, IN, OR, VA, and WI.

APPENDIX THREE: TABLE – PROGRAM MODELS ADVANCING FEATURES OF CHILD HEALTH CARE TRANSFORMATION WITH DIFFUSION STRATEGIES ACROSS STATES AND COMMUNITIES

The models in this table are described in the third Part of this report. The planning and advocacy activities include the Alliance of Early Success, which works with different early childhood advocacy organizations to advance birth-to-eight agendas in their state, and the National Improvement Partnership Network, which is a learning collaborative across states that is based upon Vermont's Child Health Improvement Partnership structures. It also includes Ascend at the Aspen Institute, which has taken leadership in advancing a "two-generation" approach (2Gen) to improving family economic mobility and children's health development. While not exclusive to early childhood, it has a major emphasis there. Ascend supports work in 12 states and the District of Columbia to advance two-generation practice and policy at the state level. Several states have established designated two-generation staff within a state agency to advance their 2Gen work.

MODEL DISSEMINATION EFFORTS AND OTHER PLANNING ACTIVITIES							
	EARLY CHILD HEALTH MODEL REPLICATIONS					**OTHER PLANNING/ADV.**	
	HMG	HEALTHY STEPS	DULCE	CENTERING P & P	CHILD FIRST	AllianceES	NIPN VCHIP
Alabama	x					x	x
Alaska	x						
Arizona		X				x	x
Arkansas		X				x	x
California	x	X				x	
Colorado		X				x	
Connecticut	x				x		x
Delaware	x						
District of Columbia	x	X				x	x
Florida	x	X			x	x	
Georgia	x					x	
Hawaii							
Idaho							x
Illinois		X				x	
Indiana	x						x
Iowa	x					x	x
Kansas	x	X				x	
Kentucky	x	X					x
Louisiana						x	

Maine	x				x	x
Maryland					x	x
Massachusetts		X			x	
Michigan	x				x	x
Minnesota	x				x	x
Mississippi	x	x			x	
Missouri	x					
Montana						
Nebraska					x	
Nevada						
New Hampshire						x
New Jersey	x				x	x
New Mexico						x
New York	x	x			x	x
North Carolina		x		x	x	
North Dakota						
Ohio		x			x	x
Oklahoma	x	x			x	x
Oregon	x	x			x	x
Pennsylvania		x				
Rhode Island					x	x
South Carolina	x	s				x
South Dakota						
Tennessee					x	x
Texas		x				
Utah	x					x
Vermont	x					x
Virginia						
Washington	x	x				x
West Virginia	x					x
Wisconsin						x
Wyoming	x					

DULCE and Centering Pregnancy and Parenting – both have replications in multiple sites and different states.

Ascend at the Aspen Institute supports work in 12 states and the District of Columbia on how to advance two-generation policy and practice at the state level. The target states are: CO, CT, GA, HI, MD, MN, MS, NJ, OR, TN, UT, and WA.