

Integrated Family Services: EPSDT and Health Care Reform

Center for Medicare and Medicaid Innovation Grant Proposal

Advances have been made in medicine and behavioral sciences linking a child's environmental and social circumstances with emotional and physical health outcomes. Research has established that beginning prenatally and continuing through childhood there is an inextricable interaction between biology and our social and physical environment. Specifically childhood adversity, the presence of 'toxic stress' and other negative environmental factors can lead to lifelong impairments in learning, behavior, physical and mental health. Evidence suggests the need to create holistic family and child focused approaches to early development, mental health and pediatric care. Family wellness and promotion of healthy communities need to be viewed in tandem to support child health and development. Despite this growing evidence, federal and state program structures and funding models remain in silos using fee for payment models that create disincentives for integration and wellness. With over a decade of research supporting risk, resilience and the inextricable link between childhood experiences and health outcomes, Medicaid/CHIP payment models must be created that support a holistic view of health and wellness for children and families, allow for early screening, surveillance and intervention and create incentives for alignment and integration of health and human services to promote comprehensive, integrated and holistic care plans addressing, social, emotional, environmental and physical aspects of healthy development.

This proposal addresses target priorities related to children in foster care, adolescents in crisis, youth with serious behavioral health needs and families struggling with complex social issues and/or trauma, physical health problems and early developmental delays. The service model design will integrate clinical care with community-based interventions that focus on the underlying determinants of health and integrate behavioral health care and primary care. The targeted delivery system will include an array of home and community based health and human services providers of specialized children, youth and family mental health, substance abuse treatment, child development, early childhood and family support and child welfare treatment services. A hybrid payment model that includes a simplified global payment, caseload incentives and shared savings for providers will be implemented statewide and shows the promise for \$15 million in Medicaid savings (net investments in community services) by year three. Incentives will be created for the integration of pediatric practices with community based behavioral, mental health, substance abuse, child development and trauma informed services to achieve more universal screening, early and family focused interventions that will ultimately reduce costs and achieve the following goals by year three:

- ❖ Align and integrate the way providers organize and deliver care to children and families to promote a seamless continuum of EPSDT services from enhanced prenatal care, early screening, intervention and family wellness through age 21.
- ❖ Create incentives for communities to address social determinants of health and reduce the likelihood of adverse childhood experience and thus reduce negative health outcomes.
- ❖ Decrease risk factors and improve health for children in state custody by providing immediate and early intervention to address trauma.
- ❖ Integrate medical homes with providers in home and community based settings.
- ❖ Infuse population based health promotion and prevention activities for mental health and family wellness in every delivery system statewide.
- ❖ Reduce the utilization of intensive and more costly Medicaid/CHIP services and share demonstrated savings with local regions to support family wellness and early care.