The Whole Child: Recommendations from the Early Experience, Early Learning, Literacy, & K-12, and Behavioral Health Subcommittees

Children’s Cabinet Meeting
December 10, 2020
Joint Overall Recommendation

Support the **healthy development** of all children (prenatal to 12th grade), including supports for parents to promote healthy development, supports for professionals to identify and address ACEs and other mental health issues, and universal health documentation systems.
Recommendation Earmarks

- Allocate $1.7 million to perinatal, infant and early childhood mental health (PIECMH) consultation to primary healthcare providers across the state.
  - To be matched by Medicaid administrative funds, resulting in a total of $3.4 million, to Year 1 of a multi-phase expansion.
  - Year 1 Budget accounts for a planning and hiring phase and short-term federally funded positions. Beyond Year 1, additional funds will be needed.

- Allocate $2 million to universal health documentation systems.
  - Care coordination is a required component of LA Medicaid. Universal health care documentation for health services provided in early education and K-12 education will provide evidence of care coordination and support this requirement.

Together, draw down federal funding to support children’s health.
Louisiana’s Children at Great Risk

- 49th in overall child well-being
- 50th in economic well-being
- 42nd in overall health
- 48th in family and community

Annie E. Casey Foundation’s 2019 Kids Count Data Book

Infants and toddlers:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Louisiana</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in Poverty/ Black</td>
<td>27.3% / 47.9</td>
<td>19.8% / 37%</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>7.1%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Infants with Low Birth Weight</td>
<td>10.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Infant/Toddler Maltreatment Rate</td>
<td>20.1</td>
<td>15.9</td>
</tr>
<tr>
<td>2 or more ACES</td>
<td>10.6%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Developmental Screenings Received</td>
<td>22.3%</td>
<td>31.1%</td>
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</tbody>
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Zero To Three’s State of Babies Yearbook, 2020
ACES & Health Outcomes by Age 5
(Bright & Thompson, 2017)

Odds Ratio of Health Outcome by ACES Exposure (0=ref)

- Physical Health Problem
- Developmental Delay
- Mental Health Problem

0 ACEs | 1 ACE | 2 ACEs | 3 ACEs

- 0 ACEs:
- 1 ACE:
- 2 ACEs:
- 3 ACEs:
The Institute of Medicine estimates that the ensuing indirect and direct costs of ACEs total $247 billion annually, impacting federal and state spending on health care, education, child welfare, criminal justice, child welfare, and economic productivity.
Infant and Early Childhood Mental Health

The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being

Social and emotional development, or infant and early childhood mental health, is the developing capacity of a child from birth to 5 years old to...

- Form close and secure adult and peer relationships...
- Experience, manage and express a full range of emotions...
- Explore the environment and learn...

...all in the context of family, community, and culture.

Where can we promote social and emotional well-being?

- Pediatric health care
- Early care and education
- Early intervention
- Child welfare
- Home visits
- Judicial system
- Policy

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Children’s Mental Health: Support a Statewide System of Perinatal, Infant & Early Childhood Mental Health Consultation.

- Need to identify mental health concerns early.
- Treatment is effective, but existing systems are inadequate.
  - Mental health workforce shortage.
- Mental health consultation helps bridge the gap.
  - Builds capacity of primary care providers to screen, identify concerns, provide first-line intervention.
    - Clinical consultation with child-serving providers
      - Patient-specific and general clinical questions
    - Training
    - Resource & referral information
Adopt the State Strategic Plan for Infant and Early Childhood Mental Health

- Cross-agency IECMH leadership is a key strategy for addressing policy and systems issues for young children.
- The strategic plan identifies progress & gaps across sectors and across the continuum of care:

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PROMOTION       PREVENTION       TREATMENT
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- The strategic plan aligns with other early childhood goals, as outlined by the cross-departmental work of the Pritzker grant (LDoE, LDH, DCFS).
History: School Based Medicaid Reimbursement

• Act of Congress – 1988 - Federal Share of Medicaid Reimbursement for direct services, coordination of care, MAC

• **NO ADDITIONAL HEALTHCARE COST TO LA**
  • Was limited to 12-15% students in special education (IEP)
  • SPA approved April 2020 – Expanded Access to 100% medically necessary health services (includes coverage for Telehealth SVC)
  • Reimbursement will rely on the documentation of plans of care and services provided that will require a software system upgrade to capture increased capacity and data

• Current LDE software program was designed and used to capture special education data. It is outdated and has limited capacity. Contract expires June 2021.

• Projected budget need of at least **$2 million** to cover electronic health record and professional training for all local school districts that will utilize the new system.
Louisiana Medicaid in Schools

2015-2018 Federal Share Reimbursement

$146,635,720

- 2015: 28,194,811
- 2016: 38,210,839
- 2017: 37,903,499
- 2018: 41,281,163

Behavioral Health: 2.5%
Nursing: 31.6%
Therapy (PT, OT, Speech, Aud.): 65.8%

*Additional reimbursement received for transportation is not included.
Medicaid in Schools: New Opportunities

La. Medicaid State Plan Amendment

• (approved April 2020, retroactive to March 2019)

• Expanded Eligible Students –
  • All Medicaid Eligible Students with medically necessary health need

• Expanded Services and Providers –
  • Personal Care, Personal Care Assistants, ABA Therapy, etc.

• Expanded Authorizing Documents –
  • IEP, 504, IHP, IFSP, ISP, RTI, etc.
Challenges Without Electronic Health Record

• Lack of standardized documentation forms / systems
• Paper files in some school districts
• Stand alone electronic software programs without date/time stamp.
• HIPAA / FERPA Privacy challenges
• Limited reporting capability
• Students lost in transition between schools and districts
• Coordination of Care challenges – lack of completed plans and service provision documentation
Benefits

• Documentation of services and response is required to receive reimbursement
• Support accountability and auditing of health service provision
• Facilitate care coordination between school based health providers and primary care providers – improvement in NCQA Quality Matrix
• Facilitate care coordination between schools as students progress
• Support compliance with student health plans of care
• Support chronic disease management for students
Early Learning, Literacy, & K-12

1. Children need, at a minimum, access to high-speed internet and devices they can use to engage in online learning. Funding for expanding broadband access and providing devices to families should be allocated according to students’ and districts’ unmet needs, which are not equal across the state.

2. Additional incentives and financial supports (such as differential pay tax credits) for teachers and support staff with a focus on early care and education, pre-k, k, 1st, and 2nd grade teachers.

3. Additional investment in ensuring access to quality early care and education for infants and toddlers (where the gap is the greatest), consistent with the LA B to 3 plan.

4. Specific early literacy interventions including early literacy coaches that address the impacts of COVID learning loss and disruptions on early learning and literacy development for children, prenatal to age 8, across agencies and systems.

5. Support the healthy development of all children (birth to 12th grade), including universal health documentation systems, supports for parents to promote healthy development, address ACEs and any additional specific health-focused recommendations.
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Early Learning, Literacy, & K-12

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   a. Louisiana serves only 15% of our at-risk children birth to three, whereas we serve approximately 90% of our at-risk four years old.
   b. 90% of brain development occurs prior to age 4
   c. the longitudinal benefits of quality early care and education are known to last into middle age
   d. early care and education is a two generation approach to our states economic and workforce issues
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Vulnerable Youth Subcommittee

Problem
• Each year in LA, thousands of older youth come to the attention of DCFS and/or OJJ requiring individual and family intervention, often related to significant trauma within the family including abuse/neglect
• Most of these youth and their families are identified as needing help much earlier; however, parents, educators, and medical professionals often do not know where/how to access the most appropriate resources
• Referrals are often made “too early” in the current system structure to be served

Yet -
• 977 older youth were confirmed victims of abuse/neglect in SFY20;
• 1,055 older youth served in foster care SFY20
• 403 older youth served by OJJ in SFY20 (FINS-Probation; 65 FINS-Custody)
• Research is clear: early intervention is more effective and cost less

Yet -
• Approximately 6,000 referrals annually to FINS, but only 3,200-3,500 served
Vulnerable Youth Subcommittee

Opportunity

- Case management is effective to connect a family to evidence-based practices, and appropriate level of help, before the situation spirals out of control and requires legal intervention (DCFS or OJJ)

- FINS exists across the state and is designed to assist and reinforce the family in an effort to prevent delinquency and family disintegration.

- Family First federal legislation – leverage SGF to draw down federal funds (50/50 match) for prevention of foster care;

- LDH is working to ensure the availability of an array of evidence-based practices in communities across the state
Vulnerable Youth Subcommittee

**Recommendation**

- Allocate $2.4 million ($400K increase) to support and enhance the FINS programs statewide in coordination with the DCFS, OJJ, and LDH to maximize funding and human capacity for prevention services through the Family First Prevention and Services Act.

- Support the partnership between DCFS-OJJ-LDH to develop residential treatment aligned with the philosophy of Family First legislation and reimbursable through Title IV-E:
  - Non-treatment level congregate care limited to 14 days or less
  - Develop Qualified Residential Treatment Program (QRTP) level of care
Family Stability
What is Louisiana 211?

- Telephone number that connects a caller to critical health and human services available in their community.
- Single access point for everyday needs in time of crisis.
- Partnered with State of Louisiana for disasters in 2020.
- Build the capacity of 211 to work strategically year-round.
1. Allocate 1,500.00 for statewide Louisiana 211 services
2. Provide services for emergency and non-emergency services
3. Meet basic needs such as food, clothing, and shelter
4. Statewide endeavor that is locally driven.