

## **New York's First 1,000 Days Initiative**

During 2017, New York State Medicaid brought together a cross-section of over 200 stakeholders from education, child development, child welfare, pediatrics, and mental health to develop recommendations for how Medicaid could improve outcomes for the youngest New Yorkers, aged zero to three years, nearly sixty percent of whom are covered by Medicaid.

The workgroup developed a set of ten recommendations that are evidence-based, family-focused, cross-sectoral, and informed by child development. All of the recommendations build on or strengthen existing successful efforts, as opposed to creating new initiatives. Funding to begin implementation of the recommendations was included in the Executive Budget proposal that is now being considered by the NYS Legislature. The Governor's budget proposes \$2.9 million (\$1.45 million State) in Medicaid funds toward the First 1,000 Days initiative in 2018-19, with the expectation of \$11.6 million (\$5.8 million State) in 2019-20 (Medicaid is on a two-year budget).

State Education Commissioner MaryEllen Elia and former State University of New York Chancellor Nancy Zimpher co-chaired the First 1,000 Days initiative, bringing together the crucial, yet often disconnected sectors of health and education. The State Education Department brought expertise, commitment, and the recognition that what happens in the years before a child starts school can have a significant impact on her/his school years and beyond. The Office of Mental Health, Office of Alcohol and Substance Abuse Services, and Office of Children and Family Services also participated. In addition, in the summer of 2017, the NYS Board of Regents convened an Early Childhood Blue Ribbon Committee to provide recommendations to improve education for children 0 to 8 years of age and noted opportunities for potential synergy with the First 1,000 Days initiative.

The first 1,000 days of life present a crucial period of opportunity to support optimal development with lifelong consequences, as a child's brain develops most rapidly during the first three years. And interventions that help ensure healthy development and reduce childhood adversity in the early years have been shown to contribute to lifelong improvements in physical and mental health. By taking an intentional focus on the early days, weeks, and years of a child's life, New York has the opportunity to make a real difference in the lives of our children, with benefits that continue into youth and adulthood.

The medical care system, in the form of a pediatrician's or family physician's office, plays an outside role in young children's lives, because data show that most children receive medical care – well-child visits, immunizations – several times per year. This makes the doctor's office an important touch point for our youngest children, before they enter other settings, such as child care or school. Because nearly 60 percent of children age zero to three in New York State are covered by Medicaid, the Medicaid program can play an important role in ensuring strong outcomes for a large number of children.

Until now, New York's health system transformation has not paid as much attention to the early years. This is the case because most children are perceived as "healthy" and are generally not the drivers of high costs. But, the First 1,000 Days initiative, following on the Value-Based Payment for Children Subcommittee and Clinical Advisory Group, calls out the need for additional attention to and investment in children and families in the early years, recognizing that significant early investment can improve health outcomes and lower costs across several domains and through the lifespan.

## Recommendations of the First 1,000 Days Medicaid Workgroup

The ten recommendations of the First 1,000 Days Medicaid workgroup are as follows:<sup>1</sup>

**Braided funding for Early Childhood Mental Health Consultations.** The Office of Health Insurance Programs (OHIP) at the Department of Health (DOH) will convene a design committee with colleagues in the Office of Mental Health, Office for People with Developmental Disabilities, Office of Alcoholism and Substance Abuse Services, Office of Children and Family Services, and potentially the State Education Department (Adult Career and Continuing Education Services) to explore innovative approaches to pay for mental health consultation services for early childhood professionals in child care and other early learning settings. Infant and Early Childhood Mental Health Consultation involves a mental health professional partnering with early childhood teachers or other child care staff to infuse activities and interactions that promote healthy social and emotional development, prevent the development of problem behaviors, and intervene to reduce the occurrence of challenging behaviors. It is an evidence-based approach to building the early learning workforce's capacity to support children's social-emotional and behavioral development.

**Statewide Home Visiting.** New York Medicaid will take several significant steps with the goal of ensuring the sustainability of home visiting in New York so every child and pregnant woman who is eligible and desiring of the services receives them. The Office of Health Insurance Programs (OHIP) at the Department of Health will convene a workgroup, likely building upon the NYS Home Visiting Coalition, to identify opportunities for increased Medicaid payment for evidence-based, evidence-informed, and promising home visiting programs. OHIP also will work with the NYS Education Department to explore scope of practice changes that would allow non-clinician home visits to be billable and will launch pilots in three high-perinatal-risk communities to scale-up evidence-based home visiting.

**Create a Preventive Pediatric Care Clinical Advisory Group.** Medicaid will convene a Preventive Pediatric Care Clinical Advisory Group charged with developing a framework organizing well-child visits/pediatric care to implement the *Bright Futures* Guidelines, the American Academy of Pediatrics' standard of care. Providers frequently report that established expectations and standards for pediatric care – including relatively forward-thinking standards such as universal screening for food insecurity – are difficult to implement under the current structures of pediatric care prevent these standards from being implemented. The group would identify barriers, incentives, and new system approaches toward the end of enabling New York pediatricians to implement *Bright Futures*.

**Expand Centering Pregnancy.** Medicaid will support a pilot project in communities experiencing the poorest birth outcomes to encourage obstetrical providers serving Medicaid patients to adopt the *Centering Pregnancy* group-based model of prenatal care. The *Centering Pregnancy* model has shown dramatic improvements in birth-related outcomes and reductions in associated disparities. It was developed by the not-for-profit Centering Healthcare Institute. The Institute provides participating providers with the curriculum, staff training, and a structure for data collection. It also approves the site where the model is offered. Currently the Centering Healthcare Institute lists 33 sites in New York State that offer the *Centering Pregnancy* model.

**Promote Early Literacy through Local Strategies.** Medicaid will launch one or more three-year pilots to expand the use of *Reach Out and Read* (ROR) in pediatric primary care and foster local cross-sector collaboration focused on improving early language development skills in children ages 0– 3.

**Require Managed Care Plans to have a Kids Quality Agenda.** The Department of Health will work to improve managed care plan performance on child and perinatal quality measures. DOH, working with its External Quality Review Organization, will develop a two-year common Performance Improvement Project (PIP) for all Medicaid managed care plans. Input from child-serving community-based organizations, child development experts, the State Education Department, Office of Mental Health, and others should be considered as part of the development process. The focus of the common PIP could be threefold: 1) increase performance on young child Quality Assurance Reporting Requirements (QARR) measures (well-child visits, lead screening, immunization); 2) enhance rates of developmental, vision, hearing and maternal depression screenings; or 3) improve performance on existing QARR perinatal health measures.

**New York State Developmental Inventory Upon Kindergarten Entry.** The State Education Department, Medicaid, and other partners will agree upon a measurement tool to assess child development upon Kindergarten entry. A child's developmental status upon Kindergarten entry has been shown to relate to 3<sup>rd</sup> grade reading, suggesting that improving child development by this milestone is likely to drive long-term improvements in education and health. Third grade school achievement correlates with high school graduation, and high school graduates have better health outcomes than their peers who did not graduate. A standardized measurement tool at Kindergarten entry would enable (1) population-level tracking of trends over time in child development; (2) assessment of how policy and programmatic changes are possibly affecting child development; and (3) identification of areas (regions of the state, components of child development, etc.) in need of improvement, investment, and policy change.

**Pilot and Evaluate Peer Family Navigators in Multiple Settings.** The Department of Health will support the development, implementation, and evaluation of nine pilots providing peer family navigator services. Many high-risk families with young children struggle to navigate available resources to help them address both health needs and the social determinants impacting their health. These often hard-to-reach families may be more likely to consistently interact with non-health community-based resources rather than the health care system. One set of five sites will evaluate the use of peer family navigator services in community settings, like family homeless shelters, supportive housing, early education providers, community mental health clinics, drug treatment programs, and WIC offices. An additional pilot with four sites will focus on family health navigation services in primary care offices.

**Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy.** Medicaid will allow health care providers to bill for the provision of evidence-based parent/caregiver-child therapy (also called dyadic therapy) under the child's Medicaid Client Identification Number, based solely on the parent/caregiver being diagnosed with a mood, anxiety or substance-use disorder. The quality of early relationships affects the ability of young children to learn, regulate themselves and form relationships. These developmental processes can be impaired when a parent/caregiver (including extended family and foster parents) has a mental health condition because the relationship with the child is often interrupted as a result of the parent/caregiver's condition. Research has found that when depressed mothers receive treatment for depression only (e.g., medication, cognitive behavior therapy), parenting and relationship problems persist unless there is a specific focus on repairing the parent-child relationship. Evidence-based dyadic treatment models are therapy models in which parents/caregivers and very young children are seen together, and coaching is provided to follow and respond to infant/toddler cues. The goal of these therapies is to repair the parent/caregiver-child relationship in support of healthy child development.

**Data system development for cross-sector referrals.** Medicaid will direct competitive grant funds to purchase a hub-and-spoke data system that enables screening and referrals across clinical and community settings for at least 3 communities. The absence of systems-level mechanisms to connect families to community-based programs is apparent: evidence-based preventive programs are underutilized despite being located in high need areas; families living in areas rich in early childhood programs may be directed to services that don't best fit their needs; obstetricians and pediatric providers, who should be a prime source for making referrals to preventive programs, often do not make referrals; parties responsible for the care of a parent or a child often do not receive critical information; and there is a lack of feedback to providers who initiate referrals. Numerous community efforts to link and support the multiple sectors that touch the lives of young children are currently underway in New York. A common challenge across these efforts is the inability to easily share information and resources across a community to fully benefit the families that are served by different systems.

### First 1,000 Days in the Budget

As noted above, the Executive Budget proposes \$2.9 million (\$1.45 million State) in Medicaid funds toward the First 1,000 Days initiative in 2018-19, with the expectation of \$11.6 million (\$5.8 million State) in 2019-20 (Medicaid is on a two-year budget).

<b>First 1,000 Days Executive Budget Proposal</b>			
<b>\$ in millions</b>			
		<b>FY 18-19</b>	<b>FY 19-20</b>
1	Braided Funding for Early Childhood Mental Health Consultations		
2	Statewide Home Visiting	\$0.5	\$2.0
3	Preventive Pediatric Care Clinical Advisory Group		
4	Expand Centering Pregnancy	\$0.1	\$0.4
5	Promote Early Literacy through Local Strategies	\$0.1	\$0.2
6	Require Managed Care Plans to have a Kids Quality Agenda		
7	Developmental Inventory Upon Kindergarten Entry		
8	Pilot and Evaluate Peer Family Navigators in Multiple Settings	\$0.2	\$1.1
9	Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy	\$0.4	\$1.8
10	Data System Development for Cross-Sector Referrals	\$0.1	\$0.3
	<b>TOTAL</b>	<b>\$1.4</b>	<b>\$5.8</b>
<i>Additional detail is available at <a href="https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm">https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm</a></i>			
<i>DOH will begin implementation of these initiatives 4/1/18; implementation costs begin 1/1/19</i>			
<i>Source: NYS Department of Health; February 2018</i>			

The recommendations build upon and strengthen programs and services for which there is evidence. And in some cases, the recommendations are a commitment to diving deeper with experts in pediatrics and other fields. In all cases, the First 1,000 Days workgroup recommendations focus on, and were informed by the understanding of the essential role played by parents and caregivers in child development. And, the recommendations all integrate with and build upon existing community-based initiatives. Finally, the recommendations include an intentional and explicit recognition of the need for collaboration beyond Medicaid and health – with education, child care,

child welfare, community-based organizations – to focus on results that are not limited to one sector and to strengthen systems across silos.<sup>2</sup> Several of the First 1,000 Days recommendations are closely aligned with the NYS Board of Regents Blue Ribbon Committee on Early Childhood recommendations, and leadership in each agency – Department of Health and State Education Department – have committed to moving forward together.<sup>3</sup>

It is important to ensure that this investment stays in the budget and is part of the final agreement. Until recently, most of the State’s health system redesign efforts have focused on adults, as the population that drives most of the costs. These recommendations are a seed, an investment, in driving better health and lower costs in New York’s future. Members of the Legislature need to hear from their communities to understand the importance of the First 1,000 Days and why this investment matters.

## **Together, We Can Ensure that New York Continues to Lead the Nation**

New York State is leading the way with this work and our colleagues in other states are watching because of this initiative’s great potential. While some policymakers in Washington, DC are focused on cutting funds from health coverage for people in need, we in New York are working to build systems that generate better outcomes and save money in the long- and short-term. This initiative is an exciting opportunity for the State to build connections among disparate systems to holistically support families with young children.

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<sup>1</sup> For detail about the ten proposals, go to the New York State Department of Health website, [https://www.health.ny.gov/health\\_care/medicaid/redesign/first\\_1000.htm](https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm). Credit to the United Hospital Fund, which drafted and edited all of the First 1,000 Days on Medicaid recommendations.

<sup>2</sup> See detail about the proposals at the New York State Department of Health website, [https://www.health.ny.gov/health\\_care/medicaid/redesign/first\\_1000.htm](https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm)

<sup>3</sup> For detail about the Blue Ribbon Committee on Early Childhood, go to the NYS Education Department website, <http://www.nysed.gov/news/2017/board-regents-early-childhood-workgroups-blue-ribbon-committee-presents-budget>