Bundling for Babies:
Bridgeport Prospers’ Baby Bundle Meets MAPOC
March 8, 2021
Part I
What is the Bridgeport Prospers Baby Bundle and how did we get there?
1. A **community-designed** framework created to address the alarming fact that about three in four of Bridgeport, CT’s children living in low-income families do not consistently reach expected developmental milestones at the age of three years.

2. Anchored in a continually evolving, relationship building, lifespan-oriented, **collective impact process**.

3. Designed to advance the health and well being of all children and families with a special focus on families living with economic, racial, education and health inequities.

4. Informed by science, focused on resilience, driven by social justice and customizable, scalable and sustainable.

5. A **“proof point” opportunity** for building a “more just” post-COVID world.
Bridgeport Prospers collective impact community work focused on data for 2016-2017...

- 14% 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 (2014; 2017)
- 21% no or inadequate prenatal care
- 70% of the city’s 1800-2000 yearly resident births are Medicaid funded
We asked “What if.....

...All babies and their moms experienced a healthy and supported pregnancy and birth...

...All children are healthy and on-target developmentally at three...

...All families, caregivers and neighborhoods are safe, supported, thriving and resilient...

...We co-designed with community and focused on health equity, universal access, and whole family supports
We rejected the idea that any single program that can “fix” systemic problems faced by Bridgeport families. Instead, we crafted three core principles…
Part II
The Baby Bundle’s very powerful vision
A brave vision emerged for young children and families in the city.

All Bridgeport babies born beginning in January 2018 will reach expected health and developmental benchmarks by the age of three.
Part III
Our theory of change:
Four years in evolution
The Baby Bundle Framework

Five Fast Facts

1. A community-designed framework created to address the alarming fact that about three in four of Bridgeport, CT’s children living in low-income families do not consistently reach expected developmental milestones at the age of three.

2. Anchored in a continually evolving, relationship building, lifespan-oriented, collective impact process.

3. Supports the health and well-being of all children and families with a special focus on families living with economic, racial, education and health inequities.

4. Is informed by science, focused on resilience, driven by social justice and customizable, scalable and sustainable.

5. Can provide a “proof point” opportunity for designing a “more just” post-COVID world.

Through the collective impact process, a set of seven Core Community Strategies has evolved to advance healthy births, responsive services and supports for parents, and on-target development for children (measured at three).

These core strategies are adaptable by other communities and aligned with Medicaid’s First 1000 Days framework.
From the very beginning, this community work was informed by developmental neuroscience. But we quickly added knowledge from other “sciences” that would support accountability, scale and sustainability.

We then applied filters and identified levers that would result in equity and justice, build for resilience, promote engagement across sectors and agencies, and support research partnerships.

Finally, we continue to identify, build and borrow “tools” that can guide us in partnership development, mapping, assessment and implementation.
### Bridgeport Prospers' Bundle

#### Theory of Change

**Goals**
- Healthy Births, Development on Target at Three, K Readiness, Reading at 3rd
- Strong Parent-Child Relational Health and Adult Social Networks
- COVID-Informed Youth & Adult Education, Workforce and Economic Success
- A Resilient Community with Strong Social Capital

**Informed by Science, Tools, Filters and Levers**
- **Knowledge and Science**
  - Developmental Neuroscience
  - Population Health
  - Implementation and Outcomes Research
  - Human-centered Design
  - Communication science
- **Filters and Levers**
  - Equity and Justice
  - Family Protective Factors
  - Community Resilience Model
  - Policy, Data, Financing
  - Cross-Agency TF Work
  - Research Partnerships
  - Scale/Sustainability Feasibility
- **Tools (A sample)**
  - Bundle Rule of P
  - Racial Equity Assessment
  - Self-Sufficiency Matrix
  - Fiscal Mapping
  - NIRN Hexagon Tool

**Co-Designed Core Community Strategies**
- 1. Care and Support for Parenting, Family Wellbeing, Economic Security
- 2. Deep Neighborhood Engagement and Innovation
- 3. An Army of Community Helpers and Advocates
- 4. Wellness Navigators, Collaborative Service Networks & Trauma-Informed Practice
- 5. Healthy, 21st Century Community Organizations and Workforce
- 6. Data to Track Change, Measure Outcomes, and Support Research
- 7. A Resource Investment Portfolio
Part IV
What services and supports are in Core Community Strategy #1?
Universal and Targeted Services within the Baby Bundle for PN-3

Support parents and primary caregivers with universal access to The Bridgeport Basics, a neuroscience-informed parent education and skill-building tool. Targeted services include expansion of Circle of Security and Music Together.

Increase the number of families receiving universal pre- and post-natal home visits through coordinated, evidence-based home visiting programs including Healthy Families America, Parents as Teachers, Child First. Expand access to Doula care partnered with OB providers. Explore expansion of Centering Pregnancy.

Increase access to a one-week postpartum Wellness Check for mother and baby at Bridgeport Hospital and link with home visiting supports. Explore partners for a universal Wellness Check In portfolio including ACES and trauma, protective factors and the presence of Positive Childhood Experiences.
Increase access to **maternal mental health** services including through the MOMs Partnership, advance access for fathers, and support CT’s proposed Medicaid post partum service expansion from 60 days to one year.

Increase **developmental screening** and its linkage to services using CT’s **Sparkler** app with parents and their service providers, in partnership with 211 Child Development Infoline and the Office of Early Childhood.

Achieve universal family access to evidence-informed **early literacy programs** in health care settings. Explore early literacy linkages with Bridgeport’s evolving Home Visiting Partnership. (BTW: NC just added ROR to its Medicaid transformation plan).

Increase access to **licensed family child care** settings for infants and toddlers through All Our Kin and potential COVID II stimulus OEC funding.
Sandra is an expectant mom in Bridgeport.

She receives prenatal care from OBs who partner with doulas, and she is introduced *The Bridgeport Basics*. She is also connected *Healthy Families America* home visiting and meets her personal *Wellness Navigator*.

At well-child check-ups, pediatricians use *Reach Out and Read*, trauma-informed case practice, *The Basics*, and ASQ to keep an eye on Xavier’s growth.

If Sandra needs support for postpartum depression, she is connected to the *MOMS Partnership*. She can also join the *Music Together* program with her baby.

At Bridgeport Hospital for the birth of her baby, she meets *Read to Grow* and is offered a one-week *Wellness Check*.

Home visiting may continue through *HFA*, *PAT* or *Child First*, and she is connected with help for basic needs (like diapers and WIC). She gets access to *Circle of Security* and *Sparkler* for relational health coaching and tracking her child’s progress.

She can also get help to find infant/toddler childcare through *211 CDI*.
Part V
Opportunities for systems, data and resource integration, and efficacy
Connecticut’s Potential Players and Stakeholders in Innovation and Change

- OEC
  - Home visiting, Sparkler, Child Care
- IDEA Part C
- SDE
  - ESSA II COVID Supports
- DPH WIC
  - Immunizations
- DCF
  - Title IV-E Families First
- CT Medicaid (InCK)
- CT DOL/DECDL
  - Workforce and Econ Devmt
- OHS HEC; Wellness and Equity Funds
- 2nd CT COVID Stimulus Innovation Funds
- Maycomb Capital Community Outcomes Fund
- Community Investment Funds
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.

Source: www.chcs.org/medicaid-early-childhood-lab/
North Star Framework

1. For general child population, value will be driven by emphasizing quality and long-term outcomes, not cost-cutting in areas where investment may already be insufficient.

2. Need clear child-focused goals and outcomes to drive systems change.

3. Child health best measured by outcomes across child-serving sectors

4. Primary care can drive change, especially in earliest years of life

5. Brain science tells us social determinants and family systems must be included
OUR WORK

Vision
Healthy, thriving children and families living in a model collaborative community

Mission
Partnering with communities to support and bridge services where children live, learn, and play
Integrating Care

We are working towards a model where care is integrated for children across core child service areas to improve their well-being. These core child service areas include clinical care (physical and behavioral health), schools, early care and education, food, housing, child welfare, Title V, mobile crisis response, juvenile justice, and legal services.

Three key NC InCK initiatives to support integrated care:

1. A universal screening and risk stratification approach that incorporates caregiver (e.g., maternal depression) and cross-sector risk factors (e.g., housing instability)

2. A shared action plan across the core child services for children with higher needs.

3. A team of NC InCK Service Integration Consultants to facilitate more cross-sector integration.

Improving Quality

Within NC InCK, we are developing a model where quality of care is measured and improved using both standard healthcare measures (e.g., proportion of children receiving well-child checks) and novel cross-sector, well-being measures (e.g., kindergarten readiness, chronic absenteeism from school, food insecurity, housing stability).

Reducing Costs

Finally, our model is being developed with a goal of reduced cost of care for children engaged in NC InCK. We are developing child-specific alternative payment models that will be implemented to cover the costs of care.
Ohio Medicaid's Mom & Baby Bundle

January 9, 2020

Cross Agency Leadership Team

Ohio Department of Developmental Disabilities
Ohio Department of Medicaid
Ohio Department of Education
Ohio Department of Mental Health & Addiction Services
Ohio Department of Health
Ohio Department of Job & Family Services

MIKE DEWINE
GOVERNOR OF OHIO
Coordinating Policy, Process and Practice

Integration of community-based services into the traditional healthcare system
Components of Mom & Baby Bundle

1. Patient Identification
2. Mom & Baby Bundle Entities
3. Activities
4. Payment Structure
5. Outcome Reporting and Monitoring
Health center awarded federal grant

MACKENZIE HAWKINS | 11:47 PM, FEB 25, 2020
STAFF REPORTER
As an InCK recipient, Clifford Beers has been designated the “lead organization” for Connecticut’s Department of Social Services — or DSS — which administers Medicaid and related programs. This means that Clifford Beers is responsible for delivering outcomes in its geographic area that will provide data for an in-state comparison. Ultimately, stakeholders hope that lessons learned from the seven grant recipients can inform healthcare provision in other settings.

DSS Commissioner Dr. Deidre S. Gifford said in a press release that the department is interested in improvements across many areas that connect to health provision, such as improved educational outcomes, fewer referrals to juvenile justice and reduction in substance use.

Clifford Beers is the only grant recipient focused specifically on behavioral and mental health — other recipients are large medical centers with public or university affiliation.
Connecticut’s Service, Data and Resource Integration Opportunities

BPT Baby Bundle Framework:
A Place-Based, Wellness-Focused, Systems Integration
PROOF OF CONCEPT
Part VI
We can do better...
Working together we can address the most basic question facing us here in Connecticut...

In these times of COVID, racial and economic turbulence that have laid bare the intergenerational fault lines of our society...

What can we do to support the health and well-being of our youngest children and their families that is better than the best we have done so far?
Thank you...

For more information about the Bridgeport Baby Bundle, contact

Allison Logan, Executive Director
Bridgeport Prospers
alogan@unitedwaycfc.org

Janice Gruendel, Senior Advisor
jmgruendel@yahoo.com