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Bridgeport Baby Bundle Pritzker Data Debrief: The Headlines (revised2)

Guide Resource for
March 17, 2022

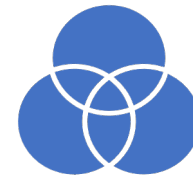
GOALS OF THE MEETING



I: Debrief on data from
Pritzker Interim
Report



II: Review emerging
data for “on target
development at three”



III: Agree on a set of concrete
actions to increase
collaborative data work

HEADLINES FROM THIS WORK

1. While nearly all children in Connecticut are covered by insurance, too many children in Bridgeport are not on target at age three.
2. Too many young children are not receiving developmental screening and only a small proportion are identified as needing services.
3. Three programs reach the most children: Bridgeport Hospital Wellbeing Checks, Read to Grow, and Reach Out and Read.
4. There are many sources of program participation data, but few are connected.
5. We cannot track the developmental progress of young children over time, nor can we link data for individual children or families.
6. We are unable to consistently document differences in access and outcomes by race and/or ethnicity.
7. There is great opportunity for program and data partnership, now.

DIGGING IN:

REVIEWING THE CONTEXT FOR THIS WORK

THE BRIDGEPORT-PRITZKER PARTNERSHIP

Bridgeport's Universal Goal

**All Infants & Toddlers
On Target to Reach
Developmental
Milestones at 3**

**Increasing Percentage of
Medicaid Enrolled
Infants & Toddlers
Receiving Baby Bundle
Services:
Reach 25% by EOY 2023**

Pritzker's Population Target

BRIDGEPORT'S PCI BASELINE AND EXPANSION DATA

Bridgeport Baby Bundle

2019 Baseline Resident Births: 1771*

2019 Est. Medicaid Births (65%): 1151**

2019 Medicaid B-3 Continuously Enrolled: 3918****

2020 City B-3 Child Total: 7315***

2020 Medicaid B-3 Continuously Enrolled: 4098****

(56% of total B-3 child population)



Pritzker Children's Initiative (PCI)

Based on 2019 Medicaid data, 25% of Bridgeport's B-3 Medicaid-enrolled children **(973)** receive Baby Bundle services by EOY 2023

Sources:

* CT DPH Public Vital Statistics, 2019

** Calculated from DSS Medicaid administrative data, 2019

*** Calculated from US 2020 Census Quick Facts (Data revised March 2022)

**** Enrolled for 11 out of 12 months. CT DSS Medicaid Data Run (February 2022)

PRITZKER SERVICE EXPANSION TARGETS Within the Baby Bundle

Building parent knowledge and skills

The Bridgeport Basics (universal)

Music Together (universal)

Circle of Security (targeted)

CT Baby Bonds (targeted)

Health and Mental Services from prenatal through post partum

Wellness Check at birth at Bpt Hospital (universal)

Family Connects Home Visiting at birth (universal)

Prenatal doulas/Community Health Workers (targeted)

Maternal Depression Screening (targeted)

Developmental Screening and Intervention

Screening: Medicaid developmental screening at well child visits (targeted)

Screening (universal including Sparkler and other forms of ASQ/SE)

IDEA Part C (targeted)

Early Literacy and Early Childcare

Read to Grow, and Reach Out and Read (universal)

Infant/toddler family and center-based childcare

I.(c) What We Reported in the PCI Online Portal

Pritzker Service Expansion Targets	2019	2020	2021
PCI 1: Children with Developmental Screenings, Referral and Services (Medicaid) We reported screenings but discussed referral and services data. We are tasked to figure out why 30% not screened, and few are identified as needing service.	2506	2395	
PCI 2: Children screened on Sparkler. We will now have to report on all screening done (e.g., Sparkler/pen & pencil/UW) starting with 2022 data.	34	83	78
PCI 3: Home visiting Services. No UHV program yet. We shared data on OEC and DCF targeted home visiting.	273	197	
PCI 4: Doula and Community MH Workers. This grant funded program projects 75 new doulas each year beginning 2021 – 2024. We have no CHW data yet.	NA	15	90
PCI 5: Wellness Checks for Birth Mothers at Bridgeport Hospital.	NA	91	536
PCI 6: Early Literacy: Read to Grow & Reach Out and Read. We only reported ROR visit data as there is an overlap of children who received both programs.	3600	3474	5456
PCI 7: Early Intervention IDEA PART C. Only children with family service plans were reported. We do have total referral and eligibility data.	661	726	
PCI 8; Early Childcare: Only total slot data from the fall UW provider survey were reported. We need much better data here.	1003	1015	

I.(d) Disaggregating for Race and Ethnicity

PRITZKER RACE/ ETHNICITY CATEGORIES

American Indian; Asian;
Black; Hispanic; White;
Native Hawaiian; Two or More;
Other

Our Data Findings

- No common format for CT data, when available
- Best data came from DSS which can be grouped as above but is far more revealing in the format we requested.
- Race/ethnicity data collection needs work across programs.

DSS Medicaid Developmental Screening Data: 2019 and 2020

Year + Race/Ethnicity (Ages 1-3)	# Bridgeport Members Continuously Enrolled in HUSKY	Received Screening		Positive Screen (U3)		Positive Screen Within 3	
		# of Members Cont. Enrolled	% of Cont. Enrolled	# of Members Cont. Enrolled who received a screen with U3 Modifier	% of Members Cont. Enrolled who received a screen with U3 Modifier	# Of members	% of Members
2019							
Asian Non-Hispanic	65	40	61.5%	4	10.0%	2	50.0%
Black/African American Non-Hispanic	705	420	59.6%	22	5.2%	18	81.8%
Hispanic	849	566	66.7%	35	6.2%	32	91.4%
Multiple Races Non-Hispanic	37	23	62.2%	1	4.3%	0	0.0%
Native American/Pacific Islander Non-Hispanic	8	8	100.0%	2	25.0%	2	100.0%
Unknown Non-Hispanic	1,994	1,265	63.4%	111	8.8%	102	91.9%
White/Caucasian Non-Hispanic	260	184	70.8%	22	12.0%	19	86.4%
2020							
Asian Non-Hispanic	53	31	58.5%	7	22.6%	6	85.7%
Black/African American Non-Hispanic	694	412	59.4%	44	10.7%	35	79.5%
Hispanic	775	464	59.9%	50	10.8%	40	80.0%
Multiple Races Non-Hispanic	30	19	63.3%	2	10.5%	0	0.0%
Native American/Pacific Islander Non-Hispanic	12	8	66.7%	1	12.5%	1	100.0%
Unknown Non-Hispanic	2,346	1,334	56.9%	134	10.0%	108	80.6%
White/Caucasian Non-Hispanic	188	127	67.6%	16	12.6%	15	93.8%

POSSIBLE NEXT STEPS TO IMPROVE PCI DATA

IMPROVE PCI DATA

Findings:

- Important program and data reporting issues for each item
- Race/ethnicity data challenging for most partners

Bridgeport Baby Bundle and CT Data Collaborative continue work with each PCI data partner to:

1. Correct any data errors for 2019 and 2020 and re-enter data into PCI online portal
2. Develop 2021 data for reporting to PCI (by June 2022 if possible)
3. Map how each program collects race/ethnicity data and report back to partners

DIGGING IN:

ON TARGET DEVELOPMENT FOR
YOUNG CHILDREN LIVING IN BRIDGEPORT

AMERICAN ACADEMY OF PEDIATRICS PERIODICITY SCHEDULE FOR WELL CHILD VISITS AND DEVELOPMENTAL SCREENING

Age of Child	AAP Well Child Visits	AAP Developmental Screening
Birth to Age 1	Five visits: Months two, four, six, nine and 12	At the 9 th month well child visit
Age 1 to Age 2	Three visits: Months 15, 18 and 24	At the 18 th month well child visit
Age 2 to Age 3	Two visits: Months 30 and 36	At the 30 th month well child visit

I.(c) What We Reported With Your Help for Each PCI Target

PCI #1. MEDICAID DEVELOPMENTAL SCREENING and SERVICES

Developmental health screenings, referrals, and linkage to services

THE DATA HEADLINE:

We are missing too many little kids...

In 2019, 36% of children ages 1-3 did not have a Medicaid medical claim for a developmental screen. Some physicians may have performed the screening but did not submit a claim.

Fewer than 10% of those were identified as needing a service.

More than 8 in ten received the service in 90 days

For 2020, screens declined but identification increased slightly.

Year + Age	# Bridgeport Members Continuously Enrolled in HUSKY	Received Screening		Positive Screen (U3)		Positive Screen Within 3	
		# of Members Cont. Enrolled	% of Cont. Enrolled	# of Members Cont. Enrolled who received a screen with U3 Modifier	% of Members Cont. Enrolled who received a screen with U3 Modifier	# Of members	% of Members
2019							
Age 1	1,376	858	62.4%	50	5.8%	50	100.0%
Age 2	1,228	816	66.4%	70	8.6%	62	88.6%
Age 3	1,314	832	63.3%	77	9.3%	63	81.8%
Total	3,918	2506		197		175	
2020							
Age 1	1,412	784	55.5%	68	8.7%	57	83.8%
Age 2	1,292	821	63.5%	82	10.0%	68	82.9%
Age 3	1,394	790	56.7%	104	13.2%	80	76.9%
Total	4,098	2395		254		205	

Current Data Partner: CT DSS and CT Medicaid Program

QUESTIONS FROM THE MEDICAID DATA

1. Why were three in ten of Bridgeport's Medicaid-enrolled children (according to claims data) not being screened by their pediatricians in 2019 (pre-Covid). **3918** children expected to receive a developmental screen
 - **2508** were screened.
2. Why was the "needs service" percentage of children so low?
 - **197** were coded as needs service (U3 code) in 2019
 - **205** were coded as needs service (U3 code) in 2020
3. Could follow-up with a focus group of pediatricians validate that **90% of Bridgeport's youngest children were "on target"** at their annual developmental screenings?
4. Could **Medicaid verify** the validity of the U3 coding through a sample clinical records review? How could this be done?

OTHER ASSESSMENT DATA FOR BRIDGEPORT THREE YEAR OLDS

Across the nation, each year when children enter Head Start, their teachers employ a formative assessment to inform curriculum planning for children enrolled and to set a baseline for progress. These assessments are conducted at several points during the school year.

In the fall of 2017, Creative Curriculum skill assessment of 328 three-year olds enrolled in the Bridgeport ABCD Head Start program revealed that **three of four children did not “often” demonstrate age-expected skill levels** across the social-emotional, cognitive, language and physical domains of development.

In the fall of 2020 (the Covid period), Teaching Strategies Gold assessment of 51 entering three-year olds revealed that **two-thirds did not meet expected levels** in language, cognitive or social emotional development.

Note: Data are provided by The Alliance for Community Empowerment (formerly ABCD) in Bridgeport which administers the city’s Head Start Program. Thank you.

POSSIBLE NEXT STEPS TO ADDRESS “ON TARGET” DATA

MEASURING “ON TARGET” DEVELOPMENT

- 1 in 3 Medicaid-enrolled children not receiving annual screens *paid* for by Medicaid. Low number identified for services (2019; 2020). BPT & statewide. Note: Some pediatricians may not have billed.
- More than half of entering BPT Head Start three-year olds not hitting age-expected milestones (2014, 2017, 2021)

Bridgeport Baby Bundle and CT Data Collaborative:

1. Work with DSS and the CT Medicaid Program identify and report on Bridgeport and statewide child developmental screening. Begin work on maternal depression screening data for 2021
2. Work with OEC and the Bridgeport Head Start program to refine data on entering three-year olds. Explore statewide data.
3. Work with Sparkler, OEC and UW 211 CDI staff to identify all sources of developmental screening, referral and services data for 2019-2021

DIGGING IN:

DATA COLLABORATION STRUCTURES
AND 2022 ACTION AGENDA

QUESTIONS AND NEXT STEPS TO ADVANCE DATA COLLABORATION

DATA COLLABORATION

- How to improve race-equity data collection
- How to begin a regular data working partnership across partner orgs and within Bridgeport
- Timing and interest in expanding data reported here to other interested CT communities (e.g., Hartford, Waterbury)
- How to pilot a test of linking program and client data within OEC, and then with Medicaid client and payment data

1. More partners join the CT Data Collaborative's Equity in Data Community of Practice
2. Data partners agree to meet bimonthly to share progress and challenges. Who is missing?
3. The ARPA funded development of the Bridgeport Data Collaborative continues
4. Partners work with CT DSS to report Medicaid data for other CT communities
5. A small working group, including the Baby Bundle, OEC, DSS, Sparkler and the UW 211 B-3 system, design and propose a data linking pilot

CONSOLIDATED LIST OF ACTION STEPS

Improve Data: Bridgeport Baby Bundle and CT Data Collaborative continue work with each PCI data partner to:

1. Correct any data errors for 2019 and 2020 and re-enter data into PCI online portal
2. Develop 2021 data for reporting to PCI (by June 2022 if possible)
3. Map how each program collects race/ethnicity data and report back to partners

Measure On Target Development: Bridgeport Baby Bundle and CT Data Collaborative:

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Data Collaboration:

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NEXT STEPS

1. **Partners:**

- a) Identify other individuals or organizations to invite into this group
- b) Provide any corrected 2019 and 2020 data for and begin the process of exploring 2021 data for their programs

2. **The CT Data Collaborative:**

- a) Posts this PPT (and other resources) to the Bridgeport data page and notifies partners
- b) Explores a date for next partner meeting in the 3rd week of April
- c) Explores interest from other communities in requesting a similar Medicaid developmental screening run
- d) Explore a process for prioritizing action steps

4. **The Bridgeport Baby Bundle team:**

- a) Transmits this corrected PPT to data partners, and follows up with individual organizations, beginning the week of March 23
- b) Follows up with DSS, OEC and OHS (Office of Health Strategy)
- c) Updates the Bridgeport Data Collaborative community planning group.

THE BOTTOM LINE

If we keep doing what we have always done, we will get what we always got.

THANK YOU FOR TODAY

from the Baby Bundle Team and the CT Data Collaborative

