

Why Medicaid Cares About Adverse Childhood Events



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Childhood Trauma

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Based on the work of DPH, DCF and others regarding ACEs, we know:

- Childhood trauma and stress can deeply impact a child's understanding of the world
- Repeat exposure of trauma and stress for children can have long lasting negative consequences
- Trauma and stress can impact social and emotional development of a child
- Trauma and stress is so powerful and consequential to children, it is known to increase health conditions in adults who experienced trauma

ACES

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- Adverse Childhood Events increase the likelihood of chronic medical and behavioral health conditions in adulthood
- CT Medicaid pays for medical and behavioral health services that may prevent short-term and long-term symptoms of adverse childhood events
- If prevention is not possible, early identification and effective treatment can reduce the likelihood of chronic conditions

What contributes to ACEs

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Children of all socio-economic classes are exposed to the following experiences, which may traumatize a child:

- Divorce
- Abuse/neglect
- Domestic Violence
- Sexual assault
- Bullying
- Substance abuse

ACEs Continued

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- ACEs have been known to increase the chances of developing the following conditions in adulthood:
 - Depression
 - Cardiovascular disease
 - Substance use/abuse
 - Obesity
 - Anxiety
 - Diabetes
 - Cancer
 - Premature death

Medicaid's Role

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- Medicaid pays for a variety of services for children and adults that have experienced trauma and/or adverse childhood events and are exhibiting medical and/or behavioral health symptoms as a result of the adverse childhood event
- Medicaid can be the payer of medical and behavioral health services for a parent that helps to improve health care outcomes that may reduce ACEs
- Medicaid is the payer for medical and behavioral health services for children exposed to ACEs which should decrease the chances of chronic conditions

EPSDT

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- **E**arly and **P**eriodic **S**creening, **D**iagnostic, and **T**reatment Services is Medicaid's comprehensive preventive childhood health benefit
- The goal of EPSDT is to make preventive service accessible to children enrolled in Medicaid
- The EPSDT benefit is applicable to all Medicaid enrolled individuals up to the age of 21
- EPSDT benefit is designed to ensure children under the age 21 receive services to “correct and ameliorate” physical and/or mental conditions

EPSDT Benefit Cont.

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The Medicaid EPSDT benefit includes, but is not limited to the following services:

- Annual well-child visits
- Comprehensive health and developmental history
- Screening services (e.g. behavioral health, developmental, vision, hearing)
- Diagnostic services (e.g. diagnostic tests)
- Treatment services

Prevention/Early Identification

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- Comprehensive Maternal and Child Health Services
- Post partum depression screening
- Screening: Developmental and Behavioral Health
 - Screening is so critical that CT Medicaid pays for the screenings separately from the well-child visit
- CT Medicaid covers all U.S. Preventive Services Task Force (USPSTF) grade A and B

Early Intervention & Treatment Continued

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Children can access medical and behavioral services from a variety of agencies/providers:

- Physicians (e.g. pediatricians, psychiatrists)
- School based child health (school districts)
- School based health centers (clinics at schools)
- Person Centered Medical Home (PCMH)
- Federally Qualified Health Centers
- Hospital outpatient programs
- Behavioral health clinics and independent practitioners

Early Identification & Treatment Continued

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Specific behavioral health services available to children include, but are not limited to the following:

- Behavioral health screening and referral
- Access Mental Health (DCF Funded)
- Home-based behavioral health rehabilitation services (IICAPS, MST, FFP, MDFT)
- Child First (state funded)
- Routine Outpatient Services

Behavioral Health Services

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Acute Services

- Inpatient Hospitalization
- Psychiatric Residential Treatment Facility
- Residential Detoxification
- Emergency Mobile Psychiatric Services

Outpatient Services

- Partial Hospitalization/Intensive Outpatient
- Extended Day Treatment
- Home-based rehab services
- Routine Outpatient
- Case Management
- Autism Services

Children's Behavioral Health Plan Priorities

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- Directly references ACEs as a priority area
- Prevention
- Screening
- Early Identification and Treatment
- Strengthen the role of schools in addressing behavioral health needs
- Comprehensive array of services
- Track and improve outcomes

Smoking Cessation

- The use of tobacco is higher among those who experienced ACEs
- We know that tobacco use is strongly related to chronic medical conditions
- CT Medicaid pays for two types of tobacco cessation interventions at a variety of settings
 - Individual counseling
 - Group counseling
- Tobacco cessation services also includes medication (e.g. nicotine patch) and support from the 211 Quitline, a DPH funded telephone support service

Two Generation Models

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DSS supports two models that specifically target the needs of two generations within a family:

New Haven MOMs Partnership: a collaborative wellness model that addresses the needs of the mothers and children

Wraparound New Haven: is a collaborative model that coordinates and provides medical and behavioral health services to families with medical and behavioral health conditions

Lifespan Approach to Health Promotion

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- Maternal health and pre-natal care
- Post partum and infant health
- Early Childhood
- Childhood
- Adolescents
- Young Adults
- Adults
- Older Adults

Our Collective Challenge: Keep Moving Upstream

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- How do we intervene before the adverse childhood event occurs and prevent trauma and stress and promote individual, family, and community well being?
- Medicaid is reviewing policy regarding preventive services and investing in models of care coordination which are likely to improve health for members and should reduce ACEs
- DSS stands ready to partner with other state agencies, community providers, advocates, families, and others who are committed to reducing ACEs