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organizations that integrate health and human services across systems of care can quickly repurpose their expertise and resources in support of these efforts. First, these organizations can support public health emergency responses by conducting outreach to vulnerable individuals and attending to their medical, mental health, social, and material needs. Specifically, they can use their data to identify high-risk individuals; educate individuals about public health risks and preventive steps that reduce these risks; connect individuals to health care providers, community services, public benefits, and other resources; and provide social support and health coaching. Second, these organizations can support coordinated, cross-sector responses to public health emergencies by using their data-sharing infrastructure to facilitate communications across organizations, conveying their observations and insights to the local leaders overseeing a community's emergency response, and leveraging existing partnerships and interagency processes. Unfortunately, wide-spread adoption of this integrated care delivery model remains elusive, in part due to its substantial up-front costs and uncertainty about its long-term financial sustainability. This Article therefore concludes with a call for increased public and private investment in integrated care delivery models that can strengthen community resilience during a public health crisis and address health disparities.

Medicaid's Gold Standard Coverage for Children and Youth: Past, Present, and Future

Since 1967, federal law has entitled low-income children and youth under age twenty-one to coverage of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services through the Medicaid program. Properly implemented, EPSDT is gold standard coverage for children.

This article offers a comprehensive overview of the EPSDT benefit: past, present, and future. Congress intends Medicaid's EPSDT provisions to be aggressively implemented and has amended the statute on multiple occasions to make that clear. However, states' implementation of the law has often flagged, and the federal Medicaid agency and courts have repeatedly stepped in to require states to ensure that children know about EPSDT benefits and are receiving them. Today, while EPSDT is a robust and expansive program that has had many successes, publicly available data reveals that federal and state agencies must do more to meet the needs of enrolled children. Moreover, if it is to achieve its promise in the future, EPSDT will need to embody twenty-first century standards of care. Ensuring up-to-date preventive screening services will not be enough. Attention will need to focus on the nature and extent of diagnostic and treatment services. The EPSDT benefit will need to more aggressively cover family-centered, community-based services for children with special health care needs. EPSDT will need to help with addressing the social determinants of health which occur outside of clinical settings. Finally, states will need to be held accountable for complying with the requirements of the Medicaid program by using accurate and timely data to expose and address health inequities.