North Carolina Integrated Care for Kids (NC InCK) is a new government-funded model aimed at improving the way children and families receive care and support services. **NC InCK will launch for all Medicaid-insured children from birth to age 20 in Alamance, Orange, Durham, Granville, and Vance counties on January 1, 2022.**

NC InCK is led by a coalition of partners, including families and youth in our NC InCK counties, Duke University, UNC, NCDHHS, and local and state-wide providers of services that support children’s well-being.

**Vision:**
Healthy, thriving children, youth, and families living in a collaborative community

**Mission:**
Partnersing with communities to support and bridge services where children live, learn, and play

---

**We will work to achieve this Vision and Mission through three Key Strategies:**

**1. UNDERSTAND NEEDS**

More holistically understand the needs of children and youth

- **Integrate data:** Bring together information from multiple sources to give a more complete picture of a child’s health, education, and social service needs alongside their caregiver needs.

- **Identify children and youth for additional care:** Use the integrated data and an algorithm built for children to identify those who would likely benefit from additional support.

**2. SUPPORT AND BRIDGE SERVICES**

Integrate services across sectors for children and youth who could benefit from additional support

- **Identify a Family Navigator:** The Family Navigator will serve as the primary care coordinator for families in the NC InCK model.

- **Develop Shared Action Plan:** Collaborate with families to create a Shared Action Plan that summarizes prioritized goals for the child and identifies the team members to support achieving those goals.

- **Support Resource Navigation:** NC InCK Integration Consultants will support Family Navigators in connecting with resources to meet a child’s health, education, and social service needs.

**3. FOCUS HEALTH CARE INVESTMENTS**

Find ways to invest resources into what matters most for children, youth, and families

- **Invest in well-being:** Focus investments on improving child health and well-being and reducing costs of care.

- **Assess progress with meaningful measures:** Link healthcare payments to more meaningful measures of children’s health and well-being.
Values

<table>
<thead>
<tr>
<th>Value</th>
<th>How we define it</th>
<th>Examples of how we are putting it into action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equitable</td>
<td>We believe that all children and families deserve opportunities to thrive</td>
<td>We consider diversity, equity, and inclusion in all of our processes (e.g., hiring practices), outcomes (e.g., equity-focused measure in our alternative payment model), and communications materials.</td>
</tr>
<tr>
<td>Strength-Based</td>
<td>We build upon the inherent strengths of the children, families &amp; communities we serve</td>
<td>Our Shared Action Plan leads with a child and family’s strengths to frame how to best meet the goals identified for the child’s well-being.</td>
</tr>
<tr>
<td>Collaborative</td>
<td>We develop ideas and come to decisions together.</td>
<td>The NC InCK model has been co-designed by working groups (e.g., early childhood innovation committee, alternative payment model working group) with participation of leaders from multiple core child service areas.</td>
</tr>
<tr>
<td>Child- and Family-Led</td>
<td>Children and families know what they need and guide what to build, for whom, why, and when.</td>
<td>NC InCK has convened a Family Council and Youth Council to guide our work from design to implementation.</td>
</tr>
<tr>
<td>Data Driven</td>
<td>We make decisions and improve our program based on evidence and data, whenever possible.</td>
<td>We are linking and analyzing data on new measures of children’s well-being (e.g., kindergarten readiness, food insecurity) that will be regularly shared with health care providers to inform their actions.</td>
</tr>
</tbody>
</table>

Integrating Services for Families and Kids

NC InCK aims to bring together child-specific services from different agencies and providers to help meet health, education and social needs of children and families. By accounting for social drivers of health (like challenges related to adequate food or housing), we aim to support communities in coordinating services for children between healthcare and social service providers. We work with organizations and systems that provide the following services:

- Physical and Behavioral Health
- Early care & education
- Food
- Housing
- Mobile Crisis Response Services
- Juvenile Justice
- Child Welfare
- Legal Aid
- Schools
- Title V maternal and child services

How to Get Involved

Email our team at info@ncinck.org to join our mailing list or visit us at http://www.ncinck.org. We regularly host events to provide updates on the project, and ways you can be involved in helping us meet the needs of children and families.

This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $2,999,287.00 in 2020 with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS, HHS or the U.S. Government.