NC InCK

NC INTEGRATED CARE FOR KIDS

NC InCK Quarterly Webinar

Monday, April 4th, 2022: 12:00-1:00p.m.

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Inspired by the children and families with whom we work



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NC InCK Highlights to Date

Understanding Needs:

- For the first time, North Carolina is using **administrative data from schools, health care, child welfare and juvenile justice** together to prioritize children & families for outreach and additional supports
  - To Date: 4,000 children elevated for integrated care management

Integrating Services:

- 50 **Family Navigators** in health systems & health plans **trained in new and more integrated care management**
- **New tools created to support integrated care:** NC InCK Consent, Shared Action Plan, integrated care platform
  - *To Date*: 150 families have received outreach using these new tools

Investing in What Matters Most:

- Leaders from NC Medicaid, health systems and health plans are finalizing a **new Alternative Payment Model to link payments to meaningful measures** of child well-being

Agenda

- Brief Overview
- Model Design and Launch Updates
- Core Child Service Areas
- Building on the Strength of our Communities: Our Councils
- How to get Involved

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NC InCK: Brief Overview

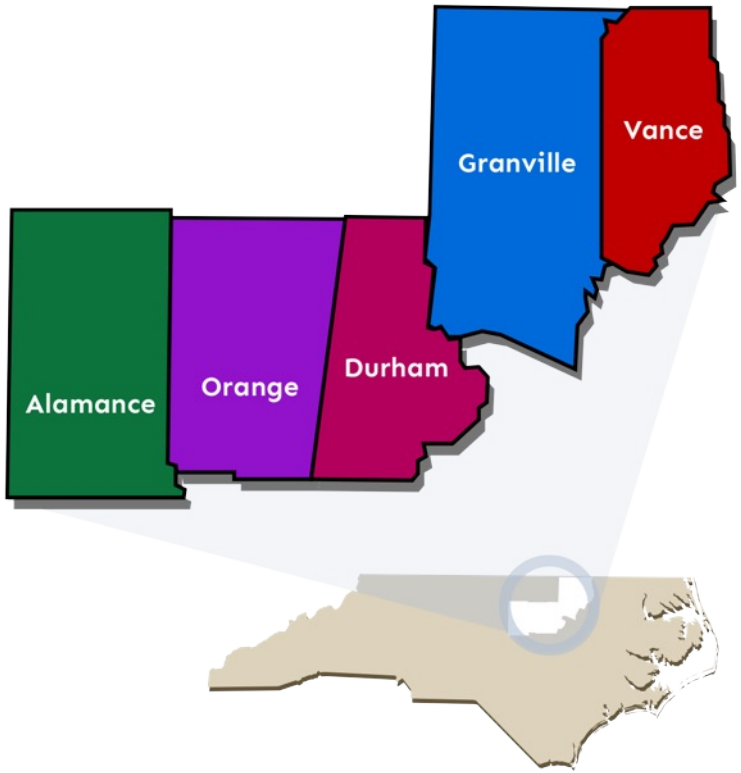
- **Population: All Medicaid and CHIP-insured children in this 5-county area**
  - Birth to age 20
  - Regardless of where they receive medical care
  - ~95,000 children

- **Funding: A 7-year, $16M grant from CMS to the following institutions:**

Duke UNIVERSITY

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



NC InCK is led by Coalition of Cross-Sector Partners Representing the NC InCK Core Child Services

carolina complete health

AmeriHealth Caritas

Community Care OF NORTH CAROLINA

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smart start® Each Child. Every Community.

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Family Council & Partnership Council

ublic Schools of North Carolina
State Board of Education
Department of Public Instruction

SNAP Supplemental Nutrition Assistance Program

United Healthcare

Alliance Health

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

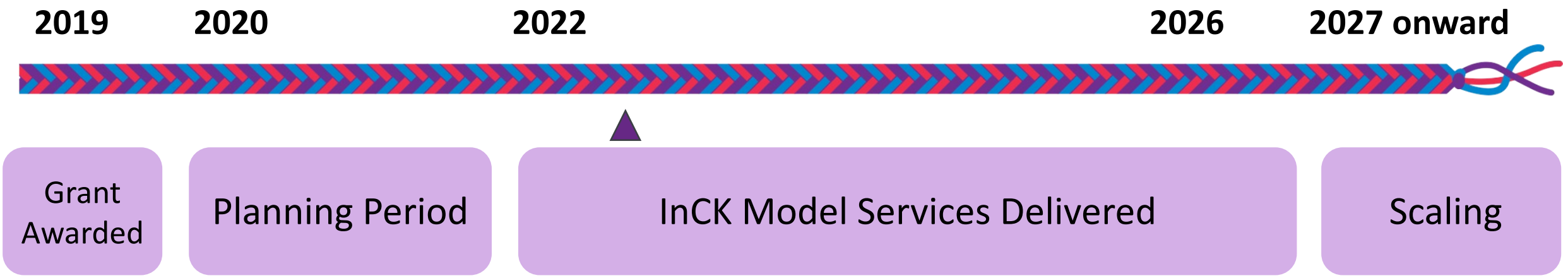
THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

DAYMARK Recovery Services

WellCare



The NC InCK Journey



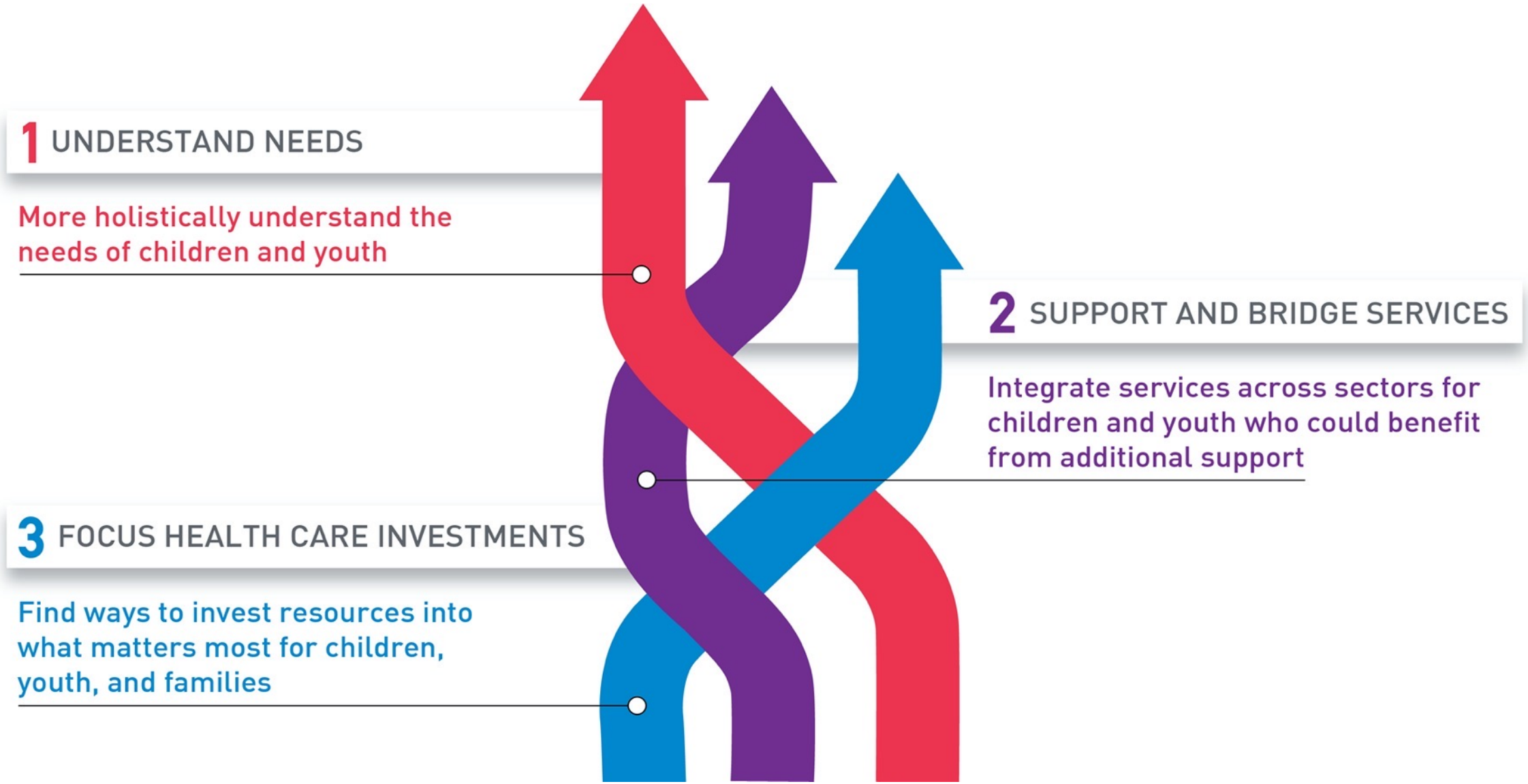
NC InCK began its phased launch on January 1, 2022!

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InCK Model Design and Launch Updates

Three Key Strategies to Integrate Care for Children in NC InCK



InCK's Service Integration Levels

The Child's Health and Healthcare Experiences

Physical, behavioral, and developmental diagnoses

Healthcare utilization

The Child's Context

Socioeconomic, educational, developmental, and parent/guardian risk factors

Out-of-Home Placement

Prior or current out-of-home placement or markers of risk of future out-of-home placement

SIL-3: ~5,000 children

Children who are out-of-home or have high risk of out-of-home placement.

Children experiencing multiple, complex health and education, and social risks

SIL-2: ~10,000 children

Children experiencing multiple, moderate-severity health, social, education or guardian risks.

Focus is on impactable rising risks to improve well-being and reduce future out-of-home placement

SIL-1: ~80,000 children

All other children in NC InCK counties.

May have isolated health and contextual risks.

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Merging New Data to Stratify Children in InCK

Value: NC InCK will integrate statewide data beyond healthcare

Category	Examples of Data used to Assess Needs
SDOH Needs	• Food, housing, transportation needs from Care Needs Screen • Social Deprivation Index for member address
Education	• # of school absences and suspensions
Juvenile Justice	• Placement in detention or development center • Probation status
Child Welfare	• Current foster care placement • Recently returned home from foster placement
Guardian	• Casehead substance use during pregnancy • Casehead qualifies for Tailored Plan
Medical Complexity	• Pediatric Medical Complexity Algorithm, Level 3

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Public Schools of North Carolina
State Board of Education
Department of Public Instruction

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Preliminary Data by InCK Flag, March 2022

Flag Type	Percent of InCK Members with Flag
Foster Care, Current	<1%
Juvenile Justice	<1%
Health	16%
OOHP-Risk	3%
Social Determinants	29%
Education	9%
Guardian	18%

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Source: Data merged from DHB, DPS and DPI, March 2022.

Understanding Needs: Launch Update

Service Integration Level	February 2022 Count	Year 1 Goal
Service Integration Level 1	92,900	80,000
Service Integration Level 2	2,200	10,000
Service Integration Level 3	1,900	5,000

- First Service Integration Level assignments in February: 4,100 children assigned to SILs 2 and 3
  - Initial assignments based on **health/healthcare**, **socioeconomic, out-of-home placement** data

- *Coming next*: Data on **school absences**, **discipline**, and **Juvenile Justice** system engagement added in spring to SIL assignments.

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A Child's NC InCK Journey

Understand a child's needs | **Integrate services** | Invest in what matters most



Child is identified through NC InCK's integrated **cross-sector data** as needing additional supports

Child is assigned a **Family Navigator** to serve as their care manager

Family and Family Navigator form **Integrated Care Team** of trusted cross-sector individuals

Family, Family Navigator, and Care Team collaborate to create a **Shared Action Plan**

Family and Family Navigator meet at least **quarterly** to discuss unmet or emerging needs

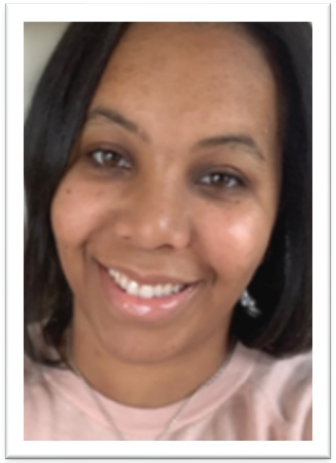
Integrated care consultation, education, ongoing training and support by the InCK Integration Consultant



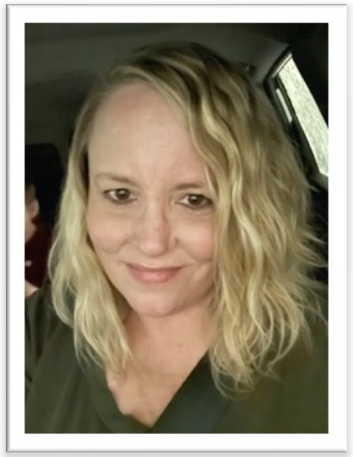
INTEGRATION CONSULTANT
Team of 16 NC InCK clinical staff available to support a child



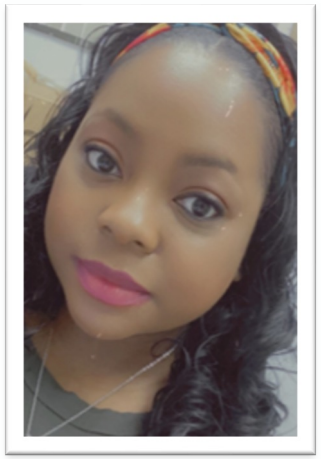
Judy Lawrence, Lean Government/Healthcare Certified
Department of Public Safety



Brie (Dorsey) Hardy, MSW, LCSWA
Families + Communities Rising



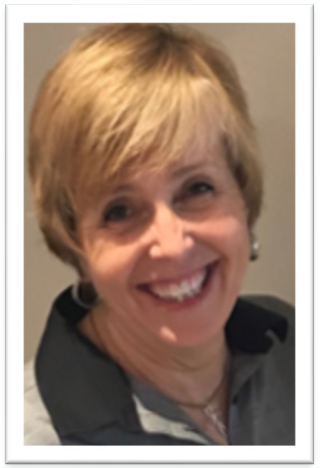
Kristen Moore, BS, RN
Healthy Blue of NC



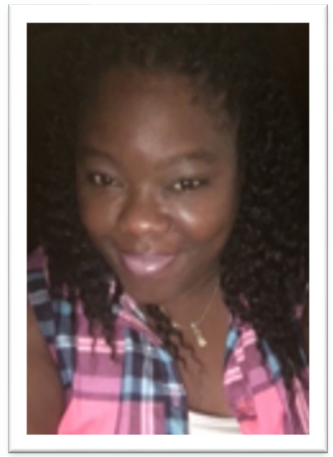
La'Shanda Person, BSW, MS
Granville-Vance Public Health



Tiffany Floyd, LCSW
Vaya Health



Tami Hilton, RN,CCM
United Healthcare



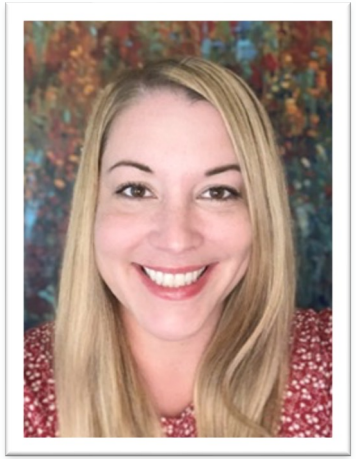
LaShawnda Massey, BSW
Carolina Complete Health



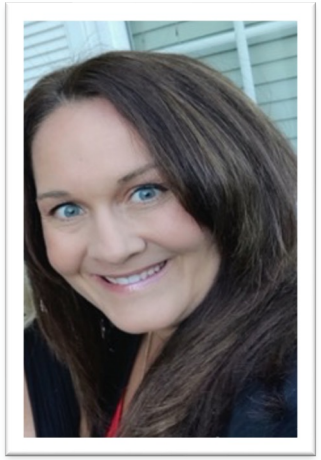
Melissa McDonald, MSW
Orange County DSS



Nikeya Cole, MA, LCMHC
Alliance Health



Ashley Woolard, MSW, LCSW
AmeriHealth Caritas NC



Tara Bartasavich, RN, BSN, CCM
WellCare of NC



Cheryl Jackson, BSN, RNC-OB
CCNC

Hello from your NC InCK Integration Consultants!



Integration Consultant Support of Family Navigators

- Integration Consultants are **available to all Family Navigators who provide integrated care to InCK members**
- Capacity building includes **one-on-one consultation, group trainings & convenings & written guides**



Bi-Weekly Office Hours for Family Navigators to attend with Integration Consultants

Resource Guides for Family Navigators on InCK components (e.g., consent) and the 10 NC InCK core child service areas

Monthly integrated care rounds focused on a core child service area and capacity building topics for pediatric care management

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Meet our Family Navigators!

Launch Update: Family Navigator Training and Initial Outreach

Audience: 50 Family Navigators and many of their supervisors

Entities Represented: All five Prepaid Health Plans and CCNC

"Great training and great energy from the staff! I was feeling very nervous about this role, but this training made me feel supported."

Day 1
Welcome to NC InCK
Family Navigator Role Overview
Integrated Care Teams
FN Deep Dive - Consent
FN Deep Dive – Family Engagement and Care Coordination

Day 2
Shared Action Plan
Family Navigator Deep Dive – Check Ins
Family Navigator Deep Dive - Transitions
Family Navigator Workflow
Stay Connected Integration Consultant Support

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NC InCK will Integrate Services Across These Core Child Services

1. Schools
2. Early Care and Education
3. Food – SNAP, WIC, Food banks
4. Housing
5. Physical and Behavioral Healthcare
6. Maternal and Child Services – Title V
7. Social Services – Child Welfare
8. Mobile Crisis Response
9. Juvenile Justice
10. Legal Aid

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SNAP Supplemental Nutrition Assistance Program

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Recovery Services



Investing in Health: NC InCK's Alternative Payment Model

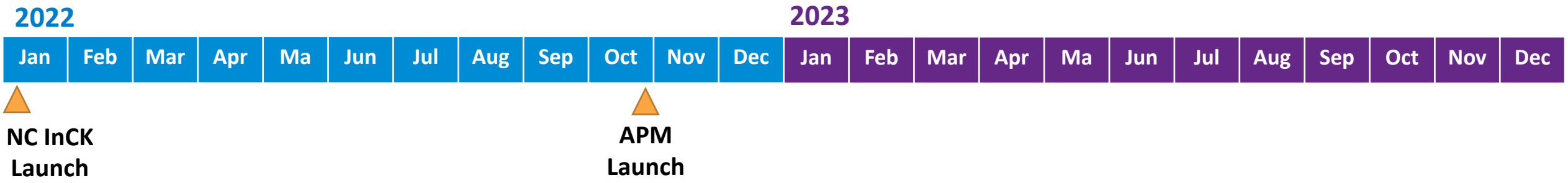
- NC InCK has been working with the Medicaid, the PHPs and health systems to design a payment model that **links incentive payments to more meaningful measures of child well-being**
- **Goal**: Increase resourcing and flexibility for practices to support more whole child care approaches

	NC InCK APM Performance Measures
Cross-sector child well-being metrics	Kindergarten Readiness Promotion Bundle
	Food Insecurity Screening and Rate
	Housing Instability Screening and Rate
	Shared Action Plan
Health care utilization metrics	Screening for Clinical Depression & Follow-Up
	Rate of Emergency Dept Visits
	Equity: Reduction in disparity in 30mo WCC
	Total Cost of Care

The NC InCK APM has been designed over the last 2 years by an **NC InCK APM Working Group** with leadership representation from Medicaid, CINs, and all 5 PHPs

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APM Launch Update; NC InCK APM Measure Period



Jan-Dec 2022: Calculate InCK performance measures that are the same as standard plan measures for 2022 (e.g., screening for clinical depression with F/U plan, WCC30)

July-Dec 2022: Focus on data collection and reporting for novel InCK APM measures

2023: First full NC InCK performance measure year with targeted incentives

NC InCK Core Child Service Area Updates

Behavioral Health		Providing guidance on **pediatric mental health training** for first responders and **collaborative care** for primary care providers
Early Childhood		Implementing a **Kindergarten Readiness Promotion Bundle** to promote primary care provider activities that support children being ready to thrive upon school entry
Education		In collaboration with the ABC Science Collaborative and six school districts, developing strategy to **support schools in addressing the mental health crisis** facing students
Housing		Have convened Housing Specialists from health plans and health systems to **respond to housing instability** faced by children and families

NC InCK Core Child Service Area Updates

Legal Aid		Developing family facing material on **access to food and nutrition benefits** and the legal **rights of children in schools**
Food		In collaboration with Meals4Families, developing a plan to **address communication barriers that prevent families from accessing federal benefits and nutrition support programs**
Child Welfare		Meeting extensively with the 5 DSS offices in NC InCK counties and CCNC to **build new workflows to meet the needs of children in foster care** placements

Building on the Strengths of Our Community: Partnership Council

The Partnership Council is a forum for Core Child Service representatives, NCDHHS, Duke, UNC, Medicaid, PHPs, and other stakeholders to jointly develop and implement the NC InCK Model.

The responsibilities of the Partnership Council include:

- Advising on processes and procedures to promote care coordination across core child services
- Advising on activities to coordinate eligibility/enrollment across child-serving programs
- Working with NC InCK to uses appropriate processes and procedures to promote care coordination across core child services.
- Encouraging NC InCK to develop and implement strategy for each strand on the NC InCK braid.
- Analyzing data to identify ongoing improvement efforts that will elevate opportunities for policy change.

Building on the Strengths of Our Community: The Youth and Family Councils:

The Youth Council is made up of teens and young adults who want to work with other leaders to make a difference for children and families in their communities.

The responsibilities of the Youth Council include:

- Supporting the creation of a care model that is rooted in uplifting and acknowledging the voices and experiences of youth across our five North Carolina counties;
- Meeting monthly to build knowledge around public health, healthcare and community services and resources.
- Using their voices to develop change driven efforts in each NC InCK focus area.

The Family Council is made up of caregivers of children enrolled in Medicaid or CHIP whose perspective and lived experiences inform the NC InCK model.

The responsibilities of the Family Council include:

- Advising NC InCK leadership on key strategic decisions to inform model implementation;
- Guiding NC InCK in achieving its aim of being family-centered in all planning, decision making, and evaluation.

To learn more about the Youth Council or Family Council email Alyzia at Alyzia.McAlmon@duke.edu

Ways to Get Involved in NC InCK

- Join a Child Service Workgroup: Email Dan at daniel.kimberg@unchealth.unc.edu
- Nominate an individual for the Family Council or Youth Council: Email Alyzia.McAlmon@duke.edu
- Sign up for our quarterly newsletter: Visit the **"Get Involved"** page on our website, **ncinck.org.**
- Follow us on Twitter: **@NC_InCK**
- For general inquiries and ideas, email us at **info@ncinck.org**

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We are grateful for all of you who have been, continue to be or will be NC InCK ambassadors - supporting our coalition of partners in operationalizing the model with the aim of meeting the health and well-being needs of children across the NC InCK region