

The InCK Model, Two Generation Strategies and the First 1000 Days

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April 30, 2019

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The InCK Model and the First 1000 Days

1. About the InCK Model and InCK Marks
2. What We Know About Medicaid and Very Young Children
3. What the InCK Model Says About Young Children and Two-Generation Strategies
4. What Child/Early Childhood Advocates Can Do

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About InCK and InCK Marks

- The **Integrated Care for Kids (InCK) Model** is a \$128 million, 7-year federal initiative of the Center for Medicare and Medicaid Innovation (CMMI) designed specifically for children (prenatal to 21), with a competitive application process involving the state Medicaid agency and a Local Lead Partner and Partnership Council.
- The **InCK Marks Resource Network** is a resource network providing state-of-the-field resources to child health advocates, experts, family and community leaders, practitioner innovators, Medicaid administrators, and policy makers in reviewing and developing strategies to improve child health through more integrated care for kids.

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Purpose(s) of InCK Model

The Integrated Care for Kids (InCK) Model will test whether combining a **local service delivery model coordinating integrated child health services** and a state-specific alternative payment model (APM) to support coordination of those integrated services reduces health care expenditures and **improves the quality of care for pediatric Medicaid and CHIP beneficiaries.** (p. 6)

The Integrated Care for Kids (InCK) Model will test whether combining a local service delivery model coordinating integrated child health services and **a state-specific alternative payment model (APM) to support coordination** of those integrated services **reduces health care expenditures** and improves the quality of care for pediatric Medicaid and CHIP beneficiaries. (p. 6)

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Purpose of InCK Marks

- InCK Marks offers “state of the field” information on Medicaid and child health to inform application review and to advance innovation
 - Through website, webinars, shared resources from partners, and new syntheses of resources relevant to different aspects of the InCK Model.
- InCK Marks bases its work on a guiding framework that emphasizes:
 1. prevention, early intervention and treatment responses to child health,
 2. a developmental approach that recognizes the need for different responses and pediatric roles by child age, and
 3. building upon high-value, evidenced-based practices and their value in providing care in developing payment systems.
- **DISCLAIMER:** InCK Marks has no formal relationship with CMS nor does it claim to be an authoritative source of information around developing successful applications for the InCK model.

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InCK Marks Partner Resource Network

InCK Marks has enlisted a network of leading organizations in child health and Medicaid to share their resources.



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What are the MUSTs in the InCK Model and How do they Relate to First 1000 Days?

- Conduct a **root cause analysis** for out-of-home placements (going backwards to causes of causes).
- **Risk stratify** child **population** into service integration levels (SILs) based upon child condition and (for young children) home risk and multiple service system need.
- Focus on a set of **core services** (including early care and education and Title V agencies) for service coordination.
- Provide health **outcomes and cost savings projections** (over performance period plus 3 years).

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What the InCK Model Says About Young Children

Preventive measures delivered during the earliest years of life can mitigate the effects of childhood trauma or adverse childhood experiences (ACEs) that contribute to increased risk of high rates of behavioral health diagnoses in adolescence and adulthood. (p. 7-8)

Preference will be given to applicants proposing **two-generational strategies**/approaches to assessing and stratifying young children. (p. 23 and 46).

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Getting to the Youngest Children – Root Cause Analysis

- **Cause for children currently in or at imminent risk of high cost placement (primarily youth) going into placement:**
 - Youth substance use/behavioral health episodes placing child and society at risk of harm
 - Lack of options for keeping child safe and receiving care without placement
 - Absence of crisis response team and capacity for triage and stabilization without placement; complexity of needs and fragmentation and lack of coordination of existing services
- **Cause for children with conditions getting to the point of being at imminent risk:**
 - Child conditions (physical, social, emotional, developmental) not identified or responded to, resulting in worsening severity of behaviors or conditions or episodes placing child at imminent risk
- **Cause for children developing conditions in the first place (primarily young children):**
 - Childhood trauma and adversity and/or other social determinants of health such as family stress, economic insecurity, and family instability and lack of nurturing risk (including parent substance use, depression, neglect)
- **Cause for families being in compromised positions that can lead to trauma/stress:**
 - Discrimination, unsafe neighborhoods, and parental segregation and marginalization leading to more barriers to providing a safe, stable, home environment

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Statistics: Opportunity for Health Practitioners, Medicaid, and Youngest Children (0-3)

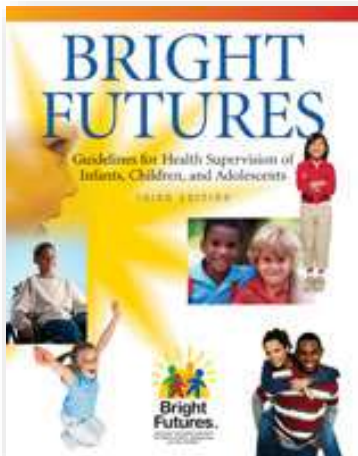
- 91.0% have a well-child visit
- 55.2% receive health coverage under Medicaid/CHIP (avg. 2.2 well-child visits per year)
- 14% in some form of formal/regulated child care
- 4.5% in families that receive public assistance (TANF)
- 4.2% receive a subsidy for child care (CCDBG)
- 3.0% receive early intervention services (Part C)
- 1.5% receive Early Head Start/MIECHV (home visiting)
- 0.7% in foster placement

Child health practitioners are the point of first contact with young children and their families and can play a critical, “first responder role.”

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Building on Success: The Evidence Base in Practice



Health Equity and Young Children Learning Collaborative Members – More Holistic and Integrated Approaches

- Medical-Legal Partnerships
- HealthySteps for Young Children
- Help Me Grow
- Project DULCE
- Child FIRST
- Safe Environment for Every Kid (SEEK)
- First 5 San Diego Healthy Development Services
- Massachusetts Partnership for Early Childhood Mental Health
- Cincinnati Children's Hospital Medical Center
- Iowa Primary Care
- Maricopa Health Systems

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Development By Age

First 1000 Days

Second 1000 Days

Next 4000 Days

Critical Developmental Milestones

Bonding and attachment	Socialization/learning in groups	Decision-making/exec.funct.
Development of a sense of security with the world	Language and literacy skills	Reading to learn/knowledge and skill development
Growing, walking, talking	Complex motor skills	Exercise/athletic development
Learning through intimate, serve-and-return activities	Learning gender, racial, and cultural differences and roles	Peer learning, reciprocity, community responsibilities

Outside the Family Contacts and Connections

Well-child visit (91%, 2.2 yr.)	Well-child visit (85% .8 yr.)	Well-child visit (80%, .6 yr.)
Formal child care (14%)	Formal child care/prek (38%)	School (97%, 180 days/yr),

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Summary: What We Know About First 1000 Days

- Children's healthy development sets the foundation for future health and is dependent upon the safety, stability, and nurturing in the home environment.
- Child health practitioners and Medicaid play a greater and more singular role in providing primary and preventive services in this age period than any other time in child's development.
- We know what is needed and what works (including two generation strategies) but it is far from standard practice nor supported by Medicaid.
- We know it has high potential returns-on-investment (although not solely to Medicaid).

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What Child Health Advocates Can Do to Advance Attention to First 1000 Days

- Contact state Medicaid agency and encourage state to review InCK Model and give specific attention to the birth to three period.
- Offer to provide help and participate in InCK model review and planning.
- Provide information on children birth to three in the state and what the needs and opportunities are for improving their healthy development.
- Provide state examples of programs that are improving young children's health through more preventive service responses to build into InCK.
- Emphasize that opportunities exist whether or not the state applies for or receives InCK designation – all states can and should do something within Medicaid to advance high value care for infants and toddlers and improve healthy development – [First 1000 Days and Two Generation Approaches](#)

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Medicaid, the First 1000 Days, and Value-Based Care: Learnings from New York State

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Why focus on the First 1,000 Days of a child's life?

- The effect of early experiences on the brain and body partially explain significant disparities in health and learning— especially for children living in poverty.
- Children in their “first 1,000 days” depend on Medicaid
- By addressing risks to these kids, and providing strengthening factors, we can **prevent** bad outcomes

59% of kids 0-3 in New York are covered by Medicaid.

“moving upstream to prevent future super-utilizers”

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New York's First 1,000 Days on Medicaid Initiative

- A *Medicaid-driven, cross-sector approach* to improving child health and development outcomes in the first three years of life
- Designed by practitioners from pediatrics, managed care, education, child welfare, social services, and mental health
- 10-point plan voted on using criteria: strength of evidence, degree of cross-sector collaboration, feasibility, affordability, and overall impact
- Embraced by Governor Cuomo, enacted by NY legislature in April 2018, now being implemented by NY Office of Health Insurance Programs (Medicaid agency) and partner agencies

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The 10 Projects in First 1,000 Days on Medicaid Reflect Priorities of a Broad Stakeholder Group

Final Rank	Proposal Description
1	Proposal 17: Braided Funding for Early Childhood Mental Health Consultations
2	Proposal 10: Statewide Home Visiting
3	Proposal 1: Create a Preventive Pediatric Clinical Advisory Group
4	Proposal 4: Expand Centering Pregnancy
5	Proposal 2: Promote Early Literacy through Local Strategies
6	Proposal 14: Require Managed Care Plans to have a Kids Quality Agenda
7	Proposal 5: New York State Developmental Inventory Upon Kindergarten Entry
8	Proposal 20: Pilot and Evaluate Peer Family Navigators in Multiple Settings
9	Proposal 18: Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy
10	Proposal 16: Data System Development for Cross-Sector Referrals

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Service Delivery Opportunities

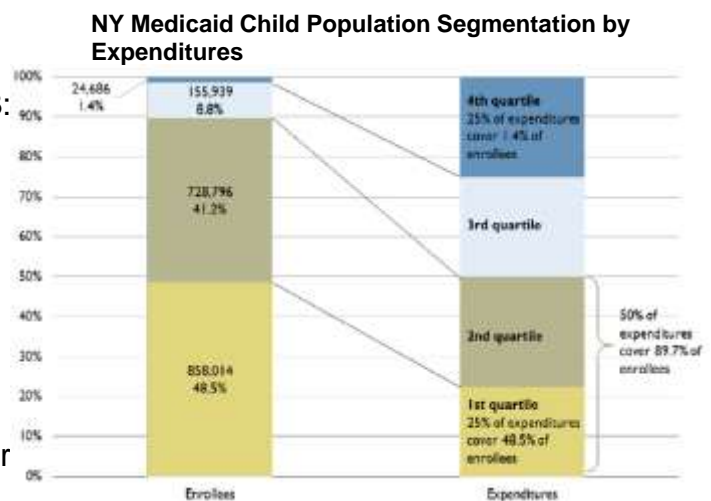
1. Use frequency of well-child visits in early years of life as opportunities to identify at-risk children and strengthen families. This requires primary care transformation.
2. Work with child patient/client in family context – what do caregivers need and how do you engage them?
3. Risk stratify *before* children have impairment/diagnoses or are multi-system involved based on family risk, social complexity.
4. Prevent families from “falling through the cracks,” especially during cross-sector referrals.
5. Begin aligning health and early education through common goals, outcome measures, and services.

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Early Lessons on Building APMs for Children

- Examine costs within Medicaid child population
- Modest short-term savings in 0 - 3: NICU, better coordination of services
- Big opportunity for long-term savings: need upfront investment, ability to track longer ROI
- Focus on payment reform advantages beside efficiency: performance and flexibility
- Ideally, look at total cost of care for entire public budget



Source: United Hospital Fund: Understanding Medicaid Utilization for Children in New York State, July 2016

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Resources

- First 1,000 Days on Medicaid Workgroup project details and meeting materials, NYS Department of Health
https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm
- Achieving Payment Reform through Medicaid and Stakeholder Collaboration: A Guide for Action, United Hospital Fund
<https://uhfnyc.org/publications/publication/achieving-payment-reform-children/>
- Value-Based Payment Models for Medicaid Child Health Services, Bailit Health (commissioned by Schuyler Center for Analysis and Advocacy and United Hospital Fund)
<https://uhfnyc.org/publications/publication/value-based-payment-models-for-medicaid-child-health-services/>
- Understanding Medicaid Utilization for Children in New York State, United Hospital Fund
<http://uhfnyc.org/publications/881143>

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Medicaid and Two-Generation Strategies: Learnings from Ascend

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Stronger Outcomes For Families

Two Generations. One Future.



Two-generation approaches provide opportunities for and meet the needs of children and their parents **together**.

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Why It's Important.



Research from Nobel-winning economist James Heckman demonstrates a **13% return on investment in high-quality early childhood for each year of a child's life.**

For families with young children who have an annual income of \$25,000 or less, a **\$3,000 increase during the years of early childhood yields a 17 percent increase in adult earnings for those children.**

Brain research shows that the **brains of new parents undergo major structural changes just as babies' brains do.** Studies show that parents with health insurance are more likely to seek care for themselves and their children.

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What have we learned from 2Gen 1.0?

- Intentional service integration is critical.
- Quality matters.
- Intensity is important.
- Who is targeted matters.
- How you work with families matters.



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2Gen Guiding Principles

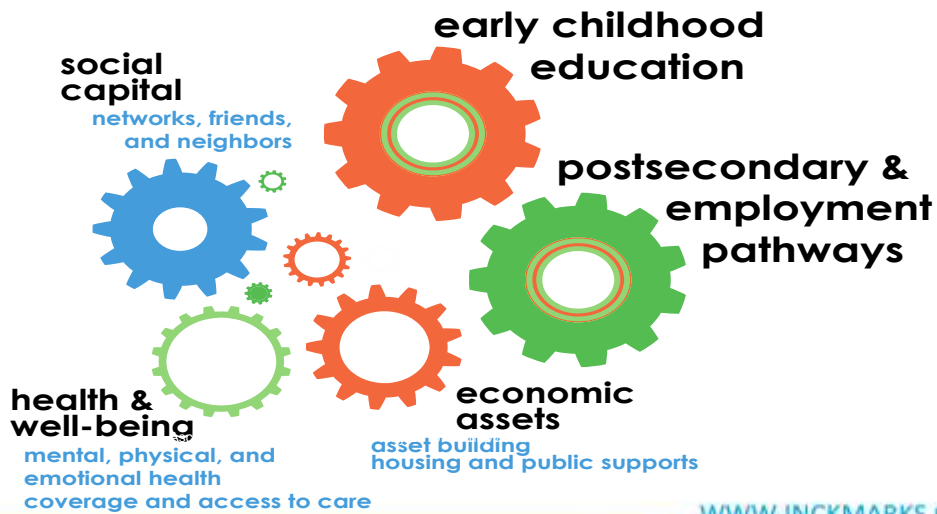
- Measure and account for outcomes for both children and parents.
- Engage and listen to the voices of families.
- Ensure equity.
- Foster innovation and evidence together.
- Align and link systems and funding streams.



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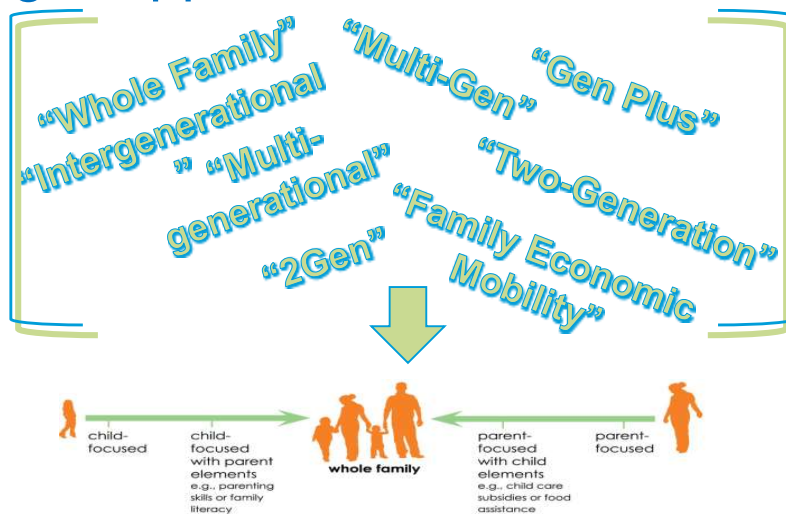
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Core Components of 2Gen



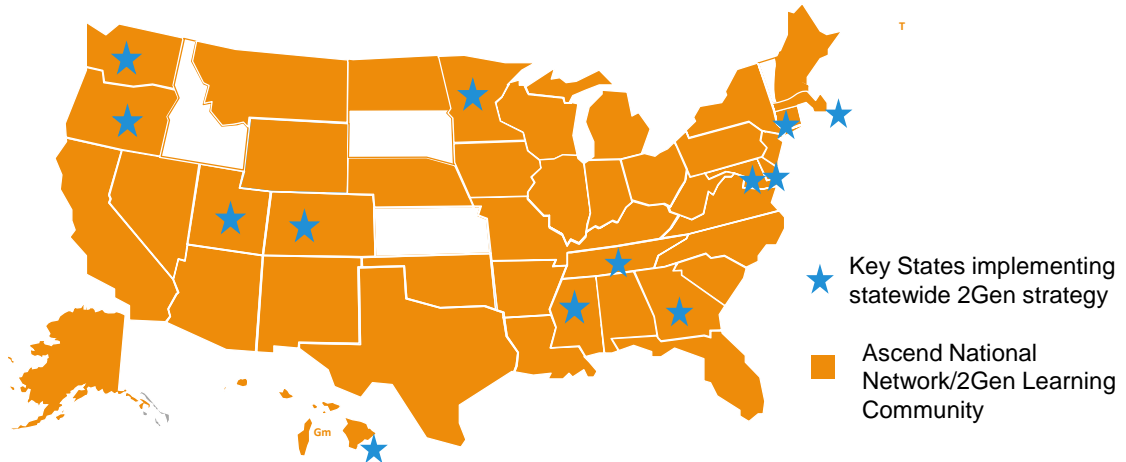
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Building Support for 2Gen



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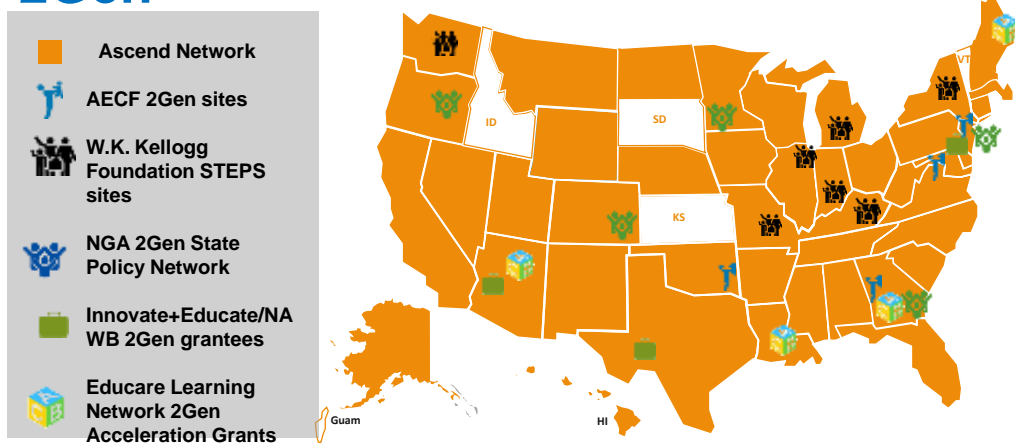
2Gen Momentum



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National Philanthropic Investments in 2Gen



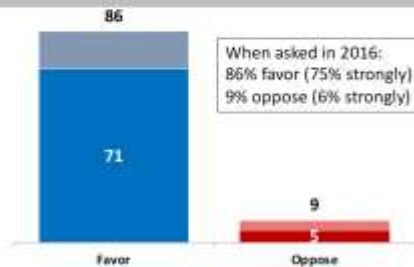
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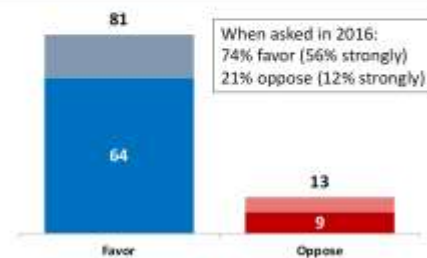
Public Support for 2Gen Approach

A strong majority of adults believe education and job training is a favorable approach to help people get out of poverty, and would support this approach even if it raised their taxes.

One program designed to help people who are living in poverty get out of poverty targets both parents and their children, so that parents get education and skills training to get a better job and at the same time their children get a good start with Head Start, early education, and quality schools. Do you favor or oppose this approach to helping people get out of poverty?



Do you favor or oppose this approach to helping people get out of poverty, even if it raised your taxes?



36 Darker colors indicate intensity.

LRP

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2Gen Continuum

Whole Family Approach, Strategy, Organization Continuum

APPROACH
A new **mindset** for designing programs and policies that serve children and parents simultaneously.

Throughout the continuum, cultural competency is a prerequisite.

STRATEGY
Aligning and/or coordinating services with other organizations to meet the needs of all family members.

ORGANIZATION
Providing services to both children and adults **simultaneously** and **tracking outcomes** for both.

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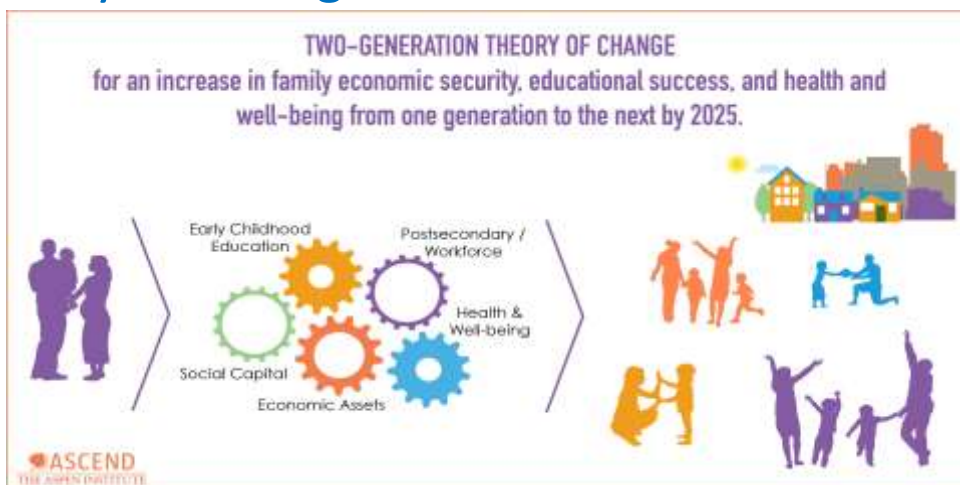
Key Challenges & Barriers to 2Gen Implementation

- Lack of clear collaboration partners and/or terms of agreement
- Staff buy-in and capacity
- Parent recruitment and retention
- Knowledge of and access to blended funding streams
- Policy barriers: lack of aligned resources and policies

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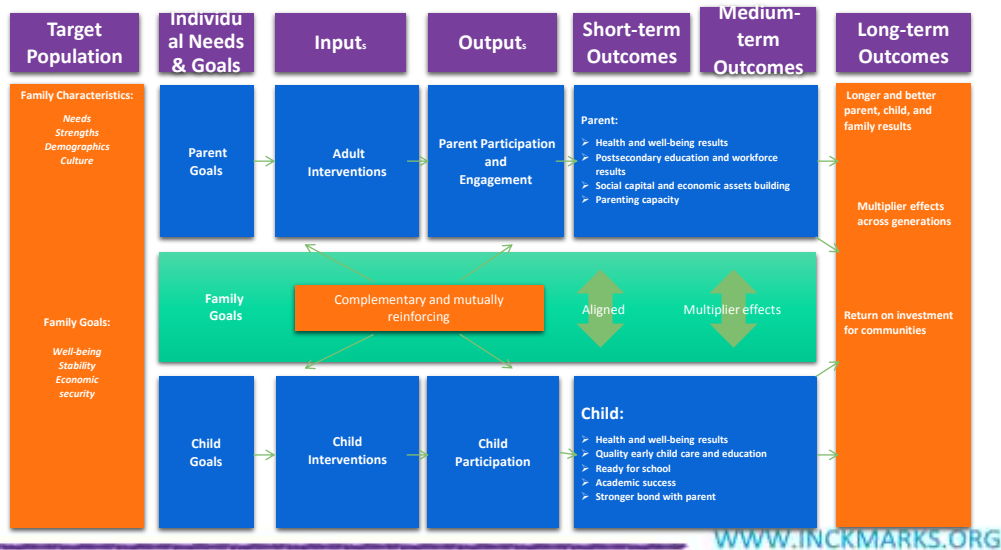
Theory of Change



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Sample 2Gen Logic Model



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2Gen The Early Years



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Ascend Resources



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Talking Points – Child Health Advocates and InCK Marks on the First 1000 Days

- **Medicaid is part of the solution.**
 - Medicaid can and must play a key role in improving healthy young child development – physical, cognitive, social, developmental, and emotional/behavioral.
- **We know enough to act.**
 - More preventive, relational, and two generation health responses provide high value/high performing primary care improving young children's health.
 - Evidence-based practice augmentations in the earliest years (HealthySteps, Help Me Grow, Project DULCE, Centering Parenting, home visiting, etc.) share common attributes and show the way to success.
- **We must build upon what we know.**
 - Practitioner innovators, prevention advocates, and other child health experts are essential to guiding Medicaid reforms to realize the potential for investing in the first 1000 days.

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Resources from InCK Marks

[Webinars \(recordings and powerpoints on website\)](#)

- InCK Model Overview (March 5)
- InCK Model and the Medicaid EPSDT Benefit (March 19)
- InCK Model and Family Engagement (April 2)
- InCK Model, Prevention, and Building a Culture of Health (April 9)
- InCK Model, Two Generation Strategies, and the First 1000 Days (Now)
- InCK Model and Health Equity (May 7)

[Website](#)

- Guiding Framework (including developmental approach)
- Key Issues Resources: (1) Medicaid and EPSDT, (2) Value-Based Care, Risk Stratification, and Preventive Health, (3) Exemplary Early Childhood Primary Care Practices, and (4) Opioids, Behavioral Health, and Foster Care

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Next Steps: Champions

- Complete Survey on Webinar
- Sign Up for and Participate in Future Webinars
- Share State Experiences
- Provide Ideas for InCK Marks Activities

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Word Cloud from CMMI InCK Fact Sheet



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