

# The Integrated Care for Kids (InCK) Model and Health Equity

Charles Bruner, InCK Marks Resource Manager  
Kay Johnson, InCK Marks National Advisory Team Chair  
Jeff Hild, Building Resilient Communities  
Maxine Hayes, InCK Marks National Advisory Team Co-chair

## MARTIN LUTHER KING

**Of all the forms of inequality,  
injustice in health care is the  
most shocking and inhumane.**

Speaking before the Second National Convention  
of the Medical Committee for Human Rights,  
Chicago, Illinois. March 25 1966.



## Webinar Agenda

1. About InCK Model and InCK Marks
2. What the InCK Model (NOFO) says and requires in applications
3. Framing SDOH and equity
4. How can applicants focus on TWO ACES and building community resilience
5. What child health and health equity champions can do
6. Next Steps for InCK Marks

## Purpose of Federal 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 integrated services reduces health care expenditures and improves the quality of care for pediatric Medicaid and CHIP beneficiaries.

## Basics – Federal InCK Model

- Provides up to \$16 million in funding over 7 years to eight states in competitive application model (\$128 million total)
- Applications described in Notice of Funding Opportunity (NOFO) are due June 10, 2019
- Funds to plan and design and implement an alternative payment model and integrated service delivery models for children prenatal to 21 within a specific, sub-state geographic area
- State Medicaid agency must be involved and partner with a Lead Organization (key to local level implementation) to develop an integrated community model.
- Emphasis is on reducing and preventing unnecessary out-of-home placements and hospitalizations of children, preference given to “two generation” approaches.

## What are the MUSTs in the InCK Model?

- **Risk stratify child population** into service integration levels (SILs) based upon child conditions/risks and multiple service system involvement.
- Conduct **root cause analysis** for out-of-home placements.
- Provide **care coordination** for risk stratified populations and care coordination and team-based care for children in out-of-home or at risk of out-of-home placements/hospitalizations.
- Focus on a set of **core services** and establish mobile crisis response teams as part of core services.
- Provide health outcomes and cost savings projections and data.

# InCK Marks

## InCK Marks: Purpose and Disclaimer

- InCK Marks developed under funding from the Robert Wood Johnson Foundation and the Perigee Fund to:

*provide resources and supports to child health advocates and experts, practitioner champions, family and community leaders, state administrators, and policy makers regarding reviewing and developing applications for the InCK model*

- InCK Marks has no affiliation with CMS, produces only nonproprietary information, and does not claim to be an authoritative source for developing a competitive grant proposal

05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

7

# InCK Marks

## InCK Marks Partner Resource Network



05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

# Focusing on Equity to Improve InCK and Child Health

Kay Johnson, Johnson Group Consulting  
InCK Marks National Advisory Team Chair

## Child Health and Health Equity Defined

### Child health (birth to 21)

- “The extent to which an individual child or groups of children are able or enabled to a) develop and realize their potential; b) satisfy their needs and c) develop the capacities to allow them to interact successfully with their biological, physical and social environment.” (Institute of Medicine, 2004)
- Child health is the “full range of health constructs, including physical health, developmental, social, emotional and behavioral health, oral health, nutrition, and physical activity.” (U.S. DHSS; U.S. DOE; InCK Model Notice of Funding Opportunity)

**Health equity** is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices. (Healthy People 2020)

## Interface of disparities, SDOH, and equity

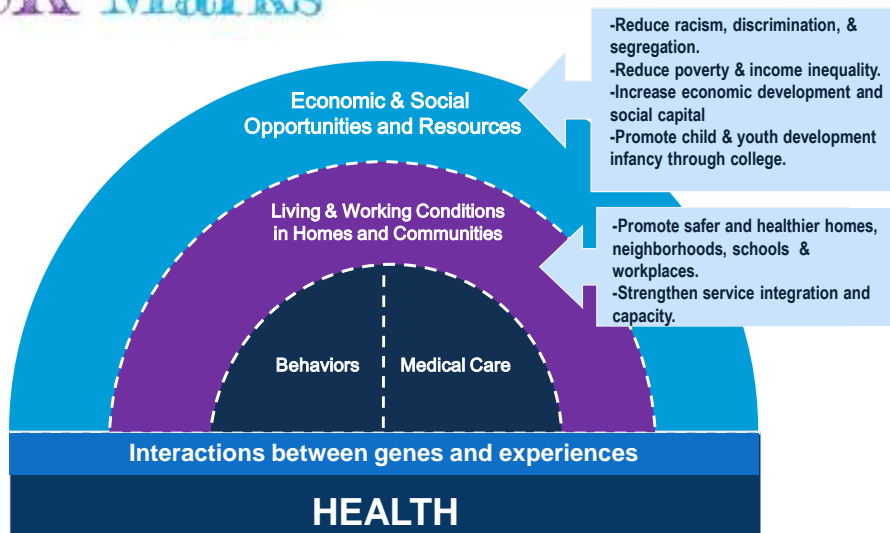
- Not all health differences are disparities.
- Health disparities are systematic, avoidable health differences reflecting racism, classism, ableism, or other factors related to social disadvantage.
- Disparities—reflecting both biomedical and social determinants of health (SDOH)—are the metric for assessing health equity.
- Health equity is the principle underlying a commitment to reducing disparities in health and its determinants.
- Health equity is social justice in health.

05/07/2019

Adapted from: Braveman et al. Health Disparities and Health Equity:  
The Issue Is Justice. *AJPH*. 2011;101:S149–55.

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

11



Source: P. Braveman et al. University of CA., San Francisco, adapted from version originally created for: *Overcoming obstacles to health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America*. Robert Wood Foundation, 2008.

05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

12

# InCK Marks

## Beyond documenting disparities

- In 1985, HHS Secretary Heckler issued report on persistence of racial disparities in health, including infant mortality and child health.
- In 2002, IOM study *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* focused our attention on bias, inequity in care.
- Healthy People 2010: an overarching goal on eliminating health disparities.
- Healthy People 2020: overarching goals to achieve health equity, eliminate disparities, and create social and physical environments that promote good health for all (SDOH).
- Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people."
- Leaders today focusing on **ACTION to ensure equity**.

05/07/2019

WWW.INCKMARKS.ORG

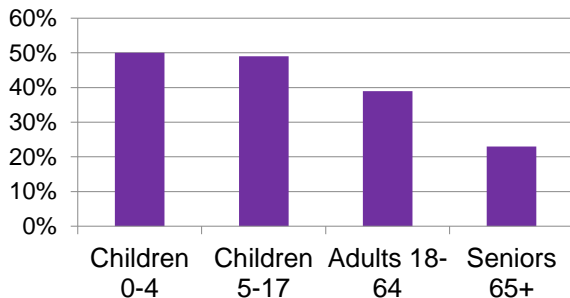
13

# InCK Marks

## Diversity, Equity and Children: Basic Facts

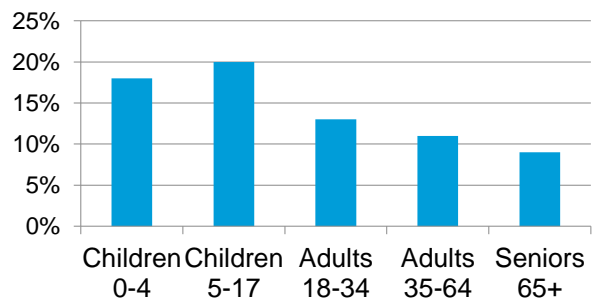
Children are the age group with most racial/ethnic diversity

Percent of Age Group that is Non-white or Hispanic



Children are the age group most likely to live in poverty

Percent of Age Group with Income Below Federal Poverty Level



05/07/2019

Source: Census Bureau. American Community Survey.

WWW.INCKMARKS.ORG

14

## Concentrated disadvantage

Percentage of Young Child Population (under age 5) By Race/Ethnicity and Census Tract Poverty Rate



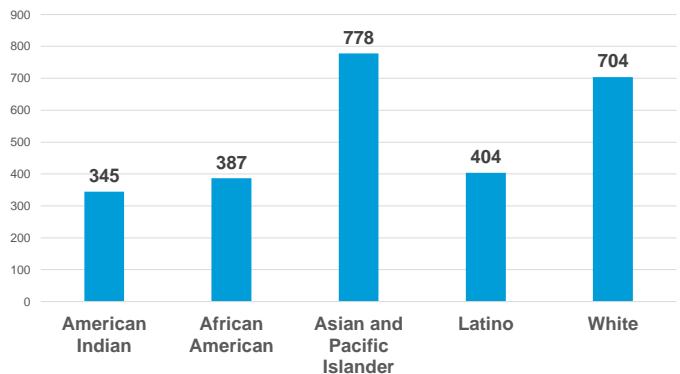
Source: Bruner. ACE, Place, Race, and Poverty: Building Hope for Children. Academic Pediatrics. 2017;17(7):5123-5129.

- Among young children, 38% of African Americans, 32% of Native Americans, and 29% of Hispanics live in census tracts where the poverty rate is >40%, compared to 8% of White, Non-Hispanics.
- Poorest census tracts are:
  - “rich” in the proportion of young children,
  - highly racially segregated,
  - separated from many sources of economic opportunity, and
  - in need of community building.

## Inequities and their Consequences

- Exposure to effects of structural racism.
- Disproportionate number of children of color in foster care, special education, and juvenile justice.
- Disparities by race/ethnicity in:
  - Health outcomes (infant mortality, asthma, obesity, ACEs, PTSD, etc.)
  - Participation in preschool, preventive care, and developmental services
  - Exposure to environmental hazards and unsafe environments
- Results in reduced life expectancy, general well-being, and likelihood of being “middle class by middle age”.

Race for Results Opportunity Index Scores

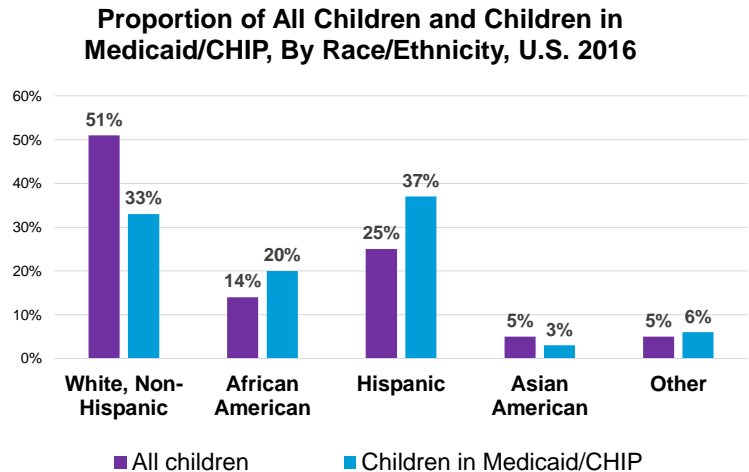


Source: Annie. E. Casey Foundation (2017). Race for Results: Building a Path for Opportunity for All Children. Index of 12 indicators.



## Medicaid and Health Equity

- Medicaid covers most low-income children and therefore most children of color.
- Medicaid financing should support health services and systems that focus on achieving health equity.



05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

17

## Looking at InCK NOFO with SDOH and equity lens

- Preventive measures delivered during the earliest years of life can mitigate the effects of adverse childhood experiences (ACEs)... (NOFO p.8)
- Applicants must include all Medicaid- and CHIP-covered children residing in the model service area in their attributed population 0-21. (NOFO p.15)
- Applicants must submit 'before' and 'after' care maps that demonstrate how access to and coordination of Core Child Services will change the experience of care for children. (NOFO p.19)
- Root case analysis should provide detailed information on the size and characteristics of at least 80% of pediatric Medicaid (and, if applicable, CHIP) population in model service area ... should include any significant needs that impact the population's health, and details on any subpopulations with special health needs. (NOFO p.29)

05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

18

## InCK Marks

### InCK Marks view on opportunities to address health equity within federal InCK Model

- While the InCK NOFO itself does not reference health equity or disparities by race/ethnicity, language, and ability, the InCK Marks framework emphasizes that achieving InCK objectives are not possible without doing so.
- States and lead organizations can and should include specific reference and strategies.

05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

19

## InCK Marks

### NOFO language for grounding an equity lens

- Lead Organization will be responsible for improving population-level care quality and outcomes (p. 11)
- The Partnership Council must include ... community stakeholder representatives (p.12)
- Level 2 features integrated care coordination across Core Child Services to facilitate individualized, family- and child-driven, and ethnically, culturally, and linguistically appropriate care delivery... Awardees must ensure that children in Level 3 receive the integrated care coordination services provided at Level 2 (p. 22)
- Applicants must identify health conditions that are the root causes of out-of-home placements of their attributed population (to include any institutional or residential setting of care, foster care, and juvenile detention) (p. 29)
- In their population scan and root cause analysis, applicants should provide background population level demographic information of the target community (p. 47)

05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

20

# InCK Marks

## Root Cause Analysis – Getting to Health Equity

- **Cause for children currently in or at imminent risk of placement:**
  - 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
  - Lack of coordinated services or services lacking racial/ethnic, cultural, and linguistic competence
- **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 (e.g., parent substance use, depression, neglect). Describe insufficient responses for children of color.
- **Cause for children developing conditions in the first place**
  - Childhood ACES and/or other social determinants of health such as family stress, economic insecurity, and family instability and lack of nurturing, including failure to address impacts of racism on parental/child health and resiliency
- **Cause for families being in compromised positions that can lead to trauma/stress**
  - Discrimination, unsafe neighborhoods, and segregation leading to more barriers to providing a safe, stable, home environment

05/07/2019

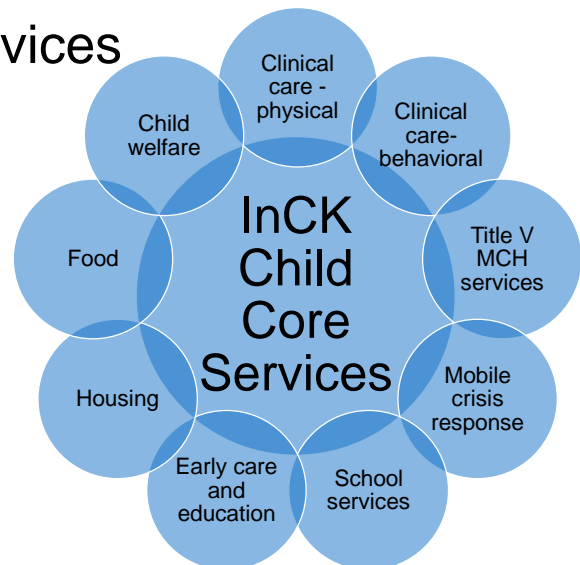
WWW.INCKMARKS.ORG

21

# InCK Marks

## Equity & Child Core Services

- Children of color are disproportionately and inequitably represented in the InCK Model core service areas.
- Lead Organizations must coordinate the systematic integration of Core Child Services within model service area for the purposes of integrated care coordination and case management.
- How can Lead Organizations and community partners coordinate these services to advance equity?



05/07/2019

WWW.INCKMARKS.ORG

6

# Building Community Resilience

May 7, 2019

Jeff Hild, Redstone Center, GWU School of Public Health

[jeffhild@gwu.edu](mailto:jeffhild@gwu.edu)

Learn More: [go.gwu.edu/BCR](http://go.gwu.edu/BCR)



Building Community Resilience

Milken Institute School of Public Health  
THE GEORGETOWN UNIVERSITY

Summer M. Redstone Global Center for Prevention & Wellness

05/07/2019

23



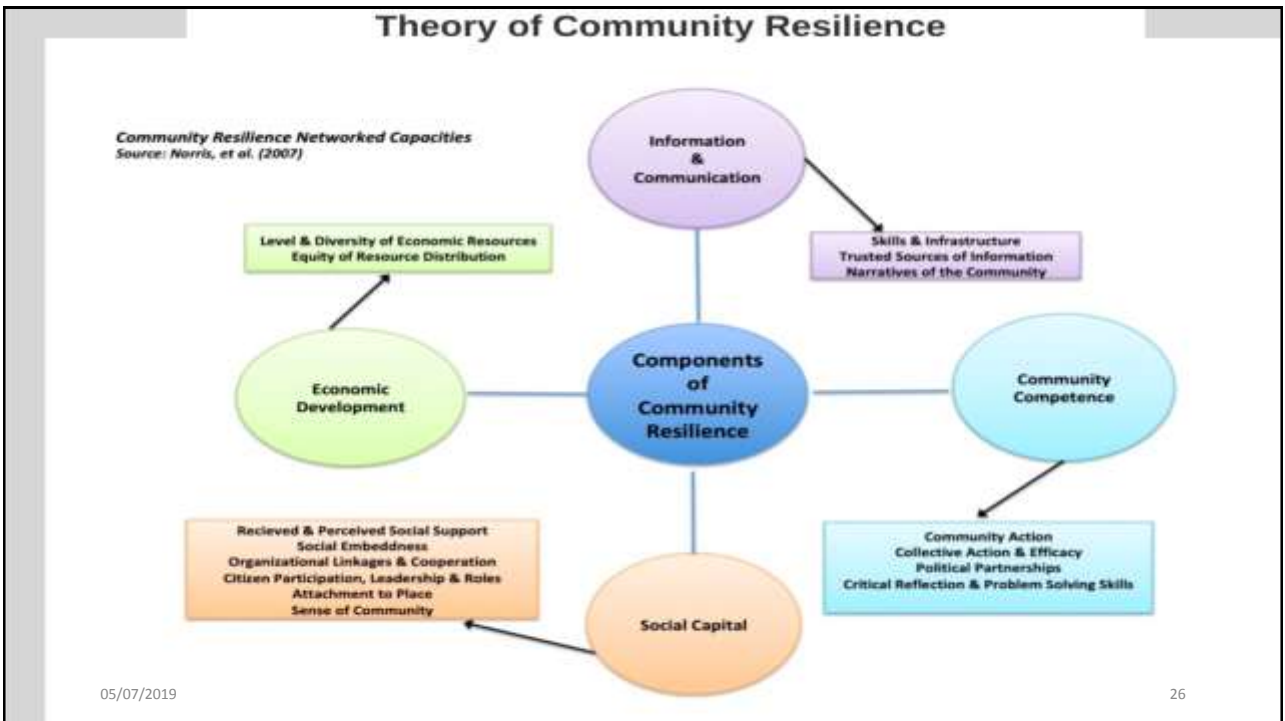
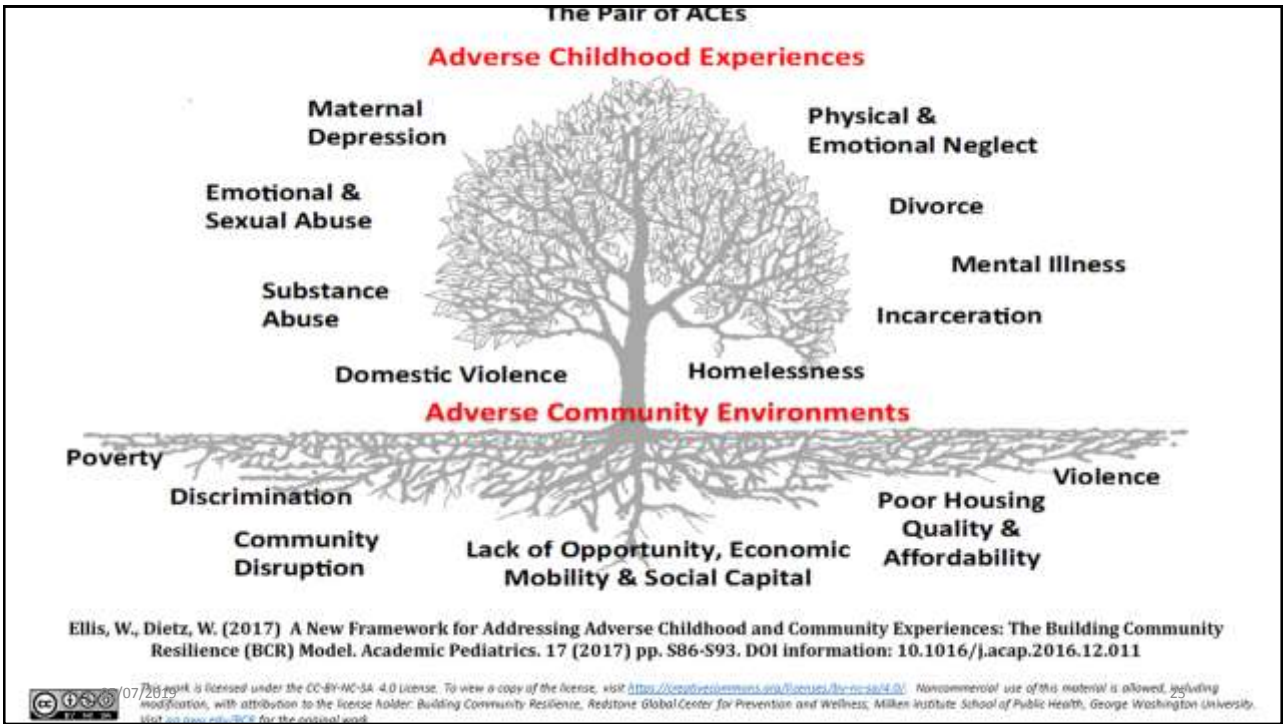
Milken Institute School of Public Health  
05/07/2019

Summer M. Redstone Global Center for Prevention & Wellness



Building Community Resilience

24



# Systems Driven Adversity



**Population Health & Community Outcomes**

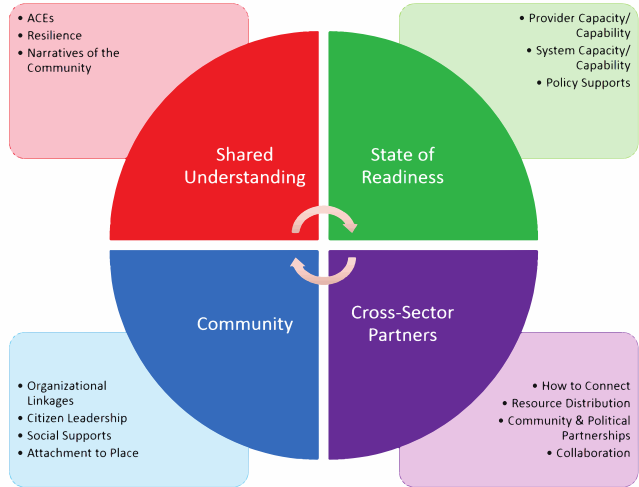
**Policies & Systems**



Ellis, W, Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

## Building Community Resilience: Process of Assessment, Readiness, Implementation & Sustainability

**The Power of Collaboration**



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

# BCR : Changing Program, Practice & Policy



Health Care Systems



Parents



Local Funders



Justice System



Education



Faith-Based Organizations



## PARTNER BUILD GROW

An Action Guide for Sustaining Child Development and Prevention Approaches



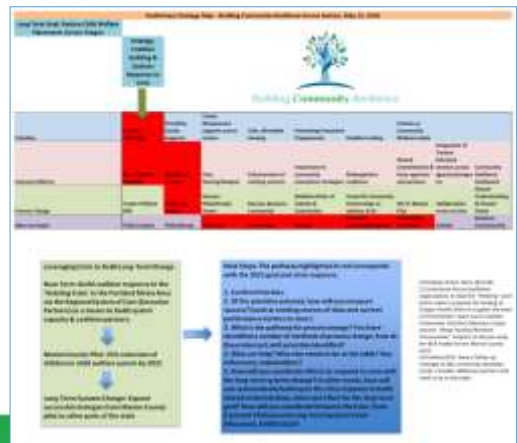
The Center for Health and Health Care Schools

### Asset Mapping

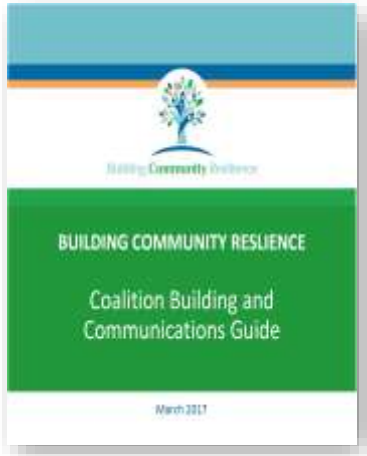
### Strategic Planning Coalition Building

**Building Community Resilience Mapping Assets Guide:** This guide will help you sort through the types and sources of data to assemble when mapping assets. The data collected can be visually placed on a map of the service area to demonstrate the current infrastructure of services that can be built upon, as well as to identify gaps and where resources overlap. It can ultimately be used to strengthen health and community-based systems' readiness, capacity, and linkages to address and mitigate the impacts of ACE's.

Sample Types of Data	Source	Who to Contact	Who will lead outreach	Data Available	Data Format
Total Population					
Children under 18					
Poverty rate					
Children poverty rate					
Known ACEs/ Child maltreatment rates					



# BCR Coalition Building & Communications Guide



- **Defines key terms and concepts**  
*ACEs, community resilience, SDH, trauma-informed care*
- **Talking points**  
*“ACEs are an American public health problem.”*  
*“Every system or organization that touches an aspect of a child’s life and family can contribute to community resilience.”*

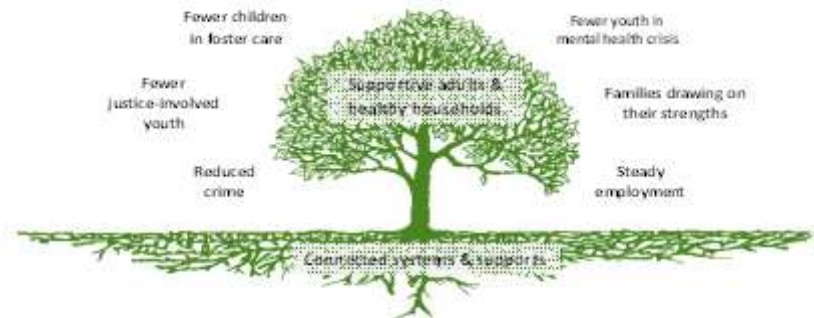


## What’s in our soil?



## What Does Resilience Look Like?

BCR is working to transform programs, practices, and policies across systems to improve the health and life outcomes of children, families, and communities.



The content on this slide is the property of the Center for Community Resilience and is intended for use only by the Center for Community Resilience. All other content is the property of the Center for Community Resilience. © 2018 Center for Community Resilience. All rights reserved.

## BCR Policy and Advocacy Guide

The guide can help your team:

- ✓ Answer FAQs about policy
- ✓ Identify top **policy priorities**
- ✓ Choose **target offices**
- ✓ Craft **messages** to target offices



# Measuring Success

Specifically for organizations providing services



Equity as a Guiding Principle

Translation ACEs/TS Science into Practice

Systems/Sector Coordination & Integration

Use of Data to Inform Practice

Community Integration & Engagement

Financial Sustainability



Jeff Hild  
Policy Director, Redstone Center GWU School of Public Health  
[jeffhild@gwu.edu](mailto:jeffhild@gwu.edu), 202.994.3637  
@jeffhild1, @RedstoneGWSPH, @ResilNation  
[go.gwu.edu/BCR](http://go.gwu.edu/BCR)



# Opportunities for Equity Advocates to Improve InCK

Maxine Hayes, MD, MPH, FAAP  
InCK Marks National Advisory Team Co-chair

# Opportunities for Advocacy within InCK Model

## Content

- Root cause analysis should address pair of ACEs
- Care coordination and care teams should reflect diversity of community and be culturally and linguistically responsive
- Outcome analysis should look at racial and other disparities

## Process

- Diverse leaders and advocates should be part of the planning, design, and implementation process, including:
  - Medicaid work on designing alternative payment mechanisms (APMs)
  - Lead Agency selection and oversight
  - Partnership Council membership
  - Care mapping and community asset mapping

## InCK Marks

### Roles for Equity Advocates – Ask to InCK Planners

- **Be specific and actionable:** Recognize the importance of addressing issues of disparities and equity in InCK planning.
- **Apply what we know:** Develop supportive data and information related to child health disparities and equity.
- **Use expertise:** Invite us/others to share knowledge about strategies to improve equity as part of the planning process *AND* include diverse community members in InCK Partnership Council.
- **Use networks:** Identify others at the state and community level who can contribute to planning and implementation.
- **Think community:** Include adverse community experiences in the root cause analysis and address in project design.

05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

39

## InCK Marks

### Talking Points – Advocates Making Marks for InCK Health Equity

- **Medicaid is part of the solution.**
  - Medicaid can and must play a key role in improving health equity for children and reducing health disparities.
- **We know enough to act.**
  - More relational, and two generation primary health care responses are key to reducing health disparities for children – ones that are culturally, linguistically, and socio-economically responsive and aligned.
  - Clinical and public health practitioners are effective as advocates and leaders in ensuring health equity is addressed as part of any health reform activities.
- **We must build upon what we know.**
  - Community health equity leaders, child health practitioner innovators, public health activists, child health advocates, and families and children most affected by health disparities are essential to guiding Medicaid reforms to improve child health.

05/07/2019

[WWW.INCKMARKS.ORG](http://WWW.INCKMARKS.ORG)

40

# InCK Marks

## Other Webinars:

- InCK Model Overview (*March 5 on website*)
- InCK Model and the Medicaid EPSDT Benefit (*March 19 on website*)
- InCK Model and Family Engagement (*April 2 on website*)
- InCK Model, Prevention, and Building a Culture of Health (*April 9 on website*)
- InCK Model, Two Generation Strategy the First 1000 Days (*April 30 on website*)

## InCK Marks Commissioned Resource Briefs:

- Guiding Framework (includes appendices by ages/stages of development)
- The InCK Model, Adolescents, and Behavioral Health (with Mental Health America)
- The InCK Model, Medicaid and Child Welfare Coordination (with Center for the Study of Social Policy)
- The InCK Model and Risk/Strength Stratification (with Child and Adolescent Health Measurement Initiative)
- The InCK Model and Maternal and Infant Health
- The InCK Model and the Prevention of Obesity

## • Key Issues Sections on [www.inckmarks.org](http://www.inckmarks.org)

- Medicaid and EPSDT
- Value-Based Care, Risk Stratification, and Preventive Health
- Exemplary Early Childhood Primary Care Practices
- Orphan, Foster Care and Behavioral Health

05/07/2019

WWW.INCKMARKS.ORG

41

# InCK Marks

Word Cloud from CMMI InCK Fact Sheet

## Next Steps: Champions

- Complete Survey on Webinar
- Sign up for and participate in future webinars
- Visit [www.inckmarks.org](http://www.inckmarks.org)
- Share state experiences
- Provide ideas for InCK Marks activities

Email: [bruner@childequity.org](mailto:bruner@childequity.org)

Questions: [info@inckmarks.org](mailto:info@inckmarks.org)



05/07/2019

WWW.INCKMARKS.ORG

42