

# ***Remodeling Healthcare for Children with NJ FamilyCare: NJ InCK Tools for Developmental and Socio-Emotional Assessment***

NJ InCK 2021 Webinar Series

**New Jersey Chapter**

INCORPORATED IN NEW JERSEY

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Thursday, June 10<sup>th</sup>, 2021

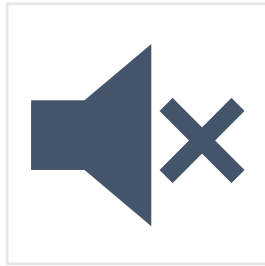


**InCK**

NJ Integrated Care for Kids

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# Participant Reminders



All participants will be muted throughout the duration of the session to minimize any disruptions.



Utilize the Q&A feature to ask our presenters questions.



Please remain respectful and professional within the Q&A box.

# Continuing Medical Education Disclosure

## Accreditation Statement for 6/10/21 Webinar:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey through the joint providership of Atlantic Health System and the American Academy of Pediatrics, New Jersey Chapter. Atlantic Health System is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

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Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 1.0 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. Disclosure Statement: The presenter has nothing to disclose.

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# Presented By:

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Co-Clinical Principal Investigator, NJ InCK*

# Disclosures

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Our presenters have NO financial disclosures or conflicts of interest with the material presented in this webinar.

The presentation reflects the viewpoints of the presenter only and does not necessarily represent the viewpoint of the state of New Jersey or other partners.

# Learning Objectives

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1. Gain familiarity with the 5 A's of Primary and Social Care Integration and the recommendations of the National Academies of Sciences, Engineering, and Medicine—Integrating Social Care into the Delivery of Health Care
2. Have an introductory understanding of the evolving national conversation about the role of social needs screening in primary care
3. Understand the role of Needs Assessment in the risk stratification process core to the CMMI Integrated Care for Kids initiative
4. Develop a summary understanding of Health Complexity as defined by the work of the Center of Excellence for Children with Complex Needs (COE4CCN)
5. Gain clarity behind the purpose of each of the components of the NJ InCK Needs Assessment Tool—both familiar and evidence based instruments (SWYC, PSC, CRAFFT, PEARLS ACEs as well as additional questions)

# The When/Where/WHO of InCK

- Clinical launch is in January of 2022
- NJ and 7 other sites around the country will be simultaneously launching these projects which are funded to continue **through 2026**
  - NJ—Monmouth & Ocean counties
  - NY—the entire Bronx (through NYS DOH/Montefiore)
  - CT—New Haven (through Clifford Beers Guidance Clinic)
  - NC—5 counties in Raleigh-Durham area (through Duke & UNC)
  - IL
    - *Lurie Children's Hospital*—2 Chicago zip codes
    - *Egyptian Regional Health Department*—5 rural counties
  - OH—Nationwide Children's Hospital—2 rural counties
  - OR—5 central OR counties (through OR Health Authority/OHSU)
- All kids 0-20 covered by NJ FamilyCare (Medicaid/CHIP)

# Who is making InCK happen in NJ?

- **Co-lead agencies:** Hackensack Meridian Health (awardee), NJ Health Care Quality Institute, VNA of Central Jersey
- **Partnership Council:** Representatives of the CMMI defined Core Child Services
- **Coordinating Council:** Data and Information Sharing Governance
- **Other Key Partners:** New Jersey Chapter of the American Academy of Pediatrics, Central Jersey Family Health Consortium





# New Jersey InCK: Key Features

- Development of *interoperable electronic platform* for real time sharing of individual child information between agencies and clinicians
- Development of *electronic data base* to track outcomes and metrics
- **Advanced Case Management teams:**
  - *Care Integration Managers* will serve as the liaison between primary care and the ACMTs
  - Teams will likely include social workers, community health workers, child life specialists, and family support specialists.
  - Teams will work in the community and also meet with the pediatric clinicians.
  - Extent of involvement based on level of Service Integration

# How does NJ InCK Work?

- After Screening and Diagnosis kids are put in *risk tiers* [Service Integrations Levels in CMMI parlance] 1—2—3
- NJ InCK sponsored resources are provided to medical providers and the community to connect Level 1 kids to needed resources

*[More on this in August and September]*



# Capacity Building at the Primary Care Office

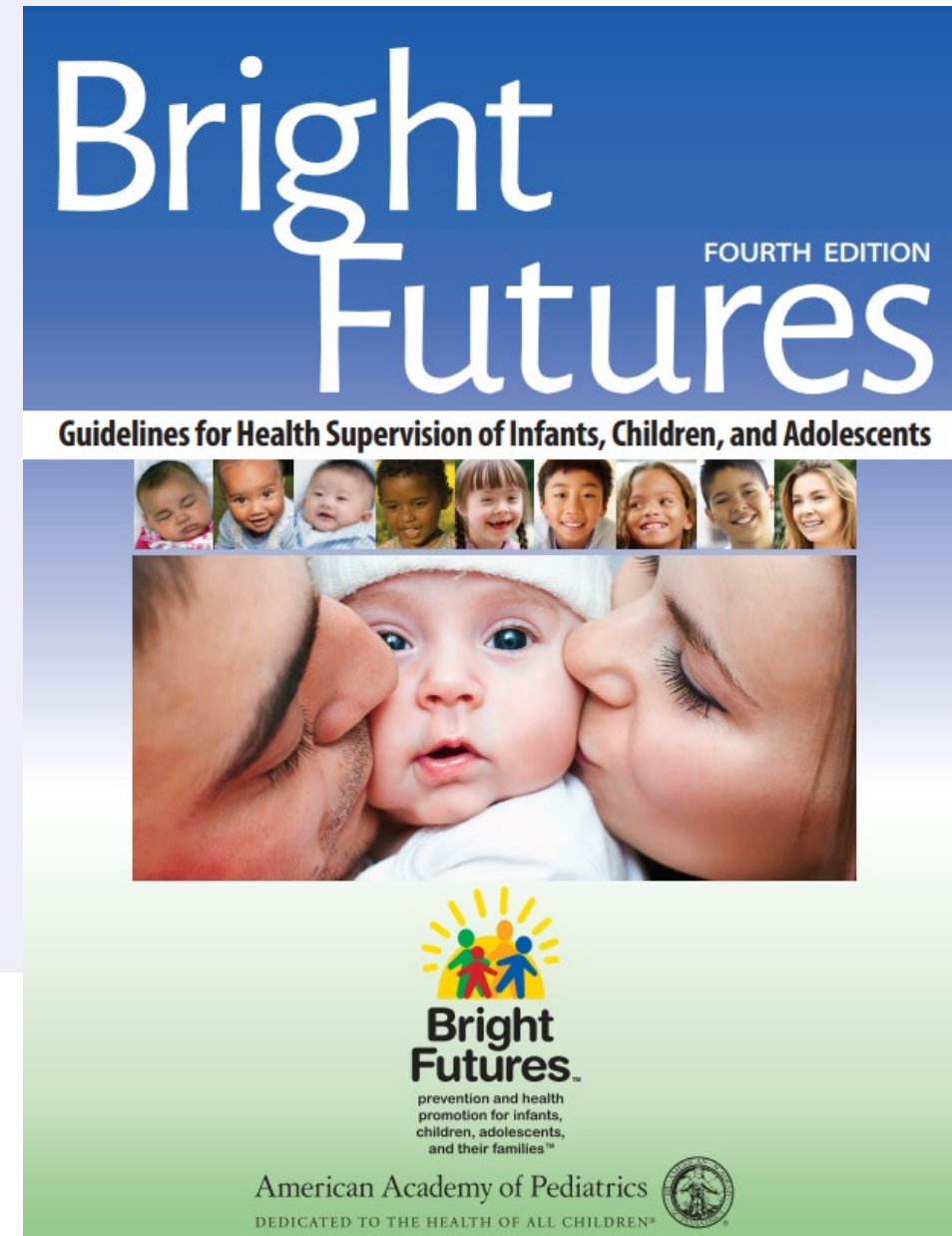
- The NJAAP will provide *education for healthcare providers* to understand and engage in the NJ InCK program through American Board of Pediatrics (ABP) approved Maintenance of Certification (MOC) Part 2 credit opportunities and more, such as:
  - Webinar series
  - Quality Improvement (QI) project
  - Project Extension for Community Healthcare Outcomes (ECHO)
- The Psychiatric Care Collaborative will be critical to *supporting behavioral health care*



# Bright Futures

## Recommendations are the Basis of the NJ InCK Needs Assessment

Reproduced with permission from the American Academy of Pediatrics, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*, 4th ed, American Academy of Pediatrics, 2017.



The Assessment is further built to reflect the risk assessment approach of the Center of Excellence for the Care of Children with Complex Needs (COE4CCN)

# COE4CCN Health Complexity Approach

- **Medical Complexity**

- Pediatric Medical Complexity Algorithm (PMCA)

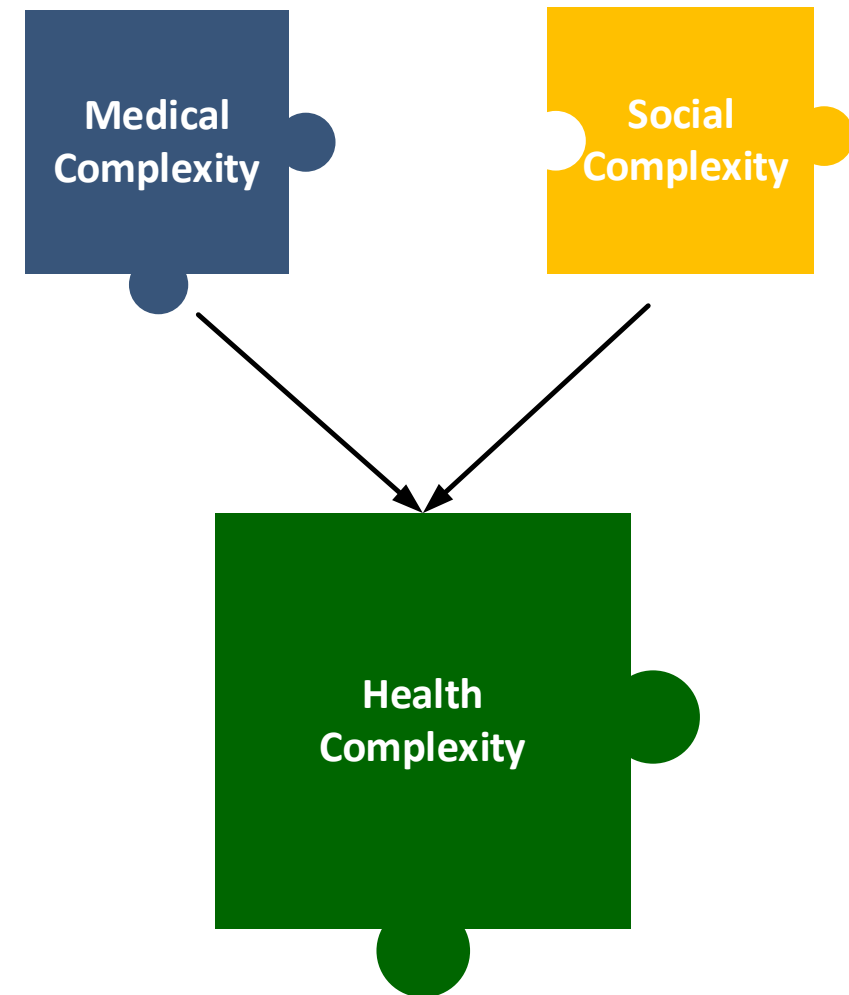
- Assigns child into one of three categories: a) Complex with chronic conditions; b) Non-Complex, with chronic conditions; or c) Healthy.

- **Social Complexity**

*“A set of co-occurring individual, family or community characteristics that can have a direct impact on health”*

- **Health Complexity**

- Combines medical and social complexity



# Pediatric Medical Complexity Algorithm

- Developed by a team at Seattle Children's, Validated by Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN)
  - For children 0 to 18 insured
  - Developed as a way to identify a population, stratify quality metrics, and to target patients who may benefit from complex care management
- Based on claims and diagnosis
- Categorizes complexity into three categories:
  - 1) **Complex Chronic Disease,**
  - 2) **Non-Complex Chronic Disease, and**
  - 3) **Healthy**
- Takes into account **three main factors:**
  - Diagnoses
  - Number of body systems impacted
  - Patient utilization
- The three categories are co-linear with COST (*i.e. as complexity increases, so does cost*)





# 18 Social Complexity Factors

Identified by the Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN) as Associated in Literature with Worse Health Outcomes and Costs

12 SC risk factors from literature review related to **worse outcomes**:

1. Parent domestic violence
2. Parent mental illness
3. Parent physical disability
4. Child abuse/neglect
5. Poverty
6. Low English proficiency
7. Foreign born parent
8. Low parent educational attainment
9. Adolescent exposure to intimate partner violence
10. Parent substance abuse
11. Discontinuous insurance coverage
12. Foster care

COE4CCN studies showed worse outcomes or consensus on impact:

13. Parent death
14. Parent criminal justice involvement
15. Homelessness
16. Child mental illness
17. Child substance abuse treatment need
18. Child criminal justice involvement



# Back to Bright Futures...



# Bright Futures is *Systems Oriented*



- *Knowing what to do is important; knowing how to do it is essential*
- *...a Bright Futures practice means moving beyond the status quo to become a practice where redesign and positive change are embodied everyday.*

Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

# Bright Futures *can be used to improve the health and wellbeing of all children...*

- *The care described by Bright Futures contributes to positive health outcomes...*
- *These health outcomes,...represent physical and emotional well-being and optimal functioning at home, in school, and in the community*



Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

# *These health outcomes include:*

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- *Attaining a healthy weight & body mass index, & normal BP, vision & hearing*
- *Pursuing healthy behaviors related to nutrition, physical activity, safety, sexuality & substance use*
- *Accomplishing the developmental tasks of childhood & adolescence related to social connections, competence, autonomy, empathy & coping skills*

Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

# *These health outcomes include (continued...)*

- *Having a loving, responsible family who is supported by a safe community*
- *For children with special health care needs or chronic health problems, achieving self-management skills and the freedom from real or perceived barriers to reaching their potential*



Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.



# The 4<sup>th</sup> edition of Bright Futures addresses *current and emerging health promotion needs...*

- *This edition broadens our attention to **health & mental health** in addressing the new sciences of early brain development & epigenetics & the impact of the **social determinants** of health on child & family health & well being.*
- *Child health care professionals champion a **strength-based approach**, helping families to identify their assets that enhance their ability to care for their child & guide their child's development*

Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

# How do we do all of this?

## Box 1

### A Bright Futures Health Supervision Visit

A Bright Futures Visit is an age-specific health supervision visit that uses techniques described in this edition of the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, although modifications to fit the specific needs and circumstances of communities and practices are encouraged. The Bright Futures Visit is family driven and is designed for practitioners to improve their desired standard of care. This family-centered emphasis is demonstrated through several features.

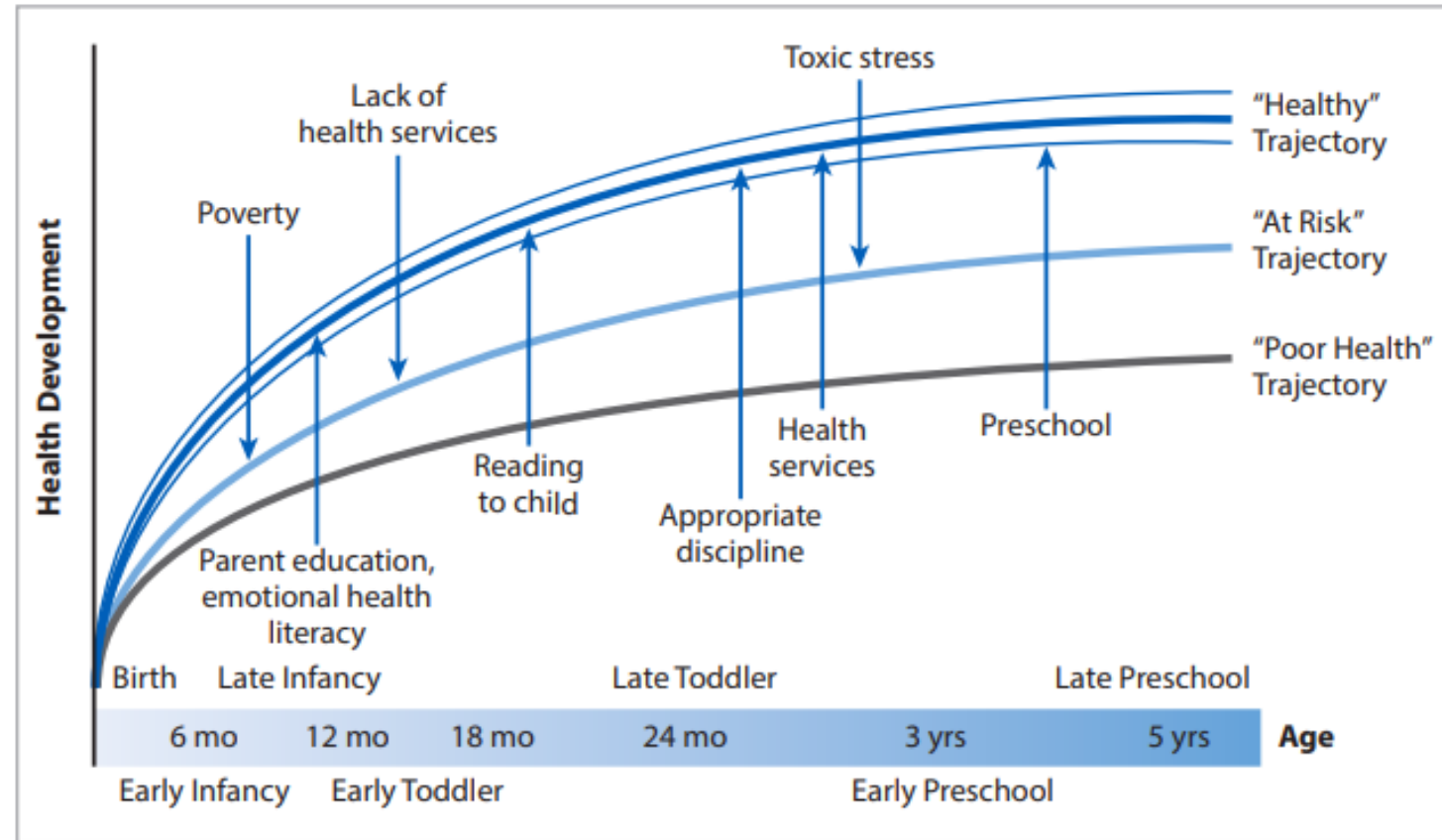
- Solicitation of parental and child concerns.
- Surveillance and screening.
- Assessment of strengths.
- Discussion of certain visit priorities for improved child and adolescent health and family function over time. Sample questions and anticipatory guidance for each priority are provided as starting points for discussion. These questions and anticipatory guidance points can be modified or enhanced by each health care professional using Bright Futures.
- Use of the *Bright Futures Tool and Resource Kit* content and processes.

Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

# Our focus today is on the 2<sup>nd</sup> bullet

## Surveillance & Screening

- This will follow the Life Course Framework



**Figure 3: Life Course Perspective of Health Development<sup>11</sup>**

Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

Halfon, N., Larson, K., Lu, M. *et al.* Lifecourse Health Development: Past, Present and Future. *Matern Child Health J* 18, 344–365 (2014). <https://doi.org/10.1007/s10995-013-1346-2>



# Infancy

- Survey of Well-Being of Young Children or **SWYC**
  - Developmental Milestones
  - Baby Pediatric Symptom Checklist
  - Parent's Concerns
  - Family Questions
  - Emotional Changes with New Baby (Edinburgh)
- PEARLS-20 question ACEs screener
- 9 additional questions (COE4CCN Domains)
- 5 questions prioritized by the team



# SWYC

## 4 months – First Page



**SWYC:**  
**4 months**  
4 months, 0 days to 5 months, 31 days  
V1.07, 4/1/17

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Holds head steady when being pulled up to a sitting position . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brings hands together . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laughs . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps head steady when held in a sitting position . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes sounds like "ga," "ma," or "ba" . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks when you call his or her name . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rolls over . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passes a toy from one hand to the other . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks for you or another caregiver when upset . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holds two objects and bangs them together . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have a hard time in new places? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have a hard time with change? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child mind being held by other people? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your child cry a lot? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have a hard time calming down? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child fussy or irritable? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to comfort your child? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is it hard to keep your child on a schedule or routine? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to put your child to sleep? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to get enough sleep because of your child? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have trouble staying asleep? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PARENT'S CONCERNS

	Not at all	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## To be completed by Caregiver

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible. At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.** Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

- Has your child ever lived with a parent/caregiver who went to jail/prison?
- Do you think your child ever felt unsupported, unloved and/or unprotected?
- Has your child ever lived with a parent/caregiver who had mental health issues? (for example depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
- Has a parent/caregiver ever insulted, humiliated, or put down your child?
- Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
- Has your child ever lacked appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)?
- Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? **Or** Has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
- Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child? **Or** Has any adult in the household ever hit your child so hard that your child had marks or was injured? **Or** Has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
- Has your child ever experienced sexual abuse? For example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child?
- Have there ever been significant changes in the relationship status of the child's caregiver(s)? For example a parent/caregiver got a divorce or separated, or a romantic partner moved in or out?

Add up the "yes" answers for this first section:

- Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? (for example targeted bullying, assault or other violent actions, war or terrorism)
- Has your child experienced discrimination (for example being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)?
- Has your child ever had problems with housing (for example being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)?
- Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
- Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
- Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
- Has your child ever lived with a parent or caregiver who died?

Add up the "yes" answers for the second section:

PEARLS

Child – First Page





# Questions capturing COE4CCN Social Complexity Factors

## PEARLS

My child has lived with a parent/caregiver who went to jail/prison.

My child has felt unsupported, unloved and/or unprotected.

My child has lived with a parent/caregiver who had mental health issues. (For example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)

My child has had a parent/caregiver who sometimes insulted, humiliated, or put down my child

This child's biological parent or any caregiver once had or currently has a problem with too much alcohol, street drugs or prescription medication use.

My child has sometimes lacked appropriate care by any caregiver. (For example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)

My child has seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult.

No adult in the household has pushed, grabbed, slapped or thrown something at my child?  
AND No adult in the household has ever hit your child so hard that my child had marks or was injured?

AND No adult in the household has ever threatened your child or acted in a way that made my child afraid that they might be hurt?

My child has never experienced sexual abuse. (For example, no one has touched my child or asked my child to touch that person in a way that was unwanted, or made my child feel uncomfortable, and no one ever attempted or actually had oral, anal, or vaginal sex with my child)

My child has never lived with a parent/caregiver who had a serious physical illness or disability.

My child has been separated from a parent or caregiver due to foster care or immigration?

My child has lived with a parent or caregiver who died.

## Other Questions

## Source

In the past 12 months there was a time when our family was not able to pay the mortgage or rent on time.

Children's Health Watch (CHW) Housing Stability Vital Sign

Since this time last year, how many places have you lived?

Children's Health Watch (CHW) Housing Stability Vital Sign

There was a time when our family did not have a steady place to sleep or slept in a shelter (including now).

Children's Health Watch (CHW) Housing Stability Vital Sign

I am comfortable communicating in English

new question

I need help reading information about my health

I want help finding or keeping work or a job?

Rephrased CMS-AHC

It is hard for me to pay for the very basics like food, housing, medical care, and heating? .

Rephrased CMS-AHC

In the past 12 months the expense of medical care has kept my child from seeing a doctor when they needed to.

adapted, new question

One or both of the child's parents were born outside the United States.

new questions

# Additional Questions

Additional Questions	Domain/Source
How would you describe your own overall health?	global health
How would you describe [Child's name] overall health:	global health
Lack of transportation kept my child from: (Check all that apply) 1) medical appointments or getting medication, 2) non-medical meetings, appointments, work, or getting things I need.	transportation
My child's health care has been impacted by race, ethnicity or immigration status.	racism
My child has received Early Intervention services or is being evaluation for Early Intervention.	EI/IEP per SIL 2 checklist
A language other than English is spoken at home	Adapted from the American Community Survey
What other languages are spoken:	Adapted from the American Community Survey

# Early Childhood

- Survey of Well-Being of Young Children or **SWYC**
  - Developmental Milestones
  - Baby/Toddler/Preschool Pediatric Symptom Checklist
  - Parent's Concerns
  - Family Questions
  - PHQ-2 Depression Screen
- PEARLS-20 question ACEs screener—asked annually
- 9 additional questions (COE4CCN Domains)
- 5 questions prioritized by the team



# Childhood

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- Child Pediatric Symptom Checklist
- PEARLS-20 question ACEs screener—asked annually
- 9 additional questions (COE4CCN Domains)
- 5 questions prioritized by the team



Name: \_\_\_\_\_ Record #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please mark under the heading that best fits you:	NEVER	SOMETIMES	OFTEN
◆ Fidgety, unable to sit still ◆	0	1	2
* Feel sad, unhappy *	0	1	2
◆ Daydream too much ◆	0	1	2
□ Refuse to share □	0	1	2
□ Do not understand other people's feelings □	0	1	2
* Feel hopeless *	0	1	2
◆ Have trouble concentrating ◆	0	1	2
□ Fight with other children □	0	1	2
* Down on yourself *	0	1	2
□ Blame others for your troubles □	0	1	2
* Seem to be having less fun *	0	1	2
□ Do not listen to rules □	0	1	2
◆ Act as if driven by a motor ◆	0	1	2
□ Tease others □	0	1	2
* Worry a lot *	0	1	2
□ Take things that do not belong to you □	0	1	2
◆ Distract easily ◆	0	1	2

OFFICE USE ONLY

Total ◆ \_\_\_\_\_ Total □ \_\_\_\_\_ Total \* \_\_\_\_\_ Grand Total ◆ □ \* \_\_\_\_\_

# Pediatric Symptom Checklist--17



# Adolescence

- Youth Pediatric Symptom Checklist (parent & youth administered)
- CRAFFT
- PEARLS-20 question ACEs screener—asked annually
- 9 additional questions (COE4CCN Domains)
- 5 questions prioritized by the team



# CRAFFT – First Page

## The CRAFFT Interview (version 2.1)

To be verbally administered by the clinician

**Begin:** "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

### Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none. # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none. # of days
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. # of days

Did the patient answer "0" for all questions in Part A?

Yes ☐



No ☐



Ask 1<sup>st</sup> question only in Part B,  
then STOP

Ask all 6 questions in Part B

### Part B

Circle one

- |          |  |    |     |
|----------|--|----|-----|
| <b>C</b> | Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | No | Yes |
| <b>R</b> | Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | No | Yes |
| <b>A</b> | Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | No | Yes |
| <b>F</b> | Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | No | Yes |
| <b>F</b> | Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | No | Yes |
| <b>T</b> | Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | No | Yes |

**\*Two or more YES answers in Part B suggests a serious problem that needs further assessment. See back for further instructions →**

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.



# CRAFFT+N – First Page

## The CRAFFT+N Interview

To be verbally administered by the clinician

**Begin:** "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

### Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none.  # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or **"synthetic marijuana"** (like "K2," "Spice")? Say "0" if none.  # of days
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.  # of days
4. Use a **vaping device\*** containing nicotine or flavors, or use any **tobacco products†**? Say "0" if none.  # of days  
\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.

If the patient answered...

"0" for all questions in Part A  
↓  
Ask 1<sup>st</sup> question only in Part B below, then STOP

"1" or more for Q. 1, 2, or 3  
↓  
Ask all 6 questions in Part B below

"1" or more for Q. 4  
↓  
Ask all 10 questions in Part C on next page

### Part B

Circle one

- |   |           |            |
|---|-----------|------------|
| <b>C</b> Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <b>No</b> | <b>Yes</b> |
| <b>R</b> Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <b>No</b> | <b>Yes</b> |
| <b>A</b> Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <b>No</b> | <b>Yes</b> |
| <b>F</b> Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <b>No</b> | <b>Yes</b> |
| <b>F</b> Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <b>No</b> | <b>Yes</b> |
| <b>T</b> Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <b>No</b> | <b>Yes</b> |

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

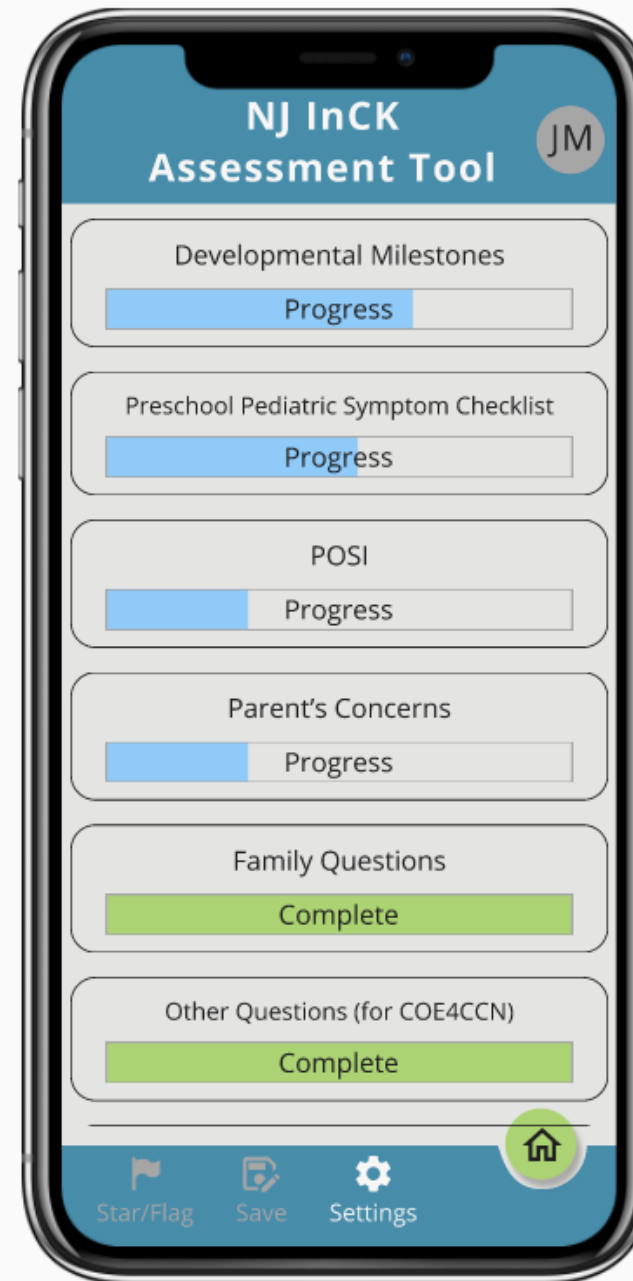


# CRAFFT & PEARLS\* provides additional COE4CCN input

Statement	Tool
I have gotten into TROUBLE while I was using alcohol or drugs	CRAFFT
Has your child ever been detained, arrested or incarcerated?	PEARLS
Has your child ever experienced verbal or physical abuse or threats from a romantic partners? (for example, a boyfriend or girlfriend)	PEARLS

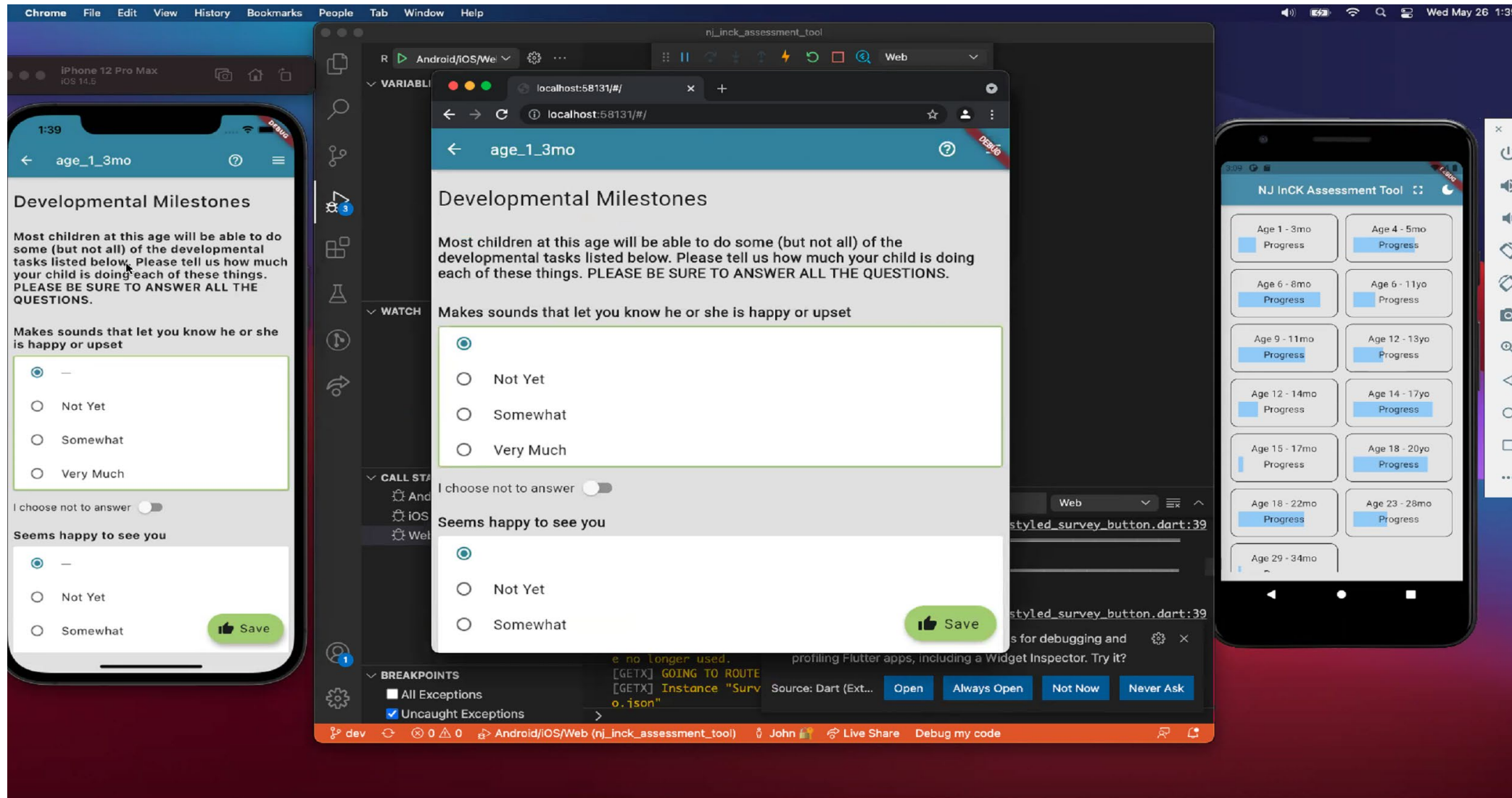
\*For 18-20 year olds the Adverse Childhood Experience Questionnaire for Adults is substituted

# The Survey will be Administered Electronically





# Needs Assessment Draft User Interface for Android, Internet Web Browser and Apple



# Needs Assessment Reports

- Generated and transmitted *prior* to the scheduled Well Child Visit or
- Generated *at the* Well Child Visit and immediately available

## Reports will Include:

- Scores for each section component
- Initial InCK Service Integration Level Assignment



*Electronic interfaces planned for up to 5 electronic health record systems and report available as importable form as well as PDF for all others.*

# So I've completed the Needs Assessment...

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Now What?





*In the autumn of 2019, the National Academy of Medicine Came out with Guidelines for...*

## *Integrating Social Care into the Delivery of Health Care*

The National Academies of SCIENCES ENGINEERING MEDICINE

### INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE

Moving Upstream to Improve the Nation's Health


**HEALTH CARE CAN:**

- **BE AWARE OF THE IMPORTANCE OF SOCIAL DETERMINANTS OF HEALTH**
- **OFFER ASSISTANCE & MAKE ADJUSTMENTS FOR PATIENTS WITH SOCIAL NEEDS**
- **ALIGN WITH COMMUNITIES & ADVOCATE FOR POLICY CHANGE**

#SocialCare | [nationalacademies.org/SocialCare](https://nationalacademies.org/SocialCare)

# Awareness

Awareness activities identify the social risks and assets of defined patients and populations.








# PRAPARE

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences






## What is PRAPARE?

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a standardized patient social risk assessment protocol.


### Assess Patients For

	<b>Personal Characteristics</b> <ul style="list-style-type: none"><li>• Race</li><li>• Ethnicity</li><li>• Language Preference</li></ul>	<ul style="list-style-type: none"><li>• Veteran Status</li><li>• Farmworker Status</li></ul>
	<b>Money &amp; Resources</b> <ul style="list-style-type: none"><li>• Education</li><li>• Employment</li><li>• Income</li></ul>	<ul style="list-style-type: none"><li>• Marital Status</li><li>• Insurance Status</li><li>• Transportation Needs</li></ul>
	<b>Family &amp; Home</b> <ul style="list-style-type: none"><li>• Housing Status and Stability</li><li>• Neighborhood</li></ul>	
	<b>Social &amp; Emotional Health</b> <ul style="list-style-type: none"><li>• Social Integration and Support</li><li>• Stress</li></ul>	
	<b>Other Measures</b> <ul style="list-style-type: none"><li>• Incarceration History</li><li>• Refugee Status</li></ul>	<ul style="list-style-type: none"><li>• Safety</li><li>• Domestic Violence</li></ul>

### Benefits

-  Actionable & HIT Enabled
-  Standardized & Widely Used
-  Patient-Centered
-  Evidence Based & Stakeholder Driven
-  Accelerate Systemic Change

### Demonstrated Impacts






Patients

Health Organizations

Community and Payers

- ✓ Strengthen patient-care team member relationships
- ✓ Respond to identified needs through shared decision-making and priority setting
- ✓ Immediate care improvements
- ✓ Provide equitable care through targeted interventions and effective use of enabling services
- ✓ Improve integration of cross-sector partnerships
- ✓ Improve risk stratification
- ✓ Support organizational efforts to drive care transformation and quality improvement
- ✓ Highlight systemic inequality and racism at the local, state and national level
- ✓ Enhance community collaboration and planning
- ✓ Empower health organizations to advocate for policies supporting equity and social justice in their communities
- ✓ Inform care delivery redesign and payment reform

For More Information Visit [www.nachc.org/prapare](http://www.nachc.org/prapare)



# Adjustment

Adjustment activities alter clinical care to accommodate identified social barriers



# Assistance

Assistance activities reduce social risk by connecting patients with social care resources





# Bright Futures highlights a number of these resources

Box 6 Local Community Resources	
<b>Health</b>	
<ul style="list-style-type: none"> <li>• Environmental health units in public health departments</li> <li>• Pediatric Environmental Health Specialty Units of the Association of Occupational and Environmental Clinics (<a href="http://www.pehsu.net">www.pehsu.net</a>)<sup>118</sup></li> <li>• Health literacy resources</li> <li>• Help Me Grow programs</li> <li>• Local Child and Family Health Plus providers</li> <li>• Medical assistance programs</li> <li>• Medical specialty care</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health resources</li> <li>• Physical activity resources</li> <li>• School-based health centers and school nurses</li> <li>• Public health nurses</li> <li>• SCHIP</li> <li>• Substance use disorder treatment</li> <li>• Title V Services for Children and Youth with Special Health Care Needs</li> <li>• Local boards of health</li> </ul>
<b>Development</b>	
<ul style="list-style-type: none"> <li>• Early care and education programs</li> <li>• Early intervention programs</li> <li>• Head Start and Early Head Start</li> <li>• Playgroups</li> </ul>	<ul style="list-style-type: none"> <li>• Recreation programs</li> <li>• School-based or school-linked programs</li> <li>• Starting Early Starting Smart programs</li> </ul>
<b>Family Support</b>	
<ul style="list-style-type: none"> <li>• Bereavement and related supports (for SIDS, SUID, or other causes of infant and child death)</li> <li>• Child care health consultants</li> <li>• Child care resource and referral agencies</li> <li>• IPV resources</li> <li>• Faith-based organizations</li> <li>• Food banks</li> <li>• Homeless shelters and housing authorities</li> <li>• Language assistance programs</li> <li>• Respite care services</li> <li>• Home visiting services</li> </ul>	<ul style="list-style-type: none"> <li>• National Center for Medical-Legal Partnership</li> <li>• Health insurance coverage resources</li> <li>• Social service agencies and child protective services</li> <li>• Parenting programs or support groups               <ul style="list-style-type: none"> <li>– Parents Helping Parents organizations for children with special health care needs</li> <li>– Family Voices (<a href="http://www.familyvoices.org">www.familyvoices.org</a>)</li> </ul> </li> <li>• 2-generation programs that enroll parents in education or job training when children are enrolled in child care</li> <li>• WIC<sup>119</sup> and SNAP</li> </ul>
<b>Adult Assistance</b>	
<ul style="list-style-type: none"> <li>• Adult education and literacy resources</li> <li>• Adult education for English-language instruction</li> <li>• Immigration services</li> <li>• Job training resources</li> <li>• Substance use disorder treatment programs</li> <li>• Legal aid</li> </ul>	<ul style="list-style-type: none"> <li>• Parent support programs (eg, Parents Anonymous, Circle of Parents)</li> <li>• Racial- and ethnic-specific support and community development organizations</li> <li>• Volunteering opportunities</li> </ul>

Abbreviations: IPV, intimate partner violence; SCHIP, State Children's Health Insurance Program; SIDS, sudden infant death syndrome; SNAP, Supplemental Nutrition Assistance Program, formerly known as Food Stamps; SUID, sudden unexpected infant death; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

# Alignment

Alignment activities enable health care systems to understand their communities' existing social care assets, facilitate synergies, and invest in and deploy them to positively affect health outcomes.

## Access Uber Health directly from Cerner

Streamline non-emergency medical transportation (NEMT) using Uber Health, directly from Cerner's electronic health record (EHR).

[Learn more about integration](#)





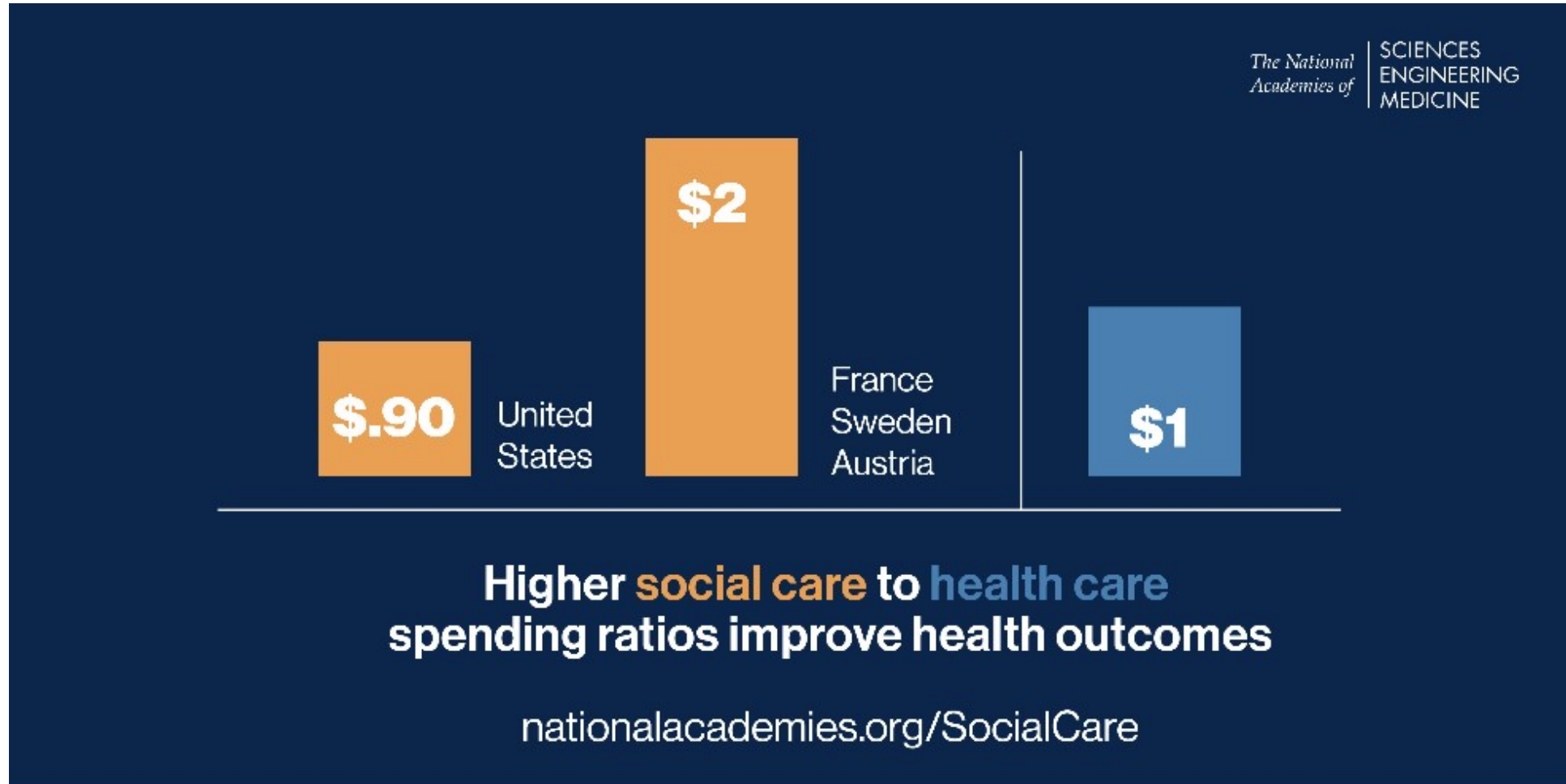
# Advocacy

Advocacy activities bring together as partners health care and social care organizations to promote policies that facilitate the creation and redeployment of resources to address health and social needs

*Neighborhood Connections to Health is a growing coalition of community partners interested in addressing the multiple factors that influence health. We are building this coalition in the Greater Freehold Area to grow and connect the collective power of leaders, partners, and community members to work together and enhance opportunities for healthy living.*



# It requires investment—including your time



# Alternative Payment Model

- The CMMI Cooperative Agreement for NJ InCK requires that an Alternative Payment Model (APM) be developed to *support the delivery of integrated services*.
  - NJ InCK has proposed that one component of this APM be *a payment to primary care providers for interpreting a periodic\* Needs Assessment and creating a primary care medical, behavioral and social care plan* that is responsive to the needs identified by the assessment.
  - The NJ Department of Human Services, Division of Medical Assistance and Health Services is currently constructing a final version of this proposal to CMS.
- \* Concordant with the Bright Futures well child visit schedule starting at 2 months of age.

# Questions?



NJ InCK Team

609.842.0014

[njinck@njaap.org](mailto:njinck@njaap.org)

# Join us for our Fourth Session!

## Remodeling Healthcare for Children with NJ FamilyCare: *Applying Trauma-Informed Practices*

**Thursday, July 8<sup>th</sup>, 2021 from 12-1 PM**

### Presented By:

**Shilpa Pai, MD, FAAP**

*Director, Resident Education in Advocacy & Community Health*

*Co-Director, NJ Pediatric Residency Advocacy Collaborative*

*AAP District III Community Access to Children's Health (CATCH) Facilitator*

*Associate Professor of Pediatrics, Department of Pediatrics*

*Rutgers-Robert Wood Johnson Medical School, New Brunswick, NJ*

**Nicole Leopardi, MD, FAAP**

*General Pediatrician, Cooper University Healthcare, Children's Regional Center,*

*Assistant Professor of Pediatrics, CMSRU*

*Medical Director, Medical Home for Trafficked Minors, Children's Regional Center*



## Register Here!



# Evaluation

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If you are seeking CME/MOC part 2 or CNE credit for your participation, you must complete the webinar evaluation:

<https://forms.office.com/r/tG6LLc1P98>

