Program Design

5.08.2023

BLUEPRINT EXPANSION PILOT

Screening and Assessments

What screenings?

How frequent?

Pathway to further assessments

Person centered TX plans/ Team care

Parent/Caregiver screen

Referrals
Health Related Needs in Social Settings-CMM
Has codes that can be used in claims

https://nam.edu/standardized-screening-for-health-related-social-needs-in-clinical-settings-the-accountable-health-communities-screening-tool/

Themes on Parent/Caregiver Screen

Housing
Food
Interpersonal violence
“Life stressors” Significant changes
Post Partum Edinburgh
ACES
Parental Depression

Missing- Anxiety, suicide, SUD for child/parent

Survey of well being of young children 1 mo- 5years

Staying healthy Assessment 5 years- 11

Youth health questionnaire 12 and up

VERMONT Blueprint for Health

Screenings

0-6 Months – Review Dulce Screenings

Screening for familial social needs-
Food, housing, finances/employment, Utilities, Interpersonal Violence, and maternal depression and Bright Futures periodicity schedule

6-12 mo Screening for familial MH and SDOH needs

1-3 years Screening for familial SDOH needs

4-11 Familial SDOH Screening, frequency TBD
4 years – AAP recommends general screening tool (e.g. Pediatric Symptom Checklist-17 or Strengths and Difficulties Questionnaire

Child mental health screening/ anxiety screening recommended starting at age 8, depression at age 12
SU screen at age 11 - Suicide screen when clinically indicated for 8-11

12-17 Adolescent Well Care Visit and Pre-participation Physical Evaluation
Adolescent MH Screening - Suicide Screening - Adolescent SUD Screening - Adolescent SDOH Screening

VERMONT Blueprint for Health

Adults CSSR/ASQ

Adam Lesser- Columbia Lighthouse Project

We would recommend you not use the PHQ question 9 as a trigger for the C-SSRS screener. The PHQ-8 (or 9) plus C-SSRS questions 1, 2 (past month) and 6 (lifetime/past 3 months) or even just 2 and 6 are a far better initial screen for depression and suicide and only add a few questions to the screening process.

There is ample evidence that the PHQ-9 will give you many false positives and will miss some people that you should be concerned about. New research by Lanzillo on youth age 10-21 presented at AACAP American Academy of Child and Adolescent Psychiatry shows that when you use depression measures (PHQ) to trigger suicide screening over half (52%) of the positive depression scores will not be at risk for suicide (false positives) and you will miss 28-50% of suicidal youth (false negatives)

If you don't use the C-SSRS right from the start, you lose out on the benefit of reducing workloads and actually make more work for staff because of the significant number of false positives.

VERMONT Blueprint for Health

Timeline

~~Session 1 - March 30, 2023 - Group formation, Stakeholders, Evaluation Principles~~

~~Session 2 - April 13, 2023 – Understanding current structure of CHT, Goals for Expansion, Target Populations~~

~~Session 3 - April 27, 2023 – Screening/Workflows~~

Session 4 - May 11, 2023 – Screenings/Workflows

Session 5 - May 25, 2023 - CHT staffing, Discussion of Roles, CHW, Job descriptions

Session 6 - May 31, 2023 – Measurement and reporting

Session 7 – June 8, 2023 – Integration/Quality improvement

Session 8 – June 22, 2023 – Open- Parking lot items

VERMONT Blueprint for Health