

A System Wide Transformation to addressing ACES in Primary Care

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify the effects of ACEs and trauma on health and wellbeing
- Describe systemic interventions that support implementation of ACEs screening and response into usual care, including a dyad partnership between medical and behavioral health.
- Participants will have access to a toolkit of information that could support development of ACES screening implementation in other healthcare systems

Bibliography / Reference

1. "The Biological Effects of Childhood Trauma"; Child Adolescent Psychiatric Clinic, N Am. 2014 Apr; 23(2): 185-222.
2. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
3. Center for Developing Child, Harvard University. <https://developingchild.harvard.edu/>
4. The Lifelong Effects of Early Childhood Adversity and Toxic Stress, Pediatrics 2012;129:e232; December 26, 2011 . AAP Policy Statement 2018
5. The National Child Traumatic Stress Network. <https://www.nctsn.org/>

Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

MaineHealth

Adverse Childhood Experiences Program

October 2019

Mission: *To prevent, identify and treat Adverse Childhood Experiences*

Objectives

- Highlight effects of ACEs and trauma on health and wellbeing
- Review the MaineHealth ACEs program
 - Show available resources for practices
 - Review data and outcomes
 - Highlight future goals
- Questions and Answer

Objectives

- Highlight effects of ACEs and trauma on health and wellbeing
- Identify systemic interventions to incorporate ACES screening tools into usual care
- Describe a dyad arrangement that can be used to develop trauma informed programs
- Review the MaineHealth ACEs program
 - Show available resources for practices
 - Review data and outcomes
 - Highlight future goals

Adverse Childhood Experiences

ACEs are experiences that may be traumatic to children and youth during the first 18 years of life and include ten categories under abuse, neglect and household challenges. Trauma is more broadly defined by subjective experiences.

ACEs

Abuse



Physical



Emotional



Sexual

Neglect



Physical

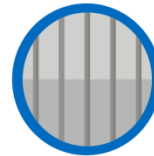


Emotional

Household Challenges



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

TRAUMA

ACEs not included in the traditional measure:



Bullying



Teen Dating Violence



Peer to Peer Violence



Homelessness



Death of a parent



Witness violence in community or school

ACEs can have lasting effects on...



Health (Obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



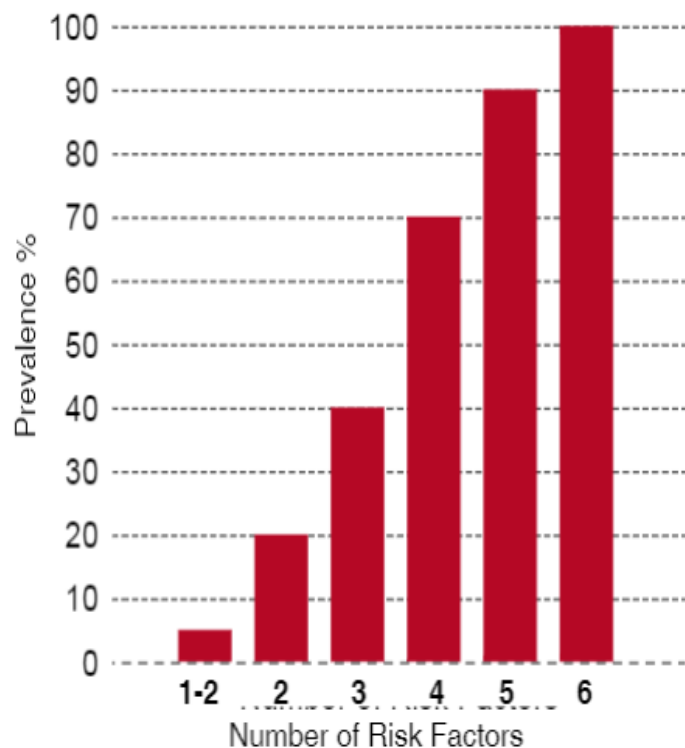
Life Potential (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes

ACEs Effect Patients Throughout the Life Span

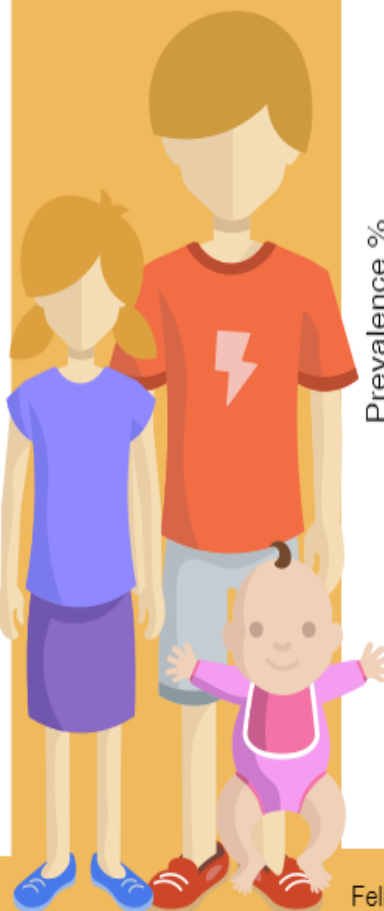
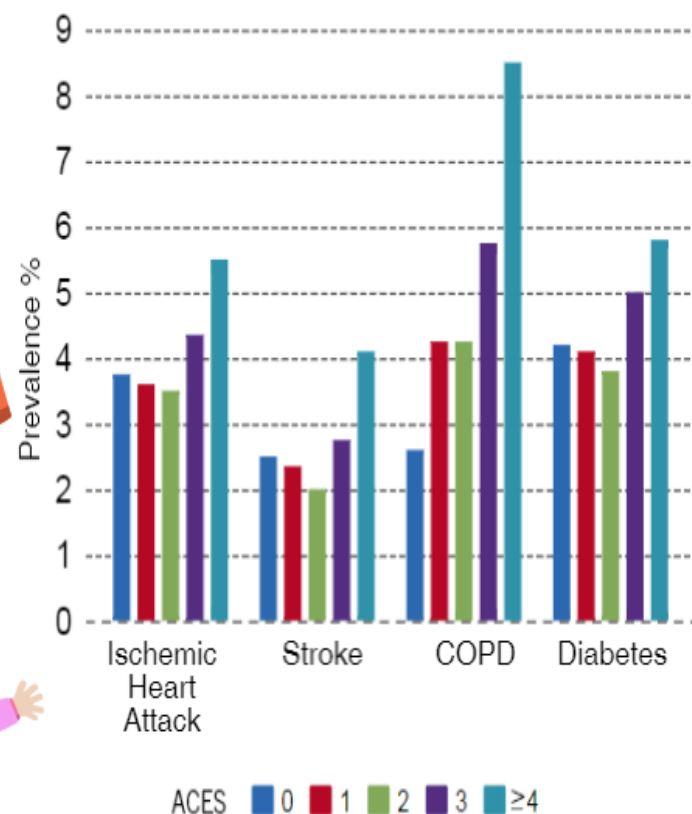
Child

Percentage of Chance of Developmental Delay by Age 3

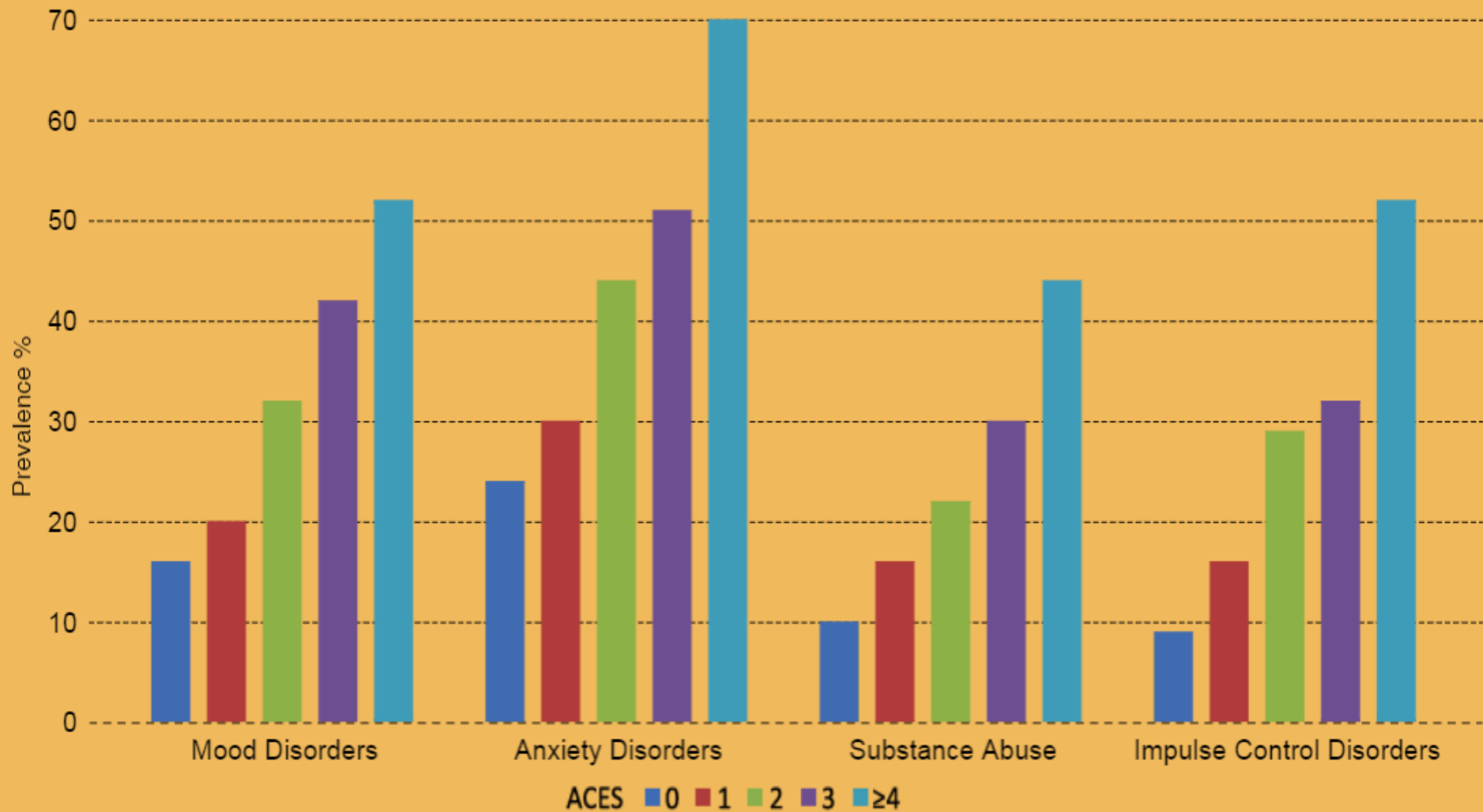


Adult

Cumulative ACES & Chronic Disease



CUMULATIVE ACEs & MENTAL HEALTH^{1,2}

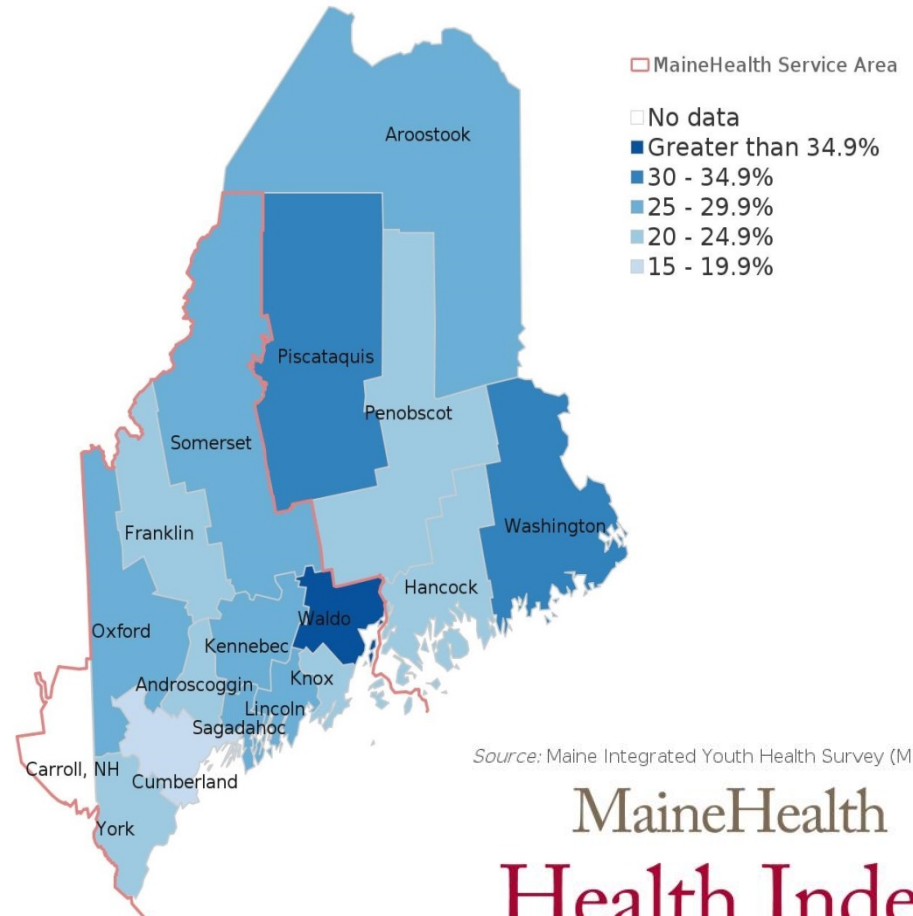


¹ Data from the National Comorbidity Survey-Replication Sample (NCS-R).

² Putnam, Harris, Puntam, J Traumatic Stress, 26:435-442, 2013.

- Maine High School students with 3 or more ACEs ranged from 20%-37%.
- The percentage of females that experience 3+ ACEs is 10 points higher than males (28% vs 18%).
- Pediatricians will average 2-4 patients with 4 or more ACEs a day.

Adverse Childhood Experiences (ACEs) - Percent of High School Students with 3+ ACEs by County (2017)



Food Insecurity and Toxic Stress

- Food Insecurity: A lack of access to enough nutritious food for a healthy, active life. (USDA)
- Chronic neglect: The absence of basic needs such as **food**, shelter, emotional security

A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease

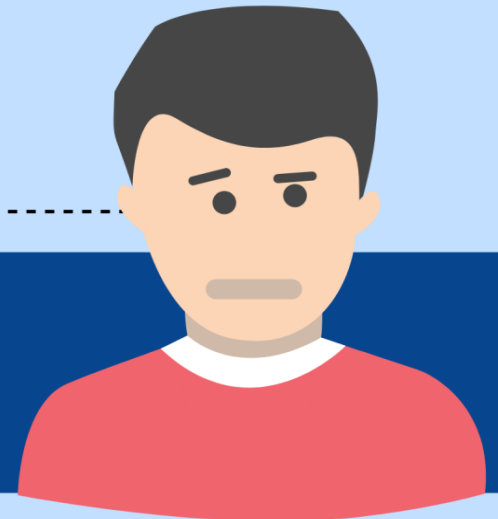


The Invisible Backpack



- Trauma can be like an invisible backpack children carry.
- All children are impacted by a traumatic event; however, not all are traumatized.
- What are we as a society and community filling the backpack with?

IT ONLY TAKES ONE CARING ADULT TO MAKE
A DIFFERENCE IN A CHILD'S LIFE.



BE THE ONE.

The Goal...

- **Realize** the widespread impact of trauma and understands paths to recovery
- **Recognize** the signs and symptoms of trauma in patients, families, staff, and others involved in the system
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices

Seeks to actively **resist** re-traumatization



The Approach...

Education is designed to assist leadership, staff and providers in utilizing the trauma informed principles in their daily work.

1. Safety (emotional and physical)
2. Trustworthiness/transparency,
3. Choice
4. Collaboration,
5. Empowerment
6. Cultural humility.

Screening is designed to identify recent trauma-adversity, cumulative trauma-adversity and current post-traumatic symptomology.

1. Trauma Screening: screens for a wide range of traumatic experiences in the past year.
2. ACEs Number Screening: measure of over-all adversity during developmental years (0-18).
3. PTSD Symptom Tool: measures current symptomology
4. Food Insecurity: screens for current family financial stressors

The Program Framework...

1. **Education:** leadership, provider, staff, integrated behavioral health.
2. **Integration:** Care Team, Behavioral Health and Community
3. **Tools and Workflows:** screening tools supported by toolkit for coordinated team-based approach
4. **Data:** Metrics, Registries, Evaluation
5. **EMR Optimization:** Support all of the other pillars

The Ultimate Outcome...Building Resilience

1. Provide Support
2. Take a Collaborative Approach
3. Utilize Reflective Developmental Guidance
4. Provide Psychoeducation
5. Develop a Safety Plan
6. Follow-Up and Referral



Lessons Learned:

Dyadic Leadership Model: Medical and Behavioral Health

- The program is focused on removing the historical barriers between medical and behavioral healthcare.
- Builds on strengths from medical and behavioral health models and expertise
- Behavioral health access is a foundational component
- Strong program management and quality improvement support

Community Alignment and Support

- Qualidigm (formally Maine Quality Counts)
- The United Way of Greater Portland
- Maine Resilience Building Network
- MaineCare and Child Development Services
- National and Maine Chapter of the American Academy of Pediatrics
- Community Partnership for Protecting Children
- Good Shepard Food Bank: Food Insecurity
- Through These Doors: Domestic Violence
- Day One: Substance Abuse Support and Treatment

Lessons Learned:

Building the program

- Buy-in takes time – from community partnerships, to leadership, to providers and staff engagement is essential.
- Be strategic in implementation: use the framework to pilot and spread
- Utilize quality improvement to build upon success and failures.
- Financial resources and champions are paramount to launching and sustaining the program.

Leadership buy-in

- Maine Medical Center Strategic Plan 2017-2019
- Maine Medical Center: Annual Implementation Plan 2017, 2018, 2019, 2020
- Maine Medical Partners: Primary Care Transformation Project 2018, 2019, 2020
- MaineHealth Dashboard Metric: 2019, 2020

Pause and Plan: Advancing your healthcare system

1. Identify lead members of the team (Dyad)
2. Project Aim—>what is your measurable aim?
3. Consider your own system. Create 1-2 SMART goals that your team might consider working on over the next 30 days to help you accomplish your aim
4. What will you measure to know if the changes implemented are moving you towards your aim?
5. Resources: What resources are present with-in your system and in the community?

ACEs

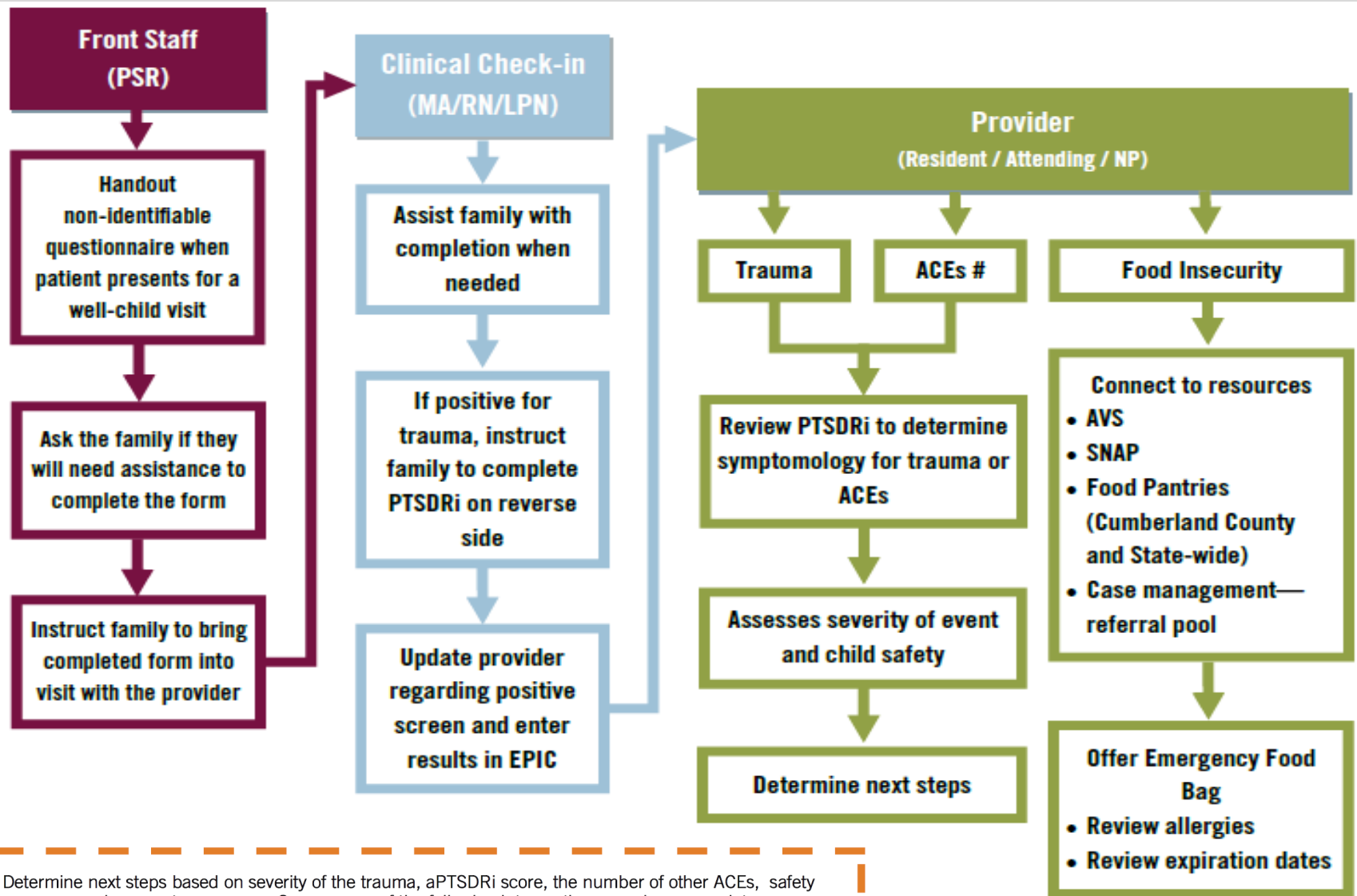
Adverse Childhood
Experiences/Trauma

Pediatric Screening Toolkit

Mission: To prevent, identify and treat Adverse Childhood Experiences

MaineHealth

www.mainehealth.org/aces



Determine next steps based on severity of the trauma, aPTSDri score, the number of other ACEs, safety concerns and access to resources. One or more of the following interventions may be appropriate:

- Close monitoring and follow up by Primary Care Provider with safety planning as appropriate
- Warm hand-off or referral to integrated behavioral health clinician
- Referral to Maine Behavioral Healthcare / MMC Child Psychiatry
- Referral to Child Developmental Services (CDS)
- Case management or community resources
- Referral to DHHS if there is a concern for abuse/neglect/safety of the child
- Use AVS dot phrase

**TWO QUESTION
TRAUMA SCREENER
DASHBOARD**

FOOD INSECURITY

ACE SCREENER

Parent Questions for Children Ages 3 through 8 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Has anyone hurt or frightened you or your child recently or in the last year?

☐ Yes ☐ No

Has anything bad, sad, or scary happened to you or your child recently or in the last year?

☐ Yes ☐ No

Within the past 12 Months, we worried whether our food would run out before we got money to buy more.

☐ Never True

☐ Sometimes True

☐ Often True

Within the past 12 Months the food we bought just didn't last and we didn't have money to buy more.

☐ Never True

☐ Sometimes True

☐ Often True

ADVERSE CHILDHOOD EXPERIENCES

Please read the statements below, **HOW MANY** statements apply to your child? Write the total number (0-10) in the box.
At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

**YES TO
EITHER=POSITIVE**

EITHER=POSITIVE

**3 OR
HIGHER=AUTOMATIC
REFERRAL**

Questions for Ages 12 and Older: To be completed by patient only.

Stressful experiences can affect the health of many young people. By answering the following questions, you can help your provider better understand you. You can choose to answer them or not. Your answers will be kept confidential.

Has anyone hurt or frightened you recently or in the last year? ☐ Yes ☐ No

Has anything bad, sad, or scary happened to you recently or in the last year? ☐ Yes ☐ No

How often have you been bothered by each of the following symptoms during the past two weeks?

Feeling down, depressed or hopeless? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Little interest or pleasure in doing things? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

During the PAST 12 MONTHS, did you:

Drink any alcohol? (do not count sips of alcohol taken during family or religious events) ☐ Yes ☐ No

Smoke any marijuana or weed? ☐ Yes ☐ No







Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs that you sniff or huff) ☐ Yes ☐ No

ADVERSE CHILDHOOD EXPERIENCES

Please read the statements below, HOW MANY statements apply to you? Write the total number (0-10) in the box.
At any point since you were born:

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

Abbreviated PTSD-Ri

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.		0=Hardly ever	1=Sometimes	2=A lot
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.		0=Hardly ever	1=Sometimes	2=A lot
3. My child feels grouchy, angry or sad.		0=Hardly ever	1=Sometimes	2=A lot
4. My child tries to stay away from people, places, or things that make him or her remember what happened.		0=Hardly ever	1=Sometimes	2=A lot
5. My child is more aggressive (hitting, biting, kicking, or breaking things) since this happened.		0=Hardly ever	1=Sometimes	2=A lot
6. My child has trouble going to sleep or wakes up often during the night.		0=Hardly ever	1=Sometimes	2=A lot
Total of the responses (Children with a score of 3 or higher on the abbreviated PTSD-Ri should be considered to have clinically significant PTSD symptoms):		<input type="text"/>		

For the 8 and younger parent completes **≥ 3 is positive**

Longer version for 9 and older child completes **≥ 10 is positive**

It is strongly recommended to provide a warm hand-off to the integrated behavioral health provider when a child scores positive on the aPTSD-Ri.

Toolkit Design: Quick Start Guides and Sample Language for Providing Support

TRAUMA

Quick Start Guide & Scoring

What is a trauma screener?

The two question trauma screener aims to help patients and parents to safely express difficult or traumatic experiences. The tool, which is consistent with JCAHO and AAP guidelines, screens for and addresses childhood exposure to violence and trauma and is designed for use at well child visits from birth through age 21.

Why is screening for trauma important?

The data is clear! Understanding, preventing and treating traumatic and adverse experiences will improve the health of our patients and families.

1. ACEs/Trauma are common. Over 60% of children are exposed to violence in the US.¹ In 2017, 23% of Maine high school students report 3 or more ACEs.²
2. ACEs/Trauma affect long-term health. Exposure to violence, abuse or neglect, parental substance abuse, incarceration, mental illness or separation/divorce impact a child's developing brain and body and affect long-term health.³
3. ACEs/Trauma frequently result in symptoms such as: developmental delays, emotional outbursts, anxiety, depression, behavioral concerns, inattention, sleep issues or unexplained physical complaints.

Scoring the screener

A **YES** answer on either question is considered a positive screening.

- 0 through 11 years of age: the parent should complete the questions
Has anyone hurt or frightened you or your child recently or in the last year? **Yes No**
Has anything bad, sad, or scary happened to you or your child recently or in the last year? **Yes No**
- 12 and older: the adolescent should confidentially complete the questions
Has anyone hurt or frightened you recently or in the last year? **Yes No**
Has anything bad, sad, or scary happened to you recently or in the last year? **Yes No**

If there is a **YES** on either of the two questions, the clinical team should ask the patient/provider to complete the Abbreviated Post Traumatic Stress Disorder Reaction Index (aPTSD-RI) screener. *Please see the aPTSD-RI Quick Start Guide for additional information.*

Toolkit Design: Quick Start Guides and Sample Language for Providing Support


TRAUMA

Sample Language for Providing Support

Using a trauma-informed approach

Key components of a trauma-informed approach include: asking permission to discuss the trauma questions or other difficult subjects, listening and communicating in a non-judgmental manner, collaborating on a plan with the goal of empowering families and patients to make positive change.

Explain and Support:

- *"Thank you for answering the trauma screening questions. Do you mind if I explain why we ask these questions?"*
- *"Highly stressful experiences are common and can really affect your child's health. We want to provide a safe place where you or your child can talk about these difficult experiences. Each person reacts in different ways to these types of events and by talking about them we can help to best support you and your family. Sometimes experiencing these types of events affects how we feel, behave, think, and our health."*
- *"Can you tell me a little bit more about why you answered yes to these questions?"* 
- *"Many children that I work with have symptoms after an event like the one you described. Do you mind answering some questions about (child's name) on the back of this questionnaire so we can figure out the best way to help your child feel less _____ (stressed, scared, anxious, sad, bad, etc.) I found this questionnaire is a good way to see how the event is affecting you. utilize the PTSD-RI)Is that ok?"*

Collaborate:

- *"I am so grateful that you answered these questions and trusted us enough to share this information. I want to partner with you to determine the best way to help you be the healthiest and safest you possible."*
- *"An important way to support a child after a traumatic event is to help them feel safe, loved and appreciated. Do you have methods that have worked well for you and (child's name) to help them feel safe? How about to give them a sense of belonging?"*

Plan for Safety:

- *"I am really concerned about your child's safety. I would like to work with you to develop a safety plan for (child's name) and your family."*
- *"What you are describing sounds like domestic violence. In this community we have an organization that specializes in helping parents who have experienced domestic violence. I could help call with you if that is helpful."*
- *"What you have described makes me worry about (child's name) safety. The event is one that I have to legally have to report as a mandated reporter for possible abuse to the state Department of Health and Human Services. I would like to partner with you and call together? Would that work?"*

EMR Screen Shot

SCREENINGS

Travel/Exposure

Cognitive/Functional

Fall Risk

ACES/Trauma <9

Food Insecurity

Oral Health

Lead Risk

Dev. Screenings

Dev. Milestones

Safety Screening

Hearing/Vision

Questionnaires

ACES - Trauma

Time taken: 1446 11/23/2018

Show: ☐ Row Info ☐ Last Filed ☐ Details ☐ All Choices

+ Add Row

+ Add Group

+ Add LDA

Values By

+ Create Note

> Potentially Traumatic Events (PTE) Screening (8 years and younger)

> ACES Score

> PTSD Symptom Screener

< Recommendations

Recommendations

No follow-up indicated

Follow-up at PCP office

Referral to integrated behavioral health clinician

Referral to offsite behavioral health services

Refer to social work/care management

Other (click on comments note pad)

Restore

Close

Cancel

Previous

Next

MaineHealth

32

If Positive Trauma Screen, Now What?

Determine next steps based on severity of the trauma, symptomology, safety, access to resources, risk considerations of patient

- Close monitoring and follow up in primary care (with safety planning as appropriate)
- Warm hand-off or referral to integrated behavioral health clinician- average 60%
- Referral to Maine Behavioral Healthcare
- Referral to case management
- Referral to community resources
- Referral to DHHS if necessary

Follow up by provider: developmental guidance, psychoeducation, parental coaching on resiliency

If Positive Trauma/ACEs Screen, Now What?

Determine next steps based on severity of the trauma, symptomology, safety, access to resources, risk considerations of patient.

Collaborate with families to:

- inquire about stressors in the child's life and identify protective factors
- determine symptomology
- assess for child and family safety
- refer to mental health intervention and community resources
- provide close follow-up and ongoing monitoring

Provide education on:

- the impact of ACEs and trauma responses
- positive approaches to nurturing parenting and resiliency building
- the importance of healthy habits: sleep, nutrition, exercise, reading and routine
- the importance of parental self-care
- the efficacy of behavioral health treatments

There Are Treatments That Work

- Evidence based trauma treatment is available throughout Maine and at Maine Behavioral Healthcare for children of all ages.
 - Trauma-focused cognitive behavioral therapy (TF-CBT)
 - Child Parent Psychotherapy (CPP)
 - Child and Family Traumatic Stress Intervention (CFTSI)
 - Trauma Intervention Program (TIP)



2016-2019 results: using data to drive transformational change *(not to just achieve the highest screening %)*

Process Reports

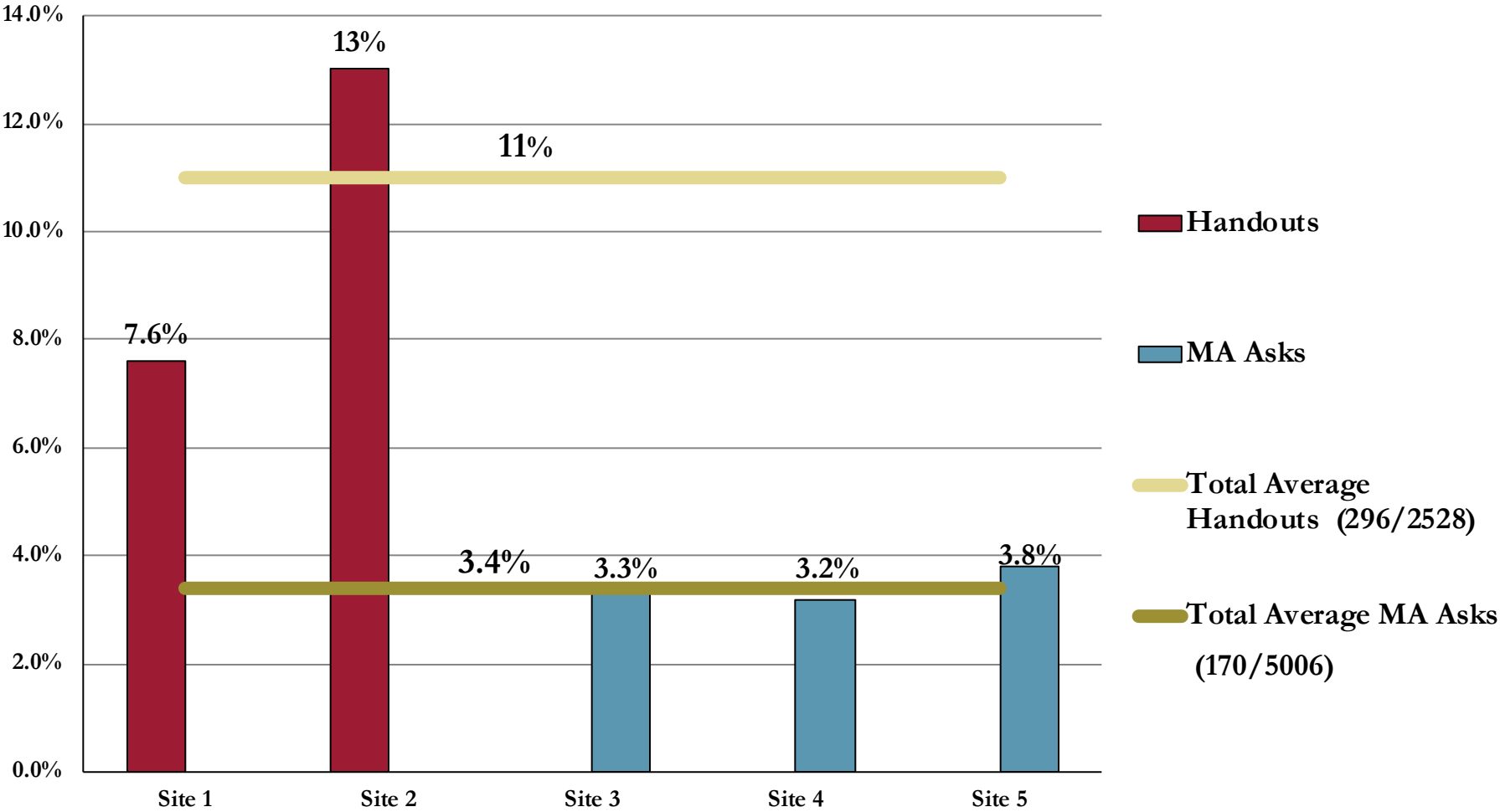
- To examine rates and effectiveness of screening (track rate of positives)
- To examine effectiveness of GO-LIVES
- To examining system design: what is working well, what is not?
- To highlight successes and determine sites needing additional support
- To drive leadership buy-in

Registry Reports

- To preventing families from falling through the gaps
- To help our most vulnerable patients and families

Chart Review: Mode of Patient Screening Comparison

Positive Risk Percentage



SUBURBAN PRACTICE

- TRAINING JANUARY
- GO-LIVE FEBRUARY
WITH DE-
IDENTIFIED
HANDOUTS
- CONSISTENT CHANGE
IN RATE OF POSITIVES

		Well Child Visits	2 Questions Answered	2 Questions Ans/WCV	Positive Risk	PosRisk/TQAns
<u>MMP FALMOUTH PEDIATRICS</u>						
2017	October	297	235	79.1	7	3.0
2017	November	264	203	76.9	4	2.0
2017	December	196	124	63.3	3	2.4
2018	January	285	210	73.7	5	2.4
2018	February	232	190	81.9	16	8.4
2018	March	244	187	76.6	20	10.7
2018	April	275	213	77.5	22	10.3
2018	May	257	186	72.4	19	10.2
2018	June	300	238	79.3	30	12.6



RURAL PRACTICE

- TRAINING
FEBRUARY
- GO-LIVE APRIL
WITH DE-
IDENTIFIED
HANDOUTS
- CONSISTENT
CHANGE IN RATE
OF POSITIVES

MMP LAKES REGION PRIMARY CARE

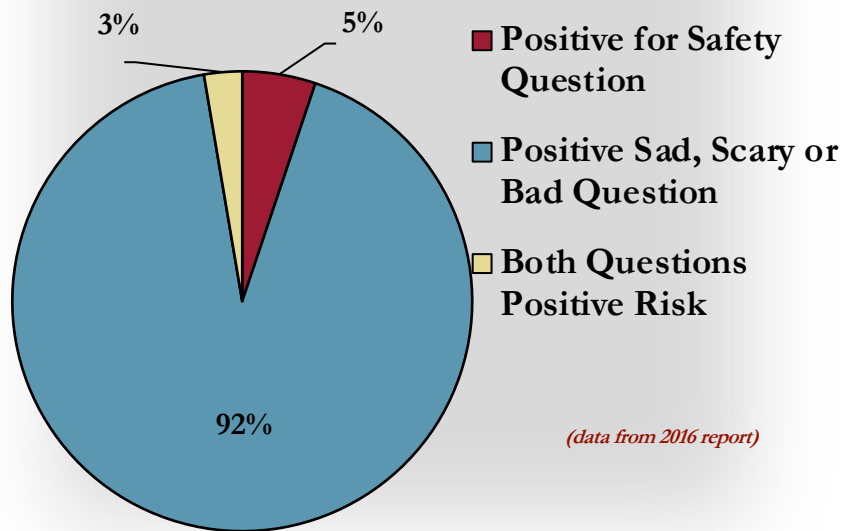
		Well Child Visits	2 Questions Answered	2 Questions Ans/WCV	Positive Risk	PosRisk/TQAns
2017	October	223	121	54.3	1	0.8
2017	November	294	119	40.5	3	2.5
2017	December	218	108	49.5	0	0.0
2018	January	257	138	53.7	4	2.9
2018	February	205	101	49.3	1	1.0
2018	March	209	138	66.0	3	2.2
2018	April	263	211	80.2	22	10.4
2018	May	256	210	82.0	15	7.1
2018	June	257	238	92.6	22	9.2



2 Question Trauma Screener

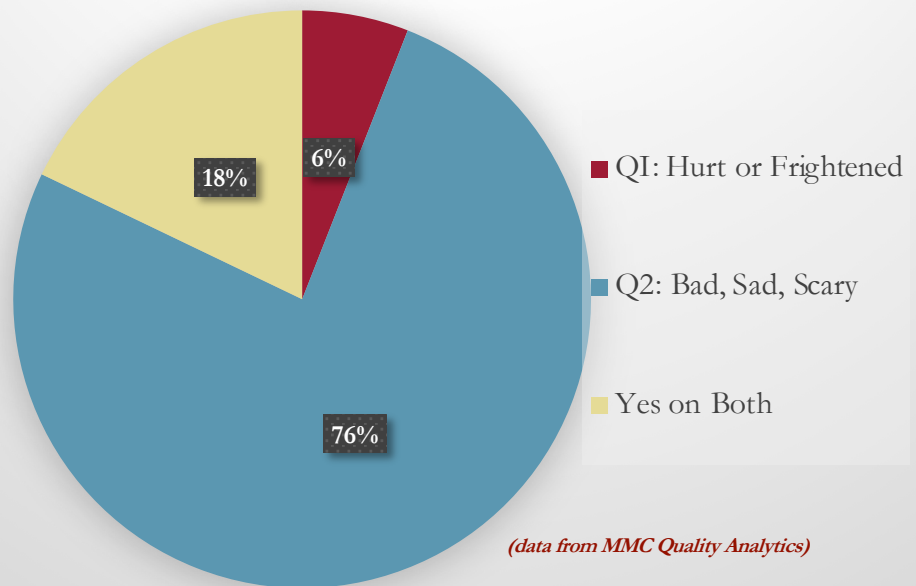
Safety Question vs Hurt-Frightened Question

7,530 Screenings at
5 MMP Pediatric Practices:
1/1/16 - 9/30/16
540 Children with Positive Risk



(data from 2016 report)

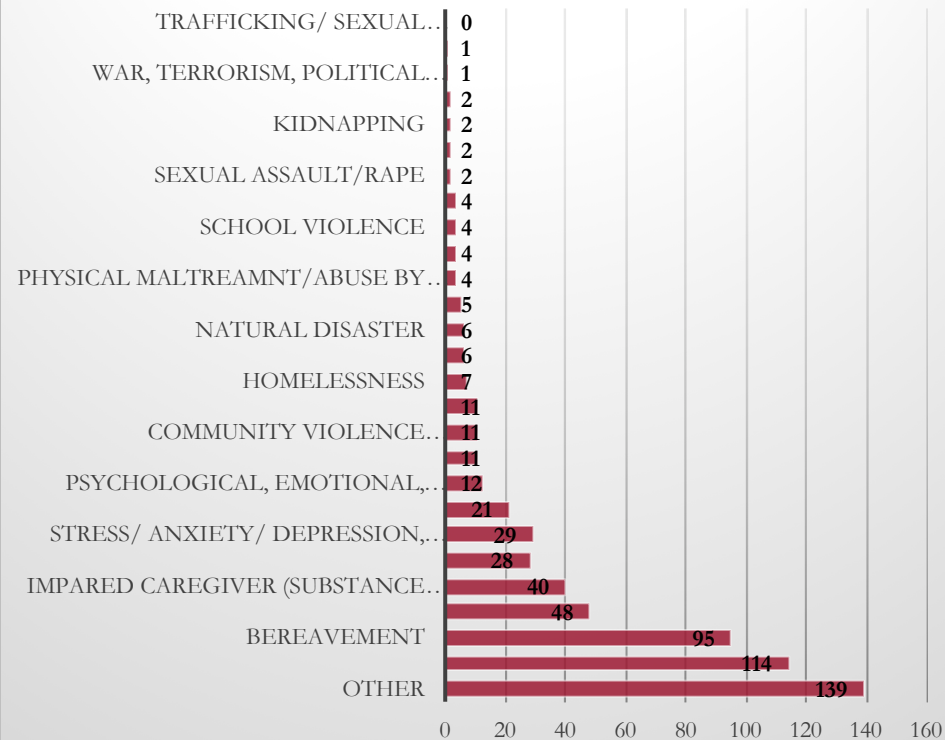
4,960 Screens Completed at
5 MMP Pediatric Practices:
4/1/18 – 5/31/18
342 Children with Positive Risk



(data from MMC Quality Analytics)

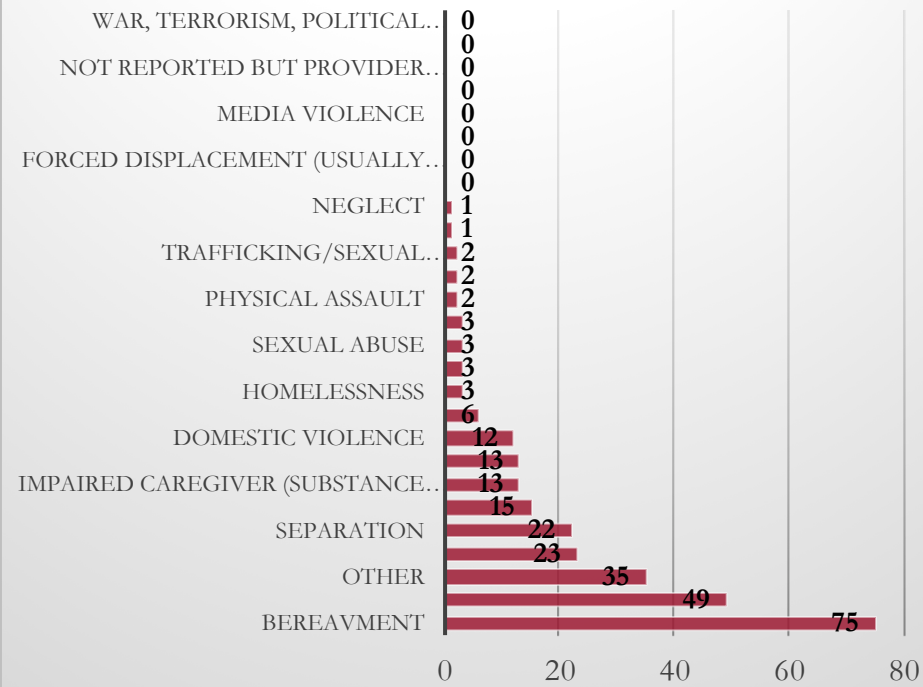
Comparison of Types of Trauma Counts 2016 and 2018

Count of Trauma Types



Data from 2016 report

Count of "Trauma Type" 2018 results



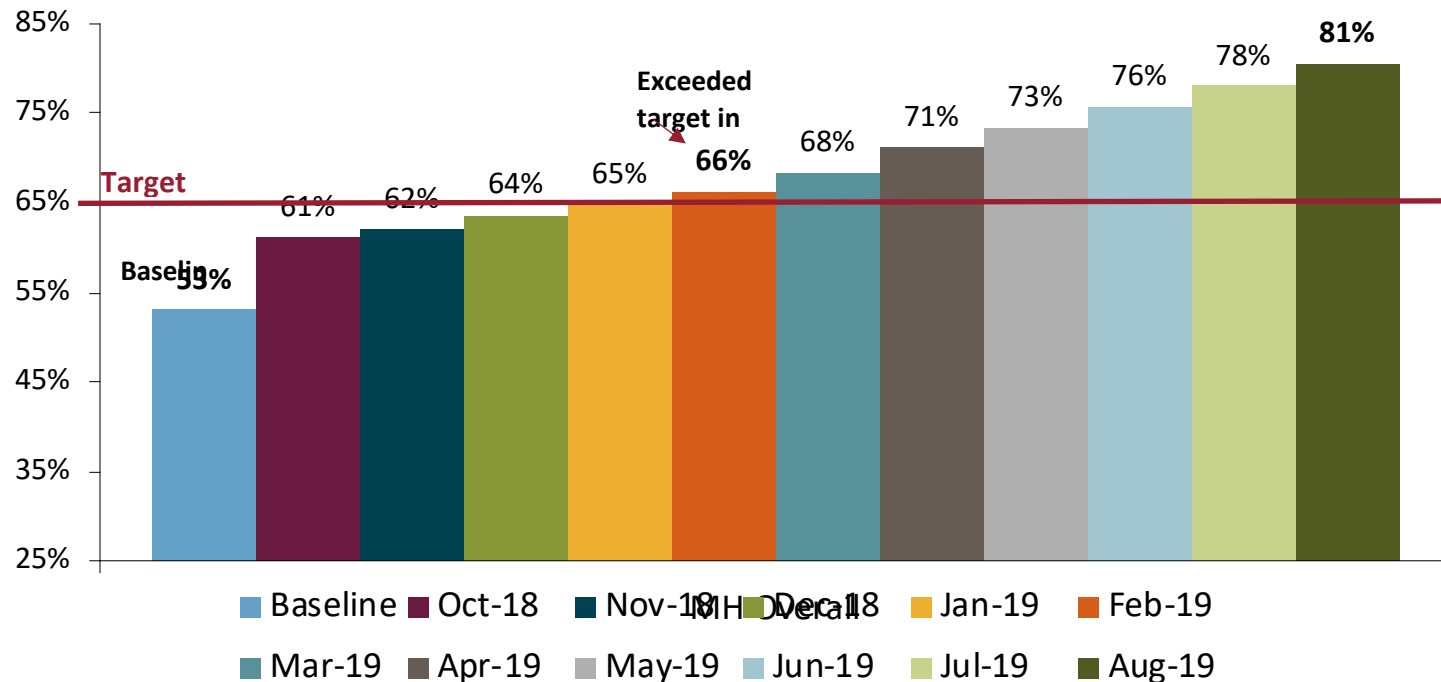
Data from 2019 report

% Pediatric Patients Screened for Trauma FY2019

Patients age birth – 17 with well-child visit in the last year at 38 pediatric and family medicine practices
MaineHealth Epic Electronic Medical Record (Oct 2018-August 2019)

-Has anyone hurt or frightened you or your child recently or within the last year?

-Has anything bad, sad, or scary happened to you or your child recently or in the last year?



Patient Impact @ MaineHealth: 10/1/18 to 9/1/19

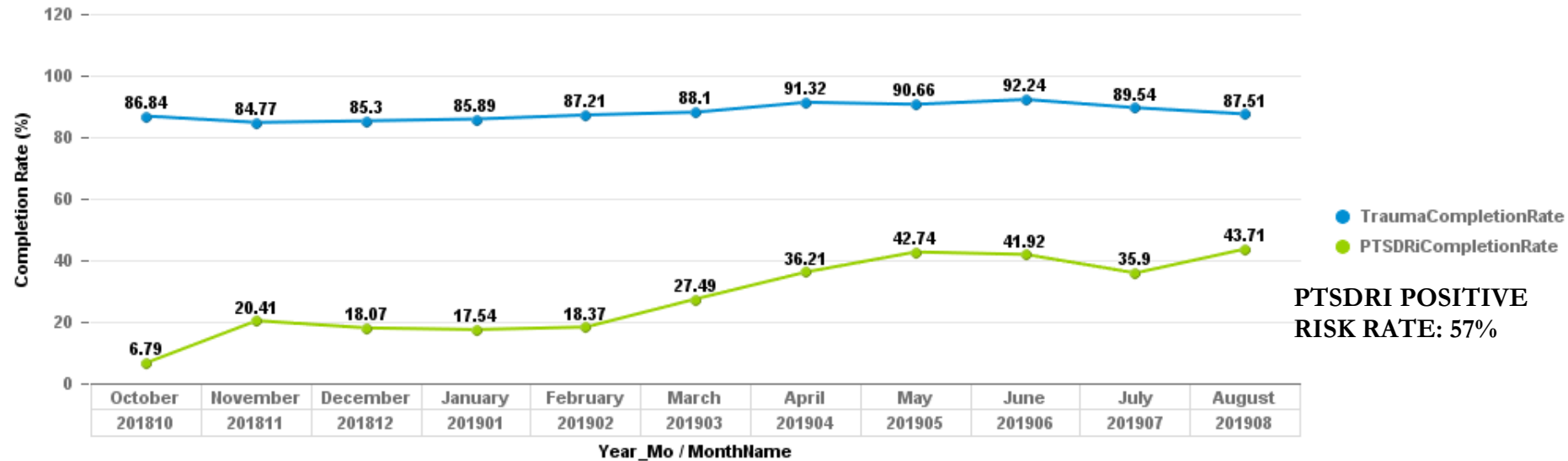
Patients Screened:

- **Trauma** 53% → 81% 32,373 patients
- **ACEs** 0% → 41% 13,830 patients
- **PTSD-RI** 9% → 27% 1,065 patients
- **Food Insecurity:** 14% → 75% 20,893 patients

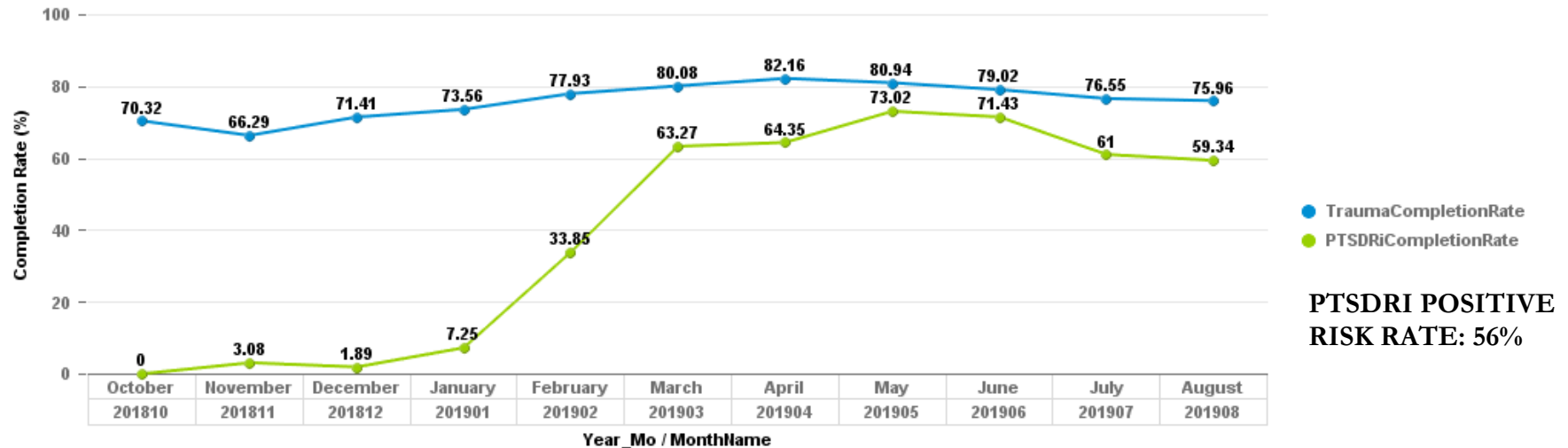
Identification of symptoms: Looking at the trauma screening process

- **47,920** well-child visits (not unique patients)
- **36,118** screenings for trauma
- **3,657** positive risks (**10% positive rate**)
- **1,200** abbreviated Post Traumatic Stress Disorder Reaction Index (PTSD-RI) screens completed after a positive trauma screen
- **57%** of the PTSD-RIs completed, identified significant symptoms

MMP



SMHP



Maine Medical Partners Pilot Study (14 practices) examining PTSD symptomology and connection to treatment:

217 positive PTSDRI screenings Oct 2018 to Sept 2019



**152 (70%) of children with positive PTSDRI were referred
to or already connected to a Behavioral Health Clinician.**

Pediatric Behavioral and Developmental Action Reports

AGE	NEXT_PCP_VISIT	RECALL_DT	TRAUMA_SCREEN_DT	PTSDRI_SCORE	TRAUMA_RECOMMENDATIONS
9			3/13/2019	27	
16		1/31/2020	1/3/2019	0	No follow-up indicated
5	8/8/2019		4/8/2019	2	Follow-up at PCP office;Other (click on comments i
4		1/31/2020	1/16/2019	NOT_COMPLETED	
13		4/24/2020	4/24/2019	8	Follow-up at PCP office;Other (click on comments i
13		4/24/2020	4/24/2019	5	Follow-up at PCP office;Other (click on comments i
14	5/16/2019		3/19/2019	13	Referral to offsite behavioral health services;Other
16		4/24/2020	4/24/2019	6	Follow-up at PCP office;Other (click on comments i
6			5/7/2019	NOT_COMPLETED	
0			4/8/2019	NOT_COMPLETED	
14		4/15/2020	4/15/2019	3	Follow-up at PCP office;Other (click on comments i

ACES SCORE

FOOD

TRAUMA

SWYC

MCHAT

CDS

DEPRESSION

ADHD

Two children with no recall or follow up appointment: *A gap needing to be addressed*

Recommended follow up: *Did this occur? Gaps? Resources needed? Next steps?*

Pediatric Risk Stratification Model

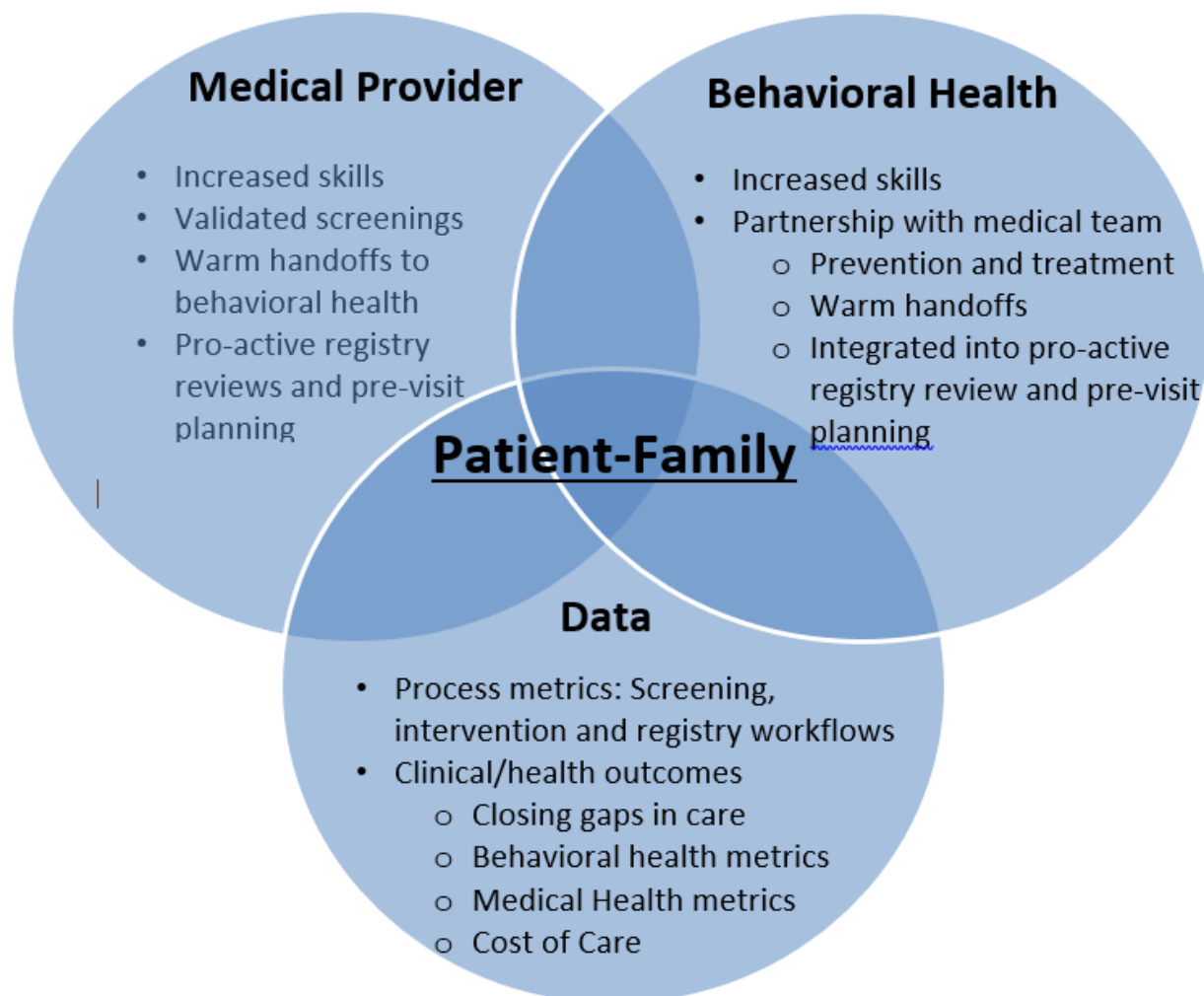
Utilize behavioral health, medical health, socioeconomic and cost of care reports to create an actionable registry capturing pediatric patients who would benefit from additional case management support.

AGE	RECALL_DT	LATEST_DEPARTMENT_OFFICE_VISIT	NEXT_DEPARTMENT_OFFICE_VISIT	VISIT_FLAG	BH/MEDICAL	COST	SCO
3	3/15/2020	5/7/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ASTHMA,BMI,CDS REFERRAL,PTSDRI,SWYC,TRAUMA SCREENING	NULL	14
2	9/1/2019	4/4/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,BMI,CDS REFERRAL,PTSDRI,SWYC,TRAUMA SCREENING	NULL	13
14	NULL	5/7/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,BMI,PHQA,PTSDRI,TRAUMA SCREENING	NULL	13
14	5/22/2019	4/10/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ADHD,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
14	11/15/2019	5/10/2019	6/7/2019	SEEN WITHIN 3MO	ACES NUMBER,BMI,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
15	8/15/2019	5/15/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,BMI,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
20	NULL	3/28/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ADHD,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
15	8/11/2019	2/11/2019	NULL	SEEN BETWEEN 3MO AND 12MO	ACES NUMBER,ADHD,BMI,PHQA,PTSDRI	NULL	12
20	NULL	3/14/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	ED	12
16	NULL	3/12/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ASTHMA,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
19	1/28/2020	3/22/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ADHD,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
20	NULL	3/15/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ADHD,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
15	4/10/2020	4/10/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ADHD,ASTHMA,PHQA,PTSDRI	NULL	12
16	6/10/2019	4/29/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ADHD,PHQA,PTSDRI,TRAUMA SCREENING	NULL	12
13	10/1/2019	4/1/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ASTHMA,BMI,PHQA,PTSDRI	NULL	11
15	NULL	5/13/2019	8/6/2019	SEEN WITHIN 3MO	ACES NUMBER,BMI,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
16	NULL	3/29/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
17	NULL	5/8/2019	6/7/2019	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
16	2/5/2020	2/21/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
12	11/26/2019	1/9/2019	NULL	SEEN BETWEEN 3MO AND 12MO	ACES NUMBER,ADHD,BMI,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
19	NULL	5/17/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,BMI,PHQA,PTSDRI	NULL	11
19	NULL	5/8/2019	5/22/2019	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
15	NULL	3/12/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,BMI,PHQA,PTSDRI	NULL	11
17	NULL	4/26/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
19	4/11/2020	4/12/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,ASTHMA,PHQA,PTSDRI	NULL	11
15	12/19/2019	12/19/2018	NULL	SEEN BETWEEN 3MO AND 12MO	ACES NUMBER,ADHD,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
20	NULL	4/23/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11
17	11/20/2019	5/20/2019	NULL	SEEN WITHIN 3MO	ACES NUMBER,PHQA,PTSDRI,TRAUMA SCREENING	NULL	11

Gaps and Growth Areas

- Refinement and growth of the risk stratification model-case management follow up for a two-generational approach with high needs or at-risk families.
- Models for parent education, (resiliency, brain-building) at specific early childhood well visits. Integration of behavioral health or developmental coaches into the well child visit.
- Expansion of behavioral health treatment options and access.
- Let's Go! style program expansion across community sectors (live, learn, work, and play)

Pediatric Care for the Developing Brain



Questions

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